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GOVERNMENT OF INDIA

MINISTRY OF HEALTH



REPORT

OF THE

HOPEATHIC ENQUIRY COMMITTEE

1949

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HOMOEOPATHIC ENQUIRY COMMITTEE

CONSTITUTION OF THE COMMITTEE.

1. Dr. J. N. Mukherjee, D.Sc., F.N.I., F.R.A.S.B., F.C.S.,
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10, Sikandra Road, New Delhi *Secretary*

N.B.—Captain H. N. Shivapuri, M.B., B.S. (Lucknow) resigned and Colonel Amir Chand, I.M.S. (Retd.), took his place from the 21st January, 1949

HOMOEOPATHIC ENQUIRY COMMITTEE

TERMS OF REFERENCE

- (1) To report on the place of homoeopathy in relation to medicine in all its aspects including the treatment, prevention and control of disease;
- (2) to survey the existing facilities for the teaching of homoeopathy in India, the extent to which this system of treatment is practised in the country, and the manner in which such practice is carried on, *i.e.*, whether by people adequately trained or not; and
- (3) to make recommendations to Government on,
 - (a) the measures to be taken to improve facilities for training in homoeopathy and to regulate such training; and
 - (b) the desirability of State control of the practice of homoeopathy and, if control is desirable, the manner of such control.

N.B.—Term No. (1) was notified in the Terms of Reference on the 15th November, 1948—*vide* Ministry of Health letter No. F. 6-5/48-MI, dated 15th November, 1948 which superseded para. (2) of that Ministry's letter No. F. 6-5/48-MI, dated 31st August, 1948.

REPORT OF THE HOMOEOPATHIC ENQUIRY COMMITTEE

CHAPTER I

(1) INTRODUCTION

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THE HONOURABLE RAJKUMARI AMRIT KAUR,
MINISTER FOR HEALTH,
GOVERNMENT OF INDIA,
NEW DELHI.

MADAM,

We were appointed to make a survey of the position of homoeopathic practice in India, to report on the available facilities for training in, and the place of homoeopathy in relation to, medicine in all its aspects and to regulate such training and on the desirability of State control of the practice of homoeopathy and the manner of such control.

2. In carrying out our investigations we kept in view the considerations which were urged at the time of the discussion of a resolution on the subject in the Constituent Assembly of India (Legislative). It appeared that the demand, by not a negligible section of the people, for the 'recognition by Government' of homoeopathy as a system of medicine had been insistent for sometime past and that the need for making a survey of, and instituting an inquiry regarding, the position of homoeopathy as a system of medicine as practised in India, the nature and conditions of its practice, the available facilities for a proper scientific training in that system and matters cognate to the general question, such as quackery, feasibility of registration of practitioners, regulating the conditions of practice, had engaged the attention of several Provincial Governments and States in the past. The matter was specifically brought up for consideration by the Constituent Assembly of India (Legislative) on the 17th February, 1948 by Shri Satis Chandra Samanta (West Bengal: General), who moved a resolution on the subject. He pointed out that a somewhat similar resolution had been moved in the Legislative Assembly in April, 1937 by Mr. Ghias-ud-Din, that it had been adopted but effect thereto had not been given.

3. The resolution which was moved by Shri Satis Chandra Samanta ran as follows:—

"This Assembly is of opinion that homoeopathic system of treatment be recognized by the Indian Union and that a General Council and a State Faculty of Homoeopathic Medicine be established at once."

In moving his resolution Shri Samanta advanced the following arguments in support of his resolution namely,

- (i) The system of medicine known as homoeopathy had been recognized by countries like Germany, France, England and America and also by certain Provinces and States in India, such as Bengal, the United Provinces and others;

- (ii) The system had been found to be efficacious and treatment thereunder was very cheap. It was, therefore, ideal for adoption in a poor agricultural country like India;
- (iii) State recognition and control would ensure proper scientific training of those who might practise the system and put an end to quacks and quackery and thereby remove risk to life of people treated thereunder.

4. In place of resolution moved by Shri Samanta an amending resolution was moved by Shri Mohan Lal Saksena (U.P.: General), [now Minister for Rehabilitation, Central Government] in the following terms:

"In view of the fact that treatment by the system of homoeopathy is resorted to by many people, this Assembly is of opinion that the Government should consider

- (a) the making of arrangements for the teaching of homoeopathy;
- (b) the advisability of having post-graduate courses of study; and
- (c) the advisability of regulating the profession and arranging for the registration of practitioners in order to raise and maintain a uniformity of standards."

The arguments put forward by the mover of the amending resolution were that, on account of the proved efficacy of the homoeopathic system of medicine, many allopathic doctors had been practising as homoeopaths and that because of its cheapness the adoption of this system of medicine in hospitals would induce considerable saving.

5. The Honourable Rajkumari Amrit Kaur, Minister for Health, pointed out that the question of 'recognition' of the system did not seem to arise as the practising of homoeopathy had not been prohibited by law. If 'recognition' was sought for the purpose of establishing training colleges, hospitals, dispensaries, or a General Council, then 'recognition' would be a matter for consideration by Provinces and States, as medical education, administration and treatment were provincial subjects. If, on the other hand, 'recognition' was intended to facilitate legislation for purposes of regulating practice under the system and registration of practitioners, then the matter would have to be very carefully considered. In European countries where homoeopathy was practised, the practitioners were required to study scientific medicine and therapeutics as regular students and so they had the necessary basic scientific training. If legislation had to be passed the same condition might have to be adopted in India. In any case there should not be exploitation of the ignorance of masses and standards of education and training must be raised to a proper level and maintained there. The Honourable Minister agreed, however, that the position might be examined and, if necessary, a Committee might be appointed for the purpose.

6. The resolution, as moved by Shri Saksena, was accepted by Shri Samanta and was adopted by the Assembly and our Committee was set up by Government in pursuance of the undertaking given by the Honourable Minister for Health.

7. We met eleven times and all our meetings were well attended. The venues and dates of our meetings are given in Annexe I. In the course of our investigation we came across various considerations other than those mentioned in the preceding paragraphs. We took evidence from witnesses representing a wide range of interests concerned with the subject matter of our inquiry. We were pressed by homoeopathic associations and members of

the homoeopathic profession to visit a very large number of places and institutions. We, however, decided that for the purpose of making a proper survey of the existing position it would be sufficient to divide the country into seven zones and visit only one centre in each zone. We felt also that we should visit each zone for studying on the spot the position obtaining there and should invite local representatives of the zonal areas to meet us for placing their views before us. For the purpose of ascertaining the views of the members of the homoeopathic profession and of persons interested in medicine and medical education in general we felt it necessary also to draw up a comprehensive questionnaire for circulation to

- (i) Homoeopathic Associations
- (ii) Homoeopathic Institutions
- (iii) Prominent homoeopathic practitioners individually, including those whose names were recommended by Provincial Governments
- (iv) The Hon'ble Ministers for Health in provinces
- (v) The Provincial Departments of Health
- (vi) The Heads of Medical Colleges
- (vii) The Indian Medical Association
- (viii) The Armed Forces Medical Services and
- (ix) Persons interested in homoeopathy, including two members of the Constituent Assembly of India (Legislative).

8. About 1,400 copies of the questionnaire were circulated and almost all the homoeopathic journals in India published the questionnaire as well as the terms of reference. We understand also that the Homoeopathic Associations in India brought them to the notice of their members. We are satisfied that a very wide publicity to the contents of the questionnaire and the terms of reference have been given and as a result the views placed before us may safely be regarded as fully representative of the various interests involved. The questionnaire, together with a copy of the list of persons and institutions to whom its copies were supplied, has been included in Annexe II.

9. In accordance with the programme we had chalked out we visited the Centres mentioned below on the dates specified against them. We discussed the subject-matter of our inquiry from various aspects with the Hon'ble Ministers of Provinces in charge of the portfolio of Health; the representatives of homoeopathic associations and institutions, the Indian Medical Association, medical colleges and prominent persons interested in homoeopathy and in medicine in general. The itinerary was as follows:--

Centres visited	Dates of visit
(i) Delhi	1st to 4th December, 1948, 29th March to 1st April, 1949 and 11th to 18th May, 1949
(ii) Calcutta	17th to 22nd December, 1948
(iii) Nagpur	21st to 22nd January, 1949
(iv) Bombay	24th to 27th January, 1949
(v) Madras	14th to 17th February, 1949
(vi) Lucknow	8th to 11th March, 1949
(vii) Patna	21st to 23rd April, 1949

10. We also visited the following institutions, namely:—

Calcutta Centre

- (1) General Council and State Faculty of Homoeopathic Medicine, Calcutta
- (2) Calcutta Homoeopathic Medical College and Hospital, 265-266 Upper Circular Road, Calcutta
- (3) Pratap and Hering Homoeopathic Medical College and Hospital, 14/1 Narkaldanga North Road, Calcutta
- (4) Dunham Homoeopathic Medical College and Hospital, 68, Upper Circular Road, Calcutta
- (5) Bengal Allen Homoeopathic Medical College and Hospital, Bow Bazar Street, Calcutta
- (6) The Calcutta Homoeopathic Training College, 23-B, Raja Dinendra Street, Calcutta

Madras Centre

- (7) The Madras Homoeopathic Medical College, Lloyds Road, Royapettah, Madras 14

Lucknow Centre

- (8) The National Homoeopathic Medical College, Lucknow.

Two of our colleagues visited the Andhra Provincial Homoeopathic Medical College at Gudivada and the Homoeopathic Medical College at Gaya was visited by our Secretary. We visited also the following homoeopathic pharmacies and publishing houses:—

- (1) Messrs Hahnemann Publishing Co., 166, Bow Bazar Street, Calcutta
- (2) Messrs C. Ringer and Co., Calcutta
- (3) Messrs M. Bhattacharya and Co., Calcutta and
- (4) Messrs Bharat Homoeopathic Pharmacy, Lucknow.

11. We interviewed about 150 persons and ascertained from them their views. A list of the persons interviewed by us will be found in Annexe III.

12. We desire to record our grateful thanks for all the consideration and assistance which we received from the Central and Provincial Governments and the unfailing courtesy and ungrudging help which we received from the witnesses whom we examined and the institutions which we visited. We also desire to place on record our high appreciation of the valuable services rendered by Dr. Diwan Chand Chopra, our Secretary and Mr. S. C. Sarker for his help in drafting the report. We thank also the staff for the hard work they have put in and from whom we received loyal co-operation.

(II) SCOPE OF ENQUIRY

13. Before we applied ourselves to our task we felt it necessary to formulate what we understood to be the significance and implications of the terms of reference.

14. Our first term of reference is:

“to report on the place of homoeopathy in relation to medicine in all its aspects, including the treatment, prevention and control of disease.”

We consider this term of reference to be of a very comprehensive character and of the widest connotation. It seems to include not only all that homoeopathy stands for as a system of medicine but also its various aspects relating to matters connected with the treatment, prevention and control of disease. We felt that in determining the place of homoeopathy in relation to medicine in all its aspects we were expected to take into cognizance the prevalence of other systems of medicine in so far as this was relevant to our inquiry.

15. As regards the second term of reference, which is

“to survey the existing facilities for the teaching of homoeopathy in India, the extent to which this system of treatment is practised in the country and the manner in which such practice is carried on, *i.e.*, whether by people adequately trained or not,”

we found that although at first sight the above term of reference required the collection of certain information on the factual position obtaining in the country at the moment, it really included by implication aspects relating to the adequacy or otherwise of such facilities as existed at present. In order to get a proper perspective it seemed to us necessary to obtain a clear idea of what are, and should be, the contents of a proper training in homoeopathy and the manner in which such training should be imparted. This review appeared to us to be essential to make recommendations to Government on

“(a) the measures to be taken to improve facilities for training in homoeopathy and to regulate such training and

(b) the desirability of State control of the practice of homoeopathy and, if control is desirable, the manner of such control,”

which was the third term of reference to us.

16. We felt that the intention of Government was that full information should be obtained to determine the measures required to provide adequate facilities for training in homoeopathy and to regulate such training, so that a proper and uniform standard of training was achieved and maintained. The question of the desirability or otherwise of State control as regards the practice of homoeopathy and the manner of such control seemed to us to involve consideration of such aspects as the justification for control by the State and the purpose which was sought to be achieved by such control. In order to determine the place of homoeopathy in medicine it appeared to us that it was necessary to take into account the conditions of its practice and training and to ascertain whether this system could adequately help the State in discharging one of its primary duties, namely, to ensure that citizens were kept free from disease as far as it was practicable and to provide adequate medical aid.

17. We consider that, from the point of view of the State, it is neither desirable nor possible to consider any one system of medicine completely independent of its relation to other systems as also to divorce from a particular system the general duties referred to above, namely, the treatment, prevention and control of disease. The State has to judge of the relative merits of different systems in order to determine to what extent a particular system of medicine could help it in the discharge of its primary duties in the field of medicine and public health and thus deserve its support and encouragement.

18. All those who practise any system of medicine are expected to ascertain the causation of disease, to be able to diagnose disease, treat patients correctly and adopt the methods based on clinical experience and its integration with present day scientific knowledge for the treatment, prevention and control of disease. Basic facts, established by scientific studies, cannot be ignored in

any field of human knowledge and endeavour. Theory and practice of medicine can not be isolated from the general scientific developments especially because theory without practice is a burden and practice without theory is a mischief.

19. We, therefore, felt it essential to review certain fundamental aspects of the question, especially in so far as it related to homoeopathy, namely,

- (a) the present state of medicine as a science and the developments which have preceded it;
- (b) the measures at present adopted by governments for the treatment, prevention and control of disease;
- (c) general conditions of medical aid in India; and
- (d) functions of the State in the matter of medicine and public health and the conditions to be fulfilled by a system of medicine, in order that it may deserve Government support and encouragement.

20. In making our inquiries we have kept before us the above aspects and the recommendations we have made have been broadbased on a consideration of these aspects.

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CHAPTER II

(1) PRESENT STATE OF MEDICINE AS A SCIENCE AND THE DEVELOPMENTS WHICH HAVE PRECEDED IT

21. In the following paragraphs we have made a brief reference to the history of medicine in order to show how medicine has been developing as a branch of science.

22. The ancients no doubt have great achievements to their credit in the fields of thought, art, industry and betterment of conditions of life. The selection of suitable plants, domestication of animals, discovery of the methods of extraction of metals and the preparation of implements from stone, wood and metals are a few of such achievements. Experiments guided by preconceived notions came into being at a later stage of development to which the beginnings of chemistry and medicine can be traced. The search for the philosopher's stone, which would change base metals into the noble metal gold and of the elixir of life, which would give vigour and longevity to man, was the outcome of such preconceived notions. While some useful discoveries were made by such a process, it had in itself the seed of its failure and confusion. It was only when, after the renaissance in Europe, the Western people began to think objectively and were capable of freeing themselves from preconceived notions, that reason and logic formed the basis of the study of Nature. From a given set of premises the infallible logic of mathematics enables the scientist to draw conclusions, which he can test by experiments and quantitative measurements and thereby judge whether or not the premises are consistent with the facts of Nature. Branches of science where such quantitative measurements and formulations are not possible or easy are regarded as inexact sciences. The biological sciences and medicine come under this category. In recent years, however, with the development of mathematical statistics, its principles are increasingly being applied to deal with observations and factual data relating to "populations" and such application is making it more and more possible to draw conclusions based on quantitative considerations. Such methods of statistics are now being used to test the efficacy or otherwise of medicine, surgical operations and measures of public health for the prevention of disease.

23. The beginnings of treatment of disease may be traced to the activities of the "magicians" or "medicine men", "sorcerers" and "witch doctors". At one stage religion and medicine were intermingled and the physician was often a priest. Disease entailing suffering and followed by death was considered to be a punishment for man's sins and disobedience to God. Even now such a belief persists in some quarters. Since disease was attributed to supernatural causes this preconceived notion dictated the methods of treatment consistent with that belief. Disease was also often thought to have been caused by the possession of the sufferer by the devil and various methods were developed to 'knock out' or exorcise the latter. Amongst the backward tribes even now various forms of physical treatment, some of which are violent, are still in vogue and such treatment often leads to the death of the individual. Even today charms, amulets and talismans are in use and advertisements appear in the papers claiming their infallibility in curing diseases. Scientific progress has, however, made it possible to diagnose, treat and control disease on rational lines and medical science has passed out of the hands of the priest, the sorcerer, the witch-doctor and the charmer.

24. The scientific age of medicine as well as of chemistry was preceded by the efforts of the alchemist and by the iatro-chemical period, which can be said to be the precursor of modern medicine and chemistry owes much to the Hindus, according to the eminent chemist Arrhenius, the founder of electro-chemistry.

25. A perusal of the history of Hindu Chemistry by Acharya Prafulla Chandra Ray will show how the importance of the experimental approach was beginning to be realised in India although belief and mis-belief were still mixed up with experimental observations.

26. With the development of mathematics, the formulation of principles of dynamics and of the movement of the heavenly bodies, the study of electrical and magnetic phenomena, the composition and constitution of matter and the development of the concept of atoms, molecules, and the atomic theory, the whole outlook of man's approach to the study of natural phenomena changed. The beginnings of the modern scientific age in medicine can be traced to the 16th Century A.D. when the sciences of anatomy, physiology, biochemistry and bacteriology began gradually to take shape. The progress of mathematics, physics and chemistry paved the way for such developments.

27. The history of therapeutics and its development is similarly the history of the attainment of gradual freedom from preconceived notions, beliefs and mis-beliefs and from conclusions based on insufficient or incorrect experimental observations.

28. In ancient days crude drugs were used. Even now their use in complex combinations is the rule in certain systems of medicine. With the development of chemical science it became possible to analyse crude substances, isolate their active ingredients in pure form and determine their chemical composition. This paved the way for the pharmacologist to work on such active principles and find out by experimentation their action on the various organs and systems of the body and thereby put their use in therapeutics on a scientific basis. Unless the active principles are isolated and their pharmacological action is determined it is extremely difficult, perhaps impossible in many instances, to assess the proper value of a drug and remove the chaff from the grain. To find out the chemical components of a drug and explain its action has been one of the most outstanding achievements of the sciences of chemistry and pharmacology without which therapeutics would have remained irrational. The contents of the active principles in a drug prepared from a plant vary with the variety of the plant, the type of soil and climate in which it grows, the manurial and cultural treatment and also the stage of its growth. Another debt which the science of medicine owes to chemistry is the production of synthetic chemical compounds, some of which have virtually revolutionised the science of therapeutics and have subdued most of the common disease-producing micro-organisms. A number of the natural products have been successfully synthesised and their cost has been brought down and output increased. More and more new compounds are being synthesised with their structural formulae modified here and there so as to make them more effective and less toxic as well as to enlarge the sphere of their utility. The success which chemo-therapy and antibiotics have attained since the days of Ehrlich would have been impossible without the help of analytical and synthetic chemistry.

29. A study of the normal anatomy, physiology, psychology and of the deviations therefrom in illness is essential for a physician to arrive at a diagnosis of a diseased person. Also there cannot be any rational treatment of patients without such study. For this purpose, the modern physician calls to his aid all the methods of chemistry, physics, biochemistry, bacteriology, immunology and mathematics and other sciences according to his need.

30. There is no finality in knowledge and there are many gaps in the present day knowledge. The imperfections in the present-day methods of diagnosis and treatment in medical science are due to such gaps. This does

not, however, mean that the methods of science and the scientific approach are at fault. They have already changed the whole picture of human achievements. The gaps in the present-day knowledge only show how much there is yet to learn and how constant, intensive, and extensive scientific effort must be. Chemistry gives the composition of drugs, enables one to isolate and determine the constitution of their active principles and synthesises new chemical compounds, which render it possible to try drugs unknown before through experiments with bacteria, animals and human beings. Belief in the value of drugs based on empirical experience is giving place to the scientifically established efficacy of chemical compounds as cures for diseases. The elucidation of the causation of disease in susceptible individuals by bacteria and other micro-organisms and of the manner how disease is transferred from one individual to another has been one of the greatest achievements of modern sciences. Experiments are carried out on bacteria, on animals and also on healthy and diseased human beings under controlled conditions and their results are analysed by the methods of mathematical statistics in order to establish the value of drugs, animal products and other chemical compounds, either isolated from plants or from animals or from bacterial cultures, or prepared by methods of synthetic chemistry, which all now form an essential part in the study of drugs in relation to the treatment of diseased persons. It will certainly be a positive disservice to the national interest if anything is done to impede the scientific approach to the treatment, prevention and control of disease. Such an approach should be the sole criterion for the State to determine whether a particular system of medicine should receive its aid and encouragement.

(II) MEASURES FOR THE TREATMENT, PREVENTION AND CONTROL OF DISEASE

31. We have already indicated in brief outline how the modern conception of treatment, prevention and control of disease has gradually taken shape. We shall now make a brief reference to the present-day measures adopted for the treatment, prevention and control of disease. Medicine has two sides, preventive and therapeutic. While therapeutic medicine is undoubtedly important, the ultimate aim of medicine being prevention of disease, the importance of the latter is being more and more appreciated. Sir George Newman has rightly observed: "It is not the event of death which we can escape but the incidence of avoidable invalidity and premature death. It is the enlargement of life and the increase of human capacity, physical and mental, which we seek to ensure". The idea that public health is solely a matter for sanitarians, municipalities or the health departments of government is fast disappearing and it is more and more being realized that not only medical men but all citizens should be made to take a direct interest in it.

32. Control measures are now adopted all over the world to prevent the spread of infectious diseases. These measures consist of notification of the occurrence of infectious disease to public health authorities, isolation of cases when they occur, quarantine of contacts, disinfection of the infected material and places including transport vehicles, purification and disinfection of water in case of water-borne diseases and similar other measures. Preventive and control measures are taken to limit the spread of occupational diseases, such as silicosis. Anti-natal and post-natal hygiene are also measures adopted for control of disease. Amongst the general hygienic measures proper nutrition and planned habitations play a very important part. Efforts are, therefore, made to provide proper nutrition and to arrange for inspection of food at all stages, beginning from its source to the stage of its consumption, and of houses and surroundings. The disposal of all types of refuse including excreta, is

controlled by suitable measures and municipal regulations. To protect individuals against specific infectious diseases recourse is taken to mass and individual vaccination and inoculation. There are, however, certain obstacles to the universal application of these hygienic, sanitary and control measures. They arise from ignorance, poverty, conservatism, indifference and the disinclination of the people against interference with their personal liberty which sometimes is based on misconceptions of the utility of these measures. The remedy for these defects lies in education and propaganda in regard to matters of public health in order to win the willing and active co-operation of the public. These methods of education and propaganda have to be adapted to suit the conditions existing in our country. The homoeopath believes and uses all the hygienic, sanitary and preventive measures stated above with the exception that he has his own distinctive method of increasing the resistance of individuals against diseases. These methods have been discussed later in this report.

(III) GENERAL CONDITIONS OF MEDICAL AID IN INDIA

33. The Health Survey and Development Committee found that the present position regarding the availability of proper medical facilities for the vast majority of our people was very unsatisfactory and that the proportion of doctors, taking into account both graduates and licentiates in medicine, to the population was approximately 1 in 6,300, against 1 in 1,000 and 1 in 1,750, respectively, in the United Kingdom and in the United States of America. We agree with the Health Survey and Development Committee that while a mechanical application of existing ratios in other countries to India may not be justified, it is certainly necessary to increase materially the existing proportion in India of doctors to population in order that Medical aid may be provided to the people to such an extent as may be possible.

34. The number of hospitals and dispensaries in the country is not at all commensurate with its requirements. Moreover by far the majority of these hospitals and dispensaries are not properly equipped both in staff and appliances. Another aspect which requires serious consideration is that medical practitioners, hospitals and dispensaries are mostly located in urban areas and these facilities are much less available for the rural areas where live by far the majority of our population.

35. The absence of properly qualified medical men and of hospitals and dispensaries renders it possible for quacks and quackery to thrive. Two other important factors which have materially contributed to the growth of quacks and quackery are the ignorance and credulity of the people. It is a fact of psychology that a man suffering from a disease or seeing his near and dear ones suffering from it will turn without hesitation to any one who professes to bring relief to the sufferer at a cost which is within his means. Such a person can ill afford to be critical about the actual 'qualifications' of the person promising such relief.

36. It is common knowledge that India practically lives in villages. No government can be indifferent to the needs of the bulk of its people wherever they may be residing. In the course of our investigations this disproportionate distribution of medical practitioners and facilities as between urban and rural areas came repeatedly to our notice. We, therefore, felt that we should make a few suggestions to government regarding the steps which might be taken to encourage qualified medical men to take up practice in rural areas. The suggestions are stated below:

(1) The medical practitioner to be employed by the State for a rural area should be paid the same scale of salary as that paid to the practitioners in the urban areas *plus* a suitable "rural allowance" which should not be less than

Rs. 100 per month whatever be the scales of pay which vary considerably in the different provinces. The rise in the cost of living and the difficulties in rural areas justify such a uniform allowance. He should be allowed free residence and provided with suitable conveyance. Besides, because of the difficulty arising out of poverty of rural people to pay for medical aid, it is also worth considering whether doctors in rural areas should be allowed to have private practice. Each medical practitioner appointed by government should have jurisdiction over a fixed area. He may be allowed private practice outside fixed hours during which he will have to deal with the hospital patients and such bed patients as are not in a position to pay. There should be a fee fixed by government in consultation with the local bodies which he should be entitled to charge from patients who are able to pay. Each rural medical centre should have a hospital and a dispensary and minimum equipment necessary for modern diagnostic methods should be provided by the State. The number of beds should be specified. Adequate provision should be made for supervision of the work of the rural centres by the Department of Health.

(2) In view of the obligation that the State has to provide for medical aid throughout the country and the advantage that a young medical graduate will derive from his experience in rural areas, we think that all fresh medical recruits to the Health Services should be required to serve for not less than five years after their recruitment in these rural medical centres. In order to enable them to educate their children in towns they should be accorded option for transfer to districts and subdivisions after the period of five years.

(3) We are aware that municipalities and local bodies make financial contributions towards expenditure on public health measures and medical aid. We are also aware that certain taxes and cesses are levied in rural areas. It is worth consideration by government whether part of the extra cost for medical aid in rural areas, which will be incurred by Government if the above suggestions are accepted, could not be met by a tax or cess levied on the local population. This will be within the competence of the State.

(4) Rural medical officers should be assisted in the performance of their routine duties by an adequate number of ancillary trained health personnel.

(5) Our attention has been drawn to the fact that proportion of communicable diseases is more in rural areas and the problems of sanitation, hygiene and nutrition are no less important than the cure of disease and we think that more attention should be paid to the aspects of prevention and control of disease and of nutrition and the number of ancillary trained health personnel should be such as to tackle these aspects effectively. The provincial departments of health are fully alive to the need for preventing and controlling the spread of communicable diseases by inoculation, vaccination, hygiene, sanitary and other allied measures. The increase in the number of rural medical centres and the appointment of an adequate number of ancillary trained health personnel will not only strengthen the present organization but also increase the scope of its beneficial activities by paying more attention to the nutritional, hygienic and sanitary aspects of health including notification, isolation, quarantine and disinfection.

(IV) FUNCTIONS OF THE STATE IN THE MATTER OF MEDICINE AND PUBLIC HEALTH AND THE CONDITIONS TO BE FULFILLED BY A SYSTEM OF MEDICINE.

37. Reference has been made earlier in this report to the prevalence of different systems of medicine. The Health Survey and Development Committee have dealt with the general conditions of medical aid in India and suggested the steps which should be taken to provide medical help on an

appropriate scale. The Committee on Indigenous System of Medicine have dealt with and reported upon the steps which should be taken for the development of Ayurveda, Siddha and Unani. We have been asked by the Government to deal with Homoeopathy. In view of the demands of so many systems of medicine for recognition by the Government and in view of the obvious desirability of stamping out quacks and quackery it is desirable that the conditions which should be fulfilled by a system of medicine to justify its recognition and support by government and also the functions it should perform in the interests of maintenance and promotion of public health, should receive the fullest consideration.

38. It is obvious that the State should have proper and adequate control and supervision over the practice of medicine and medical education. We have set down below conditions which in our opinion must be satisfied by any system of medicine in order to deserve recognition by Government:—

- (1) It should be based on science and should not be inconsistent with or contradict scientific facts and observations
- (2) It must be capable of correctly diagnosing a diseased condition based on a comparison with the normal anatomy and physiology
- (3) It should have a curative value established by scientific methods
- (4) It should be capable of participating in public health measures including sanitation and hygienic measures
- (5) With supplementary training qualified men under the system should be able to help the State in the field of medicine and public health for defence purpose and in times of emergency such as war and
- (6) It should maintain a recognized standard of training and only those who have successfully prosecuted it should be permitted to practise it.

To ensure that a recognized system is practised only by properly qualified persons registers should be maintained in which their names should be entered through organizations to be set up for the purpose by the State.

CHAPTER III

PRINCIPLES OF HOMOEOPATHY AND ITS DISTINCTIVE APPROACH
TOWARDS TREATMENT OF DISEASED CONDITIONS

39. We are grateful to the homoeopathic members of our Committee for the following *résumé* of the principles of homoeopathy and its distinctive approach towards treatment of diseased conditions.

40. Homoeopathy has its origin in the work and writings of the famous physician Hahnemann who was a qualified medical man of great reputation of his time. He propounded a system of therapeutics based on what is called the "Natural Law of Cure". This system came to be known as homoeopathy in the past. As understood today, it is a system of pharmaco-therapeutics. Its approach to the study of the patient and diagnosis of disease is based on the scientific study of the causation of diseases. As such the basic sciences of physics, chemistry and biology; the preclinical sciences of anatomy, physiology, pharmacology, pathology, bacteriology etc. and the clinical sciences of medicine, midwifery, surgery, toxicology and hygiene are fully drawn upon for the treatment of patients under this system. It has, however, a distinctive approach to therapeutics which is based on the law of "Similia Similibus Curantur" and also on the principle of "potentised" drugs. The law referred to above literally means "Let likes be treated by likes". The principle underlying the law of Similia Similibus Curantur is that a medicine which, when administered to a healthy human being produces a certain group of morbid symptoms, will remove the same group of symptoms when found in a diseased individual. This law was known to physicians before Hahnemann's time but it was he who developed it after careful and repeated experiments showing the effects of particular drugs on healthy human beings. Under the homoeopathic system of medicine such experiments are known as 'provings', which are carried out with single drugs. Consequently in the treatment of disease under this system only single drugs are used. This principle is known in homoeopathy as the "Single Remedy" principle.

41. "Minimum Dose" is another principle of homoeopathy. It is based on the observations of Hahnemann and his followers that the treatment of patients with similar drugs in physiological doses led to severe and prolonged reactions before the cures in the patients set in. The doses were gradually decreased with advantage and this led to the adoption of the principles of minimum dose.

42. The expression "potentized drug" connotes a definite method of preparing the 'dilution' of drugs by uniform vigorous mechanical shaking and jerks. The principle of "Potentization" is also known as dynamization. This is applied in the process of reduction of the dose mentioned above. It was observed as a result of continued experimentation that the inducement of disease symptoms in healthy human beings or their removal from patients was accelerated in the ratio of the reduction of the dosage of the agent used. Potentization, therefore, was taken to mean the liberation of potential energy in the material substance through succussion or trituration. Dilutions and triturations thus obtained are known as "potencies".

43. The next principle is that of "Individualisation". In treating a patient the homoeopath takes into account the fact that no two human beings, nor two individual drugs, can be exactly similar and therefore, the reaction of a dose of medicine in an individual may be different from that in another. In other words individual characteristic symptoms will influence the selection of a similar remedy in a similar type of disease. The homoeopath, therefore, has to study such individual characteristics of the patient before he can prescribe

correct medicines to suit his need. The study of such peculiar features of the patient as well as of a particular drug is known as "individualization". The symptoms in a case are judged according to the "elements of location, sensation and modality" and deviation of the mental symptoms from the normal is studied most carefully before medicine is prescribed.

44. According to this system real and permanent cure takes place in the following direction:

- (i) from above downwards;
- (ii) from within outward;
- (iii) from important to less important organs; and
- (iv) in the reverse order of the onset of symptoms.

This "Law of Direction of Cure" is another feature peculiar to the homoeopathic system of medicine.

45. Another important principle is that of "The repetition of the dose". The theory underlying this principle is that while the action of a similar remedy is going on in the system, a repetition of the dose will disturb such action and therefore it should not be repeated so long as the action of the preceding dose is giving beneficial results. It very often happens that the first dose is sufficient to effect a complete cure. Mention might also be made that according to homoeopathy the chronicity of diseases persists because of the three miasms of psora, sycosis and syphilis.

46. With regard to methods of immunization, active and passive, there appeared, however, to be difference of opinion. The views of the homoeopathic members of our Committee were that in common with other homoeopaths they believed in the necessity for the adoption of effective measures for nutrition, sanitation and personal and general hygiene. They endorsed the present methods of notification, quarantine, disinfection and isolation in the case of infectious diseases and urged that these methods should be more systematically and extensively enforced by legislation. They also believed in providing an adequate prenatal care of expectant mothers and post-natal care of women and children and in the principles of increasing the vital resistance of the individual by the administration of a constitutional homoeopathic remedy in order that the onslaught of a disease, infectious or otherwise, might be successfully withstood. According to them the homoeopath, therefore, laid as much stress on the prevention of disease in an individual as on mass prevention. Symptomatology of each epidemic was distinct and if immunity in the individual could be given by treating him according to the principles of homoeopathy the immunity of the masses might also be assured. In combating epidemics the homoeopath used homoeopathic remedies, genus epidemica, *i.e.*, the remedies found efficacious in the first few cases of an epidemic disease. They also used homoeopathic potencies of various "nosodes" (disease-products, including vaccines) for prophylaxis against bacterial as also virus diseases.

47. The homoeopathic members were, however, against vaccination by scarification and the indiscriminate use of sera and other vaccines. In their opinion there were objections on theoretical grounds to the use of sera and vaccination which were often overlooked. Anaphylactic shock was well-known in the realm of medicine. It arose from the fact that foreign proteins led to violent reactions in a normal system. Repeated doses of sera aggravated the conditions of the individual as regards his susceptibility to a subsequent inoculation of foreign protein in other types of sera. These sera were always made from other animals and vaccines were prepared generally from bacterial cultures. The proteins in them were foreign to the human system. Similarly, the use of

metallic substances did not appear to be fully rational in the large doses they were used under the *regular system of medicine. Observations all over the world showed that an appreciable percentage of patients recovered automatically from even the worst type of infectious diseases. While this might in part be due to the difference in virulence of the strains of micro-organism and other factors it was obvious that Nature had also her own way of cure. Homoeopaths believed in studying, discovering and following this natural process. Therefore, they on principle were against injection of foreign protein and preferred oral administration as such was the normal route of assimilation of active principles by the human being. For the rational assimilation of metallic preparations without serious disturbance of the human system homoeopaths believed in potentising them and using them in high dilutions in order to avoid any shock to the system. It was well-known that sometimes the reaction to vaccination and inoculation had led to serious consequences. While it was true that in many cases this was due to bad methods of preparation or preservation of the vaccine or sera, it was also true that these reactions were in respect of some of the vaccines very severe depending to a considerable extent on the individual susceptibility. It was emphasised that modern scientific discoveries had established beyond doubt that individual susceptibility, especially as regards the condition of allergy, was a factor of great importance. The homoeopaths did not deny that the use of sera and vaccines had been efficacious and were justifiable on the basis of the lesser of two evils but they firmly believed that it should be possible to develop more rational approach to the problems of protection against infectious diseases and this was a line of research which should be taken up in right earnest.

The two members representing the regular system of medicine refuted, however, the view held by the homoeopathic members that vaccination by scarification was harmful and that the use of sera and vaccines was objectionable. They, however, agreed with them in what they said about the undesirability of indiscriminate use of sera and vaccines, for an indiscriminate use of everything was bad. According to them statistics collected over all parts of the world for a large number of years testified to the efficacy and safety of vaccination by scarification against small-pox and of inoculations against plague, cholera, tetanus, diphtheria, rabies, etc.

Anaphylaxis was allergy's first cousin, and allergy, according to Von Pirquet, meant altered reaction following disease or treatment with a foreign substance. Foreign substance might be introduced into the body by various means, such as by ingestion, inhalation or injection, etc., and not only by scarification and inoculation as held by the homoeopaths. A number of patients exhibited symptoms of anaphylaxis after injections of foreign sera in the beginning of the serum therapy when knowledge of anaphylaxis and its prevention was meagre. But now-a-days, with the modern methods of desensitisation of sensitised persons, anaphylaxis in a severe form was seldom met with and in the Army where thousands and thousands of people had been given preventive and curative sera anaphylaxis had not at all been a source of worry. The possibility of anaphylaxis was never a contraindication to administration of sera (Ryle).

The use of vaccines was prophylactic and not curative. It did not give rise to features of anaphylaxis. If the proteins in sera and vaccines and the metallic substances used by the modern medical science were foreign to the human body, so were the drugs used and the prophylactic substances advocated by the homoeopaths with the possible exception of potentized or high dilutions which, even as admitted by the homoeopaths, left behind in the patient no material traces whatsoever of the drug.

*We have used the expression "Regular system of medicine" to mean the modern scientific system commonly known as the allopathic system or the Western system of medicine.

It was true that an appreciable—rather a very large—percentage of patients recovered automatically, and it was here where diseases were self-limited and cured by Nature that homoeopathy succeeded. But that was not so in the case of the worse type of infectious diseases. The rate of mortality from an infectious disease like cholera, plague or small-pox varied with the character of the epidemic and the period of the out-break. In the case of cholera amongst the uninoculated 50 per cent might be accepted as an average death rate which was often exceeded in severe out-breaks and in the early stages of an out-break. Plague was the most fatal of all known epidemic diseases. Amongst the uninoculated the rate of mortality was often 80 to 90 per cent. or more of those attacked. In India the average rate of mortality was between 70 and 85 per cent. Small-pox amongst the unvaccinated carried away about half of its victims. These were not small figures to be trifled with.

Immunity of the masses could never be brought about by treating individuals suffering from an infectious disease as claimed by the homoeopathic members. To ensure mass prevention, herd immunity had to be produced by resorting to prophylactic measures on a mass scale before an epidemic actually broke out. According to homoeopathy one must wait for an epidemic to break out before any prophylactic measures could be adopted according to its characteristic symptoms while the aim of the regular system was to forestall an epidemic and prevent its out-break. There lay one fundamental difference between the two systems.

48. In the above paragraphs have been described the distinctive features of homoeopathy as a system of medicine as explained to us by the homoeopathic members of the Committee. The views of our colleagues representing the regular system of medicine on the matter are also stated. We feel it necessary, however, to emphasize at the risk of repetition that homoeopathy also believes in the role of the present-day methods of scientific hygiene, sanitation and nutrition in the prevention and control of diseases and in the importance of psychological reactions of a patient.

49. Homoeopathy has utilised, and is continuing to utilise, modern methods of research and it believes in the correlation of its knowledge and research with the progress of science. Because of this background, homoeopathic practitioners as a rule draw upon all rational therapeutic methods of proved efficacy, that is, methods which have stood the test of adequate experimentation. But from the point of view of drug-therapy the position is entirely different. To sum up, homoeopathy has everything in common with the regular system of medicine, excepting the mode of its approach in therapeutics and in the methods of immunisation.

50. Persons practising homoeopathy without any medical and scientific qualifications, whom we had the opportunity to interview, have almost unanimously supported the view that the study of homoeopathy and its practice is and should be based on the methods of science. There is a number of homoeopathic practitioners who differ from this view and style themselves as "Pure Homoeopaths". They believe in only the subjective symptoms and not in the modern scientific methods of diagnosis of the causation of diseased condition. Thus they do not believe in bacteriology, pathology, and physiology; and in diagnosing communicable diseases with a view to preventing their spread. In short they believe neither in the methods of scientific approach in the study of medicine nor in the necessity of knowledge of modern science in relation to the treatment, prevention and control of disease. We note, however, with satisfaction that not less than 95 per cent of the homoeopathic practitioners who appeared before us, although the majority of them had no proper scientific or regular medical training, put forward the view that in future

only persons properly trained in the basic, preclinical and clinical sciences should be allowed to practise homoeopathy. It will, therefore, be seen that the point of view of the self-styled "pure homoeopaths" is not supported by even the vast majority of untrained persons now practising homoeopathy. We as a Committee fully share this view and are definitely of the opinion that such persons constitute a danger to society and they are not competent to treat patients. We have, therefore, in our recommendations provided that they should not get any representation in any of the organizations recommended by us to be set up either at Centre or in the Provinces or State Unions. We are further strengthened in this view by the following quotation from two of the universally accepted authorities in homoeopathy after Hahnemann. These quotations lucidly sum up the exposition of the scientific basis of homoeopathy.

Hering says :

- (1) "It has been said by the opponents of our doctrine that an acquaintance with the old system of medicine was unnecessary to a homoeopathic physician; but this is a great error. No one can be a successful disciple of Hahnemann, who is not well versed as Hahnemann himself was, in the learning of the medical schools; and it would be just as impossible for him to act judiciously without a knowledge of anatomy, physiology, pathology, surgery, and materia medica, together with chemistry and botany, as for a man, ignorant of navigation and seamanship, to carry a vessel with safety into port".

(Page 19, Introductions Hering's Domestic Physician, published by the Homoeopathic Physician, Calcutta, 1942.)

- (2) "The allopathists try their best to get rid of us, but we will not get rid of them. We will study all the sciences, all natural sciences, all medical sciences, every discovery they make, every invention, if it is really useful; we intend, as well as ourselves, to master all they master, and our own art besides".

(Extract from Introductory Lecture delivered at the Homoeopathic Medical College, Pennsylvania, October, 1864.)

Kent says :

- (1) "It is true, on the other hand that the *post-mortem* affords the physician the means for a general study of the results of disease, which I would not, under any circumstances prevent. Indeed, there are times when I would strongly encourage the study of morbid anatomy. The physician cannot know too much about the ending of diseases; he should become thoroughly acquainted with the tissues in all conditions";
- (2) "Physical diagnosis is very important in its own place. By means of physical diagnosis the physician may find out the changes in organs, how far the disease has progressed, and determine if the patient is incurable. It is necessary also in supplying information to Boards of Health. It may also decide whether you should give curative or palliative treatment. But the study of pathology is a separate and distinct thing from the study of *Materia Medica*".

(Pages 58, 59, Kent's Lectures on Homoeopathic Philosophy, 4th edition, 1937.)

CHAPTER IV

HOMOEOPATHY IN OTHER COUNTRIES

51. We are thankful to Government for obtaining for our use reports on the position regarding training in and practice of homoeopathy in the United Kingdom and the United States of America through the good offices of the diplomatic representatives of those countries in India. The notes received in this connection are reproduced below. We have also added information about the future of homoeopathy in Brazil and Mexico taken from the transactions of the International Homoeopathic League.

52. **United Kingdom.**—“In the United Kingdom no person can be registered in the Medical Register kept by the General Council of Medical Education and Registration unless he has passed a qualifying examination in medicine, surgery, and midwifery and it is the duty of the Council to secure the maintenance of such examination shall be such as sufficiently to guarantee the possession of the knowledge and skill requisite for the efficient practice of medicine, surgery and midwifery and it is the duty of the Council to secure the maintenance of this standard. Any person desirous of treating patients by homoeopathic methods in the United Kingdom as a registered medical practitioner must in the first instance go through the normal course of study and pass the qualifying examination required of candidates for diplomas conferring the right of registration under the United Kingdom Medical Acts. None of the medical schools in the United Kingdom where courses of instruction for registration qualifications are given, is devoted to the teaching and practice of homoeopathy only. The United Kingdom Medical Act 1858 confers both on the medical students and registered medical practitioners a right to adopt homoeopathy as a theory of medicine, but no qualifying examination within the meaning of the Medical Act of 1886 is held in the subject of homoeopathy”.

In the United Kingdom there are two institutions, one in London and one in Glasgow imparting instruction to medical practitioners and to bonafide final year students of medicine in the principles and practice of homoeopathy. Both the institutions are attached to the British Faculty of Homoeopathy. The Faculty awards diplomas of membership and fellowship to persons having registrable medical qualifications in the United Kingdom.

53. **United States of America.**—“In the United States of America there is not much distinction between homoeopathic methods and the other methods of medical science, but three institutions, namely, Hahnemann Medical College and Hospital, Philadelphia, Boston University School of Medicine, Boston, and New York Medical College, New York are organized as homoeopathic institutions. They are on the list of approved medical schools in the United States recognized by the American Medical Association and are all on the list of educational institutions approved by the Attorney General of the United States, Department of Justice. Graduates from these institutions are given the same recognition as accorded to the graduates of other accredited institutions and would have to have completed successfully the required work in these colleges before being registered as practising physicians in any of the States. In the Boston University and the New York Medical College medical courses include all subjects usually taught in medical colleges including the basic sciences, surgery, gynaecology, etc. The courses are not exclusively of Homoeopathy”.

We also understand that in the United States of America the “American Foundation for Homoeopathy” arranges for the “holding of post-graduate courses in several centres. Graduates of Medicine and practising physicians take advantage of such post-graduate training courses”.

54. **Brazil.**—In Brazil, homœopathy is officially recognized and there is a State Homœopathic College having a six years' course. Graduates of this institution are on equal footing with other medical graduates in that country.

55. **Mexico.**—In Mexico homœopathy is reported to have obtained full recognition. There are six institutions for exclusive homœopathic teaching and the Mexican Homœopathic Confederation has more than 2,000 members.

56. It will be seen from the above that homœopathy as a system of medicine has a recognized status in all of the above countries. The only restriction is that those who desire to practice it must have registrable medical qualifications. We have in our recommendations made provision for the training and practice of Homœopathy under conditions which will give homœopathy a recognized status.

N.B.—Further information asked for during the deliberations of the Committee but received late from U.S.A. and Brazil is given at the end of the report (pages 80—84).

CHAPTER V

PLACE OF HOMOEOPATHY IN MEDICINE IN ALL ITS ASPECTS

57. We are now in a position to determine the place of homoeopathy in medicine in all its aspects. The scientific basis of medicine and the scientific approach to the study of medicine in all its aspects are common to homoeopathy and the regular system of medicine. The distinctive features of homoeopathy as a system of pharmaco-therapeutics and its laws and principles have been described in the preceding chapter and we have seen that its characteristic approach on the therapeutic side is based on:

- (a) the natural law of cure;
- (b) the principle of potentisation;
- (c) the principle of single remedy;
- (d) the principle of minimum dose;
- (e) the principle of individualisation;
- (f) the law of direction of cure;
- (g) the principle of the repetition of the dose;
- (h) the principle of chronic diseases.

58. We found that there was practically no difference of opinion between the two sections of medical profession—the regular and the homoeopathic—as regards the necessity for, and the desirability of, prophylaxis against small-pox, except that, while all the public health workers and practitioners of the regular system interviewed by us and our two colleagues representing this system held that vaccination by scarification was effective and safe, the general opinion of the witnesses representing homoeopathy, whom we examined, as well as of our colleagues representing that system was that vaccination by scarification was not without potential possibilities of endangering, immediately or remotely, the general health of the person subjected to vaccination by scarification. They pointed out that according to their experience oral vaccination by the administration of variolinum in potentised form was equally effective. One of the homoeopathic practitioners who was trained in the regular system and was interviewed by us stated that oral vaccination was not an adequate substitute for vaccination by scarification and that vaccination and inoculation were absolutely necessary for protecting the people against certain infectious diseases. He also said that experiments done in Germany where he was a student in medicine and his own experience had shown that variolinum had failed. Another witness having similar qualifications stated: "In homoeopathy we have not very much data and statistics to prove that there are medicines which are as efficacious as these things. Unless we have full data it is very difficult to compare the two systems. At the present moment we have got very haphazard observation but we cannot rely on them and say that we have got regular treatment". All other homoeopathic practitioners, including the homoeopathic members of the Committee, pointed out that the data available in homoeopathic literature as also their personal experience were in support of the efficacy of oral vaccination but in order that a definite opinion might be given on the point, it was suggested by homoeopathic witnesses that further statistical data should be obtained under proper and controlled conditions through government agencies. Homoeopathic opinion was, however, definitely in favour of making vaccination against small-pox optional only with regard to the method of administration of the protection. They do not however suggest at this stage the immediate abolition of vaccination or inoculation, until at least sufficient scientific data to prove the efficacy of oral administration of variolinum are available. Homoeopathic opinion emphasised that it

had been noticed in practice that antidotal measures against what they think are the evil effects of vaccination by scarification (vaccinosis) are necessary.

59. The Army view-point was put before the Committee by the Deputy Director, Hygiene and Pathology, Indian Army. The most important duty of the Armed Forces Medical Services is to prevent disease. It takes precedence over the treatment of sick soldiers. For prevention of disease the most scientific prophylactic measures known are used. Vaccination against small-pox is compulsory as a result of which the rate of morbidity and mortality from this disease has been brought down from a very high figure to a negligible figure. For 1947, it was 0.1 per thousand per year and none among the vaccinated.

60. The reduction in the enteric rate in the army by TAB inoculation has been one of the most brilliant feats of preventive medicine ever recorded. The morbidity rate from this disease has fallen from the conservative estimate of 200 per thousand per annum to 0.5 per thousand. The figures during the South African War and in the beginning of the 1914-18 War were very high, but compulsory inoculation has brought them down to a very low level. The army has better hygiene and sanitation but during the war period it has to live under conditions which compare very unfavourably with the civilian population. Diarrhoea, dysentery and malaria in the Burma campaign nearly decimated the army but enteric fever and small-pox were not a problem at all.

61. Another disease which has been equally successfully controlled in the army by preventive inoculation is tetanus. The morbidity and mortality rates from this disease during the 1914-18 war were high before this preventive measure was adopted. But during the last war active immunisation with tetanus toxoid, and the administration of tetanus antitoxin to the wounded reduced the incidence to a negligible figure (total of five cases only; taken from the Medical Statistical Report of British Army 1943-45).

62. Cholera is ordinarily not a problem in the army but when the army has to operate in areas where there is no control of water supply it has to take recourse to cholera inoculation and controlled experiments evaluated quantitatively have distinctly shown the lesser incidence and milder attack amongst the inoculated. The following table shows the incidence of preventible diseases in the army:

Incidence of preventable diseases in the Army—1914 to 1918 & 1938 to 1946

Ratio per 1000 per annum

Diseases	1914	1915	1916	1917	1918	1938	1939	1940	1941	1942	1943	1944	1945	1946
Small Pox	0.3	0.3	0.4	0.3	1.0	0.1	0.2	0.1	0.1	—	0.5	0.9	0.5	0.2
Enteric Group	1.6	2.2	2.4	1.0	0.8	0.8	0.5	0.7	0.6	—	0.5	0.5	0.3	0.2
Dysentery	14.2	22.6	26.0	13.8	12.7	17.2	17.1	22.3	21.0	20.0	16.5	16.2	14.2	13.0
Malaria	112.8	148.5	200.7	184.6	129.7	109.6	118.3	173.2	114.6	206.0	192.5	159.5	76.1	43.7
Plague	0.1	0.2	0.6	0.6	0.4	Nil	Nil	Nil	Nil	Nil	27*	11*	22*	5*
Cholera	0.6	0.7	0.4	0.7	0.2	0.4	1*	1*	0.2	0.1	0.2	0.1	0.1	20*
Tetanus	—	—	—	—	—	Nil	Nil	Nil	1*	10*	12*	35*	13*	6*
Rabbies	—	—	—	—	—	2*	3*	2*	4*	7*	21*	18*	5*	Nil

* Cases only. The rate per 1000 per year can be worked out. During the War years the strength of Army had gone up to such an extent that the cases mentioned will give a very insignificant rate.

On the curative side surgery comes before medicine in army practice.

The suggestion that homoeopathic practitioners may be employed in the armed forces medical services is not acceptable to the army authorities who will not agree to employ anybody who has not undergone the minimum standard laid down for training in regular medicine.

63. The Armed Forces Medical Services are engaged in all aspects of treatment, prevention, and control of disease. A group of doctors is engaged in prevention by vaccination and inoculation. This group constitutes a very small fraction of the total number of doctors employed in the army. Regarding the statement that homoeopathic practitioners could not be employed in the Armed Forces Medical Services as they only employ persons who have undergone the minimum standard laid down for training in regular system of medicine, the homoeopathic members of the Committee held the view that all these functions performed by medical men in the army excepting the work of inoculation and vaccination could be done by the homoeopathic medical men who had undergone the training envisaged in this report. The main difference in the type of training that we have envisaged lies in that the homoeopathic medical student will not learn the therapeutics of the regular system. This, however, was considered by the members of the Committee representing the regular system to be a sufficient ground for their not being able to take up the duties of an army medical man. The homoeopathic members of the Committee, however, felt that it should not be difficult to impart training in therapeutics within a very short period. The members of the Committee representing the other point of view did not agree to this and they thought that therapeutics was a very important part of medicine.

64. We record that apart from the opinion of some eminent men trained in the regular system of medicine that homoeopathic medicines are efficacious, there is a widespread belief to that effect amongst people including many lay learned men. The criticism has, however, been made from the point of view of modern physics and chemistry that from most homoeopathic dilutions and certainly from those of higher potencies it is not possible to find even a single molecule in any reasonable quantity of a homoeopathic medicine given to a patient. This fact had raised serious doubts in the minds of scientists regarding the use of medicines in homoeopathic dilutions. In the interest of the people and of the State such criticisms regarding the efficacy of this widely practised system of medicine should not be allowed to continue and a satisfactory answer should be found. Attempts are being made to find a scientific explanation of the efficacy of highly potentised drugs. In the opinion of the members of the Committee who are homoeopathic physicians (and a majority of whom have studied both the systems of medicine) the evidences in favour of efficacy of homoeopathic medicines in higher potencies are sufficiently strong. We feel, however, that in view of the doubts, this major issue may be decided by carefully conducted experiments designed on the basis of mathematical statistics and by the statistical analysis of the data under proper conditions. The statistical approach to decisions on such matters holds good for all problems of medicine.

65. The view we have expressed above regarding the place of homoeopathy in medicine as a system of pharmaco-therapeutics which has its basic scientific principles and scientific approach in common with the regular system of medicine is very much similar to the "schematic view of the position of homoeopathy among the medical arts and sciences" drawn up by Dr. John P. Sutherland in his presidential address at the meeting of the International Homoeopathic Council at the Hague on August 27, 1920. We should, however, like to make it clear that this schematic view does not exactly represent the position either of

the homeopathic or of the regular system of medicine. The schematic view referred to above is reproduced below—

20th Century Medicine	Healing Arts	Pharmaco-Therapy	{ Antipathic Method (Palliative) Heteropathic Method (Empirical) { Homoeopa- thic Method { The Rule of Similars (Curative) { Drugs Proving (Human) { Single Remedy { Minimum Dose { Totality of Symptoms
		Psycho-Therapy	{ Charcot ... Hypnotism Bernheim ... Christian Science Freud ... Faith & Prayer Healing
		Mechano-Therapy	{ Osteopathy ... Vibrations, etc. Chiro-Prac- ... Corrective Gymnas- tics Massage tics
		Hydro-Therapy	(Balneology)
		Serum-Vaccino & Immune-Therapy	
		Electro-Therapy	{ Galvanism ... Faradism High Frequency Sinusoidal, etc.
		Radio-Therapy	{ X-ray Radium Photo-Therapy (Antinic ray, etc.)
		Thermo-Therapy	Bier Method, etc.
		Chemo-Therapy	Salvarsan, etc.
		Surgery	(including orthopaedic)
	Obstetrics		
	Ophthalmology		
	Diagnosis		
	Dietetics		
	Anatomy	Histology ... Embryology	
	Physiology	Psychology	
	Pathology	Bacteriology	
	Chemistry	{ Analytical Physiological Toxicology	
Pharmacology	Drug Pathogenesis		
Medical Sci- ences			

CHAPTER VI

ACTION TAKEN OR CONTEMPLATED BY PROVINCIAL AND STATES GOVERNMENTS TO REGULATE THE PRACTICE OF HOMOEOPATHY

66. Before we deal with the survey enjoined on us by the second term of reference it will be useful to mention separately in this chapter the action which has been taken or is contemplated by different Provincial Governments and States to regulate the practice of homoeopathy.

67. **Bengal (West Bengal).**—The Government of Bengal in the Department of Public Health and Local Self Government (Medical) adopted a Resolution (No. 1866 Medl., dated 24th June, 1941) as a result of which the General Council and State Faculty of Homoeopathic Medicine, Bengal (now West Bengal) came into existence on 1st April, 1943

68. The Council now consists of a President and a Vice President nominated by the Local Government for the first term and subsequently elected by the members of the Council. It has 28 members, representing homoeopathic practitioners nominated by the Local Government for the first term and subsequently elected by the registered medical practitioners homoeopathic colleges and hospitals which may be affiliated to the Council according to rules prescribed by Government and regulations framed by the Council with the approval of Government. Provision has also been made for the representation of the Provincial Legislature, of persons who may or may not be homoeopaths representing the Calcutta University and the Calcutta Corporation and for the nomination of one such person by the Government. The Council has its registrar as an *ex-officio* member.

69. The main functions of the Council are:—

- (a) The registration of homoeopathic practitioners according to rules and regulations made by them and approved by the Local Government;
- (b) to enable persons who desire to practice medicine according to homoeopathic system after proper training and on passing examination to receive a diploma or license testifying to their adequate training and proficiency in these subjects;
- (c) to advise the Government and the general public on all matters relating to the advancement of homoeopathic studies and medical relief;
- (d) to appoint sub-committees for the above purpose; and
- (e) to register and control the homoeopathic pharmacies and homoeopathic charitable institutions of Bengal under rules framed from time to time by the Council and approved by the Local Government.

70. **Bihar.**—The Government of Bihar in their Resolution Appendix A.I., No. 43.L.S.G.R., Local Self Government Department, dated 5th June, 1948 appointed a Committee consisting of some members of the Provincial Homoeopathic Association to make a survey of the conditions about the teaching and practice of homoeopathy obtaining in the province; to consider what steps, if any, should be taken to set up a register of homoeopathic practitioners; to improve the medical education of the practitioners of homoeopathic medicine; to set up a board of homoeopathic medicine and to consider whether any legislation was necessary for the above purpose.

71. The Committee recommended that legislation should be introduced to provide for the constitution of a Board of Homoeopathic Medicine and Studies

with a whole-time registrar and secretary. The Board would maintain a register of qualified homoeopathic practitioners after scrutiny and a State homoeopathic college and hospital should be established and maintained by the Provincial Government at Patna who should also subsidise the existing private colleges in each division in accordance with the curriculum published by the Board of Homoeopathic Medicine and Studies.

72. **Bombay.**—The Bombay Medical Act of 1938 formed a Board of indigenous Medicine. The Rules prohibited any person to practise any system of medicine unless he belonged to any one of the following categories, namely,

I. Registered practitioners:

- (a) Registered Medical Practitioners according to Bombay Medical Act 1912.
- (b) Registered Medical Practitioners of Bombay Medical Act of Indigenous System of 1938.

II. Listed persons.

73. According to category (I) Ayurvedic and Unani practitioners who in the opinion of the Bombay Government were qualified were straightaway included in the register of practitioners of indigenous system of medicine. Homoeopathic practitioners or institutions, even though recognised by the West Bengal Faculty, were not however recognised

74. In category (II) only those persons were included, who were not in possession of prescribed qualifications but who had practice of 10 years' standing prior to 1938. Practising homoeopaths, including graduates of Calcutta Homoeopathic Institutions recognised by the State Faculty of West Bengal, were included in this list only. It follows that no homoeopathic practitioner was allowed to start practice as such after 1938.

75. In 1949 the Bombay Act of 1938 was amended and a Faculty of Indigenous Systems of Medicine was formed but in the field of homoeopathy only a post-graduate institution with a hospital of 30 beds was started where registered medical practitioners of category (I) could study homoeopathy. Even the Homoeopathic institutions recognised by the Faculty of West Bengal were required to be inspected by the Government of Bombay before they were approved for the purpose of listing only. The graduates of such institutions were not included in the register.

76. **Central Provinces and Berar.**—The Central Provinces and Berar Homoeopathic and Biochemic Practitioners Act 1948 seeks to regulate the qualification and to provide for the registration of practitioners of homoeopathic and biochemic systems of medicine with a view to encourage the study and spread of these systems.

77. It provides for the establishment, constitution and incorporation of the Board of Homoeopathic and Biochemic system of medicine, Central Provinces and Berar. The Board consists of

- (a) four registered practitioners nominated by the Provincial Government,
and
- (b) nine registered practitioners elected by the registered practitioners from amongst themselves.

78. The Board appoints, with the previous sanction of the Provincial Government, a registrar to keep the register of homoeopathic practitioners. The register is divided into two parts. The first part contains the names of practitioners qualified to practise both as surgeons as well as homoeopathic and biochemic physicians and part II contains the names of practitioners qualified to practise as homoeopathic and biochemic physicians.

79. Every person who passes a qualifying examination or who proves to the satisfaction of the Board that he has been practising as a homoeopathic and biochemic physician for at least seven years may be registered.

80. The Board by regulations prescribes the course of training and qualifying examination including the course of training and examination.

81. The Provincial Government has reserved to itself the right to dissolve the Board, if it fails to exercise or has exceeded or abused any of the powers conferred upon it, and may bring into existence a new Board.

82. **Madras.**—The Madras Government have under consideration what action should be taken in the matter of regulation of training in and practice of homoeopathy. But it is understood that further action will be taken after the report of our Committee is out.

83. **Punjab (East Punjab).**—The Government of the Punjab in 1940 appointed a Homoeopathic Enquiry Committee to consider what steps, if any, should be taken for the registration of homoeopaths, the improvement of homoeopathic training and medicine and to consider whether any legislation was necessary for the above purpose.

84. The Committee consisted of 11 members with the Inspector General of Civil Hospitals as its Chairman and it recommended the imposition of control with a view to standardize medical education and examination in homoeopathy and registration of homoeopathic practitioners.

85. The Committee recommended also the formation of a Provincial Board consisting of 19 members to control the registration of practitioners of homoeopathic medicine, with the following powers:

- (a) Registration of homoeopathic practitioners according to rules and regulations made by the Board and approved by the Local Body;
- (b) To enable persons who desire to practise medicine according to homoeopathic system after proper training and passing of examination to receive any diploma and proficiency in those subjects;
- (c) To advise the Government and general public on all matters relating to the advancement of homoeopathic studies and medical relief;
- (d) To appoint sub-committees for the above purpose;
- (e) To register and control the homoeopathic charitable institutions in the Punjab, under rules to be framed from time to time by the Board and approved by the Local Body;
- (f) To control examinations and also periodically visit homoeopathic institutions with a view to ensure that the standard of training and instruction laid down is being observed.

86. The Committee recommended further that there should be one register of homoeopathic practitioners to enlist the following four categories:—

- (1) Practitioners possessing degrees from recognized universities;
- (2) Practitioners possessing diplomas from recognized teaching institutions;

- (3) Practitioners, who in the opinion of the Board of homoeopathic medicine, possess the knowledge and requisite skill for the efficient practice of homoeopathic medicine;
- (4) Qualified allopaths who have undergone a post-graduate course in homoeopathy in a recognized institution or have been practising homoeopathy for more than ten years.

87. The Committee recommended that the Government should control homoeopathic practitioners in order to protect the public and the profession and to raise the status of homoeopathic practitioners. The control should be exercised with a view to standardize medical education and examination in homoeopathy and registration of homoeopathic practitioners.

88. Registered homoeopathic practitioners would be required to observe the same code of ethics as was observed by practitioners of allopathy.

89. It appears that no action has yet been taken by the East Punjab Government in regard to the above matter.

90. **United Provinces.**—The United Provinces Homoeopathic Medical Act, 1947, provides for the development and expansion of the homoeopathic system of medicine in the United Provinces. It provides for the establishment and constitution of a Board of Homoeopathic Medicine, for the purpose of carrying out the provisions of the Act. The Board consists of 18 members, representing two homoeopaths nominated by the Provincial Government; members of the U.P. Legislative Assembly and Council; teachers of recognized homoeopathic institutions of the United Provinces; the working committee of the U.P. Homoeopathic Medical Association; 4 members having at least 10 years' practice in homoeopathy elected by the registered homoeopaths of the province from amongst themselves and two members co-opted by the Board from amongst the public. The Board has been empowered to make orders regulating the maintenance of a register of homoeopaths in a prescribed form.

91. The qualifications required by persons who are entitled to have their names entered in the register of homoeopaths have been prescribed. The Board has powers to call upon the Governing Body or authorities of a medical association, examining bodies, or other institutions to furnish all information required and provide facilities for the proper conduct of instruction given in homoeopathy and of examinations. The Board has power to prohibit the entry in or order the removal from the register the name of any homoeopath. It has also the power to establish or recognize homoeopathic educational or instructional institutions for purposes of affiliation.

92. **Baroda State.**—The Baroda Medical Act recognizes the diplomas of the following institutions for registration:—

- (i) The Calcutta Homoeopathic Medical College and Hospital, Calcutta;
- (ii) The Calcutta Homoeopathic Society;
- (iii) Bengal Allen Homoeopathic Medical College and Hospital, Calcutta.

93. The practitioners engaged in homoeopathy up to 19th July 1945 were registered if they had 8 years' practice.

94. The homoeopaths have been given representation on the Baroda Medical Council through one elected member from amongst the registered homoeopaths.

95. **Travancore State.**—The Travancore Medical Practitioners Act 1119 of 1943 regulates the qualifications and provides for the registration of practitioners

of all systems of medicine including homoeopathy, dentistry, ayurveda, sidha and unani tibbi, and is designed to encourage the study and spread of such systems.

96. The Travancore Medical Council consists of 17 members, including the Surgeon General, the Director of Public Health and the Director of Ayurveda and representatives of different systems of medicine.

97. The Government nominates the President of the Council from amongst the members of the Council. The Council appoints a registrar who is also the secretary of the Council. The Council has power to appoint an executive committee.

98. The Registrar keeps the registers in a form prescribed by rules. There is one register for each system divided into two parts A and B; Part A containing the names of candidates holding a qualification recognized by the Council and Part B containing the names of those having no recognized qualifications but registered in virtue of Section 22, provided that in the case of Dentists there is a separate register.

99. The Council is responsible for suggesting measures to govern the registrability or otherwise of any qualification. It may call upon any body or bodies granting a diploma or degree or providing training for any system to furnish any information relating to the nature and quality of the training imparted and the nature and standard of the examinations conducted. It arranges for the inspection and report of any such institution and it has power to refuse recognition to a degree or diploma granted by the body or bodies in conformity with regulations made by the Council.

100. The Government has reserved to itself the powers to appoint some other agency for carrying out the powers of the Council, if the Board fails to exercise or exceeds or abuses any powers conferred upon it or fails to perform any of the duties imposed upon it.

101. The persons eligible for registration are those holding recognized qualifications and every holder of title granted or approved by the Government denoting professional eminence in the field of medicine; any person recognized by the Government from among families of hereditary physicians of repute practising in Travancore; any person who proves to the satisfaction of the Council that he has been in regular practice as a practitioner for a period of not less than five years and persons who have passed an examination prescribed by the Council.

102. Qualifications for the homoeopathic system are "all qualifications which may be recognized by the Government of Travancore, the British Indian Provinces or the General Medical Council of Great Britain or America".

CHAPTER VII

SURVEY

(I) SURVEY OF THE EXISTING FACILITIES FOR THE TEACHING OF HOMOEOPATHY IN INDIA.

103. In this Chapter we propose to deal with the survey we have conducted as enjoined in the second term of reference. We were hard pressed by the authorities of the various homoeopathic institutions to visit almost all of them. It would have been physically impossible for us to visit all these centres and from what we have actually seen and the information we have gathered it would have served no useful purpose for us to do so.

In the following paragraphs an account has been given of the actual conditions of and facilities for training in homoeopathy which exist in the more important of the institutions we have visited:—

104. **The Calcutta Homoeopathic Medical College and Hospital, Calcutta.**—The college was established in 1881. The management is in the hands of the Calcutta Homoeopathic Hospital Society. The college classes are held in the Dr. D. N. Roy memorial building and the new annexe. The course of study is for four years. The syllabus followed in the college is almost the same as that of the recognized medical schools and follows the lines laid down by the State Faculty of Homoeopathic Medicine, West Bengal. Admission is open to both the sexes. The minimum qualification for admission is the Matriculation Examination of the Calcutta University or its equivalent. The following fees are charged:—

Admission fee	Rs. 6/-
Monthly tuition fee—	
1st year class	„ 6/-
2nd „ „	„ 7/-
3rd „ „	„ 8/-
4th „ „	„ 9/-

A hospital of 85 beds is attached to the college. The hospital is in existence since 1909. A new three-storied annexe has been added and it is proposed to raise the number of beds from 85 to 101. There are separate departments for the treatment of eye, ear, nose, throat and dental diseases. There is a library. There are two laboratories, (a) physiological laboratory, and (b) pathological and bacteriological laboratory. Pharmacological, anatomical and pathological specimens are maintained. All members of the staff are medical men holding registrable qualifications excepting a few who are registered with the State Faculty of Homoeopathic Medicine, West Bengal. The staff of the college consists of 15 members.

105. **The Dunham Homoeopathic Medical College and Hospital, Calcutta.**—The course of studies cover a period of 5 years as laid down by the State Faculty of Homoeopathic Medicine, West Bengal. The following fees are charged:—

Tuition fee (1st and 2nd year classes per mensum)	Rs. 6/-
Tuition fee (3rd and 4th year classes per mensum)	Rs. 9/-

A hospital and a students' hostel are attached to the college. The number of beds is 20. The minimum qualification for admission to this college is the Matriculation Examination of the Calcutta University or its equivalent. The staff consists of medical men holding registrable qualifications excepting

a few who are registered with the State Faculty of Homoeopathic Medicine, West Bengal. The number of staff members is 26.

106. The Pratap and Hering Homoeopathic College and Hospital, Calcutta.—It is managed by the Pratap and Hering Homoeopathic College and Hospital Association. It was established in the year 1926. The curriculum is the same as laid down by the State Faculty of Homoeopathic Medicine, West Bengal. The duration of the course is 4 years. Matriculation of the Calcutta University or its equivalent is the minimum qualification for admission. The figures of admission are given below:—

Number of new admission for the last 5 years.....99

Total number of students for the last 5 years.....120

Number actually qualified for the last 5 years.....72

The qualifications of the staff are the same as in the other two institutions mentioned in paragraphs 100 and 101 above. The number of staff members is 19.

107. The Bengal Allen Homoeopathic Medical College and Hospital, Calcutta.—The origin of the college dates back to the year 1916, when two sister institutions *viz.* the Allen Homoeopathic Medicine College and the Bengal Homoeopathic Medical College were amalgamated. There are two separate courses of studies—Morning (Vernacular) 7 to 9 A.M.; Day (English) 12 to 4 P.M. The training consists of three years' graded course in the morning-department and four years in the day-department. L.H.M.S. degree (Licentiate in Homoeopathic Medicine and Surgery) is conferred upon every successful student of the third year of the morning department. A degree of Master of Homoeopathic Medicine and Surgery (M.H.M.S.) is conferred upon every successful student of the fourth year of the day-department. The minimum qualification for admission to the day-department is Matriculation standard or its equivalent. It has no correspondence course nor does it allow any private candidate to sit at its examination. It has an entirely free hospital. An out-door dispensary is also attached to the hospital. Ophthalmic department and Dental department have been added to the college. There is a library. The teaching staff mostly consists of medical men holding registrable qualifications.

108. The sources of income of all of the above institutions are recurring grants from the Corporation of Calcutta, public donations, students' fees and receipts from patients.

109. The first three institutions mentioned above are recognized by the State Faculty of Homoeopathic Medicine, West Bengal. The fourth one, namely the Bengal Allen Homoeopathic Medical College and Hospital, was recognized by the Faculty until 1948, but has since been disaffiliated.

110. The National Homoeopathic Medical College, Lucknow.—This institution was founded in 1921. The courses of training extend over three years and the medium of instruction is English. The degree of H.M.B. is conferred by the institution itself. A candidate is considered eligible for admission to the college if he has passed the high school examination of the Board of High School and Intermediate Education, United Provinces, or any other examination recognized by the Government as equivalent thereto. Students who have passed the final examination of any allopathic medical institution are eligible for admission to the second year class. The following fees are charged:—

Admission fees Rs. 5.

Tuition fee Rs. 10.

The examinations are conducted by the professors of the college. An out-door hospital is attached to the college. The building is a rented one. The number of staff at present is 13. The managing committee consists of members of the staff and some members of the public.

111. The Madras Homoeopathic Medical College, Madras.—The Madras Presidency Homoeopathic Association opened this college in August, 1943. The minimum qualification for admission is either the Secondary School Leaving Certificate or the Matriculation Examination of an Indian University or its equivalent. The following fees are charged:—

Tuition fees	Total
B. H. M. S. :—	Rs.
1st year	40
2nd year	40
3rd year	48
4th year	48

There are two courses of instruction:—

- (a) College course for B.H.M.S. degree (4 years).
- (b) Post-Graduate Course for M.H.M. (Master of Homoeopathic Medicine).

Persons who have obtained a recognized degree or diploma in any of the other systems of medicine, such as Allopathy, Ayurvedic and Unani, can be granted a degree of M.H.M. of the college on their completing a special course of study in homoeopathic medicine and philosophy for one year in this college and attendance in the Homoeopathic hospital during that period and passing the examination at the end of the course.

112. Andhra Provincial Homoeopathic Medical College and Hospital (Regd.) Gudivada.—The college was started in August, 1945, under the auspices of the Andhra Provincial Homoeopathic Medical Association which is a registered body. The minimum qualification for admission is S.S.L.C. standard or its equivalent. Minimum age for admission is 16 years. The course covers 4 years. Each student has to pay a fee of Rs. 150 per year to be paid at the beginning of the year. There is a room intended to be used as a science laboratory and a dissection hall. There are charts, moulds and skeletons for anatomical demonstration. The building is a rented one. The examinations are conducted by the staff themselves. There is also a hospital of 25 beds. The hospital is situated about a mile and half from the college. The out-door hospital is located at yet another place.

113. The Calcutta Homoeopathic Training College, Calcutta.—This institution is not recognized by the State Faculty of Homoeopathic Medicine, West Bengal. It claims to provide a 3 years' course for bachelorship and a 2 years' course for licentiatehip. There is no laboratory and practically no facilities for training in the basic sciences. The Principal himself has no knowledge of basic sciences but is a registered homoeopath. The institution is functioning for the last 20 years. It awards the bachelorship and licentiatehip Degree and Diploma. There is no hospital.

114. We were informed by one of our colleagues that recently the Government of Bombay by an executive order had established a "Homoeopathic Hospital" with 30 beds where medical graduates and licentiates and registered Ayurveds would be trained in homoeopathy.

115. The survey made by us has shown that by far the vast majority of homoeopathic practitioners had received no training and many of them have little or no education.

116. The institutions which provide training in homoeopathy fall under the following five categories:—

- (1) Those which attempt to teach the basic, preclinical and clinical sciences and which try to arrange for clinical teaching although their equipment is generally very meagre and even the equipment of the best of them falls short of the standard of a medical school, *e.g.*, (a) Calcutta Homoeopathic Medical College and Hospital, (b) Dunham Homoeopathic College and Hospital, and (c) Bengal Allen Homoeopathic Medical College and Hospital.
- (2) Those who intend to make arrangements to teach basic, preclinical and clinical sciences in addition to homoeopathy but there is no equipment for the scientific training. Some of these institutions are attempting to provide for the necessary equipment, *e.g.*, Pratap and Hering Homoeopathic College, Calcutta, Madras Homoeopathic Medical College and Hospital (Regd.) Gudivada and National Homoeopathic Medical College, Lucknow.

Note:—(The Pratap and Hering Homoeopathic Medical College, Calcutta was transferred from its old site after the bombing of Calcutta and the riots during which it suffered damage and the facilities for training it now offers are meagre. It has therefore been put under category (2).

- (3) Those which make no attempt at all to teach either the basic or the preclinical or clinical sciences, but the law and principles of homoeopathy and homoeopathic therapeutics are taught, *e.g.*, Bapu Trihut Homoeopathic College, Muzaffarpur.
- (4) Those which have got class-rooms and a few charts but there is no provision for regular teaching, *i.e.*, which are teaching institutions more in name than in fact. We have seen such institutions in Calcutta and the information at our disposal shown the existence of quite a number of similar institutions elsewhere. We note with regret that their object is more to sell a degree than to teach the basic and medical sciences and homoeopathy.
- (5) Those institutions which exist only in name. Their activity consists in selling degrees either by a correspondence course or even without it.

117. The qualification for admission to the institutions mentioned under category (1) is Matriculation or its equivalent. The Calcutta group of colleges provides a four years' course, but the Bengal Allen College also runs in addition a three years' course for which Matriculation is not the minimum qualification for admission. The colleges in category (2) also have four years' courses and they generally have Matriculation or its equivalent as the qualification for admission. There is neither any age limit nor any minimum qualification for admission in any of the last three categories of institutions.

118. None of the existing institutions has got facilities for research.

119. As stated earlier the only colleges which attempt to give a regular course of training in the basic, preclinical and clinical sciences and have some equipment worth consideration are the first four mentioned above. We would repeat that even their equipment and facilities for training in hospital practice etc., are below those of any medical school in India. As we have stated earlier, these four institutions make a genuine effort to impart training according to the

conditions laid down by the State Faculty of Homoeopathic Medicine, West Bengal. Regarding the others we do not feel it necessary to dwell at length about their efforts at training. In our opinion institutions under categories (1) and (2) should be allowed to continue on the condition that they would conform to the standards of personnel, equipment and training in Homoeopathy which might be laid down by a Board, the establishment of which we have proposed elsewhere. They should be required to do so within definite time limits to be laid down by the Board, failing which they should be closed down. Institutions in category (4) and (5) are definitely undesirable and such institutions should not be allowed to continue. The institutions coming under category (3) should also be abolished as they do not provide for training in basic, preclinical and clinical sciences.

120. How unsatisfactory the conditions in some of these institutions are will be evident from the fact that the Calcutta Homoeopathic Training College gives certificates of qualifications without even a correspondence course. The same remark applies to the Philadelphia Homoeopathic College and Chicago Medical College of Calcutta. The Philadelphia Homoeopathic College sells the degrees of the University of Huron and the Western Universities of the U.S.A. We have not been able to get the information regarding the status of these universities which are stated to exist in the U.S.A.

(II) EXTENT TO WHICH THE HOMOEOPATHIC SYSTEM IS PRACTISED IN THE COUNTRY

121. The extent to which the homoeopathic system is practised in India could be assessed from the number of homoeopathic practitioners and the number of persons treated under this system. Excepting the State Faculty of Homoeopathic Medicine of West Bengal there is no other recognized organization which maintains a list of homoeopathic practitioners. We have therefore, to draw upon the information received from the homoeopathic associations, whose representatives we interviewed, and also on such supplementary information as was supplied to us. The estimate we can make must, therefore, be very much limited in its accuracy. There is, however, no doubt that the number of homoeopathic practitioners in India is very large. One category of homoeopathic practitioners who perhaps constitute the largest section, consists of the people who keep a box of medicine and a book written in English or in an Indian language for purposes of domestic treatment or treatment of neighbours and for monetary gain or otherwise. We have, therefore, not been able to make an estimate of this number.

122. We have quoted below some figures placed before us by persons whom we interviewed and who are likely to have direct knowledge of the homoeopathic physicians. These figures will convey an idea of the extent to which the homoeopathic system is practised in the country:

- (a) According to the Secretary of the All India Institute of Homoeopathy, Delhi, the number of homoeopathic practitioners who had received some sort of institutional training in India is about 1,050 excluding those of West Bengal. He put the number of unqualified persons at about 50 times of this figure, i.e., at more than 50,000.
- (b) The Secretary of the All India Homoeopathic Medical Association, Delhi, estimated the figure at 75,000.
- (c) The Proprietor, Hahnemann Publishing Co., Calcutta, in his Hahnemannian Gleanings of April, 1949 (Vol. XVI, No. 4) stated that their customers in India, who seem to be homoeopathic practitioners, were approximately 95,000. Of these 50 per cent. belonged to Bengal. There is one firm in Calcutta which has a

much larger volume of business than the above firm. There are several firms in Calcutta who have as much volume of business as the Hahnemann Publishing Co. There are many other homoeopathic firms all over India.

- (d) The number of homoeopathic practitioners registered up to 1948 with the State Faculty of Homoeopathic Medicine, West Bengal, was 6,461.
- (e) The Bihar Homoeopathic Provincial Medical Association (Registered) informed us that the total number of homoeopathic practitioners in Bihar was about 16,000.
- (f) The U.P. Provincial Homoeopathic Association enrolled 321 members since the "U. P. Homoeopathic Medical Act 1947", came into force. The total number registered is 2,018.

123. From the figures given above and especially the number of customers indicated in clause (c) above, we are of the opinion that the number of homoeopathic practitioners in India would exceed 2 to 300,000 possibly including all categories, whereas the number of homoeopathic practitioners who have received some sort of institutional training is not likely to exceed 5,000. It is very difficult to give any figures as to the number of persons who are being treated by homoeopathy at any one time, but the estimate of 3 million people will be on the low side.

(III) CONDITIONS OF PRACTICE OF HOMOEOPATHY

124. From the information we have gathered in the course of interviews, from the replies to the questionnaire and from other statements, we are in a position to say that the practitioners of homoeopathy come under the following categories:—

- (a) Persons who held university degrees in medicine or diplomas of medical schools and had afterwards taken to homoeopathy;
- (b) persons who had undergone a course of training in non-official, affiliated or unaffiliated, homoeopathic institutions specially maintained for such training,
- (c) persons who were self-taught, had good general education but had no regular training in the basic, preclinical and clinical sciences and who had taken up the practice of homoeopathy as a profession;
- (d) persons in category (c) who practise homoeopathy without taking monetary remunerations;
- (e) persons in category (c) but without any general education; and
- (f) persons who have purchased by payment of a fee a bogus "Degree" or "Diploma".

125. It seems obvious that in the interest of the public the State should intervene and put a stop to the practice of medicine by persons who are not qualified to do so.

126. At this stage it is desirable to state the more important reasons which according to a section of people, have made homoeopathy popular in India. The reasons advanced are:—

- (i) the cost of homoeopathic medicines is very much less than that of medicines used in any other system of medicine, which means a lot to the average person in India;
- (ii) treatment under the system is more sympathetic as compared to other systems; it is absolutely harmless; it avoids injections and also generally surgical operations;

- (iii) the system prescribes small doses of drugs which do not upset the patient in any way and the medicines are orally administered and are sweet to the taste;
- (iv) it cures all types of patients;
- (v) homoeopathy is much more efficacious than other systems of medicine in cases of certain types of diseases; such as, cholera, ailments of children, etc.

127. It is not necessary for us to assess the value of the claims made. It is sufficient for our purpose to note that homoeopathy is popular amongst a large section of the people. It is common knowledge, however, that the practice of homoeopathy in India is at present in the hands of a vast number of practitioners who are not endowed with proper scientific training. In the opinion of the witnesses we examined and from other evidence at our disposal, it would be correct to say that as many as 90 per cent. of the homoeopathic practitioners in the country fall under the above category.

128. It is also a finding of our survey that the homoeopathic institutions for training and medical relief in the country are mostly very ill-equipped and they cannot, therefore, impart proper training to, and provide a suitable background for the education of persons desiring to take up homoeopathy as a profession. This is one of the important reasons why the country has practically been flocked by quacks who have taken up homoeopathy as a profession, for which they are not equipped, in the absence of an alternative vocation.

129. Taking a commonsense view, quacks may be taken to denote a class of people who practise medicine without possessing the necessary scientific knowledge and training to enable them to diagnose diseases and treat patients properly. Humphery Rolleston has defined quackery as "the practice of medical art by a person who is not conversant with the scientific aspect of the art that he practises". We are of the opinion that quackery has flourished on account of:

- (1) lack of general education which stands in the way of a person understanding the significance of claims made and this leads him astray and makes him accept false claims;
- (2) prejudices, beliefs and superstitions prevalent amongst the people;
- (3) dearth of properly qualified medical practitioners, especially in rural areas;
- (4) purchase, sale and use of bogus degrees, diplomas and titles, by unqualified persons for personal gain;
- (5) lack of effective control and failure of enforcement of existing laws by the State; and
- (6) uncontrolled advertisements making fraudulent and untenable claims.

130. No State should permit quacks and quackery to flourish and it seems obvious to us that steps should be taken to eliminate quacks and quackery and to devise suitable measures for the control of the practice of homoeopathic medicine in particular. We have dealt with this aspect in a subsequent part of our report.

131. We feel seriously perturbed to note that all attempts to control undesirable advertisements claiming the efficacy of medicines and the issue of objectionable literature specially in sex matters have not been brought under control by the Government. We cannot overemphasize the desirability of Government taking definite action in these respects.

192. The homoeopathic pharmacies in India as a rule import "mother tinctures" as also the potencies from the U.S.A. Messrs Borreck and Taffel of the U.S.A. have almost a monopoly of this trade. There are, however, 3 and 4 other firms in the U.S.A., U.K. and some other countries which also supply homoeopathic medicines to India. The Indian firms either use the imported medicines or prepare some of the lower dilutions themselves. There is, however, no control on the method of preparation, testing and dispensing of these medicines. Some mother tinctures are being produced in India, but so far as we could judge from the information available to us or as a result of our inspection of some of the Indian firms, those mother tinctures may not come upto the proper standard and specifications. There is no arrangement as mentioned above of checking the quality of the medicines produced by these firms. We also had evidence before us that medicines were being prepared which did not at all conform to the specifications laid down in homoeopathic pharmacopoea. Injections were also being used in the same way under the name of homoeopathic medicines. Some of these could be said to be colourable imitations of the corresponding preparations of the regular system of medicine. For example, we came to know that an injection of diphtheria antitoxin had been used in this way. It is thus definitely necessary that steps should be taken to ensure that homoeopathic drugs prepared according to the principles laid down in homoeopathic pharmacopoea should be made available to homoeopathic practitioners and for patients who desired to be treated by the homoeopathic system. Necessary steps should be taken to ensure that no homoeopathic medicines are prepared or sold which do not conform to the standard. One of the steps, therefore, which the Central Council or the Provincial Boards, mentioned later in this report, will have to take would be to frame regulations for the control of the preparation, testing and dispensing of homoeopathic medicines in a prescribed manner and to ensure that provisions of these regulations are enforced.

CHAPTER VIII

IMPORTANT SUGGESTIONS RECEIVED

(I) VIEWS OF CERTAIN HONOURABLE MINISTERS OF HEALTH OF THE PROVINCES

133. The Honourable Ministers of Health of six provinces were kind enough to express their views before us. Those views are summarised below:—

134. They were unanimous in their opinion that in future all practitioners of homoeopathy must have proper training in the basic and medical sciences.

135. All of them agreed that any system of medicine to be recognized by the State should be capable of being associated with public health measures and of helping the Government in times of emergency.

136. They were all in favour of stopping quackery and it appeared that in one province steps had been taken against the use of bogus degrees and to stop their issue in future.

137. One of them was in favour of keeping homoeopathic training and regulation of practice separate from the regular system of medicine because in his opinion the two systems differed in the treatment of diseases and should not be mixed up. He thought, however, that fundamental training in medicine under all systems should be the same. He felt that it is for a State Homoeopathic Faculty to say whether the training at present being given was satisfactory or not and whether the practice of homoeopathy should be controlled by law. In his opinion research was essential for the progress of homoeopathy and the results of homoeopathic treatment should be published and got verified in homoeopathic journals. He stated that the first and foremost necessity was that homoeopathy must get itself established in the public opinion and then the position would be satisfactory. He stated that in one city the Corporation was paying a fair amount to homoeopathic hospitals, but the standards of those hospitals were not satisfactory and consequently public support was wanting. He knew that government and insurance companies did not ordinarily accept certificates of homoeopathic doctors and said that government could not force private institutions to accept such certificates as they had the right to refuse if they had no faith in homoeopathy.

138. One Honourable Minister said that medical training in general should not be made unnecessarily expensive.

139. According to one of the Honourable Ministers the training in the existing homoeopathic institutions was most unsatisfactory and inadequate. In his opinion government had a responsibility to provide facilities for adequate scientific training in homoeopathy. Another Honourable Minister stated that he had tried to help homoeopathy as much as possible but a homoeopathic physician competent to take charge of a government hospital and dispensary could not be found.

140. One of them favoured separate institutions for training in homoeopathy and three considered post-graduate training, i.e., training in homoeopathy after the attainment of a basic qualification in the regular system of medicine to be the best solution. As alternatives two were in favour of bifurcation of medical education into two channels, one leading to the regular system and the other to the homoeopathic system, if training in the basic and preclinical sciences was the same and two favoured separate institutions, if the contents of the training were the same. One said that each system of medicine had distinctive approach towards treatment and they, therefore, could not be mixed up together, but

there ought to be only one art of science and that must be the basis of all systems of medicine.

141. The Honourable Ministers of two provinces favoured State recognition of homoeopathy provided training in basic sciences was given before starting instruction in homoeopathy.

142. Five of the Honourable Ministers favoured State control of the practice of homoeopathy and with regard to the registration of the existing practitioners without any qualifications two suggested that those having ten years' experience should be registered. One opined that such unqualified homoeopathic practitioners who were not doing any harm to the public should be allowed to practise but only eminent homoeopaths should be registered and homoeopathic practitioners with three years' experience should be given training and then registered after examination by a Board of eminent homoeopaths. One favoured gradation of the existing practitioners with regard to the privileges of registration according to qualifications.

143. One Honourable Minister suggested that homoeopathic educational institutions should be put under expert supervision.

144. In the opinion of one Honourable Minister a uniform policy regarding the practice of and training in homoeopathy for the whole of India was necessary. In one province local bodies were expected to establish homoeopathic dispensaries.

(II) OTHER VIEWS

145. Views have been expressed before us by a responsible person that incompetent and unqualified persons should not be allowed in future to get into the homoeopathic profession and training in homoeopathy should be imparted in separate institutions. Such institutions should be financed by the Government and basic, preclinical and clinical sciences should be taught there to the extent required. There should also be government homoeopathic hospitals and homoeopathy should have a Faculty.

146. Another important point of view was that all practitioners should be registered excluding quacks. Homoeopathy should also be tried in connection with the preventive measures for a period in order to find out whether it was capable of doing good.

147. It has also been pointed out that the present unsatisfactory conditions of the homoeopathic institutions were mainly due to lack of government support and the consequent indifference of the public who were in a position to help such institutions. Government support would induce the public to come forward and assist the institutions financially.

148. A qualified homoeopathic practitioner expressed the opinion that all the teaching in medical science should be given to the future homoeopaths but it should be in a homoeopathic atmosphere.

149. There was no difference of opinion amongst the homoeopathic physicians who had or had not received any training as regards the importance of basic, preclinical and clinical training in homoeopathic education in future.

CHAPTER IX

RECOMMENDATIONS

(I) CENTRAL COUNCIL OF HOMŌEOPATHIC MEDICINE

150. In Chapter II we have mentioned the conditions which must, in our opinion, be satisfied by any system of medicine in order to deserve recognition and administrative and financial assistance from the State. We have pointed out that the conditions precedent to such recognition and assistance must be that the particular system of medicine should be able to diagnose a diseased condition, to participate in public health measures of Government for prevention and control of disease and to make available to the State the services of qualified medical men with supplementary training, if need be, in times of emergency, e.g. during war or epidemics. The system must also keep abreast of scientific developments. If the main conditions stated above are held to be satisfied by a particular system of medicine, it would fully deserve State recognition and support. It seems redundant on our part to emphasize the fact that a State which does not apply the above criteria before giving its recognition and support to a system of medicine, accepts, unjustifiably to our mind, a risk which is bound to have far-reaching consequences. Again, the first and foremost duty of a State is that it must adopt effective measures to ensure that the life of its citizens is not endangered by persons who have no scientific training and systematic education for medical and surgical practice. It is its bounden duty to take all steps necessary to ensure that its citizens have reasonable facilities to maintain good health. It is the function of a State to provide adequate medical aid both as regards curative and preventive measures. It follows that the State must have proper and adequate control and supervision over the practice of medicine and medical education.

151. We note that the World Medical Association has recently collected information on the adequacy or otherwise of official or unofficial control of medical practice in different countries. National Medical Associations of 12 countries held the view that the controls were adequate and effective. Three of these twelve namely, Switzerland, Sweden and the United States of America had both legislative and unofficial controls while nine others namely, Bulgaria, Canada, Chili, Denmark, Eire, France, Haiti, Iceland and Norway had had legislative provisions but no unofficial organizations. In Belgium, Luxemburg and Phillipines, the control was considered to be inadequate and ineffectual. Belgium had both legislative and unofficial machinery for control. China, New Foundland, New Zealand and South Africa reported insufficient or partial control although China had both legislative and unofficial control. Great Britain reported improvement but considered that more control was desirable although it had legislative and unofficial machinery for control. Australia had effective control in three States, ineffective control in two States and information regarding the other States was not available. Australia had legislative control in all but one State and unofficial machinery in all States. India and Pakistan having no control desired to have an effective system of control.

152. The views expressed by the National Medical Associations in outlining the further steps needed varied widely. They included suggestions regarding

- (1) strict enforcement of existing regulations with severe penalties for infractions;
- (2) adequate funds, personnel and facilities for purposes of control;
- (3) improved legislative measures;

- (4) support by the medical profession to check illegal advertisements even to the extent of prosecutions by the National Medical Association in cases of illegal advertising;
- (5) maintenance of distinctions between articles of hygiene and modifications with control over both;
- (6) higher standards for pharmacists;
- (7) control of cult practice and unqualified individuals prescribing medications;
- (8) popular health education programmes;
- (9) better coordination of law governing advertisement and sale of secret remedies and appliances, registration of manufacturers, proprietors and importers who should be required to pay the prescribed fees and furnish lists of medicines and appliances; exact and complete statement of ingredients and their use; maintenance of a sample of each appliance; issue of registration numbers for each remedy permitted to be sold and imprinted on the bottle or label; prohibition by law of invitations to sufferers to correspond with vendors and of the use of fictitious testimony.

153. In so far as India is concerned an initial stage towards this direction of control can be traced to the Bombay Medical Act of 1912, the Bengal Medical Act of 1914, the Madras Medical Registration Act of 1914, the Punjab Medical Registration Act of 1916 and the U.P. Medical Act of 1917. These Acts applied mainly to the practitioners of the western system of medicine for whom certain minimum qualifications were laid down. None of these Acts provided for compulsory registration nor did they make a reference to the innumerable practitioners of other systems of medicine.

154. The Indian Medical Degrees Act, 1916 regulates the grant of titles implying qualifications in western medical science and prohibits the assumption and use by unqualified persons of such titles. Western Medical Science is defined to mean western method of allopathic medicine, obstetrics and surgery but does not include Homoeopathic, Unani or Ayurvedic systems of medicine. The right of conferring or issuing degrees, diplomas, licenses and certificates is exercised by the Government of India or the provincial governments. It prohibits any person other than holders of such titles to use diplomas. The penalty for non-compliance is a fine which may extend to Rs. 1,000/-. This provision does not apply to people who had been using these degrees prior to 1916. The provisions have been modified by Madras, Bengal, Bihar and the U.P. Governments. The Bombay Indigenous Medical Act, 1949 has included other systems of medicine and the C.P. and Berar in their Degrees Amendment Bill 1948 has also included practitioners of other systems of medicine. It is understood that the Act is being revised at present in the East Punjab.

155. It was in 1938 that the Government of India enacted the Government of India Medical Council Act which gave the Indian Medical Council supervisory powers over "certain medical qualifications which are granted by Indian Universities and which are incorporated in the first Schedule of the Indian Medical Council Act". The Act deals with the "Western system of medical education" only and makes no reference to education in any of the other systems of medicine.

156. The question of registration and control over the Homoeopathic system of medicine was, however, taken up subsequently on a Provincial basis by the Governments of Bengal, Bombay, Madras, Bihar, Central Provinces and Berar and the United Provinces and by certain Indian States like Baroda and

Travancore. An account of the action taken by Provincial and State Governments has been given in Chapter VI of this report.

157. We feel that it is difficult to lay down exhaustively the conditions of State control but we consider that legislation for the control of the practice of and training in homoeopathy should aim at:

- (i) Adequate provision for the supervision and control of homoeopathic educational institutions and hospitals;
- (ii) Registration of practitioners of the homoeopathic system; and
- (iii) Control over homoeopathic pharmacies, pharmaceutical laboratories and manufacturing concerns.

158. In Chapter VII we have given facts and figures to show that by far the vast majority of existing homoeopathic practitioners had received no training in the basic and medical sciences. We have also referred to the extent to which quackery is prevalent and have pointed out that the duty of the State is to ensure that the health of the people is not jeopardized by such conditions. We definitely recommend that in future no person who has not undergone a regular course of training in the basic and medical sciences, as discussed earlier in the report, should be allowed to engage himself in the practice of homoeopathy in future. We also recommend that their names must be entered into a register in a manner to be prescribed by law. We have also mentioned in paragraph 116 the various categories into which the existing homoeopathic practitioners may be classified. We have indicated that while four of the existing institutions attempted to impart a course of basic scientific training, even though the standard of teaching and equipment falls far short of that obtains in the least equipped medical schools in India, no other existing homoeopathic institution can be said to be capable of giving such a training. We have, however, to consider the large number of existing homoeopathic practitioners who are now earning a livelihood and on whom a section of the population depends for medical relief, whatever this may mean in actual practice. We also feel that we have to take note of the action taken by different Provincial Governments, which has been detailed in Chapter VI. We have given very careful consideration to all aspects of the case and while we feel that for human reasons we have to consider sympathetically the claims of existing unqualified homoeopathic practitioners, we cannot shirk the duty of making recommendations to ensure that minimum harm is done to the health of the population.

159. Various suggestions have been made to us as to the manner in which we can bring the existing practitioners on a register or a list. We have given careful thought to these and we think that the following recommendations not only represent the general consensus of opinion expressed before us but also will best achieve the objective we have in view. We recommend therefore that

- (a) The categories (i) to (iv) below should be placed on a "Register":
 - (i) registered medical practitioners who have taken to the practice of homoeopathy;
 - (ii) medical practitioners holding degrees from foreign countries, which entitled them to practice medicine in the countries where such qualifications were obtained;
 - (iii) those who have successfully gone through the four years' course of training in any one of the four institutions mentioned in paragraph 116;
 - (iv) graduates of the Central College of Homoeopathy, Calcutta, the Regular College of Homoeopathy, Calcutta, and the Ashutosh

Homoeopathic College, Calcutta, which have ceased to exist but used to give four years' course of training in basic sciences and in homoeopathy, should be put on the register.

(b) The following category (v) should be placed on a "list":--

(v) Those who satisfy the Board we have recommended to be set up that they are bonafide whole-time practitioners of homoeopathy for not less than 7 years at the time when effect is given to our recommendations should be placed on a "list".

The following category (vi) may also be placed on the "list" subject to the condition mentioned below:—

(vi) All other categories of existing homoeopathic practitioners should be included in the list, provided they pass a test both in the theory and practice of medicine of homoeopathy, as may be laid down by the Board mentioned above. We are definitely of the opinion however, that the test should conform at least to the existing standard as has been laid down by the General Council of State Faculty of Homoeopathic Medicine, West Bengal. The test will be continued for a period of not more than 3 years and may be held twice a year. Any existing homoeopathic practitioners who will not be able to pass the examination within the above period of 3 years from the date when effect is given to our recommendations should be debarred from practising homoeopathy.

160. We unanimously and emphatically recommend that immediate steps should be taken by the Central and Provincial Governments and States to declare illegal the use of bogus degrees, diplomas, or titles, and their colourable imitations not obtained as a result of regular institutional training in an institution recognised by the government of the province or state in which the institution is situated and institutions mentioned in paragraph 116 which we have recognised for the purpose of registration of homoeopathic practitioners. We recommend to the Central and Provincial Governments to take appropriate legal action to penalise the use of such bogus degrees, diplomas, titles and their colourable imitations.

161. Two members of our Committee representing the regular system of medicine were definitely of the opinion that in future no body without adequate training and qualifications recognised by Government should be allowed to practise medicine but as a temporary measure and in view of the large number of persons who are now practising and who will be deprived of their livelihood they agreed with the rest of us to the maintenance of a list to absorb some of those people who are practising homoeopathy at present provided that they had a minimum of experience as may be laid down by law. No further additions should, however, be made to that list after it was once compiled so that the numbers included will diminish and the class will vanish in course of time. They felt that all persons practising homoeopathy for a period of not less than 10 years, subject to this fact being certified in a prescribed manner and the passing of a satisfactory test should be put on the list.

162. We have distinguished between a "register" and a "list" because we feel such a distinction to be essential. Registration which means the entering of the names of practitioners on a prescribed register is intended

(i) to safeguard the public;

(ii) to facilitate control of practice;

(iii) to enable practitioners to get the privileges and rights of bonafide medical practitioners and to protect them against unfair competition by unqualified persons;

(iv) to provide an electorate for the Provincial branches of the Central Board and

(v) to protect the public from being exploited by quacks.

163. The "registered" homoeopathic practitioners will be entitled to sign or authenticate a birth or death certificate and a medical or physical fitness certificate and to give evidence at any inquest or in a court of law as an expert under section 45 of the Indian Evidence Act 1872. The "listed" practitioners will not enjoy any of the above privileges although they will be entitled to practise homoeopathy.

164. We carefully considered whether control by the State was necessary and if so, what steps should be taken by the Government in that direction. We examined also what would be the functions of the Centre and of the Provinces and the States, if control was to be introduced. Excepting two members of the Committee whose views have been stated later, we feel that in order to secure uniformity both in standard and conditions of practice and training, there should be a Central Council of Homoeopathic Medicine as also Provincial Boards or Faculties of Homoeopathy. The functions of the Central Council would be co-ordination and advice and control with regard to the maintenance of standards. We further considered that in view of the facts revealed before us and of the almost complete absence of uniformity in the standards of homoeopathic training and practice and the prevalence of quackery, the Central Council should be constituted immediately in order to enable it to take action for the constitution of the Provincial Boards through the Provincial Governments or State Union Governments.

165. We recommend, therefore, as follows:

- (1) A Council of Homoeopathic Medicine shall be established by law and called the Central Council of Homoeopathic Medicine, India, hereafter referred to as the Council. It shall come into existence on such date as the Central Government may fix by a notification in the Gazette. The members constituting the first Council will hold office for a period of five years, any vacancy during this period will be filled by nomination by the Government of India as provided below. The term of office of elected members shall be for three years after the first period of 5 years of the life of the Council.
- (2) The Council shall consist of the following members:
 - (i) A President who shall be a whole-time recognised homoeopathic practitioner, to be elected from amongst the members of the Council subject to the proviso that the Director-General of Health Services, Government of India, shall be the President of the Council during the first term of five years. Subsequently the President will be elected by the Council from amongst its members and he will hold office for a period of three years, but the Director-General of Health Services, Government of India, will be a member of the Council ex-officio.
 - (ii) A Vice-President to be elected from amongst the members of the Council for a period of three years. He should be a whole-time recognised homoeopathic practitioner.
 - (iii) One member to be elected from each Province and State Union from amongst the recognised homoeopathic practitioners of the Province or the State Union.

For the first five years, these members will be nominated by the Ministry of Health, Government of India, in consultation with the Provincial or State Union Governments.

- (iv) Two members to be elected by the Inter-University Board of India, one of whom shall be a member of the said Board, and the other shall be a member of the Faculty of Medicine of an Indian University.
- (v) the Director-General of Health Services, Government of India—*ex-officio*.
- (vi) One member each from the two Houses of the Indian Parliament.
- (vii) Three members who are 'recognized' homoeopathic practitioners to be elected from amongst the Heads of the Homoeopathic Educational Institutions recognized by the Provincial or State Union Governments, subject to the proviso that not more than one member will be elected from any one Province or State Union. For the first term of five years of the Council, these members will be nominated by the Ministry of Health, Government of India, in consultation with the Provincial or State Union Governments.
- (viii) One member from the National Institute of Science from amongst the Fellows of the said Institute.
- (ix) Four members who shall be recognized homoeopathic practitioners to be nominated by the Central Government.

The Government of India will appoint a whole-time paid Secretary who will conduct and administer the affairs of the Council, but will not be a member of the latter.

The word "recognized" shall mean homoeopathic practitioners who hold a qualification as laid down in paragraph 159 entitling them to be put on the register and have practised homoeopathy for at least five years previous to the date of nomination.

- (3) The functions of the Council shall be mainly of a co-ordinating and advisory nature, but the Council will have powers to control, which will be exercised through the Provincial Boards or Faculties, in the following matters:—
 - (i) standard, equipment and training of affiliated homoeopathic institutions;
 - (ii) standard of examinations to be held for homoeopathic students;
 - (iii) registration of existing homoeopathic practitioners;
 - (iv) homoeopathic pharmacies, pharmaceutical laboratories and manufacturing concerns.

The Council will have full powers of inspection in all matters.

166. Provincial or State Boards or Faculties, as may be set up by Governments of Provincial or State Unions, will be responsible for the maintenance of registers, for the actual conducting of examinations, publication of results and enforcement of disciplinary action, subject to the supervisory authority of the Council.

167. The Provincial Boards or Faculties shall be constituted with the following as members:—

- (1) A president:—The Surgeon General or the Inspector General of Civil Hospitals shall be the President of the Provincial or State Union

Boards during the first term of five years, after which the President will be elected by the Board from amongst its members, but the Inspector General of Civil Hospitals or the Surgeon General as the case may be, will continue to be an ex-officio member of the Board.

- (2) A Vice-President: to be elected from amongst the Members of the Board. He shall be a whole-time recognized homoeopathic practitioner.
- (3) Ten members to be nominated by the Provincial Government for the first term of five years of the Board and to be elected thereafter from amongst the recognized homoeopathic practitioners, one from each of the ten areas into which the province or the State Union will be divided for this purpose. These areas will not include the provincial capitals, which constitute separate electoral areas.
- (4) Five recognized homoeopathic practitioners from the capital of the province or State Union.
- (5) One member who shall not be a medical practitioner to be nominated by the Corporation or the Municipality of the capital town of the province.
- (6) One member, who shall not be a medical practitioner, nominated by the Provincial University or Universities wherever they exist.
- (7) One member from the Heads of such homoeopathic educational institutions as are affiliated to the respective provincial boards. These members shall be recognised homoeopathic practitioners.
- (8) Two members, who shall not be medical practitioners from the Provincial legislature.
- (10) There shall be a whole-time paid Registrar who will also act as Secretary to the Board.

The word "recognized" has the same meaning as defined in para 165(2).

168. Subject to the provision that in all matters coming within the functions of the Central Council, the Provincial Boards will act under the authority of the former, the functions of the latter shall be:—

- (1) to maintain a "register" and a "list" of Homoeopathic Practitioners;
- (2) to maintain standard of teaching and of equipment of homoeopathic medical institutions, as laid down by the Central Council of Homoeopathic Medicine;
- (3) to affiliate homoeopathic institutions to the provincial Board;
- (4) to hold examinations and to grant licenses or diplomas to the successful candidates, according to such rules as may be laid down by the Central Council;
- (5) to advise the provincial Government and general public on all matters relating to advancement of homoeopathic studies and medical relief;
- (6) to control and administer all homoeopathic charitable organizations aided by the Provincial Government and
- (7) to appoint sub-committees for carrying out the work of the Board.

169. We visualise that the organizations, the establishment of which has been recommended by us, will among others ensure that:

- (1) only persons who have been trained in institutions recognized by the State and have passed an examination according to approved

procedure will be allowed to practice medicine in future. They may be awarded suitable Degrees, Diplomas or Certificates;

- (2) all other persons will be debarred by law to practice medicine or to assume Degrees or Titles and practice of medicine by such persons would be made a cognizable offence;
- (3) no medical practitioner would be allowed to advertise the efficacy of his medicine or treatment;
- (4) advertisements of medicines and bringing them to the notice of the public would be suitably controlled by law;
- (5) no person including registered medical practitioner would be allowed to do anything to create an impression that he was a "specialist", except as might be provided by law;
- (6) the purchase, sale, award or assumption of Title, or advertisement of medicines by persons other than those authorized by law would be made a penal offence;
- (7) provision would be made by legislation for proper and regular inspection in a prescribed manner of establishments manufacturing medicines and other pharmaceutical products, pharmacies, dispensaries and individuals preparing and dispensing medicines;
- (8) undesirable advertisements claiming the efficacy of patent and proprietary medicines and circulation of objectionable literature especially about sex matters would be controlled by legislation.

170. We recommend for the consideration of the Government the establishment of one Central Model Homoeopathic teaching institution for the training of under-graduates and of post-graduates.

171. The two members of the Committee representing the regular system of medicine do not subscribe to the view that it is necessary to establish a Central Council of Homoeopathic Medicine and Provincial Boards of Homoeopathy with the constitution and functions as proposed above. They hold that the functions of the Councils and the Boards are traditionally and necessarily of two kinds, firstly, to prescribe and ensure a minimum standard of medical education and examination and secondly, to maintain a register of qualified practitioners and to control the conduct of medical practice by them. Their recommendations are stated below.

"So far as the training in homoeopathy is concerned, no arrangements exist in India and if they do here and there, they are totally inadequate and unsatisfactory. If homoeopathy is to be taught in India it should in our opinion be done as in other countries such as the U.K. and U.S.A., after the attainment of a basic qualification in scientific medical education recognized by the Medical Council of India or the Provincial Medical Councils, and arrangements should be made for it in the colleges of modern medical science and not in separate institutions and only those parts of homoeopathy should be taught that have stood the test of science. The reason for this is obvious. Homoeopathy is admitted not to be a medical science by itself but only a system of therapy. The basic, preclinical and clinical sciences are the same in homoeopathy as in the modern medical science, only the approach to therapy is different. For regulation of training and to prescribe and ensure a minimum standard of homoeopathic education and examinations all that is rational and necessary is to establish a Faculty of Homoeopathy under the Medical Council of India and the Provincial Medical Councils on the same lines as various faculties under a University. The membership of such faculties should be open to only those who possess a medical qualification recognized by the Medical Council of India or the Provincial Medical Councils and are registered with it and are practitioners in homoeopathy of not less than 5 years' standing,

preferably with teaching experience in recognized homoeopathic teaching institutions.

172. The control of homoeopathic practice in the case of future entrants all of whom will possess a recognized basic qualification in scientific medicine as suggested by us will be exercised by the Medical Council of India or the Provincial Medical Councils with whom they will be registered and it will neither be advisable nor necessary to constitute separate councils and boards. So far as the existing homoeopathic practitioners are concerned those who possess a qualification recognized by the Medical Council of India or a Provincial Medical Council should be registered. For the rest, homoeopathic councils should be established in the provinces and these councils should maintain "lists" and not "registers" of such of the existing homoeopathic practitioners who come under this category and who have practised homoeopathy as a profession for not less than 10 years and who pass a test to be prescribed by such councils. This condition may be relaxed in the case of those who possess a qualification recognized by the West Bengal Government or a qualification from a foreign country entitling the holder to practise medicine in that country. Such practitioners should be called "listed homoeopathic practitioners" and not "registered homoeopathic practitioners". Their number will gradually decrease and will not be added to.

173. The constitution of the Provincial Homoeopathic Council should be as follows:—

- (1) A President: The Surgeon General or the Inspector General of Civil Hospitals, as the case may be, during the first term of 5 years, after which the president will be elected by the Council from amongst its members, but the Surgeon General or Inspector General of Civil Hospitals will continue to be a member ex-officio of the Council.
- (2) Vice-President: He shall be elected from amongst the members of the Council and shall be a registered or a listed whole-time homoeopathic practitioner.
- (3) Four members to be nominated by the Provincial or State Union Government for the first term of 5 years from amongst the homoeopathic practitioners residing in the province or State Union and thereafter to be elected from amongst the listed homoeopathic practitioners in the province or the State Union.
- (4) One member to be nominated by the Provincial or State Union Government for the first term of 5 years from amongst the members of the staff of the homoeopathic medical institutions recognised by the Provincial or State Union Government and thereafter to be elected from amongst themselves by such members of the staff. Such members will not be eligible for election under any other Clause.
- (5) Two members to be nominated by the Provincial or State Union Government for the first term of five years and thereafter to be elected from amongst the homoeopathic practitioners holding qualifications in scientific medicine recognized by the Medical Council of India or the Provincial Medical Council and residing in the provinces or the State Union.

There will be a Registrar who will be a whole-time paid officer of the Council and who will also act as Secretary to it."

174. Regarding the type of homoeopathic training institutions to be set up in future and the control of homoeopathy in general there has been sharp

difference of opinion amongst our colleagues as will be evident from the preceding paragraphs. Several suggestions were placed before us regarding the manner in which homoeopathic training should be imparted, that is to say, the type of institutions which should undertake this task. We considered in detail the three types of institutions:—

- (1) Institutions which will be devoted only to the teaching of homoeopathic medicine along with the basic, preclinical and clinical sciences;
- (2) Institutions where the basic, preclinical and clinical sciences will be common both to students of homoeopathy and of the regular system of medicine with the difference that students going in for homoeopathy will not have to take up the courses on materia medica and therapeutics. In the case of students going for homoeopathy the courses in clinical sciences will have an orientation characteristic of homoeopathy and the homoeopathic philosophy, therapeutics, materia medica and repertory studies will be specially provided for;
- (3) Institutions which contemplate only training in homoeopathy (this training has been described as post-graduate training in homoeopathy in other parts of the report) for those who have obtained a basic qualification in the regular system of medicine.

175. The great majority of persons practising homoeopathy are in favour of institutions which are devoted solely to homoeopathic medical education. The establishment of post-graduate institutions for training regular medical graduates in homoeopathy has also been supported by the great majority in addition to the last type of institutions. In other words the majority of homoeopathic practitioners have supported the third type in addition to the first type. Medical men belonging to the regular system and a small number of homoeopathic practitioners have supported the third type of institutions. Three of the five Honourable Ministers of Health of the provinces, who have expressed their views on this subject consider the third type to be the most preferable. One Hon'ble Minister favoured separate institutions for training in homoeopathy as an alternative; two were in favour of bifurcation into two channels, one leading to the regular system and the other to the homoeopathic system, if training in the basic and preclinical sciences was the same (i.e. the type 2 institution). Two Honourable Ministers favoured separate institutions if the contents of the training were the same. One Honourable Minister expressed no view on the type of institutions but said that the two systems should not be mixed together and they should be kept separate. The medical men representing the regular system of medicine including two members of our Committee think that the post-graduate course is the only rational one. They are, however, not opposed to the provision of training in homoeopathy in medical colleges but they definitely do not consider purely homoeopathic teaching institutions to be desirable. The main argument adduced by homoeopaths including the homoeopathic members of our Committee in support of purely homoeopathic medical teaching institutions is the apathy and perhaps active antagonism which the practitioners of the regular system have, according to them, towards homoeopathy. They think the other most important reason for their demanding separate institutions is the entirely distinctive approach of homoeopathy in the realm of all therapeutics. They feel that homoeopathy will not have a chance of developing homoeopathic training and research unless they get institutions of their own. They, however, agree that in matters of research there should be co-operation between the workers of the two systems as also with pure scientists.

176. The two members of our Committee representing the regular system of medicine do not agree with the homoeopathic members of the Committee

that there should be separate homoeopathic teaching institutions. Since all witnesses interested in homoeopathy and all the homoeopathic members of the Committee admit that training in the basic, preclinical and clinical sciences upto the Indian Universities standard is an essential part of homoeopathic education and the science of medicine like all other sciences is one and indivisible in their view, there cannot be two anatomies or two physiologies. The same applies to all the other preclinical and clinical sciences. These cannot be different in homoeopathy which has been admitted to differ from the modern system of medicine in its approach to therapeutics only, being in itself only a system of pharmaco-therapeutics. It follows therefore from the above that it is neither scientific nor logical to multiply the institutions without any justification. They ask the question "why have two institutions for what can be taught in one?" and emphasize that a poor country like India cannot afford to do that. In their opinion the proposal of having separate institutions would not only cause enormous waste of money, men, material and time, but would be unscientific. For the teaching of those subjects which are a peculiarity of homoeopathy, all the other subjects being common to both the systems, satisfactory arrangements can be easily and most economically made in the colleges and hospitals of the modern system of medicine. The taunt of apathy going on to antagonism of the votaries of the modern scientific system of medicine against homoeopathy can, in their opinion, be met best by quoting the late Lord Passmore: "If you meet what you call an unprejudiced person that means simply he has the same prejudices as yourself."

177. The homoeopathic members of the Committee are of the opinion that for the evolution of homoeopathy in its proper perspective, there must be separate institutions, preferably for undergraduates and postgraduates but they would under no circumstances recommend association of these institutions with the regular system of medicine in the form of chairs of homoeopathy or otherwise. We, with the exception of two of our colleagues representing the regular system, however, recommend that the choice of undergraduate or of the postgraduate type of institutions should be left to the provincial boards in consultation with the Central Council which we have recommended to be set up.

(II) TRAINING IN HOMOEOPATHY

178. We now come to a very important subject, namely, that regarding the nature and extent of training in the science and practice of homoeopathy. In our earlier remarks we have left no room for doubt as regards the paramount necessity of proper scientific training of all persons who desire to practise homoeopathy as a profession.

179. The subject of training has to be considered from various aspects, such as

- (i) Nature of training and courses of study;
- (ii) Minimum qualifications for admission;
- (iii) Duration of the course;
- (iv) Minimum age for admission;
- (v) Degrees, diplomas, certificates, etc., to be given to successful candidates;
- (vi) Syllabi of courses and programme of studies;
- (vii) Nature and extent of the basic training in preclinical and clinical sciences and of what is known as "bed-side experience";
- (viii) Post-graduate training and research;
- (ix) Establishment, administration and standardization of institutions for training.

Most of the above items will require careful consideration by the Central Council and the Provincial Boards if the recommendations we have made in this report are accepted by Government. As regards the more important aspects of the training we have indicated below our views and made our recommendations.

180. We are of the opinion that there should be a single course, namely, a University Course and the minimum qualification for admission to the course should be the same as has been laid down by the Indian Universities in respect of the regular system of medicine. That is, a candidate to be eligible for admission to the course should have passed either the Intermediate Science Examination of a recognized University or of a provincial board of Intermediate Studies with Chemistry, Physics and Biology as combinations. The college course should be of the same standard as has been laid down by the Indian Universities. The duration of the course of studies should, in our opinion, be five academic years. As regards age limit we hold the view that the minimum age at the time of admission should not be less than sixteen years. The two members of our Committee representing the regular system of medicine think, however, that the age of admission should be not less than either 17 or 18 years.

181. The following subjects must be included in the syllabus, namely,

- (i) Preclinical subjects—Anatomy, Physiology, Biochemistry, Pharmacology, Homoeopathic Materia Medica, Bacteriology and Pathology, and
- (ii) Clinical subjects—Medicine in General (which also includes preventive medicine and hygiene), surgery in general (which also includes eye, ear, nose and throat), Obstetrics, Gynæcology and Medical Jurisprudence,
- (iii) Principles and Philosophy of Homoeopathy (Organon and Chronic Diseases), homoeopathic therapeutics, repertory study.

Regarding anaesthetics and antiseptics we were given to understand that these subjects were being taught in homoeopathic colleges as part of surgical therapeutics. Toxicology was also being taught by them. They should, of course, be included in the courses of training.

182. Four homoeopathic members of the Committee were of the opinion that there should be a Diploma Course in addition to the University Course as an interim measure. For this course also the qualifications for admission should be the same as for the course mentioned in paragraph 180. The course will be for four years in all branches of medicine. The training in preclinical and clinical subjects would be on a lower level as compared to the course mentioned earlier.

183. Five homoeopathic members of our Committee were of the opinion that homoeopathic subjects should be taught from the very first year, while the other thought that it should be taught from the second year. We recommend that the majority view stated above be accepted.

184. We recommend for the consideration of the Central Council the model syllabus for the diploma course given in Annexe IV, prepared by one of the Homoeopathic members of the Committee.

185. Our recommendations regarding research are as follows:—

- (1) Co-operation of homoeopathic system of therapeutics with the progress of science, thus providing for the training and research in all relevant subjects, as for example, biochemistry, physiology, immunology, surgery, etc;

- (2) The biochemical and clinical changes in the human organism, e.g., changes in the blood picture etc., should be studied in relation to the "provings" of homœopathic drugs;
- (3) Animal experimentation with slides for teaching homœopathic pathology* and materia medica;
- (4) The research on the action of potentised dilutions of homœopathic medicines in the light of modern scientific developments;
- (5) "Provings" of new drugs and "reprovings" of older ones in the light of modern medical and scientific developments;
- (6) Statistical studies of different types of cases treated homœopathically;
- (7) Confirmatory animal experiments on new drugs;
- (8) Experiments from the homœopathic point of view on healthy human beings;
- (9) Study of the modifying affect of toxins and of substances in the body which modify the action of drugs;
- (10) To ascertain the rationale of homœopathic cure by drugs when the drug does not produce pathological changes;
- (11) Serological and other tests which should be evolved to find the indicated homœopathic remedy;
- (12) Further study from the statistical point of view of the law of similars and correlation with clinical findings under State control by laboratory studies and experiments on physiology, pathology and other relevant sciences; and
- (13) More extensive study of drugs isolated from plants or parts of plants, animal tissues, diseased products and the provings of such drugs.

186. We consider that facilities should be provided in recognized institutions for research on the above lines. The two members representing the regular system opined that facilities for research as outlined above should be provided in institutions meant for modern scientific research and not in separate homœopathic institutions.

187. We desire to reiterate and re-emphasize the necessity of competent statistical studies of patients suffering from specific diseases under the following conditions:—

- (a) A control group suffering from the same disease but without any medicine being administered, all adjuvant measures being adopted;
- (b) A second control group in which medicine is administered in the homœopathic way e.g., the globules or drops will be given but they will be without the homœopathic drug;
- (c) A third control group in which homœopathic drugs will be administered; and
- (d) A fourth group in which the patients will be treated on the lines of the scientific medicine known as the regular medical system.

* Two members of the Committee were of the opinion that the meaning of this expression was not clear to them and that in medical science there was only one pathology. The homœopathic members of the Committee agreed that it was true that there was only one pathology, but they said that there were different methods of approach to its study and that the homœopaths study pathology according to their own lights. Homœopathic pathology thus was equal to the study of the subjective and objective phenomena caused in the healthy animals (man and lower animals) under the influence of homœopathic medicines administered till the extreme changes in the body of the animal take place leading to the dissolution of life.

188. We are definitely of the opinion that it is essential in the interest of the public that a person desiring to practise homœopathy as a profession must have what is called actual bed-side experience. In other words he must have an opportunity to acquire practical experience in hospitals under expert supervision. This condition must be satisfied by all those who may be recruited for service under Government. This matter will have to be examined in detail by Government in due course.

189. As regards homœopathic training institutions, we have already pointed out that those that exist at present to serve the cause of homœopathy are far from satisfactory. Apart from properly equipped schools and colleges for purposes of teaching and training in homœopathy there should be an adequate number of homœopathic hospitals and dispensaries in the country under the charge of homœopathic doctors with the qualifications we have laid down. Pharmacies and organizations concerned with the preparation and manufacture of homœopathic drugs in India should also be placed on a proper footing and the government should assume the authority to intervene in cases of lowering down of standards, adulteration of drugs, bad dispensing, etc. The education, qualifications and training of dispensers to be attached to dispensaries should be laid down.

190. We feel that when implementing this recommendation the Government should consider the necessity of providing facilities for training in homœopathy in order to give homœopathy a chance to evolve its own genius.

191. We consider that it is essential to give effect to all these recommendations we have made, not only for the sake of public health but also because the future of homœopathy, in common with that of other systems of medicine, depends to a large extent on public support and faith. Philanthropists and public-spirited men will then come forward to render financial assistance for the purpose of the establishment of hospitals and dispensaries. All persons concerned with or interested in homœopathy should, therefore, sincerely endeavour to create the necessary tradition for the all-round improvement of homœopathy in India.

Yours faithfully,

(Signed) J. N. MUKHERJEE (Chairman),

AMIR CHAND,

J. N. MAJUMDAR,

J. N. HAZRA,

L. D. DHAWALE,

JAI CHAND,

P. N. CHOPRA,

*S. C. SEN,

†K. V. RAMANA RAO.

DIWAN CHAND CHOPRA,
Secretary.

Dated, New Delhi the 11th July 1949.

* Subject to a separate Note. (pages 74—77).

† Subject to amendments (pages 78—79).

SUMMARY OF THE REPORT
OF THE
HOMOEOPATHIC ENQUIRY COMMITTEE

CHAPTER I.

1. **(I) Introduction.**—The Homoeopathic Enquiry Committee was appointed by Government to make a survey of the position of Homoeopathic practice in India, to report on the available facilities for training in, and the place of Homoeopathy in relation to, medicine in all its aspects and to regulate such training and on the desirability of State control of the practice of homoeopathy and the manner of such control. (Paragraph 1).

2. The question of making a survey of and a report on the position arose out of discussions held at a meeting of the Constituent Assembly of India (Legislative) in February, 1948, which considered resolution moved on the subject by Shri Satis Chandra Samanta and Shri Mohan Lal Saksena. The Assembly adopted a resolution on the subject. In pursuance of the undertaking given by the Honourable Minister for Health the Homoeopathic Enquiry Committee was set up. (Paragraphs 2—6).

3. The Committee met eleven times at various places and it took evidences from witnesses representing a wide range of interests concerned with the subject matter of the inquiry. A comprehensive questionnaire was drawn up and circulated to various associations, institutions, medical colleges, Provincial Departments of Health, Armed Forces Medical Services, etc. (Paragraphs 7—8).

4. The Committee visited seven centres as well as a number of institutions interested in the subject in each centre. Certain homoeopathic pharmacies and publishing houses were also visited. In addition about 150 persons were interviewed. (Paragraphs 9—12).

5. **(II) Scope of Enquiry.**—The terms of reference to the Committee were carefully analysed. The first term of reference was found to be of a very comprehensive character and of the widest connotation. The second term of reference was taken to include, by implication, aspects relating to the adequacy or otherwise of the existing facilities for the teaching of Homoeopathy in India. In order to have a proper perspective it was considered necessary to obtain a clear idea of what are and should be the contents of proper training in homoeopathy and the manner in which such training should be imparted. A review of the following fundamental aspects in so far as they related to homoeopathy was found to be necessary:—

- (a) the present state of medicine as a science and the developments which have preceded it;
- (b) the measures at present adopted by governments for the treatment, prevention and control of disease;
- (c) general conditions of medical aid in India; and
- (d) function of the State in the matter of medicine and public health and the conditions to be fulfilled by a system of medicine in order that it may deserve Government support and encouragement.

(Paragraphs 13—20).

CHAPTER II

6. **(I) Present state of medicine as a science and the developments which have preceded it.**—The ancients had great achievements to their credit in the fields of thought, art, industry and betterment of conditions of life. Experimentations guided by preconceived notions came into being at a later stage and thereafter chemistry and medicine began to take shape. After sometime logic

formed the basis of the study of Nature. In recent years the development of mathematical statistics has made it possible to draw conclusions based on quantitative considerations.

(Paragraphs 21—22).

7. The beginnings of treatment of disease may be traced to the activities of the magicians, medicine-men, sorcerers and witch doctors and in the earlier stage religion and medicine were inter-mingled and the physician was often a priest. The modern scientific age in medicine had its beginnings in the 16th Century A.D. One of the most outstanding achievements of the science of chemistry and pharmacology has been to discover the method of finding out the chemical components of a drug and to explain its action. The modern physician has to call to his aid all the methods of chemistry, physics, biochemistry, bacteriology, immunology, mathematics and other sciences according to his needs and it is essential for him to ensure that there is a correct scientific approach to the treatment, prevention and control of disease.

(Paragraphs 23—30).

8. (II) **Measures for the treatment, prevention and control of disease.**—Medicine has two sides, preventive and therapeutic. The importance of prevention of disease is being more and more appreciated. Control measures are adopted all over the world to prevent the spread of infectious diseases. There are, however, certain obstacles to the universal application of certain hygienic, sanitary and control measures. They arise from ignorance, poverty, conservatism, indifference and disinclination against interference with personal liberty. The remedy for these difficulties lies in education and propaganda in matters relating to public health and in winning the willing and active co-operation of the public.

(Paragraphs 31—32).

9. (III) **General conditions of medical aid in India.**—It is essential to increase materially the existing proportion in India of doctors to the population. The number of hospitals and dispensaries in India is not commensurate with the requirements and the majority of these institutions are not properly equipped both in staff and appliances. Moreover medical practitioners, hospitals and dispensaries are mostly located in urban areas and the facilities for medical aid are much less available for rural areas where live by far the majority of the population.

(Paragraphs 33—34).

10. The absence of properly qualified medical men and of hospitals and dispensaries renders it possible for quacks and quackery to thrive. In order to avoid a disproportionate distribution of medical practitioners and facilities as between urban and rural areas, Government should take steps to encourage qualified medical men to take up practice in rural areas. In order to achieve this object the following steps may be taken:—

- (i) Medical practitioners to be employed by the State for rural areas should be paid the same scales and salaries as those paid to the similar categories in the urban areas, plus a suitable rural allowance which may not be less than Rs. 100 p.m. irrespective of the scales of pay. The rural practitioners should also be allowed free residence and provided with a suitable conveyance. Taking into account the poverty of the rural people it should also be considered whether such practitioners should be allowed to have private practice. Each medical practitioner appointed by Government should have jurisdiction over a fixed area and he may be

allowed private practice outside fixed hours during which he will have to deal with hospital patients and bed patients who are not in a position to pay. The rate of fee may be fixed by Government in consultation with the local body concerned. Each rural medical centre may have a hospital and a dispensary and the minimum equipment necessary for modern diagnostic methods. The number of beds should be specified and adequate provision should be made for supervision of the work of the rural centres by the Departments of Health concerned.

- (ii) All fresh medical recruits to the Health Services should be required to serve in rural areas for not less than five years after their recruitment. In order to enable them to educate their children in towns they may, however, be accorded option for transfer to districts and sub-divisions after a period of five years.
- (iii) Government may consider whether part of the extra cost for medical aid in rural areas might not be met by the levy of a tax or a cess on the local population.
- (iv) Rural medical officers should be assisted by an adequate number of ancillary trained health personnel.
- (v) Attention should be paid to the nutritional, hygienic and sanitary aspects of health including notification, isolation, quarantine and disinfection.

(Paragraphs 35—36).

11. (IV) Functions of the State in the matter of medicine and public health and the conditions to be fulfilled by a system of medicine.—The State should have proper and adequate control and supervision over the practice of medicine and medical education. The following conditions should be satisfied by any system of medicine in order to deserve recognition by Government:—

- (i) It should be based on science and should not be inconsistent with or contradict scientific facts and observations.
- (ii) It must be capable of correctly diagnosing a diseased condition based on a comparison with the normal anatomy and physiology.
- (iii) It should have a curative value especially by scientific methods.
- (iv) It should be capable of participating in public health measures including sanitation and hygienic measures.
- (v) With supplementary training qualified men under the system should be able to help the State in the field of medicine and public health for defence purposes and in times of emergency, such as war.
- (vi) It should maintain a recognized standard of training and only those who have successfully prosecuted it should be permitted to practise it.

To ensure that a recognized system is practised only by properly qualified persons a register should be maintained in which their names should be entered through an organization to be set up for the purpose by the State.

(Paragraph 37).

CHAPTER III.

12. Principles of homoeopathy and its distinctive approach towards treatment of diseased conditions.—Homoeopathy had its origin in the work and writings of Hahnemann who was a qualified medical man of great reputation of his time.

His system of therapeutics was based on what may be called the "Natural Law of Cure". Homoeopathy, as understood today, is a system of pharmaco-therapeutics. Its approach to the study of the patient and diagnosis of disease is based on the scientific study of the causation of diseases. For the treatment of patients under this system the help of the basic sciences such as physics, chemistry, biology, anatomy, physiology, etc., is fully drawn upon. It has, however, a distinctive approach to therapeutics which is based on the Law of "Similia Similibus Curantur" and on the principle of "potentized drugs". The other principles of homoeopathy are the "single remedy", "minimum dose", "individualization", "law of direction of cure" and "repetition of the dose".

As regards methods of immunization, active and passive, the homoeopaths believe in the necessity for adoption of effective measures for nutrition, sanitation and personal and general hygiene. They approve of the present methods of notification, quarantine, disinfection and isolation and consider that those methods should be enforced by Legislation. They also believe in providing adequate pre-natal care of expectant mothers and post-natal care of women and children and in the principles of increasing the vital resistance of an individual. In combating epidemics the homoeopath uses remedies found efficacious in the first few cases of an epidemic disease and use potencies of various disease products including vaccines for prophylaxis against bacterial and virus diseases.

The homoeopath is against vaccination by scarification and the indiscriminate use of sera and vaccines. On principle he is against injections of foreign protein and prefers oral administration of medicine. He does not deny that the use of sera and vaccines has been efficacious but firmly believes that it should be possible to devise a rational approach. According to homoeopathy one must wait for an epidemic to break out before adopting prophylactic measures, while the aim of the regular system is to forestall an epidemic and prevent its out-break. To sum up homoeopathy has everything in common with the regular system of medicine excepting the mode of its approach in therapeutics and in the methods of immunization.

(Paragraphs 39—49).

13. There is general agreement amongst homoeopaths that the study of homoeopathy and its practice should be based on methods of science. There is, however, a section of practitioners who differ from this view and style themselves as "Pure Homoeopaths". They believe in the subjective symptoms and not in the modern scientific methods of diagnosis and the causation of diseased condition. The pure school of homoeopaths constitute a danger to society.

(Paragraph 50).

CHAPTER IV.

14. **Homoeopathy in other countries.**—The position regarding training in and practice of homoeopathy in certain countries is as follows:—

U.K.—None can be registered in the medical register unless he has passed a qualifying examination in medicine, surgery and midwifery. A person wishing to practise homoeopathy must in the first instance go through the normal course of study and pass the qualifying examination required of candidates for diplomas conferring the right of registration under the U. K. Medical Acts. No Medical school in the U.K. is devoted to the teaching and the practice of homoeopathy only. The U.K. Medical Act 1858 confers on medical students and practitioners right to adopt homoeopathy as a theory of medicine but no qualifying examination in homoeopathy is held. There are two institutions, one in London and the other in Glasgow, which impart instruction in the principles and practice of homoeopathy.

U.S.A.—There is not much distinction between homoeopathic methods and the other methods of medical science. Three institutions—one each in Philadelphia, Boston and New York—are organized as homoeopathic institutions. They are on the approved list of medical schools recognized by the American Medical Association and the Attorney General of the United States, Department of Justice. Graduates from these institutions receive the same recognition as is accorded to graduates of other accredited institutions. "American Foundation for Homoeopathy" arranges for the holding of post-graduate courses in several centres.

Brazil.—In Brazil homoeopathy is officially recognized and there is a State Homoeopathic College. Graduates of the institution are on equal footing with the other medical graduates in the country.

Mexico.—In Mexico Homoeopathy has obtained full recognition. There are six institutions for teaching homoeopathy and the Mexican Homoeopathic Confederation has more than 2,000 members.

In short homoeopathy, as a system of medicine, has recognized status in the countries mentioned above, but those who desire to practise it must have registrable medical qualifications.

(Paragraphs 51—56).

CHAPTER V.

15. Place of Homoeopathy in medicine in all its aspects.—While the scientific basis of medicine and the scientific approach to the study of medicine in all its aspects are common to homoeopathy and the regular system of medicine, there is a difference of opinion as regards the necessity for prophylaxis against small pox. The representatives of the regular system of medicine think that vaccination by sacrifice is effective and safe. The opinion of witnesses representing homoeopathy is, however, that this is not without potential possibilities of harming the system. In their opinion vaccination by administration of Variolinum in potentized form is equally effective.

(Paragraphs 57—58).

In the Army vaccination against small pox is compulsory. It is claimed that the rate of the morbidity and mortality from this disease had been brought down from a very high figure to a negligible figure. The reduction in the enteric rate by T.A.B. inoculation had been very satisfactory. Tetanus had also been successfully combated and controlled. The incidence of cholera had been brought down to a negligible number through inoculation. It is not possible to include in the Armed Forces Medical Services homoeopathic practitioners unless they undergo the minimum standard laid down for training in regular medicine.

The homoeopathic members held the view that all functions performed by medical men excepting the work of inoculation and vaccination can be done by homoeopathic medical men after they have undergone proper training.

(Paragraphs 59—63).

16. Criticism has been made that for most homoeopathic dilutions and certainly for the higher potencies it is not possible to find even a single molecule in any reasonable quantity of a homoeopathic medicine given to a patient. This fact raises serious doubts in the minds of the scientists regarding the use of medicine in homoeopathic dilutions. It is necessary that this major issue should be examined and decided by carefully conducted experiments on the basis of mathematical statistics and by the statistical analysis of the data under proper conditions.

(Paragraphs 64—65).

CHAPTER VI.

17. **Action taken or contemplated by Provincial and States Governments to regulate the practice of homoeopathy.**—Bengal (West Bengal): There is a General Council and State Faculty of Homoeopathic Medicine in Bengal, which was established by government in 1943. The functions of the Council are:

- (a) registration of homoeopathic practitioners according to prescribed rules and regulations;
- (b) grant of diploma or license to persons desiring to practise homoeopathy;
- (c) to advise on matters relating to advancement of homoeopathic studies and medical relief;
- (d) to register and control homoeopathic pharmacies and charitable institutions.

(Paragraphs 66—69).

Bihar: Legislation is at present under contemplation to provide for the constitution of a Board of homoeopathic medicine and studies. Board when formed would maintain a register of qualified homoeopathic practitioners and homoeopathic colleges and hospitals would be established and maintained by government. Private colleges teaching homoeopathy would also be subsidized and the curriculum of studies would be prescribed.

(Paragraphs 70—71).

Bombay: A board of indigenous medicine has been established by law. No one can practise any system of medicine unless he is a registered practitioner or is included in "listed" persons as approved by government. Homoeopathic institutions are not recognized by the board. Persons practising medicine for 10 years prior to 1938 were, however, "listed" in spite of the fact that they were not properly qualified. Practising homoeopaths including graduates of the Calcutta homoeopathic institutions recognized by the Bengal State Faculty were not included in the list.

Recently a post-graduate homoeopathic institution with a hospital of 30 beds has been started where registered medical practitioners can study homoeopathy.

(Paragraphs 72—75).

C. P. & Berar.—There is an Act to regulate the qualifications of and to provide for the registration of practitioners of homoeopathic and biochemic systems of medicine. There is a board of homoeopathic and biochemic systems of medicine which maintain a register in two parts to include:—

- (a) practitioners as qualified to practise both as surgeons as well as homoeopaths and biochemic physicians, and
- (b) practitioners qualified to practise as homoeopathic and biochemic physicians.

Persons passing a qualifying examination or practising as homoeopathic and biochemic physicians for atleast 7 years are registered. The course of training and qualifying examination are regulated by the board.

(Paragraphs 76—81).

Madras.—The provincial government propose to take suitable action after the report of the Homoeopathic Enquiry Committee is published.

(Paragraph 82).

Punjab (East Punjab).—It is proposed to form a board to control the registration of practitioners of homoeopathic system. The functions of the board will include the grant of diplomas, to advise on matters relating to advancement of homoeopathic studies and medical relief to register and control homoeopathic charitable institutions, to control examination and maintain standard of training and instruction.

(Paragraphs 83—89).

United Provinces.—There is an Act to provide for the development and expansion of the homoeopathic system of medicine. The board of homoeopathic medicine created under the Act maintains a register of homoeopaths, regulates and controls teaching, training and examinations. It has also the power to establish or recognize homoeopathic educational or instructional institutions for purpose of affiliation.

(Paragraphs 90—91).

Baroda.—Homoeopathic practitioners of certain categories are recognized and homoeopaths have been given representation on the Baroda Medical Council.

(Paragraphs 92—94).

Travancore.—There is an Act to regulate the qualifications and to provide for the registration of practitioners of all systems of medicine including homoeopathy. The government have established the Travancore Medical Council and registers of medical practitioners are maintained by the Registrar registering persons who have qualifications recognized by the Council in Part A and those without such qualifications in Part B. Persons eligible for registration are:—

- (a) those holding recognized qualifications;
- (b) holders of titles granted or approved by government denoting professional eminence in the field of medicine,
- (c) persons recognized by government from among families of hereditary physicians of repute practising in Travancore, and
- (d) persons who have been in regular practice for a period not less than 5 years.

(Paragraphs 95—102).

CHAPTER VIII.

18. (I) **Survey of the existing facilities for the teaching of homoeopathy in India.**—The actual conditions regarding facilities for training in homoeopathy which exist in the more important of the institutions visited by the Committee are as follows:—

The Calcutta Homoeopathic Medical College and Hospital, Calcutta.—The course of studies is for 4 years. The syllabus is similar to that of recognized medical schools and minimum qualification for admission is matriculation examination or its equivalent. A hospital of 85 beds is attached to the college, the number is likely to be increased to 101 in the near future. Separate departments exist for treatment of eye, ear, nose, throat and dental diseases. There is a library and two laboratories and pharmacological and anatomical and pathological specimens are maintained. Staff consists mostly of medical men holding registrable qualifications.

(Paragraphs 103—104).

Dunham Homoeopathic Medical College and Hospital, Calcutta.—Courses of study and the minimum qualifications for admission are the same as in the Calcutta Homoeopathic Medical College. The number of beds in the attached hospital is 20.

(Paragraph 105).

Pratap & Hering Homoeopathic Medical College and Hospital, Calcutta.—The curricula, duration of the course and minimum qualifications for admission are the same as in the two colleges mentioned above.

(Paragraph 106).

The Bengal Allen Homoeopathic Medical College and Hospital, Calcutta.—The training consists of 3 years graded course in the morning department and 4 years in the day department. L.H.M.S. degree is conferred on successful students of the 3 years of the morning department. The degree of "Master of Homoeopathic Medicine and Surgery" is conferred upon successful students of the 4th year of the day department. The minimum qualification for admission is matriculation. There is a free hospital with an out-door dispensary and ophthalmic and dental departments. There is also a library.

(Paragraphs 107—108).

The first three institutions mentioned above are recognized by government.

(Paragraph 109).

National Homoeopathic Medical College, Lucknow.—Course of study is for 3 years. The degree of H.M.B. is conferred. The minimum qualification for admission to the high school examination of the Board of High School and Intermediate Education, U.P. or any other equivalent examination. Students who have passed the final examination of an allopathic medical institution are allowed for admission to the second year class. An out-door hospital is maintained.

(Paragraph 110).

The Madras Homoeopathic Medical College, Madras.—The minimum qualification for admission is Secondary School Leaving Certificate or Matriculation or its equivalent. There is a college course for (a) D.H.M.S. Degree (4 years' course) and (b) Post-graduate course for H.H.M. Persons who have obtained recognized degree or diploma in any other system of medicine may be granted the degree of H.H.M. on completion of special course for one year.

(Paragraph 111).

Andhra Provincial Homoeopathic Medical College, Gudivada.—Course is for four years. There is a laboratory and dissection hall and charts and skeletons for anatomical demonstrations. There is a hospital of 25 beds as well as an out-door dispensary.

(Paragraph 112).

The Calcutta Homoeopathic Training College, Calcutta.—This is not recognized by government. There is a 3 years' course for bachelorship and 2 years' course for licenciateship. There is neither a laboratory nor suitable facilities for training in basic sciences.

(Paragraph 113).

The **Government of Bombay** is understood to have established a homoeopathic hospital with 30 beds for imparting training in homoeopathy.

(Paragraph 114).

19. The survey made shows that by far the vast majority of homoeopathic practitioners have received no training and many of them have little or no education.

Institutions which provide training in homoeopathy fall under 5 categories, namely:—

- (1) Those which attempt to teach the basic, preclinical and clinical sciences, although their equipment is generally very meagre and fall short of the standard of a medical school.
- (2) Those where basic, preclinical and clinical sciences are to be taught in addition to homoeopathy although there is no equipment for giving scientific training.
- (3) Those where no attempt is made to teach either the basic or the pre-clinical or the clinical sciences.
- (4) Those which have got class rooms and some charts but regular teaching is not provided.
- (5) Those which exist only in name. Their activity being confined to selling of degrees either by correspondence course or even without it.

None of the existing institutions has got facilities for research.

(Paragraphs 115—118).

20. The institutions referred to under categories 1 and 2 be allowed to continue on condition that they conform to the standard of personnel, equipment and training in homoeopathy as may be laid and the institutions coming under other categories should be abolished.

(Paragraphs 119—120).

21. **(II) Extent to which the Homoeopathic system is practised in the country.**—In the absence of a reliable list of homoeopathic practitioners in the country it is not possible to state the extent to which the homoeopathic system is practised. There is, however, no doubt that the number of homoeopathic practitioners in the country is very large. According to the information furnished by the All-India Institute of Homoeopathy, Delhi, the number of such practitioners who have received some sort of institutional training is about 1,050 excluding those who practise in West Bengal. The number of unqualified persons may be 50,000. According to All India Homoeopathic Medical Association, Delhi, the figure is 75,000. The Hahnemann Publishing Co., Calcutta, assume the figure at 95,000. In Bengal the number of registered practitioners upto 1948 is 6,401. Bihar has about 16,000 practitioners. The number in U.P. is about 2,018.

Taking the above figures into consideration it may be that the number of practitioners may exceed 200,000 to 300,000 whereas those who have received some sort of institutional training may number about 5,000.

(Paragraphs 121—123).

22. **(III) Conditions of practice of Homoeopathy.**—Homoeopathic practitioners come under the following categories:—

- (a) persons holding degrees in medicine who have taken up homoeopathy;

- (b) persons who have undergone training in non-official affiliated or un-affiliated institutions;
- (c) persons who are self taught and had good general education but no regular training;
- (d) persons in category (c) who practise homoeopathy without monetary considerations;
- (e) persons in category (c) but without any general education;
- (f) persons who have purchased a bogus degree or diploma.

In the interest of the public government should put a stop to the practice of medicine by persons who are not qualified to do so.

(Paragraphs 124—125).

23. According to a section of the people homoeopathy is popular because:

- (i) the cost of homoeopathic medicine is low;
- (ii) treatment under the system is more sympathetic and harmless. It avoids injections and also generally surgical operations;
- (iii) it prescribes small doses of drugs which do not upset the patient and medicines are orally administered and are sweet to the taste;
- (iv) it cures all types of patients;
- (v) it is more efficacious than other systems in case of certain types of diseases, such as cholera, ailments of children, etc.

(Paragraph 126).

24. It appears that the practice of homoeopathy in India is at present in the hands of a vast number of practitioners who are not endowed with proper scientific training. It may be that as many as 90 per cent of homoeopathic practitioners may fall under this category.

(Paragraph 127).

25. The homoeopathic institutions are also ill equipped and they are not able to impart proper training. This is the reason why the country has been practically flooded by quacks, i.e., persons who practise medicine without possessing the necessary scientific knowledge and training. Quackery appears to have flourished in India mainly for the following reasons:—

- (1) lack of general education of the people;
- (2) prejudices, beliefs and superstitions;
- (3) dearth of properly qualified medical practitioners especially in rural areas;
- (4) purchase, sale and use of bogus degrees, diplomas and titles;
- (5) lack of effective control and failure of enforcement of existing laws by government and in controlling advertisements making fraudulent and untenable claims.

No State should permit quacks and quackery to flourish and steps should be taken to eliminate them and to devise suitable measures for the control of the practice of homoeopathic medicine. The issue of undesirable advertisements and literature must also be controlled. The methods of preparation of homoeopathic medicines in India, their testing and dispensing should similarly be controlled. Colourable imitations of preparation of regular system of medicine should not be permitted to be used and necessary steps should be taken to ensure that no

homoeopathic medicines are prepared or sold which do not conform to the prescribed standard.

(Paragraphs 128—132).

CHAPTER VIII.

26. Important suggestions received. (I) Views of the Honourable Ministers of Health of the Provinces.—The Ministers of Health of six provinces were of the opinion that in future all practitioners of homoeopathy must have proper training in the basic and the medical sciences.

(Paragraphs 133—136).

According to one Minister homoeopathic training and regulations of practice should be kept separate from the regular system of medicine but fundamental training in medicine under all systems should be the same. In his opinion research was essential for the progress of homoeopathy and results obtained must be published and tested. According to another Minister government should provide adequate facilities for scientific training in homoeopathy. One view was that there should be separate institutions for training in homoeopathy. Three Ministers stated that post-graduate training in homoeopathy should be provided for. As an alternative medical education should be bifurcated into two channels one leading to the regular system and the other to the homoeopathic system.

The Ministers in two provinces favoured the grant of State recognition to homoeopathy provided training in basic sciences was given before homoeopathy was taught. Five Ministers favoured State control of the practice of homoeopathy and it was suggested that persons having 10 years' experience might be registered. One opinion was that unqualified homoeopathic practitioners who were not doing any harm to the public might be allowed to practise but only eminent homoeopaths should be registered. Homoeopathic practitioners with 3 years' experience should be trained and then registered after examination. One favoured gradation of existing practitioners with regard to privileges of registration according to qualifications. One Minister thought that homoeopathic educational institutions should be put under expert supervision and another considered that uniform policy regarding the practice and training in homoeopathy for the whole of India was necessary.

(Paragraphs 137—144).

27. (II) Other Views.—The views of responsible persons interviewed were that incompetent and unqualified persons should not be allowed to practise homoeopathy and training in Homoeopathy should be given through separate institutions which should be financed by Government. Government should also maintain homoeopathic hospitals and have a Faculty. The other view was that excluding quacks all practitioners should be registered. Homoeopathy should also be tried in connection with the preventive measures with a view to find out whether it was capable of helping the State at times of emergency.

(Paragraphs 145—149)

CHAPTER IX.

28. Recommendations (I) General Council of Homoeopathic Medicine.—For a system of medicine to deserve recognition and administrative and financial assistance from the State it is essential that it should be able to diagnose a diseased condition, to participate in public health measures of government for prevention and control of disease and to make available to the State the services of qualified medical men with supplementary training, if need be, in times of emergency. The system must also keep abreast of scientific developments. This is essential because it is the function of a State

to provide adequate and up-to-date medical aid to the people from both the curative and preventive points of view.

(Paragraph 150)

29. According to the information collected by the World Medical Association the control measures adopted by the various countries are not considered to be adequate and effective. In India there are no control measures worth the name. Although under the Indian Medical Council Act supervisory powers are vested in government over certain medical qualifications granted by Indian Universities, this Act deals, however, with the Western System of medical education alone and does not include education or training in any other system of medicine.

(Paragraphs 151—155)

30. The question of registration and control of the homoeopathic system of medicine has been considered by certain Provincial governments and States from time to time but the position varies from province to province. It is considered that legislation for the control of the practice of and training in homoeopathy should aim at:—

- (1) adequate provision for supervision and control of homoeopathic educational institutions and hospitals;
- (2) registration of practitioners of homoeopathic system;
- (3) control over homoeopathic pharmaceutical laboratories and manufacturing concerns.

(Paragraphs 156—157)

31. It is recommended that the following categories of homoeopathic practitioners should be placed on a "register":—

- (1) Registered medical practitioners who have taken to the practice of homoeopathy;
- (2) Medical practitioners holding degrees from foreign countries which entitle them to practise medicine in the countries where such qualifications are obtained;
- (3) Those who have successfully gone through the 4 years' course of training in any of the four institutions mentioned in para 119 of this report;
- (4) Graduates of the Central College of Homoeopathy, Calcutta and of the Regular College of Homoeopathy, Calcutta and of the Ashutosh Homoeopathic College, Calcutta.

The following categories should be placed on a "list":—

- (a) Those who are *bonafide* whole-time practitioners of homoeopathy for not less than 7 years at the time when effect is given to these recommendations.
- (b) All other categories of existing homoeopathic practitioners provided they pass a test both in the theory and the practice of medicine of homoeopathy as may be prescribed by a competent authority. The test should conform to the existing standards as laid down by the General Council and State Faculty of Homoeopathic Medicine, West Bengal. The test may be continued for a period of not less than 3 years and may be held twice a year. Existing

homoeopathic practitioners who are unable to pass the examination within this period should be debarred from practising homoeopathy.

(Paragraphs 158—159)

(N.B.:—Two members of the Committee belonging to the regular system of medicine recommend that in future no body without a recognised basic qualification in scientific medicine should be allowed to practise medicine but with a view to avoid hardship to the existing homoeopathic practitioners who do not possess such qualifications those of them who have practised homoeopathy as a profession for a period of not less than 10 years and who pass a prescribed test might be absorbed in a "list" and not in a "register", to be prepared by government. No further addition should be made to the "list".

(Paragraph 161)

82. Immediate steps should be taken by the Central and Provincial Governments to declare illegal the use of bogus degrees, diplomas or titles and their colourable imitations.

(Paragraphs 160)

83. A distinction should be maintained between a "register" and a "list". Registration is intended to safe-guard the public, to facilitate control of practice, to enable practitioners to get rights and privileges of *bonafide* medical practitioners and to protect them against unfair competition by unqualified persons, to provide an electorate for the provincial branches of the Central Board and to protect the public being exploited by quacks.

(Paragraph 162)

84. The registered homoeopathic practitioners will be entitled to sign or authenticate a birth or death certificate or a medical or physical fitness certificate and to give evidence at any inquest or in a court of law as an expert. The "listed" practitioners will not enjoy any of the above privileges although they will be entitled to practise homoeopathy.

(Paragraph 163)

85. It is recommended that:

A. A Council of Homoeopathic Medicine shall be established by law, and called the Central Council of Homoeopathic Medicine, India, hereafter called the Council. It shall come into existence on such date as the Central Government may fix by a notification in the Gazette. The members constituting the first Council will hold office for a period of five years, any vacancy during this period will be filled by nomination by the Government of India as provided below. The term of office of elected members shall be for three years after the first period of five years of the life of the Council.

B. (1) The Council consist of the following members:—

(i) A President who shall be a whole-time recognized homoeopathic practitioner, to be elected from amongst the members of the Council subject to the proviso that the Director General of Health Services, Government of India, shall be the President of the Council during the first term of five years. Subsequently the

President will be elected by the Council from amongst its members and hold office for a period of three years, but the Director General of Health Services, Government of India, will be a member of the Council *ex-officio*.

- (ii) A Vice-President to be elected from amongst the members of the Council for a period of three years. He should be a whole-time recognized homoeopathic practitioner.
- (iii) One member to be elected from each Province and State Union from amongst the recognized homoeopathic practitioners of the Province or the State Union.

For the first five years, these members will be nominated by the Ministry of Health, Government of India, in consultation with the Provincial and State Union Governments.

- (iv) Two members—to be elected by the Inter-University Board of India—one of whom shall be a member of the said Board, and the other shall be a member of the Faculty of Medicine of an Indian University.
- (v) Director General of Health Services, Government of India—*ex-officio*.
- (vi) One member each from the two Houses of the Indian Parliament.
- (vii) Three members who are 'recognized' homoeopathic practitioners to be elected from amongst the Heads of the Homoeopathic Educational Institutions recognized by the Provincial or State Union Governments, subject to the proviso that not more than one member will be elected from any one Province or State Union. For the first term of five years of the Council, these members will be nominated by the Ministry of Health, Government of India, in consultation with the Provincial or State Union Governments.
- (viii) One member from the National Institute of Science from amongst the Fellows of the said Institute.
- (ix) Four members who shall be recognized homoeopathic practitioners to be nominated by the Central Government.

The Government of India will appoint a whole-time paid Secretary who will conduct and administer the affairs of the Council, but will not be a member of the latter.

The word "recognized" means homoeopathic practitioners who hold a qualification as laid down in para. 159 entitling them to be put on the register and have practised homoeopathy for at least five years previous to the date of nomination.

(2) The functions of the Council shall be mainly of a co-ordinating and advisory nature, but the Council will have powers to control, which will be exercised through the Provincial Boards or Faculties, in the following matters:—

- (i) Standard, equipment and training of affiliated homoeopathic institutions;
- (ii) Standard of examinations to be held for homoeopathic students;
- (iii) Registration of existing homoeopathic practitioners;
- (iv) Homoeopathic pharmacies, pharmaceutical laboratories and manufacturing concerns.

The Council will have full powers of inspection in all matters.

C. Provincial or State Boards or Faculties as may be set up by Governments of Provinces or State Unions will be responsible for the maintenance of register, for the actual conducting of examinations, publishing of results and enforcement of disciplinary action, subject to the supervisory authority of the Council.

D. The Provincial Boards or Faculties shall be constituted with the following as members:—

- (1) A President: The Surgeon General or the Inspector General of Civil Hospitals shall be the President of the Provincial or State Union Board during the first term of five years, after which the President will be elected by the Board from amongst its members but the Inspector General of Civil Hospitals or the Surgeon General, as the case may be, will continue to be an *ex-officio* member of the Board.
- (2) A Vice-President: to be elected from amongst the members of the Board. He shall be a whole-time recognized homoeopathic practitioner.
- (3) Ten members to be nominated by the Provincial Government for the first term of five years of the Board and to be elected thereafter from amongst the recognized homoeopathic practitioners, one from each of the ten areas into which the Province or the State Union will be divided for this purpose. These areas will not include the provincial capitals, which constitute separate electoral areas.
- (4) Five recognized homoeopathic practitioners from the capital of the Province or State Union.
- (5) One member who shall not be a medical practitioner to be nominated by the Corporation or the Municipality of the capital town of the province.
- (6) One member, who shall not be a medical practitioner, nominated by the Provincial University or Universities wherever they exist.
- (7) One member from the Heads, who shall be recognized homoeopathic practitioners, of such homoeopathic educational institutions as are affiliated to the respective Provincial Boards.
- (8) Two members who shall not be medical practitioners from the Provincial legislature.
- (9) Two members who shall not be medical practitioners from the Provincial legislature.

There shall be a whole-time paid Registrar who will also act as Secretary to the Board.

The word "recognized" has the same meaning as defined in para. 35 of the summary.

E. Subject to the provision that in all matters coming within the functions of the Central Council, the Provincial Boards will act under the authority of the former, and their functions shall be—

- (1) to maintain a "register" and a "list" of Homoeopathic Practitioners;
- (2) to maintain standard of teaching and of equipment of homoeopathic medical institutions, as laid down by the Central Council of Homoeopathic Medicine;
- (3) to facilitate homoeopathic institutions to the provincial Boards;

- (4) to hold examinations and to grant licenses or diplomas to the successful candidates, according to such rules as may be laid down by the Central Council;
- (5) to advise the Provincial Government and general public on all matters relating to advancement of homoeopathic studies and medical relief;
- (6) to control and administer all homoeopathic charitable organizations aided by the Provincial Government and
- (7) to appoint sub-committees for carrying out the work of the Board.

(Paragraph 165—168)

F. The organizations, as above, will ensure that:—

- (1) only persons who have been trained in institutions recognised by the State and have passed an examination according to approved procedure will be allowed to practise medicine in future. They may be awarded suitable Degrees, Diplomas or Certificates;
- (2) all other persons will be debarred by law to practise medicine or to assume Degrees or Titles and practice of medicine by such persons would be made a cognizable offence;
- (3) no medical practitioner would be allowed to advertise the efficacy of his medicine or treatment;
- (4) advertisements of medicines and bringing them to the notice of the public would be suitably controlled by law;
- (5) no person including registered medical practitioner would be allowed to do anything to create an impression that he was a "specialist", except as might be provided by law;
- (6) the purchase, sale, award or assumption of Title, or advertisement of medicines by persons other than those authorized by law would be made a penal offence;
- (7) provision would be made by legislation for proper and regular inspection in a prescribed manner of establishments manufacturing medicines and other pharmaceutical products, pharmacies, dispensaries, and individual preparing and dispensing medicines;
- (8) undesirable advertisements claiming the efficacy of patent and proprietary medicines and circulation of objectionable literature especially about sex matters would be controlled by legislation.

(Paragraph 169)

G. It is recommended that a central model teaching institution be established for the training of under-graduates and of post-graduates.

(Paragraph 170)

N.B.—Two members of the Committee representing the regular system of medicine do not agree to the establishment of a Central Council of Homoeopathic Medicine and Provincial Boards of Homoeopathy with the constitutions and functions as proposed above. Their views are reproduced below:—

- (i) Homoeopathy should be taught as is done in other countries after the attainment of basic qualification in scientific medical education in existing colleges of modern medical science and not in separate institutions.

- (2) Only those parts of homoeopathy should be taught that have stood the test of science.
- (3) A Faculty of Homoeopathy should be established under the Medical Council of India and the Provincial Medical Council on the same lines as various faculties under the universities for the purpose of regulating the training and standard of homoeopathic education and examinations.
- (4) The membership of such faculties should be open to persons possessing medical qualifications recognized by the Medical Council of India or the Provincial Medical Councils and are registered with it and are practitioners in homoeopathy of not less than 5 years' standing, preferably with teaching experience in recognized homoeopathic teaching institutions.
- (5) Future entrants must possess a recognized, basic qualification in scientific medicine and their registration will be done by the Medical Council of India or the Provincial Medical Councils. As regards existing homoeopathic practitioners those who possess qualifications recognized by the Medical Council of India or the Provincial Medical Councils should be registered with them. Others should be "listed" in case they have 10 years' practice to their credit and they pass a prescribed test. This condition may be relaxed in the case of those who possess qualifications recognized by the West Bengal Government or a qualification from a foreign country entitling the holder to practice medicine in that country.

(Paragraphs 171—172)

- (6) For the preparation and maintenance of "lists" as proposed above, Homoeopathic Councils should be established in provinces and the constitution of the Provincial Homoeopathic Councils should be as follows:—
 - (i) A President: The Surgeon General or the Inspector General of Civil Hospitals, as the case may be, during the first term of 5 years, after which the president will be elected by the Council from amongst its members, but the Surgeon General or Inspector General of Civil Hospitals will continue to be a member *ex-officio* of the Council.
 - (ii) Vice-President: He shall be elected from amongst the members of the Council and shall be a registered or a listed whole-time homoeopathic practitioner.
 - (iii) Four members to be nominated by the Provincial or State Union Government for the first term of 5 years amongst the homoeopathic practitioner residing in its province or State Union and thereafter to be elected from amongst the listed homoeopathic practitioners in the Province or the State Union.
 - (iv) One member to be nominated by the Provincial or State Union Government for the first term of 5 years from amongst the members of the staff of the Homoeopathic Medical Institutions recognized by the Provincial or State Union Governments, and thereafter to be elected from amongst themselves by such members of the staff. Such members will not be eligible for election under any other clause.
 - (v) Two members to be nominated by the Provincial or State Union Government for the first term of five years and thereafter to be elected from amongst the homoeopathic practitioners holding

qualifications in scientific medicine recognized by the Medical Council of India or the Provincial Medical Councils and residing in the Province or the State Union.

There will be a Registrar who will be a whole-time paid officer of the Council and also act as Secretary to it.

36. As regards the types of homoeopathic training institutions to be set up in future it is recommended that the choice of under-graduate or of the post-graduate type of institutions to be established should be left to the Provincial Boards in consultation with the Central Council.

The two members representing the regular system of medicine oppose the under-graduate training in homoeopathy and the setting up of separate homoeopathic institutions.

37. **Training in Homoeopathy.**—It is recommended that there should be a single course of training, namely the university course and the minimum qualification for admission to the course should be the same as laid down by the Indian Universities in respect of the regular system of medicine. The college course should be of the same standard as laid down by the Indian Universities and the duration of the course should be five academic years. The minimum age for admission should not be less than 16 years.

(N.E.—Two of the members representing the regular system of medicine consider that the age may be either 17 or 18 years).

(Paragraph 180)

38. The following subjects should be included in the syllabus, namely:—

(i) Preclinical subjects—

Anatomy, physiology, biochemistry, pharmacology, homoeopathic materia medica, bacteriology and pathology.

(N.B.—The two members representing the regular system hold that the ‘regular’ materia medica and therapeutics which form an essential part of medical training should also be included in the syllabus.)

(ii) Clinical subjects—

Medicine in general (which also includes preventive medicine and hygiene), Surgery in general (which also includes eye, ear, nose and throat), obstetrics, gynaecology and medical jurisprudence.

(iii) Principles and philosophy of homoeopathy (Organon and Chronic Diseases), homoeopathic therapeutics, repertory study.

Anæsthetics, antiseptics and toxicology should also be taught.

39. (i) Four homoeopathic members of the Committee consider that there should be a diploma course of four years in addition to the university course. The model syllabus for the diploma course as given in Annexe IV of the Report may be adopted.

(ii) Five homoeopathic members consider that homoeopathic subjects should be taught from the very first year while the other thinks that it should be taught from the second year. It is recommended that homoeopathic subjects should be taught from the very first year.

(Paragraphs 182 and 183)

40. The recommendations regarding research are as follows:—

- (1) Co-operation of homoeopathic system of therapeutics with the progress of science, thus providing for the training and research in all relevant subjects, as for example, biochemistry, physiology, immunology, surgery, etc.
- (2) The biochemical and clinical changes in the human organism *e.g.* changes in the blood picture, "provings" of homoeopathic drugs.
- (3) Animal experimentation with slides for teaching homoeopathy pathology* and Materia Medica.
- (4) The research on the action of potentised dilutions of homoeopathic medicines in the light of modern scientific developments.
- (5) "Provings" of new drugs and "reprovings" of older ones in the light of modern medical and scientific developments.
- (6) Statistical studies of different types of cases treated homoeopathically.
- (7) Confirmatory animal experiments on new drugs.
- (8) Experiments from the homoeopathic point of view on healthy human beings.
- (9) Study of the modifying affect of toxins and of substances in the body which modify the action of drugs.
- (10) To ascertain the rationale of homoeopathic cure by drugs when the drug does not produce pathological changes.
- (11) Serological and other tests which should be evolved to find the indicated homoeopathic remedy.
- (12) Further study from the statistical point of view of the law of similars and correlation with clinical findings under State control by laboratory studies and experiments on physiology, pathology and other relevant sciences.
- (13) More extensive study of drugs isolated from plants or parts of plants, animal tissues, diseased products and the provings of such things.

(Paragraph 185)

41. Recommended that facilities should be provided in recognized institutions for research on the above lines:—

N.B.—The two members representing the regular system opine that facilities for research as outlined above should be provided in institutions for modern scientific research and not in separate homoeopathic institutions.

(Paragraph 186)

* Two members representing the regular system of medicine are of opinion that the meaning of this expression is not clear to them and that in medical science there is only one pathology. The homoeopathic members of the Committee agree to this view but think that there are different methods of approach to its study and that the homoeopaths study pathology according to their own lights. Homoeopathic pathology thus is equal to the study of the subjective and objective phenomena caused in the healthy animals (man and lower animals) under the influence of homoeopathic medicines administered till the extreme changes in the body of the animal take place leading to the dissolution of life.

42. It is recommended that competent statistical studies should be undertaken of patients suffering from specific diseases under the following conditions:—

- (a) A control group suffering from the same disease but without any medicine being administered, all adjuvant measures being adopted.
- (b) A second control group in which medicine is administered in the homoeopathic way, *i.e.* the globules or drops will be given but they will be without the homoeopathic drug.
- (c) A third control group in which homoeopathic drug will be administered.
- (d) A fourth group in which patients will be treated on the lines of the scientific medicine known as the regular medical system.

(Paragraph 187)

43. It is considered that a person desiring to practise homoeopathy as a profession must have what is called actual bed-side experience.

(Paragraph 188)

44. There should be an adequate number of homoeopathic hospitals and dispensaries under the charge of homoeopathic doctors possessing prescribed qualifications. Pharmacies and organizations concerned with the preparation and manufacture of homoeopathic drugs in India should be placed on a proper footing and government should assume the authority to intervene in cases of lowering down of standards, adulteration of drugs, bad dispensing, etc. The education, qualifications and training of dispensers should be laid down.

(Paragraph 189)

45. Government should provide facilities for training in homoeopathy in order to give homoeopathy a chance to evolve its own genius.

(Paragraph 190)

46. It is recommended that effect may be given to the above recommendations as early as possible.

(Paragraph 191)

NOTE BY DR. S. C. SEN

In the final stages of the deliberations of the Committee and when its report was written I was unavoidably absent being away from India at the time. But my view point which I had an opportunity to discuss with my colleagues at some length before leaving for abroad has been well incorporated in the report which I have signed.

However, there are one or two points of fundamental importance which I strongly feel ought to be more emphatically stressed and gone into in a little greater detail. I have also gathered some valuable information on Homoeopathy during my sojourn in the U.S.A. and Europe, including the U.K., which has an important bearing on the subject of enquiry and which should be included in the report.

1. Besides visiting several institutions and making enquiries in the U.S.A. I met Dr. Garth W. Boericke of the Hahnemann Medical College, Philadelphia and Dr. Gutman, President, New York Homoeopathy Society and General Secretary, International Homoeo League.

At one time there were a large number of flourishing parallel homoeopathic teaching institutions in the U.S.A. They have now ceased to exist and homoeopathy is losing ground there every day. According to the latest information available, in the three institutions now existing in the U.S.A., homoeopathy is no longer even a compulsory subject but forms only an elective subject in addition to the regular medical training.

Dr. G. W. Boericke in a personal communication says: "I would recommend that for the good of the people, both Allopathic and Homoeopathic physicians work together, under the same roof but in separate wings of the hospital, each using its own methods of treatment and each being required to do enough diagnostic work to establish the type of disease. I would treat the following diseases by allopathic methods:—

Diabetes, heart disease, dropsy, all infections by strep or staph, severe anemias, diphtheria, syphilis, gonorrhoea, cirrhosis, parasitic infections, acute pneumonias and rickets.

Homoeopaths should realize that Hahnemann endorsed vaccination and inoculation for typhoid, scarlet fever, typhus and so on, as a preventative measure. When such diseases are established, Homoeopathy is the best method."

Dr. Gutman is in favour of a separate wing in a general hospital. He and others are against parallel homoeopathic colleges and institutions and believe in post-graduate study, i.e. training in Homoeopathy to regularly qualified medical men. Hahnemann and most of his important followers, if not all, who have contributed largely to homoeopathic literature in Europe and America have been fully qualified medical men. At the present moment in Europe and in U.S.A. it is necessary for a medical man who wishes to practise homoeopathy to have regular medical training and qualification. Dr. Gutman favours vaccination, inoculation, etc. and uses Insulin, Digitalis, Antibiotics and Anti-tetanic sera, Penicillin etc. in his practice. Most of the other leading homoeopaths, if not all, in the U.S.A. are equally strongly in favour of vaccination, inoculation, etc.

Dr. D. M. Borland in his presidential address at the British Homoeopathic Congress 1937 extolled vaccination and inoculation, etc., giving statistics in support of his statement.

Dr. Roberts, M.D. a distinguished American homoeopathic physician writing in the Homoeopathic Recorder July, 1938, under the caption "A letter is answered" in reply to an Indian confrere says as follows:—

“In my opinion it is quite unnecessarily expensive for homoeopaths to maintain undergraduate colleges in medicine.”

In this article he gives valid reasons why all future homoeopaths should be full-fledged medical men, going through the regular medical colleges and take up Homoeopathy later on.

The same is the case in the U.K. and the continent of Europe.

From the above it will be seen that if we were to follow the modern trends in Europe and America it would be undesirable to start homoeopathic colleges on lines parallel to the regular medical colleges. As has already been said in paragraph 176 of the Report if all the basic, preclinical and clinical sciences are to be taught to students of homoeopathy at the University standard it will be nothing short of waste of men, material and money, which India can ill afford, to run separate institutions for teaching of homoeopathy. As we are however seriously concerned in the cure of diseases whenever and wherever they occur it might not be right for us altogether to ignore the possibility of homoeopathy in bringing about cures. As such if the State so wishes it can set apart wards in existing institutions for homoeopathic treatment and for assessment of its value. Such wards should be staffed by competent and qualified people who can also impart teaching in homoeopathy to prospective applicants.

2. Treatment of Diseases:—

Claims have been made that homoeopathic treatment is not only successful but is better than any other method. Apart from personal statements or extracts from books of different kinds published long ago, no satisfactory and reliable data has been produced in support of these statements. Unlike books on modern scientific medicine where incidence of disease mortality figures, effectiveness of particular forms of treatment, etc., are given, the homoeopathic books are absolutely silent on these aspects of the questions and no statistics are given by which the efficacy can be judged. It is a general belief that homoeopathic medicines are harmless and can cure all diseases. The so-called “Pure Homoeopaths” will treat all diseases by homoeopathic medicines. Even the other homoeopaths in India will not, with rare exceptions, use any so-called allopathic medicines, not even drugs like insulin and penicillin. This is at variance with the attitude of homoeopaths in the West as quoted above.

3. Prevention and control of disease:—

Except for statements that for preventible diseases there are not only suitable but better medicines available in homoeopathy than alternative vaccination methods no statistics are available. The dogmatic statements based on personal impressions but not supported by scientific data do not carry any weight in scientific medicine. While most, if not all, leading homoeopaths in Europe and U.S.A. from Hahnemann onwards are in favour of vaccination and inoculation, almost all of the homoeopaths in India interviewed by the Committee assert that these measures are positively dangerous, and many go so far as to say that these have not only failed to prevent the spread of diseases for which they are advocated but have raised the rate of mortality from them and have led to many other serious, even fatal, diseases. This attitude if accepted or allowed to prevail, will lead to disaster and will go counter to the programmes sponsored by the World Health Organization, to which India is a party.

4. A mention has been made of the Laws and Principles of Homoeopathy in Chapter III. When Hahnemann propounded his theories the usual practice amongst his contemporaries was to prescribe large doses of medicines and

his action was in contrast to that practice. A critical study of his books, namely, "Organon", "Lesser Writings"; "Materia Medica Pura", and "Chronic Diseases" shows that he thought that the exciting cause of diseases was some spiritual dynamic power and that morbid matters played no part whatsoever and that it was futile and wasteful of time and energy to look for causes. Acute diseases were, in his opinion, "self-limited in nature and if left to themselves, they will, within a limited period terminate in recovery or death as the case may be". Chronic diseases, he thought were due to Psora, Syphilis or Sycosis. In his theory of treatment on the principle of "Similinum" he relied mainly on symptoms elicited by careful cross-examination of patients, as do his followers to-day.

He insisted that all his followers should prove the efficacy of the drugs on themselves and give their patients correctly chosen medicines prepared by themselves.

The *Materia Medica Pura* contains a number of drugs said to have been proved by Hahnemann and his followers. In the case of "provings" there were altogether 50 people to help him to prove about 100 drugs. The "provings" do not seem to have been adequately carried out. For example, Mercurius was proved by 9 people and 1266 symptoms were given and no common symptoms can be made out; for Pulsatilla, 1154 symptoms were given by 6 people; for Sulphur, 814 symptoms were given by 3 people; for Belladonna, 1440 symptoms were given by 15 people, and in very few cases were the symptoms corroborated by different people. And the list of provers does not contain the name of a single woman, though many symptoms refer to women.

Reliance is still being placed on the information given in *Materia Medica Pura* and *Chronic Diseases* and hardly any serious attempt has been made at "reprovings". Dr. Hughes, the annotator and translator of *Materia Medica Pura*, observes:

"Hahnemann rarely gives such information as to the effects of drugs he gathers from authors, but confines himself to presenting them in the same unconnected way as that which he follows in respect of his own and his fellow provers' symptoms. Sometimes they are records of poisonings when they are of unquestionable value. Sometimes they are the mere statements of systematic writers of *Materia Medica*, which must be taken quantum valeant. Very often, however, they are narrative cases of diseases treated by the drug in question, and the symptoms are such as were supposed either by the observer or by the citer, to have resulted from (so to speak) the obiter facts of the medicine". Further, Dr. Hughes, in his prefatory note in Vol. I of *Chronic Diseases* by Hahnemann, writes as follows: After six years of solitude at Goethen, Hahnemann "summoned thither his two oldest and most esteemed disciples, Drs. Stapt & Gross, and communicated to them his theory of the origin of chronic diseases and his discovery of a completely new series of medicaments for their cures. This was in 1827. That he should now first reveal these new remedies, and in the following year should publish copious lists of their pathogenetic effects, confirms the inference to be drawn from his position and from his silence as to fellow observers. He was himself between 70 to 80 years old and it is hardly likely that he did anything at this time in the way of proving on his own person. We are compelled to the conclusion that he drew these symptoms mainly—if not entirely—from the sufferers from chronic diseases who flocked to his retreat to avail themselves of his treatment."

Except for one or two casual attempts in U.S.A. and Austria no serious or systematic attempts have been made to "reprove" Hahnemann's provings".

In India, so far no such attempt has been made. The so-called "provings" in India—as given in the *Drugs of Hindusthan*—are in reality no "provings" at all in the Hahnemannian sense, but a mere recital of some case notes.

The new drugs, numbering over 900 or more, introduced later have, I am told, been "proved" even to a less extent.

5. It is not necessary nor desirable for any State to concede to so-called popular demands. There are times when the State has to give a lead in the right direction and this is one of such occasions.

July 28, 1949.

(Sd.) S. C. SEN.

AMENDMENTS BY COLONEL K. V. RAMANA RAO.

Amendment to the report of the Homoeopathic Enquiry Committee, dated 11th July 1949 submitted to the Hon. Smt. Rajkumari Amrit Kaur, Minister for Health, Government of India, New Delhi.

(1) *Para. 43.*—One portion of this para. has not been properly worded. In line 5 of this para. "dose of medicine" should read "drug", "may" should be "will" and in line 6 "in another" should be "of another". The sentence as amended should read "the reaction of a drug in an individual will be different from that of another".

In line 6 "in any patient" should be added after "symptoms". In line 7 "a similar remedy" should read "a remedy having similar symptoms" and "in a similar type of disease" should read "in any type of disease". The sentence as amended should read "In other words individual characteristic symptoms in any patient will influence the selection of a remedy having similar symptoms in any type of disease".

(2) *Para. 116, Sub-para. (2).*—The clause in the beginning "Those where it is intended to make arrangements to teach etc." given an entirely wrong impression that these subjects are not taught at present. All basic preclinical and clinical subjects are being taught from the beginning in the institutions mentioned in this para., with dissections for 2 years (at least in the 2 colleges in Madras Presidency to my certain knowledge). So this sentence should be amended to read:

"Those where attempts to teach basic, preclinical and clinical sciences in addition to Homoeopathy are made but there is no equipment for the scientific training".

After "(Regd.)" there should be a comma (,) and the following should be added "Madras, Andhra Provincial Homoeopathic Medical College and Hospital". As amended this should read:

"Madras Homoeopathic Medical College and Hospital (Regd.), Madras Andhra Provincial Homoeopathic Medical College and Hospital (Regd.), Gudivada".

(3) *Para. 119.*—If the phrase "the four mentioned above" in line 4 of this para., is meant to mean the 3 institutions mentioned in Para. 116 Category (1) and Pratap and Hering Homoeopathic College mentioned in Category (2), it should be deleted. The other two institutions in Category (2), viz: the Homoeopathic Medical College at Madras and Gudivada also give a regular course of training in the basic, preclinical and clinical sciences for four years, though they may not have the same amount of equipment, as in the other colleges, *vide* para. 117. Hence the first sentence should be amended to read:

"As stated earlier the only colleges which attempt to give a regular course of training in the basic, preclinical and clinical sciences for four years are the first six mentioned above, viz: (1) Calcutta Homoeopathic Medical College and Hospital, (2) Dunham Homoeopathic Medical College and Hospital, (3) Bengal Allen Homoeopathic Medical College and Hospital, (4) Pratap and Hering Homoeopathic Medical College, (5) Madras Homoeopathic Medical College and Hospital, and (6) Andhra Provincial Homoeopathic Medical College and Hospital, Gudivada. The first four have some equipment worth consideration".

Also the word "four" in line 7 should be deleted and the word "six" should be inserted in its place. Thus amended this sentence should read:

"As we have stated earlier, these six institutions make a genuine intention of imparting training according to the conditions laid down by the State Faculty of Homoeopathic Medicine, West Bengal".

(4) *Para. 147.*—In line 5 of this para. there should be a fullstop after "institutions" and the words "Government support" should be added, as it does not make sense as it stands.

(5) *Para. 159.*—Categories III and IV.

In Category IV of this para., the Committee have recommended that the graduates of certain colleges in Calcutta, of which they had no knowledge whatever as regards the standard of teaching or equipment, as they have ceased to exist long ago, should be placed on the Register because these colleges "used to give four years' course of training in basic sciences and in Homoeopathy".

But they, by oversight I expect, have not made any recommendation as regards registering the graduates of the two existing Homoeopathic Colleges in the Madras Presidency, where regular instruction in all the basic (including dissections) preclinical and clinical sciences is being given by qualified teachers in a four years course with yearly examinations, the curricula followed being the same as was laid down by the State Faculty of Bengal. It had been definitely decided during the proceedings of the Committee, *vide* minutes of the proceedings of the seventh meeting held on the 8th to 11th March 1949 and subsequent meetings, that the graduates of the two colleges in the Madras Presidency also should be "Registered". Hence in Category III "four" in the 2nd line should be deleted and "six" inserted in its place. Category III should, as amended, read:

"Those who have successfully gone through the four years' course of training in any one of the six institutions mentioned in para. 119".

(6) *Para. 168, Sub-para. (4).*—In line 1 of this sub-para. add "Degrees" between "to grant" and "licences".

(Sd/-) COLONEL K. V. RAMANA RAO,

July 28, 1949.

INFORMATION REGARDING (i) CONDITIONS EXISTING IN THE INDIVIDUAL STATES IN THE U.S.A.; (ii) WHETHER MEDICINE (PRACTICE OF THE PROFESSION AND PUBLIC HEALTH) AS ALSO MEDICAL EDUCATION ARE SUBJECTS GOVERNED BY THE INDIVIDUAL STATE LAWS OR SUBJECTS GOVERNED BY THE FEDERAL LAWS.

Extracts from a letter No. 241, dated the 13th July, 1949 from the American Embassy, New Delhi, to the Honourable Minister for External Affairs, Government of India.

You ask concerning the licensing of homoeopaths in the United States.

Your understanding that "homoeopathy has merged itself with allopathy" is quite correct. There are no longer any medical schools having the word "homoeopathy" in their name and there are only two, one in New York State and one in Philadelphia, which still teach any homoeopathy at all. Both of these schools were approved medical schools, however, even before they dropped homoeopathy from their name some years ago.

Regarding the specific points mentioned in your letter, the licensure of physicians and the operation of medical schools in the United States are entirely a matter of state control—the Federal Government has nothing to do about either. Each state has its own laws on the subject and the various Medical Practice Acts do differ considerably from state to state. No homoeopathic examining boards exist at the present time, although one or two medical examining boards do still require, I believe, a homoeopathic member thereon.

**INFORMATION REGARDING THE CONDITIONS OF HOMOEOPATHY
IN BRAZIL**

Extracts from a letter No. F.7(1), dated the 5th July from the Indian Embassy, Rio Janeiro to the Ministry of External Affairs, Government of India, New Delhi.

Will you please refer to your letter No. D. 1843-AMS/49, dated 3rd of June 1949?

I attach herewith a copy of the letter received by me from Mr. M. A. dePimentel Branddo, Second Secretary to the Ministry of Foreign Affairs as well as an English translation of decree letter No. 3.540 of the 25th September 1918, referring to homoeopathy in Brazil.

Copy of a letter from Mr. M. A. dePimentel Branddo.

I acknowledge receipts of your letter of June 14th and, in answer to your inquiry concerning homoeopathy in Brazil, I have the pleasure to include a copy of the decree which recognised its usefulness.

According to the information given to me by the Instituto Hahnemanniano, there is no difference of privileges between allopaths and homoeopaths. The study of Medicine is the same for both and the Medical profession just one. Actually the Government recognises the teaching of homoeopathy, in the Medical Faculties, along with allopathy.

As to the second question, there is an Homoeopathic Ward attached to the Naval Hospital.

English translation of Decreto letter No. 3.540—de 25 de Setembro de 1918
Reconheca como associacao de utilidade publica of Institute Hahnemanniano do Brasil.

Decree No. 3.540—of the 25th September, 1918.

Recognizes the Instituto, Hahnemanniano to Brasil as an association of public utility.

The President of the Republic of the United States of Brazil. I make it known that the National Congress has decreed and I have sanctioned the following resolution:

*Art. 1—*The Instituto Hahnemanniano do Brasil is hereby recognised as an association of public utility.

• *Art. 2—*Apart from the physicians graduated by official or accredited schools, the homoeopathic clinic will be practised by professionals trained by the Instituto Hahnemanniano.

Art. 3—No homoeopathic pharmacy whatsoever will function without the technical direction of a pharmaceutic trained by the Instituto Hahnemanniano, or by official or accredited schools.

Art. 4—The Instituto Hahnemanniano is subject to the regime established by the educational reform in force.

Art. 5—Dispositions to the contrary are hereby revoked.

Rio de Janeiro, the 25th September 1918, 27th of the Independence and 30th of the Republic.

INFORMATION RECEIVED THROUGH THE AMERICAN EMBASSY
(U. S. INFORMATION SERVICE) FROM THE AMERICAN INSTI-
TUTE OF HOMOEOPATHY AND THE AMERICAN FOUNDATION
OF HOMOEOPATHY.

1. The American Institute of Homoeopathy, on April 15, 1949, made the following response to a request about colleges teaching homoeopathy in the United States:

Q. Names and numbers of colleges where homoeopathy is taught in U.S.A. and their locations?

"There are two colleges in the United States teaching homoeopathy; The Hahnemann Medical College and Hospital of Philadelphia, 235 N. 15th Street, Philadelphia 2, Pennsylvania, and New York Medical College, Flower and Fifth Avenue Hospitals, Fifth Avenue and 105 Street, New York, N. Y. In addition, postgraduate homoeopathic teaching is undertaken by the American Foundation of Homoeopathy, 1726 Eye Street, N.W. Washington 6, D.C. and Women's Homoeopathic Hospital 20, and the Susquehanna Avenue, Philadelphia 32, Pa. It is understood there is also a postgraduate course in homoeopathy at the University of California, San Francisco, California."

Q. Whether such colleges are recognised by the States and their graduates are qualified to practise medicine and are licenced to do so?

"The colleges mentioned above are recognised throughout the country and graduates are qualified to practice medicine and receive their license on passing the State Board Examinations for each of the respective states".

Q. Whether the curricula, the standard of entrance qualifications and standard of examinations are the same as in the regular medical colleges in the various universities?

"The curricula and standard of entrance qualifications are the same for the above colleges as for all of the best medical colleges in the country."

Q. Whether students trained in such colleges are taught regular materia-medica, pharmacology and therapeutics in addition to homoeopathic materia-medica?

"Students trained in the above colleges conform to standards that have been set up by the A.M.A. and graduates receive the same instructions as provided in other colleges and universities throughout the country."

Other information given:

"Because of the above requirements the number of hours of homoeopathic teaching has been reduced. In Hahnemann Medical College, Philadelphia, homoeopathy is now an elective course."

2. The American Foundation for Homoeopathy, Inc., on April 13th, 1949, made the following response to a request about colleges teaching homoeopathy in the United States:

Q. Names and numbers of colleges where homoeopathy is taught in U.S.A. and their locations?

"There is no good Homoeopathy taught in any of the American colleges undergraduate at present. This situation has gradually come about from several causes, chief of which is the present state of the world and the present state of medical education outside of Homoeopathy."

"The present trend is placing all the emphasis on instruction in Homoeopathy post-graduate. There are a few attempts to establish such post-graduate schools but most of them are in the First stages of organisation and of teaching since the trend has become crystal clear only in the last few years. The one post-graduate School which started before such decisions were crystallised is the one under the American Foundation for Homoeopathy which has been in existence since 1922 and been teaching small classes intensively each year (except for war years). This School has small classes with a large number of teachers. It has intensive study for six weeks each year during which time the student acquires sufficient knowledge of philosophy, materia medica, repertorising and clinical medicine to enable him to continue the study alone. The School does not as yet confer a post-graduate degree because of conflicting requirements in this regard in the different states. It hopes to be allowed to conform such a degree on a national basis".

Q. Whether such colleges are recognised by the States and their graduates are qualified to practise medicine and are licenced to do so?

"The answer to this is affirmative. The colleges are recognised by the states and their graduates are qualified to practice medicine and are licensed to do so. Homoeopathy is recognised legally all over the country and its graduates have the same legal standing as those of any other college. Licensing of their graduates is on the same basis as that of any other physicians.

Q. Whether the curricula, the standard of entrance qualifications and standard of examinations are the same as in the regular medical colleges in the various universities?

"In order to study Homoeopathy post-graduate the medical student is advised to choose a high class medical college and take its full course leading to the M. degree, that is four years of medical training, then take the license examination in the state in which he intends to practise then come to the Foundation School for this intensive training in Homoeopathy for which he is given now a certificate but not a degree. He is then able to practise Homoeopathy as a speciality placed on top of the best undergraduate training that a medical student can have. Entrance qualifications and examinations are standardised for every student of medicine."

Q. Whether students trained in such colleges are taught regular materia-medica, pharmacology and therapeutics in addition to homoeopathic materia-medica?

"I think this question is answered in the foregoing. Students are taught the regular subjects of any undergraduate medical college and are taught Homoeopathy post-graduate."

ANNEXE I

The venues and dates of the meetings of the Committee held during its itinerary are as under:—

<i>Meetings.</i>	<i>Venue.</i>	<i>Date.</i>
First	New Delhi.	1948, October 15.
Second.	Do.	„ December 1, 2, 3 and 4.
Third.	Calcutta.	„ December 17, 18, 19, 20, 21, and 22.
Fourth.	Nagpur.	1949, January 21 and 22.
Fifth.	Bombay.	„ January 24, 25, 26 and 27.
Sixth.	Madras.	„ February 14, 15, 16, and 17.
Seventh.	Lucknow.	„ March 8, 9, 10, and 11.
Eighth.	New Delhi.	„ March 29, 30, and 31 April 1.
Ninth.	Patna.	„ April 21, 22 and 23.
Tenth.	New Delhi.	„ May 11, 12, 13, 14, 15, 16, 17 and 18.
Eleventh.	Simla.	„ June 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, and 30.

ANNEXE II

MINISTRY OF HEALTH

GOVERNMENT OF INDIA

HOMOEOPATHIC ENQUIRY COMMITTEE

Room No. 127,
Church Road Hutments,
New Delhi,
November, 25, 1948.

TERMS OF REFERENCE

(i) To report on the place of Homoeopathy in relation to medicine in all its aspects including the treatment, prevention and control of disease,.

(ii) to survey the existing facilities for the teaching of Homoeopathy in India, the extent to which this system of treatment is practised in the country, and the manner in which such practice is carried on, *i.e.* whether by people adequately trained or not, and

(iii) to make recommendations to Government on:

- (a) the measures to be taken to improve facilities for training in Homoeopathy and to regulate such training, and
- (b) the desirability of State control of the practice of Homoeopathy and if control is desirable, the manner of such control.

DIWAN CHAND CHOPRA,

Secretary,

Homoeopathic Enquiry Committee.

MINISTRY OF HEALTH

GOVERNMENT OF INDIA

HOMOEOPATHIC ENQUIRY COMMITTEE

QUESTIONNAIRE

(This questionnaire may be returned with your replies not later than the 15th November, 1949, to the Secretary, Homoeopathic Enquiry Committee, Ministry of Health, Government of India, New Delhi at Room No. 127, Church Road Hutments.)

Q. 1:—

Are persons intending to practise Homoeopathy required to have qualifications at an institution, either recognised or not recognised by government, before they can practise?

Q. 2:—

What are the existing facilities for the teaching of Homoeopathy in your Province or State? Mention the number of schools, colleges and research institutions, their names, addresses, curricula and minimum educational qualifications for admission.

NOTE.—Heads of Homoeopathic schools, colleges and research institutions are requested kindly to give information on this question as in APPENDIX attached herewith.

Q. 3:—

Is there any Organization in your Province or State for ensuring uniformity of the standard of training of persons for practice in Homoeopathy? If so, give details about its constitution and functions.

Q. 4:—

(a) What is the number of practitioners engaged in Homoeopathy in your Province or State?

(b) Of this number give, if possible:

(i) The number of those who have qualifications from institutions recognised by the Government.

(ii) The number of those who have qualifications from institutions not recognised by the Government.

(iii) Others.

Q. 5:—

(a) Do you consider the present method of training to be satisfactory in Government recognised institutions, and in those which are not so recognised? What are, in your opinion, the defects in the existing courses of training in either type of institutions? Your suggestions for improving and regulating such training are invited.

(b) What minimum standard of general education should, in your opinion, be prescribed for admission of students to Homoeopathic training institutions?

(c) Do you consider that the basic science subjects, viz: Chemistry, Physics, Botany and Zoology should be included in the courses of training of students of Homoeopathy? What standard of attainment in each of these subjects, in your opinion, should be aimed at? Should these subjects be taught to the students before, or after admission to the Homoeopathy course?

(d) Do you consider that training in Anatomy, Physiology, Bio-Chemistry, Pharmacology, Pathology, Medicine, Surgery, Midwifery and Gynaecology, etc., should be included in the Homoeopathy course?

(e) What other essential subjects should, in your opinion, be included in the curriculum?

(f) What are the existing standards of training in the above mentioned subjects and what do you consider should be the minimum standards of instruction and the minimum time to be devoted to each subject?

Q. 6:—

(a) Do you consider that minimum standards of qualifications should be laid down for teachers in each subject? If so, what standard do you suggest in respect of each subject?

(b) Do you consider that the existing institutions for Homoeopathic training are efficient and are imparting instruction of a satisfactory standard? If not, what are the defects? What improvements do you suggest?

Q. 7:—

Is it desirable to have model government institutions for the Homoeopathic education and training?

Q. 8:—

(a) Do you consider that the practice of Homoeopathic medicine should be controlled by Law?

(b) If your answer to the above is in the affirmative, what are your suggestions regarding the manner of such control?

(c) What, in your opinion, should be the essential features of such control?

(d) Would the registration of Homoeopathic practitioners, if made compulsory, cover adequately the control you envisage?

(e) For the purpose of registration, what do you consider should be the minimum acceptable qualifications of existing Homoeopathic practitioners in respect of:

- (i) Years of Homoeopathic practice.
- (ii) Bonafides of such practice.
- (iii) Minimum standard of the knowledge of Homoeopathy and general medicine.

Q. 9:—

Do you consider that prohibition of practice of Homoeopathy by persons whose names are not on the provincial or central registers should be enforced? If so, what conditions should be laid down for registration in respect of:

- (a) Existing practitioners.
- (b) Future entrants into the profession.
- (c) What should be their obligations and privileges?

Q. 10:—

Do you consider that in order to promote Homoeopathy provision should be made for post-graduate training in the subject for graduates in modern medicine?

MINISTRY OF HEALTH

GOVERNMENT OF INDIA

HOMOEOPATHIC ENQUIRY COMMITTEE

APPENDIX

(For Question No. 2 of the Questionnaire)

(For Homoeopathic Schools, Colleges and Research Institution)

Q. 1:—

Institution (Education)

Q. 2:—

(a) Name.

(b) Full Postal Address.

(c) Date of establishment.

(d) Constitution of the managing authority.

(Copies of rules and regulations may be sent along with your reply.)

Q. 3:—

(a) What is the curriculum:

(i) Pre-clinical

(ii) Clinical

(Please supply a copy of the prospectus and annual reports for the last two years.)

(b) Have you got the necessary text books?

(c) Are the text books in English or in other languages?

(Specify language.)

(d) If suitable text books are not available, what suggestions do you make for producing them?

(e) Do you favour the use of Provincial language as media of instruction?

(f) What is the:

(i) Length of course.

(ii) Basic qualification for admission.

(g) Do you suggest any improvements?

STAFF

Q. 4:—

What is the strength of the staff, their salaries and their qualifications?

STUDENTS

Q. 5:—

What was the:

(a) Number of new admissions for the last five years.

(b) Total number of students for the last five years.

(c) Number actually qualified for the last five years.

HOSPITALS

Q. 6:—

Is there a hospital attached?

If so, give the number of beds.

Q. 7:—

- (a) Number of patients treated during the last five years:
- (i) In-patients
 - (ii) Out-patients
- (b) Number of patients treated according to the following categories:
- (i) Medical
 - (ii) Surgical
 - (iii) Maternity and gynaecology

Q. 8:—

What is the number of:

- (i) Nurses
- (ii) Dais

Q. 9:—

Is there a manufacturing pharmacy?
If so, are the medicines manufactured according to a recognised Pharmacopoeia?

(Please send a copy of the Pharmacopoeia.)

Q. 10:—

Are the following subjects as recently developed being taught:—

- (a) Anatomy
- (b) Physiology
- (c) Pathology
- (d) Surgery
- (e) Midwifery
- (f) Gynaecology
- (g) Public Health
- (h) Hygiene
- (i) Medicine

If not, are you in favour of their inclusion?

RESEARCH

Q. 11:—

- (a) Is there any post-graduate training? If so, is any research being carried out?
- (b) Is the research being carried out on modern scientific lines (chemical and pharmacological) or on any other lines? If the latter, give full details.

(Copies of any such research may kindly be supplied.)

FINANCE

Q. 12:—

- (a) Sources of income
 - (b) Average income per annum
 - (c) Average expenditure per annum
-

ANNEXURE II

List of Individuals, Colleges and Associations to Whom the Questionnaires Were Issued.

BOMBAY CENTRE.

1. The Secretary, Homoeopathic Post-Graduate Association, Bombay.
2. The Secretary, All India Homoeopathic Medical Council, Bombay.
3. The Secretary to Government of Bombay, Health and Local Self Government Department, Bombay.
4. Mr. V. V. Athalye, A.P., Chairman, Bombay Presidency Homoeopathic Association, Post Satara, Bombay.
5. The Secretary, Bombay Homoeopathic Association, 311, Tardev Road, Bombay-7.
6. Mr. N. M. Jaisooriya, Secretary, Hyderabad Post-Graduate Association, Residency Road, Hyderabad Deccan.
7. Mr. B. K. Phatak, M.B., B.S. (Bombay), D.O. (Oxon), President, Hyderabad Post-Graduate Homoeopathic Association, 12 Ram Koti, Hyderabad Deccan.
8. Jam Singh Ji, Secretary, Baroda Registered Practitioners Homoeopathic Association, Near Market, Palace Road, Baroda.
9. Mr. R. R. Thakar, President, Western India Homoeopathic Medical Association, Kandivli, B.S.D., Bombay.
10. The Principal, Seth G. S. Medical College, Bombay.
11. The Principal, Grant Medical College, Bombay.
12. The Principal, B. J. Poona Medical School, Poona.
13. The Dean, Topiwala National Medical College, Bombay.
14. The Principal, National Homoeopathic Medical College and General Hospital, Chinnabai Road, Navsari.
15. Chief of the Medical and Health Department, Baroda State, Baroda.
16. Lt. Col. A. Y. Dabholker M.C., I.M.S. (Retd.), Inspector General of Health and Medical Services and Prisons H.E.H. the Nizam's Government, Hyderabad, Deccan.
17. Mr. A. C. Dass, Malabar Hills, Bombay.
18. Mr. G. B. Patel, Chinnabai Road, Navsari, Baroda State.
19. Dr. K. N. Vidya, M.D. (Bombay), Esmail Building, Vincent Road, Dadar, Bombay.
20. Mr. N. K. Nagar, 9, Green Street, Santa Cruz (West), Bombay-23.
21. Mr. Y. R. Ranade, C/o Hahnemann Chambers of Homoeopathic 9, Arsenal Road, West End, Poona.
22. Mr. D. G. Wrighter, C/o Hahnemann Chamber of Homoeopathic, 9 Arsenal Road, West End, Poona.
23. Mr. B. M. Pithawalla, C/o Hahnemann Chamber of Homoeopathic, 9, Arsenal Road, West End, Poona.
24. Mr. K. M. Soparkar, M. D., F.C.P.S., 25, Old Hanuman Lane, Bombay-2.
25. Mr. C. M. Lakdavala, B.Com., C.E.T.D., (London), 25, Old Hanuman Lane, Bombay No. 2.
26. Mr. Madhav Nagesh Apte, M.B.B.S., Homoeopath, Harijura Road, Surat.

27. Mr. S. S. Banker "Sealand" Colaba, Bombay.
28. Mr. B. R. Chugha, R. V. Lamington Road, Bombay.
29. Mr. Manohar Raj, Editor, Homeopath Outlook, 178, Princess Street, Bombay.
30. Mr. Magan Lal, B. Desai, Narayan Nivas, Navsari.
31. Mr. V. C. Vora, M.Sc., M.I.S.E. (Calcutta), New Custom House, Bombay.
32. Mr. Napier F. Dhani Dudana, 3, Duncan Road, Bombay.
33. Mr. M. N. Pranjpe, B.Sc., C/o N. Mahadeo and Co., Chemists, Laxmi Road, Poona No. 2.
34. Mr. S. R. Phatak, M.B.B.S. (Homeopath), New Bharat Wadi Road, Bombay.
35. Mr. C. G. Antani, Chief Medical Officer, Western India and Gujrat States Region, Raj Kot.
36. Mr. R. K. Desai, D.M.S. (Cal.), Ranchhod Bhawan, Ambavadi, Ahmedabad.
37. The Administrator, Danta State (Bombay Presidency), P.D. Chugha Building No. 2, Lamington Road, Bombay.
38. Mr. M. K. Menon, 167-E, Vincent Road, Bombay.
39. Mr. B. G. Mahajan, Thana Bombay.
40. Chief Secretary to Government of Baroda.
41. Dr. B. B. Yodh, M.R.C.P. (London), Professor of Medicine, Grant Medical College, Bombay.
42. Lt. Col. M. G. Bhandari, C.I.E., Surgeon General with the Government of Bombay, Contractor Building, Nicol Road, Ballard Estate, Bombay.
43. Col. S. S. Bhatnagar, I.M.S., 14, Zainib Manzil, Church Gate, Reclamation, Bombay.
44. Major General, Sir Sokhey, I.M.S., Director, Haffkine Institute, Bombay.
45. Secretary to Government of Saurashtra Lt. Col., Abraham Erulkar, M.D., M.R.S., President, Medical Council of India, 6, Savari Mansion, Malabar Hills, Bombay.
46. Mr. N. F. Dhanida Duna, Mamnee Building, 3, Duncan Road, Bombay-8.
47. Mr. S. W. Shiveshwarkar, M.B.E., I.C.S., Administrator, Junagadh State, Junagadh.
48. Mr. K. B. Punjabi, Shree Sarwajanik Dispensary, Kaldia Shari, Jamalpur, Ahmedabad.
49. Mr. Jayanti Dalal, Ranchhod Bhawan, Ambavadi, Ellis Bridge, Ahmedabad.
50. Mr. P. A. Dalal, 145, Marine Drive, Bombay.
51. Mr. D. D. Singh, Tandon, M.D. (U.S.A.), Chowpatty, Sea Face, Bombay.
52. Chairman, Bombay Homeopathic Study Circle, 25, Old Hanuman Lane, Bombay No. 2.
53. Mr. J. D. David, Gomustafa Manzil, 2nd Peer Khan Street, Bombay-8.
54. Mr. Sanjana Jehangir, Faradoonji, 37, Coffee Parade, Colaba, P.O.S. Bombay.

CALCUTTA CENTRE:

1. Mr. S. K. Das, Masjid Bari Street, Calcutta 6.
2. Mr. N. C. Chandra, Solicitor, Wellington Street, Calcutta.
3. Mr. J. N. Sircar, 9, Sitaram Ghosh Street, Calcutta.
4. Mr. M. U. Ahmad, Chief Health Officer, Calcutta Corporation, Calcutta.
5. Mr. S. Seal, 66/1, Shambunath Pandit Street, Calcutta 25.
6. Mr. P. C. Dhar, Proprietor, Hahnemann Publishing Co., 165, Bow Bazar Street, Calcutta.
7. Mr. S. Bhattacharya, C/o M. Bhattacharya & Co., 84, Clive Street, Calcutta.
8. The Editor, Homœopathic Chikitsa, 84, Clive Street, Calcutta.
9. The Editor, Hahnemann Gleanings, 165, Bow Bazar Street, Calcutta.
10. Mr. Abrul Hasnah, English Bazar, Malda (W. Bengal).
11. Samat Swami Madhavanand Maharaj, Secretary, Ramakrishna Mission Math, P.O. Belure, Howrah.
12. Mr. Harendra Nath Dalvi, M.L.A., Parliamentary Secretary, Government of West Bengal, Writer Building, Calcutta.
13. Hon'ble Mr. Justice A. N. Sen, Hungerford Street, Calcutta.
14. Dr. N. M. Chowdhury, M.D., Member General Council & State Faculty of Homœopathic Medicine, Calcutta.
15. R. S. Mr. Abhin Chandra Rao, Cuttack.
16. Mr. S. Paul, Ramgopal Pharmacy, 374, Grand Trunk Road, (N) Salkia, Howrah.
17. Mr. P. Ghosh, 48, Anath Nath Deb Lane, Belgachia, Calcutta.
18. Mr. H. V. Murthy, Shimoga.
19. Mr. S. K. Sen, 43/3, Hazra Road, Calcutta.
20. Mr. Rudra Kant Sharma, Gauhati, Assam.
21. Mr. Sarat Chander Ghose, P-325B, Kabir Road, P.O.R.B. Avenue, Calcutta.
22. Mr. N. C. Chandu, Calcutta.

ASSOCIATIONS

23. The Secretary, Calcutta Homœopathic Hospital Society and College, Calcutta.
24. The Secretary, All India Homœopathic Association, 77, Dharamtola Street, Calcutta.
25. The President, Calcutta Homœopathic Hospital Society, 265, Upper Circular Road, Calcutta.
26. Secretary, Indian Homœopathic Medical Association, 63, Upper Circular Road, Calcutta.
27. Mr. Samat Ghose, Secretary, Registered Homœopathic Council in W. Bengal, 67, Upper Circular Road, Calcutta.

28. The Secretary, Bengal Homoeopathic Institute, 1B, P.O. Street, Calcutta.
29. The Secretary, Ramakrishna Mission, P.O. Bankura (W. Bengal).
30. The President, Assam Homoeopathic Research & Public Health Association, P.O. Houtley, Assam.
31. Mr. Damodar Misra, Secretary, South Orissa, Homoeopathic Association, Chandramonepeta, Berhampore, Orissa.
32. The Principal, Charmichael Medical College, Calcutta.
33. The Principal, Medical College, Puri.
34. The Principal, Bengal Homoeopathic Institute, 1B, P.O. Street, Calcutta.
35. The Principal, Pratap & Hering Homoeopathic Hospital & College, 14/1, Narkaldanga North Road, Calcutta.
36. The Principal, State Faculty of Homoeopathic Medicine, W. Bengal, 1B, Old Post Office Street, Calcutta.
37. The Principal, Calcutta Homoeopathic Medical College & Hospital, 265-266, Upper Circular Road, Calcutta.
38. The Principal, Dunham Medical College & Hospital, 63, Upper Circular Road, Calcutta.
39. The Principal, Orissa Medical College, Cuttack.
40. The Principal, Assam Medical College, Dilerbagh.
41. The Registrar, General Council State of Homoeopathic Medicine, 1B, Old P.O. Street, Calcutta.
42. The Registrar, State Faculty of Medicine, Bengal Council of Medicine, Registrar Grosvener House, Old Court House St., Calcutta.
43. The Registrar, Ayurvedic State Faculty of Medicine, Beltila Road, Bhawanipur, Calcutta.
44. The Secretary, Pratap Chandra Memorial Homoeopathic Hospital, 14/1, Narkaldanga North Road, Calcutta.
45. The Vice-Chancellor, Calcutta University, College Square, Calcutta.
46. Prof. Ganga Dhar Mukherjee, M.A., Representative of Calcutta University in the State Faculty of Homoeopathic Medicine, 9, Ben Madhav Mukherjee Lane, Howrah.
47. The Secretary, Midnapore Homoeopathic Medical College, Midnapore.
48. Mr. J. Chowdhury, Principal, Homoeopathic College, Puri.
49. The Principal Calcutta Homoeopathic Training College, 23-A, Raja Dinendra Street, Calcutta-9.
50. The Principal, Bengal Allen Homoeopathic Medical College, 169, Bow Bazar Street, Calcutta.
51. The Secretary to the Government of West Bengal, Health & Local Self Government Department, Calcutta.

52. The Secretary to Government of Assam, Medical Department, Shillong.
 53. The Secretary to Government of Orissa, Health & Local Self Government Department, Cuttack.
 54. The Private Secretary to the Hon'ble Dr. Kiran Shankar Roy, Home Minister, W. Bengal, Calcutta.
 55. The Private Secretary to the Hon'ble Dr. B. C. Roy, Premier, W. Bengal, Calcutta.
 56. The Secretary to the Government of Mayurbhanj State, Orissa.
 57. The Secretary to the Government of Tripura, Agartala.
 58. The Secretary to the Government of Assam, Shillong.
 59. The Secretary to the Government of Cooch Behar State.
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DELHI CENTRE

1. Col. D. H. Rai,
Chief Medical Officer, Himachal Pradesh, Simla.
2. Mr. Yudhvir Singh,
Homoeopathic Charitable Trust, Delhi.
3. Mr. Jai Parkash Gupta,
Homoeopath, P.O. Sadhaura (Ambala).
4. Mr. Shadi Ram, M.B., B.S.,
Hoshiarpur.
5. Mr. B. R. Sharma,
Homoeo Physician & Optician, Outside Fenton Gunj, Jullundur City.
6. Mr. R. K. Malick,
7/98 Lody Colony, New Delhi.
7. Mr. S. C. Banerjee,
Dar-ul-Salam, Tutikandi, Simla.
8. Mr. D. P. Sharma,
Islamabad, 12-Bakan, P.O. Khalsa College, Amritsar.
9. Mr. Randhir Singh Grewal,
Homoeopath (Near S. D. College), Ambala Cantt.
10. Mr. C. D. S. Pall,
Homoeopathic Hospital (Outside), Ludhiana.
11. Mr. D. S. Mathur,
Anand Kuti, 48, Daryaganj, Delhi.
12. Mr. R. S. Segal,
Ghasi Ram Street, Chandni Chowk, Delhi.
13. Mr. Sarup Narain, Homoeopath,
Attending Physician, Branch Dispensary, Segals Pharmacy, Kucha
Ghasi Ram, Chandni Chowk, Delhi.
14. Mr. N. S. Ray,
Ramkrishan Mission Outdoor Dispensary, Paharganj, New Delhi.
15. Mr. G. S. Bhatnagar,
President, Hahnemann Homoeopathic Association, Ambala Cantt.
16. Mr. Kailash Narain,
Original Road, Karol Bagh, Delhi.
17. Mr. Mukhan Singh Bajaj,
Original Road, Karol Bagh, Delhi.

18. Mr. P. R. Wadhwa,
Karol Bagh, Delhi.
19. Mr. M. P. Chowrasia,
Hoshiarpur.
20. Mr. Amolak Ram,
125, Lower Bazar, Simla.
21. Mr. Jagdish Ram Sharda,
Member of Delhi H.M.A., Karol Bagh, Delhi.
22. Mr. Ramjee Dass Bhatnagar,
Upkark Homoeopathic Dispensary, Masjid Khajoor, Delhi.
23. Mr. L. C. Mehra,
Katra Parja, Amritsar.
24. Mr. R. C. Sexena,
Patiala.
25. Mr. Kewal Krishan,
9, Sadar Bazar, Jullundur Cantt.
26. Mr. Harcharan Dass Gangadhar,
Khingran Gate, Jullundur Cantt.
27. Mr. Tej Bhan Dev,
Ambala Cantt.
28. Mr. Seh Dev,
Jama Masjid, Delhi.
29. Mr. G. C. Agarwal,
Pathankot.
30. Mr. B. R. Khanna,
Kucha Ghasirath, Chandni Chawk, Delhi.
31. Mr. Dwarka Dass Khanna, Incharge,
Mahatma Hans Raj Homoeo Free Dispensary, Dhab Khatikan,
Amritsar.
32. Mr. B. Jacob, Homoeopath,
Nawab Ganj, Pul Bangash, Delhi.
33. Mr. Dalip Singh,
Bharat Homoeo Hall, Nai Sarak, Delhi.
34. Mr. R. K. Sibb, Delhi.
35. Mr. S. K. Saksena,
Bazar Sita Ram, Delhi.
36. Mr. Balram Singh Marwaha,
Chestroton, Near St. Edward School, Cart Road, Simla. •

37. Mr. Ram Pershad Behl,
Chatta Bazar, Hoshiarpur.
38. Mr. Sita Ram, Delhi.
39. Mr. Jado Sarup Bhatnagar,
Sadar, Karnal.
40. Mr. Kartar Singh,
Chhaparhand Street, Sadar Bazar, Karnal.
41. Mr. Chaman Lal Segal,
Pandittan Street, Amritsar.
42. Mr. Jagdish Chand Khanna,
Nimak Mandi, Amritsar.
43. Mr. Jai Gopal, Homoeopathic Free Dispensary,
774 F, Queens Road, Delhi.
44. Mr. Om Prakash Chadda,
Mohalla Nawab Gunj, Gali Neem Wali, Pul Bangash, Delhi.
45. Mr. Shiv Kumar Zutshi, Sitaram Bazar, Delhi.
46. Mr. K. K. Lakhanpaul, Paul's Homoeo Cure, Alley No. 12,
The Mall, Simla.
47. Mr. Roop Narain,
Vice President, Delhi Homoeopathic Medical Association, 1605, Peepal
Mahadeo, Delhi.
48. Mr. H. C. Gupta, Katra Nil, Delhi.
49. Mr. Saya Krishan Kapoor,
369, Nai Basti, Katra Neel, Delhi.
50. Mr. J. P. Shrivastava,
5337, Deputy Gunj, Sadar Bazar, Delhi.
51. Mr. Mehr Chand Misra,
Bombay Wala Khoti, Amritsar.
52. Mr. Valaya Ram, Jhingan Medical Hall,
Multani Dhanda, Pahargunj, New Delhi.
53. Mr. A. N. Chatterjee, Pankoj Lodge, No. 21, Daryaganj,
Dayanand Road, Delhi.
54. Mr. Akhilendra Nath Chatterjee,
Pankoj Lodge, No. 21, Daryaganj, Dayanand Road, Delhi.
55. Mr. Om Parkash Sethi,
No. 15, Dal Mandi, Pahargunj, New Delhi.
56. Mr. Rajinder Nath Jhinga,
C/o Jhingan Medical Hall, Multani Dhanda, Pahargunj, New Delhi.
57. Mr. P. D. Verma,
• Mohallah Tokrianwala, Pul Mithai, Delhi.

58. Mr. Naval Kishore Verma,
Incharge Homoeopathic Free Dispensary, Kucha Brijnath Chandni
Chowk Delhi.
59. Mr. S. D. Sharma,
Lachman Bhawan, Arya Nagar, Paharganj, New Delhi.
60. Mr. Om Prakash Aggarwala, Assist. M.O. I/C., Homoeopathic Free
Dispensary, Kuch Brijnath, Chandi Chowk, Delhi.
61. R. S. Ch. Risal Singh Nagar Singh, Homoeopathic Charitable Dispensary.
I/C., Mr. Khushi Ram M.B.H., Pahari Dhiraj, Delhi.
62. Mr. Badri Nath Wahi,
34, Bagichee Bharone Mandir, Tis Hazari, Delhi.
63. Mr. Jagdish Narain Sharma,
109A, Kucha Ghasi Ram, Delhi.
64. Mr. Mohan Lal Ved,
Bulbul Bazar, Panipat.
65. Mr. D. P. Chowdhury,
Qualandur Chowk, Panipat.
66. Mr. Ram Asray Aggarwal, Ex-Secretary,
Delhi Homoeopathic Medical Association, Bazar Subzimandi, Delhi.
67. S. Rajindar Singh Barsal,
C/o Sebgal Pharmacy, Chandni Chowk, Kucha Ghasi Ram, Delhi.
68. Mr. L. M. Gupta, The Sriram Memorial Charitable Homoeopathic
Dispensary, 2178, Shora Kothi, Subzimandi. Delhi.
69. Mr. S. N. Mittra, C/o Segal Pharmacy, Kucha Ghasiram, Chandni
Chowk, Delhi.
70. Mr. M. P. Jain,
Gali Raja Patani Mal, 5208, Sadar Bazar, Delhi.
71. Miss Phulwanti Corneline, Zanana Free Dispensary,
Queen's Road, Delhi.
72. Mr. S. A. Dalal, Delhi.
73. Mr. S. S. Mathur, Homoeopathic Dawakhana, Katra Khushal Rai,
Delhi.
74. Mr. S. N. Saxena, Railway Quarters, B.B. & C.I. Rly.,
Local Shed, Delhi.
75. Captain, R. C. Gulati, Jain Mandir Road, Raja Bazar, Delhi.
76. Mr. Mehr Singh Sachdeva, Bazar Baba Atal, Amritsar.
77. Mr. Om Prakash Dutta, Lal Khan Chowk, Nicholson Road,
Ambala Cantt.
78. Mr. Parduman Singh, Shahabad, Distt. Karnal.
79. Dr. S. K. Sen, M.B., B.S., F.R.C.S., (Edin.), Hon, Surgeon, Irwin
Hospital, New Delhi.
80. Mr. Y. D. Ahuja, Bikrampur, Jullundur City.
81. Dr. P. L. Khosla, 1, Pratap Building, Connaught Circus, New Delhi.

82. Mr. Mehar Chand, M.D.(H.), Bharat Homoeopathic Dispensary, Girgaon.
83. Mr. B. C. Guha, 90/17 Connaught Circus, New Delhi.
84. Mr. L. C. Ahuja, M.B.(H.), D1/108 Lodi Road, New Delhi.
85. Mr. S. D. Aggarwal, 2116, Mission Church Road, Delhi.
86. Mr. A. Kashyap, Homoeopathic Free Dispensary, Simla.
87. Mr. Om Prakash Gupta, P. O. Niachahara, District Ambala.
88. Mr. A. K. Majumdar, M.A., Romesh College, Solan Hills, Simla.
89. Mr. Onkar Nath Mehra, Katra Kucha Sant Singh, Amritsar.
90. Mr. S. K. Kapoor, 6842, Kothishora, Pahargunj, Delhi.
91. Miss Raj Kumari Kapoor, 15, Kothishora, 6842, Pahargunj, Delhi.
92. Mr. Yudhvir Singh, Chairman, Delhi Municipality, Delhi.
93. Mr. R. R. Wadhwa, Karol Bagh, Delhi.
94. Dr. P. N. Suri, Civil Surgeon (Retd.), 31, Willows Bank, Simla.
95. Mr. Ram Nath, Sonapat.
96. Mr. Som Nath, Ambala City.
97. Mr. Siri Ram Chowdhury, M.B., B.S., Abohar (Ferozepur).
98. Mr. Kewal Krishan, 9, Sadar Bazar, Jullundur Cantt.
99. Mr. C. D. S. Pall, Town Hall Road, Ludhiana.
100. Mr. Gian Chand, M.B., B.S., Pathankot.
101. Mr. Pratap Singh, M.B., B.S., Amritsar.
102. Mr. Banarsi Dass, Saddar Bazar, Ambala Cantt.
103. Mr. Man Singh Aluwalia, Ambala City.
104. Mr. Randhir Singh, Ambala Cantt.
105. Mr. Jai Kishan Singh, Dhab Khatikan, Amritsar.
106. Mr. Kartar Singh, S. Daval Singh, Jaswant Singh Building, Katra Hari Singh, Amritsar.
107. Mr. Har Narain Lal Tejpal, Village & P.O. Laukha, District Amritsar.
108. Mr. Behari Lal Kochar, Proprietor, Shad Homoeo Medical Hall, Badhni Kalan, District Ferozepore.
109. Mr. Khan Chand, Basti Mazhabian, Ferozepur.
110. Mr. Rikhi Ram, Grain Market, Ferozepur.
111. Mr. Dwarka Prashad Sharma, Chakri Bazar, Batala.
112. Mr. Harbans Lal Verma, Mohalla Girthali, Pathankot.
113. Mr. Kartar Singh, Gurdaspur.
114. Mr. Khazan Singh, Pathankot.
115. Mr. V. D. Puri, Chamba.
116. Mr. Shodhan Singh, Koso'li, District Gurgaon.
117. Mr. Babu Ram Vasdev, P. O. Bhiwani, District Hissar.
118. Mr. Bishan Sarup, Mori Gate, Hissar.
119. Mr. Devki Nandan Chowdhury, Rais, Hissar.
120. Mr. Gurcharan Dass, Hissar.
121. Mr. Amarnath Srivastava, Mohalla Missran, Hoshiarpur.

122. Mr. M. P. Chorasias, Hoshiarpur City.
123. Mr. Lachhman Dass, Opposite Sanatan Dharam Sabha, Hoshiarpur.
124. Mr. Ram Parshud Behal, Opposite Sanatan Dharam Sabha, Hoshiarpur.
125. Mr. Salig Ram, Rekhi Cottage, Hoshiarpur.
126. Mr. G. D. Roy, Homoeopath, Chah Khara, Hoshiarpur.
127. Mr. J. N. Chowdhury, Homoeopath, The Homoeopathic Hospital Ranak Bazar, Jullundur City.
128. Mr. Dwarka Dass Datta Chowdhury, Homoeopath, Datta Homoeopathic and Free Dispensary, Datta Niwas, Mohala Nager, Jullundur City.
129. Mr. Hareharan Dass Gangadhar, Homoeopath, Khingran Gate, Jullundur.
130. Mr. Hari Chand Verma, Prop: Verma Homoeopathic Stores and Hospital, Fort Bazar, P. O. Apra, Jullundur District.
131. Mr. Mathra Das Arpan, Dosanjab Kala Via Phagwara.
132. Pt. Kewal Krishanji Sharma, Homoeopath, The Kuthyala Homoeopathic Free Dispensary, P. O. Prugpur.
133. Mr. Panchiram, P. O. Loti (Lahoul), Tehsil Dulu.
134. Mr. I. S. Mytle, Homoeopath, Bhitai Street, Karnal.
135. Mr. Ram Sarup Sharma, Homoeopath, Hindustan Press, Karnal.
136. Mr. Des Ban, Homoeopath, Purana Bazar, Ludhiana.
137. Mr. D. D. Mandal, Homoeopath, Mandal Medical Hall, Ludhiana.
138. Mr. S. C. Banerjee, Homoeopath, Bhaban Villa, Juti Kandi, Simla.
139. Mr. Charan Dass, Homoeopath, American Homoeopathic Drug Stores, 80, Low Bazar, Simla.
140. Mr. V. Rabain, Homoeopath, Tallot House, Simla.
141. Mr. B. L. Kapur, Ludhiana.
142. Hon'ble Ch. Krishan Gopal Dutt, Finance Minister, East Punjab.
143. Mr. Kekh Raj Sawhney, C/o L. Radha Krishn, 1st Class Engineer, Solan Brewery, Solan.
144. Mr. Bal Mukand, M.B., B.S., Rohtak.
145. Mr. R. N. Berry, Darya Gunj, Delhi.

ASSOCIATION AND INSTITUTIONS

1. The Secretary, Homoeopathic Medical Association, Amritsar.
2. The Secretary, All India Homoeopathic Medical Mission, New Delhi.
3. The Secretary, Delhi Homoeopathic Medical Association, Kucha Brijnath Chandni Chowk, Delhi (Rajinder Kumar, Secy.)
4. The Secretary, Jullundur Homoeopathic Medical Council, Jullundur.
5. The Secretary, Ambala Homoeopathic Medical Association, Ambala.
6. The Secretary, Delhi Homoeopathic Medical Graduates Association, Delhi.
7. The Secretary, Hoshiarpur Homoeopathic Association, Hoshiarpur.
8. The President, Northern India Homoeopathic Association, P.B. 50, New Delhi.
9. The Secretary, Medical Association, Katra Parja, Amritsar.

10. Mr. K. C. Saxena, General Secretary, All India Institute of Homoeopathy, Chandni Chowk, Delhi.
11. Mr. R. S. Segal, Secretary, All India Homoeopathic Medical Association, Kucha Ghasi Ram, Chandni Chowk, Delhi.
12. Mr. K. C. Hiteshi, President, Upper India Homoeopathic Association, The Mall, Alley No. 5, Jumma Masjid No. 42/11, Simla.
13. Col. Amir Chand, I.M.S., President, All India Medical Association, Green View, Simla.
14. Col. G. S. Chawla, Secretary, British Medical Association, Punjab, 37, Prithvi Raj Road, New Delhi.
15. Mr. P. R. Wadhwa, President, Lahore Homoeopathic Association, Pul Bangash, Delhi.
16. Mr. S. Anand, President, Northern India and Simla Homoeopathic Association, 49/50, Middle Bazar, Simla.
17. Manager Director, Homœo University, Delhi.
18. Dr. A. N. Goyle, Principal, Glancy Medical College, Amritsar.
19. Secretary, Trippattur Homœo Association, Trippattur, N. Arcot
20. Principal, Gwalior Medical College, Gwalior.

GOVERNMENTS

1. The Regional Commissioner, East Punjab State, Simla.
2. Chief Commissioner, Delhi.
3. Chief Commissioner, Ajmer-Merwara, Ajmer.
4. Chief Commissioner, Coorg-Merwara.
5. The Secretary to Government of East Punjab, Medical Local Government and Industries Department, Simla.
6. Chief Secretary, East Punjab (For Loharu, Dujana and Pataudi States).
7. Chief Commissioner, Himachal Pradesh, Simla.
8. Administrator, Matsya Union, Alwar.
9. Chief Secretary to the Government of Madhya Bharat, Gwalior.
10. Chief Secretary to the Government of Phulkian State, Patiala.
11. Chief Secretary to Jammu and Kashmir Government, Srinagar.
12. The Secretary, Ministry of External Affairs, Bhopal State.

LUCKNOW CENTRE

1. Mr. J. P. Mukherjee, 32, Aminuddaulah Park, Lucknow.
2. Mr. G. N. Ohdedar, 2 Way Road, Lucknow.
3. Mr. Tribhuan Prasad Sinha, 2/C Lakhpat Rai, Allahabad.
4. Mr. Raj Narain Nigam, Meston Road, Kanpur.
5. Mr. Amar Prakash Araurah, Keserbagh Circus, Lucknow.
6. Mr. Naresh Chandra Banerjee, Subhash Road, Aligarh.
7. Mr. S. N. Bose, 80, Dr. Motilal Bose Road, Lucknow.
8. Mr. Suresh Chandra Bannerjee, Subhas Road, Aligarh.
9. Mr. D. N. Munshi, Bengali Mohalla, Kanpur.

10. Mr. Brijendra Bihari Shrivastava, Tr. Pearryal Hospital Road, Lucknow.
11. Mr. Chaturbhuj Sahaya, Basti (U.P.)
12. Mr. G. C. Dass, Abbot Road, Lucknow.
13. Mr. Chunga, Homoeopath, Municipal Commissioner, Allahabad.
14. Mr. H. N. Shivapuri, M.B.B.S., I.M.S., 43/C Cantt. Road, Lucknow.

COLLEGES

15. Principal, King George's Medical College, Lucknow.
16. Principal, Agra Medical College, Agra.
17. Lucknow National Homoeopathic Medical College, Lucknow.

ASSOCIATIONS

18. Secretary, All India Medical Association, Agra.
 19. Secretary, Homoeopathic Medical Association, 202, Rampura Benaras.
 20. Secretary, Provincial Homoeopathic Medical Association, Allahabad.
 21. Secretary, U.P. Homoeopathic Medical Association, Lucknow.
 22. Mr. B. L. Chatterjee, Honorary Physician, Jaipur State Homoeopathic
 23. Secretary, U.P. Regular Homoeopathic Association, 32, Aminuddaulah Park, Lucknow.
 24. Secretary, District Homoeopathic Association, Aligarh.
 25. Mr. S. N. Chaddha, U.P. Homoeopathic Medical Association, Chaddha Homoeo Hall, 73, Johnstongunj, Allahabad.
 26. Mr. S. G. Krishnan, Secretary, District Homoeopathic Association, Chandausi.
 27. Secretary, U.P. Homoeopathic Society, 67/47, Bhusatoli, Kanpur.
 28. Bharat Homoeo Pharmacy, Post Box No. 88, Lucknow.
 29. Secretary to the Government of the U.P., Medical Department, Lucknow.
 30. Dean, Faculty of Medicine, Lucknow University.
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MADRAS CENTRE

1. Chief Commissioner, Coorg.
2. Mr. Samber Rao, Tanali, Guntur District.
3. Mr. K. Ganapati, Homoeopath, Kumara Nilaya, P. S. Puram.
4. Special Officer for Reorganisation of the Department of Indian Medicine, Chepauk, Madras-5.
5. T. Janakiram, No. 7, Gopalakrishna Road, Thyagarayanagar, Madras.
6. Mr. M. Sreerangacharyuloeu, Homoeopath National Club, Tenali. S. I.
7. Mr. C. P. Subha Rayan, Rayan's Clinic, Vajrakarur.
8. Mr. P. S. Bomiah, Neurologist, 126, Broad Way, Madras, P.B. No. 264.
9. Mr. N. Kodandaramaiah, Homoeopath, Voleru, P. O. Repalle, Guntur District.
10. Mr. C. D. Amos, Iddappadi, Salem District, S. India.
11. Mr. T. K. Rayallo, 76, Ramnad Road, Madura.
12. Mr. C. G. K. Nair, Welfare H. Clinic, Elapulli, Palghat. (S. India).
13. Mr. Joseph Zaehanes, St. George's Homoeopathic Clinic, Post Kankandy, S. Kanara District (S. India).
14. Mr. S. V. Rajah, (h) Homoeopathic Welfare Centre (Madura).
15. Mr. K. R. Rajah, Arumugham Pillai Gardens, Kurichi Road, Padanur S. I. Railway, Coimbatore District.
16. Mr. S. Anantha Rama Rao, Fort Gooty, Ananthapore District.
17. Mr. N. Sarabbeswaram, Mochampet, Cudafal.
18. Mr. C. M. Krishnan, Pattah, Trivandrum, South India.
19. Mr. T. S. Iyer, B.A., 169, Mahadana Street, Mayavaram.
20. Mr. T. S. Prakasham, Ananasi Road, Coimbatore District.
21. Mr. T. R. Narayana Iyer, Home House, 160, Raja Street, Coimbatore.
22. Mr. V. Narayanaswamy Naidu, Indian Medicine, Chepauk, Madras.
23. Mr. T. V. Rajagopal, Annur, P. O., Coimbatore District.
24. Mr. N. Ramachandran, Tirunelvely Taluqa, District Madras.
25. Mr. K. L. Narasimhamurti, 27, Bazlullah Sahab Road, Thyagarayanagar, Madras-17.
26. Mr. V. K. Shanmugam Valavadi, P. O. Dhali, Udamalpet.
27. Mr. S. Subramanyam, 173, Zamin, Endathur, Post. Via Madurantakam.
28. Mr. U. Packianathan, 82, Khanpalayam, 2nd Street, Madura.
29. Rao Bahadur B. Tirumal Rao, Maharanipect, P. O. Vizagapatam.
30. Mr. Chandrasekharam Pillai, President, The Bangalore Homoeopathic Association, 156-A, Narain Pillai Street, Bangalore.
31. Capt. C. Oomen, M.B., B.S., President, The All India Association.
 * (H. & N.) Registered, Mavelikara P.O.

32. Mr. Guru Raju, Principal Andhra Provincial Homoeopathic Medical College and Superintendent of Gandhi Memorial Hospital Gudivada, Kistna District.
33. Mr. S. Ramaswamy Alias, Mr. S. Raman, Vice-President, South Indian Homoeopathic Medical Association (Registered), 588, High Road, Triplicane, Madras.
34. Rev. and Mr. G. R. Alexander, 79/25 Ashtatryam Road Vepery, Post Office, Madras.
35. Mr. P. K. Vasudeva Rao Kowleekar, Secretary, Trichinopoly District Homoeopathic Association, 22 South Utra Street, Srirangam, Trichinopoly, Madras.
36. Mr. Vydyaratua Mr. G. Srinivasamurthy Avl., Ex-Principal Government Medical School.
37. Mr. C. B. Rao, Peddapuram, E. Godavari District (S. India).
38. Mr. S. R. U. Savoor, Director of Public Instruction (Retd.), College House, Chepauk, Madras-5.
39. Mr. Sadhu Lazarus, Gospel Preacher and Lecturer, Kottarakara, Travancore.
40. Rao Sahib K. V. Chockalingam, M.B.,B.S., Medical Practitioner, Tinnevely.
41. Mr. K. Sambiah, Homoeopathic Tenali, Guntur District.
42. Rao Sahib S. E. D. Masilamani, Health Officer Corporation of Madras.

SCHOOLS COLLEGES AND INSTITUTIONS.

1. The Principal, Royal College of Homoeopathic Physicians, Ernakulam.
2. The Principal, Indian Institute of Homoeopaths, 15, Ayekulam Road, Kumbakonam.
3. The Principal, Andhra Provincial Homoeopathic Medical College, and Hospital Gudivada, Krishna for Andhra Area.
4. The Principal, Medical College, Mysore.
5. The Principal, Madras Homoeopathic Medical College, Lloyds Road, Royapettah, Madras.
6. The Principal and Manager, Homoeopathic Medical College and Hospital Prasadavagaram, Chirala Post, Guntur District.
7. Shri Ramakrishana Deepam Homoeopathic Hospital P.O. Jakkarpalayam (via) Pollachi, Coimbatore District.
8. International College of Homoeopathy, United Pharmacy, Ernakulam.
9. The Principal, Grace Medical Mission, Mavelikara, Travancore.
10. The Principal, Hahnemann Homoeopathic Institute, 31, Kumalalyam, North Tiruvarur (S. India).
11. The Principal, Government College of Indian Medicine, Kilpanak, Madras-10.
12. The Principal, College of Engineering, University of Travancore, Trivandrum.
13. The Principal, St. George's Homoeopathic Clinic, P. O. Kankanady, Mangalore.
14. The Principal, Stanley Medical College, Madras.
15. The Principal, Andhra Medical College, Vizagapatam.
16. The Principal, Christian Medical College, Vellore, N. Arcot.

17. The Principal, Medical College, Mysore.
18. The Principal, Guntur Medical College, Guntur.
19. The Principal, Madura Medical College, Madura.
20. Mr. G. Vydyaratna Srinivasamurthy Avol, Ex-Principal, Government Medical School.
21. The Principal, Gandhi Memorial Hospital, Gudivada, Kistna District.

GOVERNMENT OFFICIALS

1. Deputy Secretary to Government of Madras, Shri T. Govinda Menon, B.A., Education and Public Health Department, Madras.
2. Secretary to Government of Cochin State, Ernakulam.
3. Chief Commissioner of Coorg.

ASSOCIATIONS

1. President, All Travancore Homœopathic Association, Quilon.
2. Secretary, Bangalore Homœopathic Association, 156-A, Narain Pillai Street, Bangalore-1.
3. Chairman, The Central Homœopathic Association, Mavalikara.
4. Secretary, All Cochin Homœopathic Medical Association, Ernakulam.
5. Secretary, Malabar Homœopathic Association, Post Puthigara, Calicut.
6. President, All India Homœopathic Association, Mavelikara.
7. Secretary, All Travancore Homœopathic Medical Association Pazhanan-cady, Main Road, Trivandrum, South India.
8. General Secretary, Andhra Provincial Homœopathic Association, Nidadavol.
9. Secretary, Proddutur Homœopathic Association, Proddutur, Cuddapan District, South India.
10. Secretary, South India Homœopathic Medical Association, 588, High Road, Triplicane, Madras.
11. President, Anantapore District Homœopathic Association, Anantapore.
12. Secretary, Tanjore District Homœopathic Association West Main Street, Tanjore.
13. Secretary, Devi Taluk Homœopathic Practitioners Association, Challa-palli (Kistna District).
14. Secretary, Mysore Homœopathic Association, Bangalore-4.
15. Trichinopoly District Homœopathic Association, Srirangam.
16. Vice-President, Guntur District Homœopathic Association, Repalle.
17. Vizagapatam District Homœopathic Association, Maharanipeta, Viza-gapatam.
18. Secretary, Nellore District Homœopathic Medical Practitioners Associa-tion, Kavali P.O., Nellore District.
19. Secretary, Trippattur Homœo Association, Trippattur, N. Arc. t
20. Secretary, Indian Medical Association (Bangalore Branch).
21. Ex-Joint Secretary, The Anantapore District Homœopathic Associa-tion, Anantapore.
22. Secretary, Trichur District Homœopathic Medical Association, Trichur.

23. Coimbatore District Homœopathic Association, Coimbatore.
 24. Peddapuram Taluqa Homœopathic Association, Peddapuram.
 25. Vajrakarur Firka Homœopathic Association, Vajrakarur.
 26. Madura Homœopathic Association, 123, Tirupparankundram Road, Madura.
 27. Secretary, The West Godavari District Homœopathic Medical Association, Pondur.
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NAGPUR CENTRE.

1. C. P. and Berar Homœopathic and Biochemic Medical Association, Sitabuldi, Nagpur.
2. District Medical Association, Raichur.
3. President, Viderbha Homœopathic and Biochemic Association, Akola.
4. Secretary to Government Rural Development Department, Kolhapur.
5. Foreign and Political Minister, Bikaner State.
6. Mr. K. L. Dube, Homœopathic Chief Director of H. H. Central Medical Board, 418, Golebazar, Jubbulpore (C.P.).
7. Chief Secretary to Government of Jodhpur.
8. Chief Minister Sirohi State.
9. Civil Surgeon, Hoshingabad.
10. Secretary, Ministry of External Affairs, Bhopal.
11. Chief Secretary to Government of United States of Matsya, Alwar.
12. Secretary to Government of C. P. and Berar, Medical Department, Nagpur.
13. General Secretary All Central Provinces and Berar Homœopathic Medical Board, Raipur (C.P.).
14. Mr. R. K. Nashine, General Secretary All Central Provinces Medical Board, Raipore (C.P.).
15. Civil Surgeon, Ajmer Merwara, Ajmer.
16. President, The Central India Homœopathic Association, No. 1, Gohkoti Gawal Toli, Indore.
17. President, Madhya Bharat Homœopathic Association, 24, Yashwant Road, Indore City.
18. Mahatama Gandhi Memorial Medical College, Indore.
19. Mr. G. B. Patel, Principal, National Homœopathic Medical College and Hospital, Chimna Bai Road, Navsari, Baroda.
20. Mr. S. Sen, President, Sanitorium Trust, District Chhindwara, Nawn Gaon.
21. Principal, Medical College, Nagpur.
22. Mr. B. L. Chatterjee, Honorary Physician, Jaipur State Homœopathic Dispensary, Swai Madhopur. (Rajputana).
23. Indore Medical College, Indore.
24. Swai Man Singh, Medical College, Jaipur.
25. Mr. Thomas Singh, Jai Hind Pharmacy, Yashwant Road, Indore City.
26. Mr. J. K. Degan, 494/1, Napier Road, Jubbulpore.
27. Mr. S. R. Mehta, Mehta Medical Hall, Jubbulpore.
28. Mr. Kesho Lakshmi Daftri, Homœopathic Practitioner, Mahal, Nagpur.
29. Mr. Om Prakash Sharma, Patvi Bhawan, 60, Gora Kund, Indore.
30. Mr. G. S. Chaudhury, 16, Sikh Mohalla, Indore City.
31. Private Secretary to H. E. the Governor of Central Provinces and Berar, Nagpur.
32. Inspector General of Civil Hospitals, C. P. and Berar, Nagpur.
33. Mr. Bhasker Govind Spare, 8, North Tulloganj, G.P.O. Indore.

PATNA CENTRE

1. President, All India Homoeopathic Association, Bihar Branch, Patna.
2. Inter Asian Homoeopathic Medical Conference, Dulhin Ganj, 40, Takari Road, Gaya.
3. Bihar Provincial Homoeopathic Association, Kadamkuan, Patna.
4. Gaya District Homoeopathic Association, Gaya.
5. Gaya Homoeopathic Hospital, Gaya.
6. Patna District Homoeopaths' Association, Mahendru, Patna.
7. Mr. M. N. Pandey, M.A., B.L., Secretary to Government of Bihar, Local Self Government Department, Patna.
8. The Principal, Medical College, Patna.
9. Mr. G. K. Kohli, Kadamkuan, Patna.
10. Mr. S. Bose. Central Nursing Home, Circular Road, Ranchi.
11. Mr. S. D. Banerjee, Brojo Homoeopathic Hall, Upper Bazar, Ranchi.
12. Mr. R. N. Dutta, 40, Tekari Road, Gaya.
13. Mr. S. Ghosh (Homoeopath), Statrou Road, Patna.
14. Mr. Ram Prasad, Chapra. (Bihar).
15. Mr. Nitya Behari Saran (Homoeopath), Kotfabag Chowk, Bhagalpore.
16. The Principal, The Victoria Homoeopathic Medical College, P. O. Dalvar Chemicals, Dinapore Cantt: (Bihar).
17. Mr. A. L. Sharma, Dalvar Hospital, P.O. Dalvar Chemicals, Dinapore Cantt. (Bihar).
18. Mr. S. M. Azam Hashmi, Azam Homoeopathic Home, P. O. Mahendru, Patna.
19. Mr. R. P. Mishra, Homoeo College Dispensary, Muzaffarpur.
20. Mr S. N. Bartiar (Homoeopath), Bartiar Homoeo Pharmacy, 1, Kashi-pore New Market, Samastipur.
21. Mr. K. B. Lall, P.O. Kagra Monghair (Bihar.)
22. Mr. T. B. Mukherjee, Principal, Hahnemann Homoeopathic College, Bhagalpore.
23. The Principal, International Medical College, Motihari (Bihar).
24. Mr. G. P. Sinha, President, District Homoeopathic Medical Asso: Motihari (Bihar.)
25. Mr. Hriday Narayan Sinha, Principal, Gaya Homoeopathic Medical College, Gaya.
26. President, Gaya Homoeopathic Medical Society Hospital, Gaya.
27. Mr. Kedar Nath Palita, Member Government Homoeopathic Enquiry Committee (Bihar), P.B. No. 41, Gaya.
28. Chief Health Officer, Patna.
29. Mr. Yadubir Sinha, Principal, The Sinha Homoeopathic Medical College and Hospital, Laherisarai (Bihar).
30. Mr. R. B. Singh, Sethi Homoeo Medical College and Hospital, Laherisarai.

31. President, Manbhum District Homoeo Medical Association, Purulia (Bihar).
 32. President, Muzaffarpur District Homœopathic Association, Muzaffarpur.
 33. Capt. B. N. Jha, M.B., B.S., Chief Health Officer, Raj Dharbhanga.
 34. Mr. Samaddar, Provincial Secretary, Indian Medical Association, Bihar Province, Patna.
 35. Mr. B. B. Majumdar, President, District Homœopathic Association, Parsonaga Road, Bhagalpore.
 36. President, Champaran District Homœopathic Medical Association Motihari.
 37. Mr. S. Prasad, Jamal Road, Patna.
 38. The Hon'ble Minister for Health, Government of Bihar, Patna.
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ANNEXE III

Persons Interviewed by the Homoeopathic Enquiry Committee

Bombay

1. Mr. Madhav Nagesh Apte, Haripur Road, Surat.
2. Mr. V. V. Athalye, Chairman, Bombay Presidency Homœopathic Association Post Satara, Press: Bombay.
3. Mr. S. S. Banker, Bombay.
4. Lt. Col. M. G. Bhandari, I.M.S., Surgeon General of Health Services, Bombay.
5. Col. S. S. Bhatnagar, I.M.S., 14, Zainib Manzil, Church Gate, "Reclamation", Bombay.
6. Mr. B. R. Chuga, Bombay.
7. Mr. M. B. Desai, Narayan Nivas, Golwad Gate, Navsari.
8. The Hon'ble Dr. M. D. Gildar, Health Minister, Government of Bombay, Bombay.
9. Mr. N. M. Jaysooriya, Residency Road, Hyderabad (Dn).
10. Mr. Kedar Nath Kilashreshtya, Representative of Baroda Government, Baroda.
11. Mr. C. M. Lakdavala, 25, Old Hanuman Lane, Bombay 2.
12. Mr. Chaman Lal Mehta, Secretary, Indian Medical Association, Bombay.
13. Mr. N. K. Nagar, 9, Green Street, Santa Cruz (West), Bombay 23.
14. Mr. K. Shankar Rao, Bombay.
15. Mr. Sethna, M.B., B.S. (Bom.), L.R.C. (Eng.), M.R.C.P. (Eng.), Principal, Grant Medical College, Bombay.
16. Major General Sir S. S. Sokhey, Director, Haffkine Institute, Bombay.
17. Mr. K. M. Scparkar, 117, Ghodbunder Road, Khar, Bombay 21.
18. Mr. D. D. Singh Tandon, Chowpatty Sea Face, Bombay.
19. Mr. R. R. Thakar, President, Western India Homoeopathic Medical Association, Kandivli, B.S.D., Bombay.
20. Mr. K. N. Vaidya, 1st Vice-President, Homoeopathic Post-Graduate Association, Sekh Saria Building, Parekh Street, Girgaon, Bombay 4.
21. Mr. N. Vakil, President, Bombay Homoeopathic Association, 311, Tardev Road, Bombay 7.
22. Mr. D. D. Variava, Principal, Topiwala National Medical College, Bombay.
23. Mr. B. B. Yodh, Professor of Medicine, Grant Medical College, Bombay.

Calcutta

24. Mr. M. U. Ahmad, Chief Health Officer, Calcutta Corporation, Calcutta.
25. Prof. Narendra Mohan Basu, M.Sc. & Mr. Bijay Prasad Dutta of India, Drugs Laboratory, P-7 Beliaghata Main Road, Canal Bridge, Calcutta,

- 26 Mr. Purendu Sekhar Basu, Advocate, Ex-Councillor, Calcutta Corporation, 2, Govinda Bose Lane, Bhawanipur, Calcutta.
- 27 Mr. N. C. Chandar, President, Pratap Chandra Memorial Homoeopathic Hospital, 14/1, Narkaldanga North Road, Calcutta.
- 28 Mr. Bankim Behari Chowdhury, Secretary, Homœopathic College and Hospital, Midnapore.
- 29 Mr. N. M. Chowdhury, Member General Council & State Faculty of Homoeopathic Medicine, West Bengal, Calcutta.
- 30 Mr. G. Dirghangi, President, Bengal Homœopathic Institute, 1, Huzzurimal Lane, Bow Bazar, Calcutta.
- 31 Sir Abdul Halim Ghaznavi, President, Calcutta Homœopathic Hospital Society, 265, Upper Circular Road, Calcutta.
- 32 Mr. M. C. Laha, Secretary, Indian Homœopathic Medical Association, 68, Upper Circular Road, Calcutta.
- 33 Mr. Natabar Bihari Mohanty, Principal, Utkal Homœopathic Medical College, Darbha Bazar, Cuttack.
- 34 Mr. S. Pau, President, The Howrah Homœopathic Medical Association, 374, Grand Trunk Road (North) Salkia, Howrah.
- 35 Mr. Abhin Chandra Rao, Principal, Orissa Homœopathic Medical College, Lalbagh, P.O. Chandni Chowk, Cuttack.
- 36 The Hon'ble Dr. B. C. Roy, Premier, West Bengal, Calcutta.
- 37 Mr Y. Sahu, Secretary, All Orissa Homœopathic Medical Association, P.O. Berhampore (Ganjam), Or'issa.
- 38 Samat Sawami Maheshwara Nand Maharaj, Secretary, Ramakrishna Mission, P.O. Belur, Howrah.
- 39 Mr. Jatindra Nath Sarkar, Secretary, Registered Homœo Conference in West Bengal, 2-B, Sita Ram Gosh Street, Calcutta.
- 40 Mr. S. Seal, President, Homœopathic Research Association, 66/1, Shambu Nath Pandit Street, Bhawanipur, Calcutta.
- 41 Mr. A. Sen, Offr: Registrar, General Council & State Faculty of Homœopathic Medicine, 1-B, Old Post Office Street, Calcutta.
- 42 Capt. S. K. Sen, Vice-Principal. R. G. Kar Medical College, 44/4, Hazra Road, Calcutta.
- 43 Mr. Rudra Nath Sharma, Ujan Bazar, Gauhati, Assam.
- 44 Mr. G. U. Sinha, Principal, Calcutta Homœopathic Medical College & Hospital, 265-66 Upper Circular Road, Calcutta.
- 45 Representatives of the Indian Medical Association, Calcutta:—
 Mr. K. S. Roy,
 Mr. K. K. Sen Gupta,
 Capt. P. B. Mukherjee,
 Mr. A. K. Sen Guha,
 Mr. P. K. Ghosh,
- 46 Representatives of the All India Homœopathic Association, 77 Dharamtollan Street, Calcutta:—
 Mr. S. Pattak, Vice-President.
 Mr. D. K. Roy, Secretary,
 Mr. J. N. Mitra, Member.
 Mr. P. N. Roy, Member.

Delhi.

47. Miss D. P. Bali, Principal, Lady Hardinge Medical College, New Delhi.
48. Mr. Balmukand, Representative of the East Punjab Government.
49. Mr. R. N. Bery, Daryaganj, Delhi.
50. Colonel G. S. Chowla, Secretary, British Medical Association (Punjab), 37, Prithvi Raj Road, Delhi.
51. Mr. Banarsi Dass, President, The Homœopathic Medical Association, Ambala City.
52. Honourable Ch. Krishan Gopal Dutt, Finance Minister, East Punjab, Simla.
53. Mr. B. C. Guha, New Delhi.
54. Mr. Deshbandhu Gupta, M.C.A., New Delhi.
55. Mr. K. C. Hiteshi, President, Upper India Homœopathic Association, The Mall, Alley No. 5, Jumma Masjid, No. 42/11, Simla
56. Mr. Vaishnu Dass Kashyap, President, All India Institute of Homœopathy (Delhi Branch), Delhi.
57. Mr. C. L. Katial, Director General, State Employees' Health Insurance Scheme, Ministry of Labour, Government of India, New Delhi.
58. Mr. P. L. Khosla, M.B.B.S., L.R.C.P. (Lond.), Hony. Physician, Irwin Hospital and Safdar Jang Hospital, New Delhi.
59. Mr. Lal Chand Mehra, President, The Homœopathic Medical Association, Katra Beli Ram, Amritsar.
60. Mr. Roop Narain, Vice President, Delhi Homœopathic Medical Association, Kucha Brij Nath, Chandni Chowk, Delhi.
61. Col. Swaroop Narain, Representative of the Army Medical Service, Delhi.
62. Mr. Ved Prakash, M.B.B.S., D.M.R.E., President, Indian Medical Association, Delhi Branch.
63. Col. D. H. Roi, Chief Medical Officer, Himachal Pradesh, Simla.
64. Mr. K. G. Saksena, Secretary, All India Institute of Homœopathy, Gali Haider Kuli, Off Chandni Chowk, Delhi.
65. Mr. Satish Chandra Samanta, M.C.A., 7, Electric Lane, New Delhi.
66. Mr. S. C. Sirkar, President, All India Homœopathic Association, Kucha Ghasi Ram, Chandni Chowk, Delhi.
67. Mr. T. R. Tewari, Dy. Director of Health Services, East Punjab, Kasauli (Simla Hills).

Lucknow.

68. Mr. B. Atal Chowdhry, President, Indian Medical Association, Provincial Branch, Lucknow.
69. Mr. B. B. Bhatia, M.D., M.R.C.P. (Lond.), Principal, King George's Medical College, Lucknow.
70. The Hon'ble Mr. C. B. Gupta, Health Minister, U.P. (Lucknow).
71. Mr. H. Hukku, L.R.C.P., D.P.H., L.M., The Mall, Lucknow.
72. Mr. C. Laul 73, Boundery Road, Meerut Cantt.
73. Mr. S. K. Misra, Sitapur Via Lucknow.
74. Mr. J. P. Mukherjee, Secretary, U.P. Regular Homœopathic Association, Lucknow.

75. Mr. D. N. Munshi, Medical Officer, Municipal Dispensary, Kanpur.
76. Mr. G. N. Ohdedar, M.D., (U.S.A.) 2, Way Road, Lucknow.
77. Mr. Kashi Parsad, D.P.H. Municipal Health Medical Officer, Lucknow.
78. Mr. Mushtaq Hussain Rizvi, President, Nath, S. Secretary, U. P. Homoeopathic Society, Bhasatoli, Kanpur.
79. Mr. Chhottay Lal Saini, President, Homoeopathic Medical Association, 105/735, Lajpat Rai Road, Kanpur.
80. Mr. Sinha, M.B.B.S. (Lucknow), L.R.C.P. (Lond.), F.R.C.S. (Edin.), Lucknow.
81. Mr. B. S. Tandon, President, U.P. Homoeopathic Medical Association, Lucknow.

Madras.

82. Mr. M. Gururaju, Principal, Homoeopathic Medical College, Gudivada.
83. Mr. K. S. Iyengar, Treasurer, The Madras Presidency Homoeopathic Association Hering House, 155, Lloyds Road, Madras.
84. Mr. T. R. Narayana Iyer, President, Coimbatore District Homoeopathic Association, Coimbatore.
85. Mr. T. S. Iyer, Retired Accountant General, 169, Madhav Street, Mayawaram.
86. Mr. T. Jankiram, 'T' Nagar, Madras.
87. Mr. S. R. Koppikar, Madras Homoeopathic Medical College, Hering House, 155 Lloyds Road, Madras.
88. Mr. C. Narayanaswami Naidu, Special Officer for Reorganisation of the Department of Indian Medicine, Chepauk, Madras.
89. Mr. A. S. Nayar, Principal, Stanley Medical College, Madras.
90. Capt. C. Oomen, President, All India Association (H & N) Registered, Mavelikara.
91. Mr. S. K. Padiar, Representative of Cochin Government.
92. Mr. Parankusan, Principal, College of Indian Medicine, Madras.
93. Mr. D. Chandrashekharan Pillai, President, Bangalore Homoeopathic Association, 156-A, Narain Pillai Street, Bangalore-1.
94. Mr. M. R. Pillai, President, All Travancore Homoeopathic Association, Travancore.
95. Mr. P. A. S., Raghavan, President, South Indian Medical Association, Tappakulam.
96. Mr. B. V. Rajam, Principal, Madras Medical College, Madras.
97. Mr. S. Raman, Ag: President, South Indian Homoeopathic Medical Association (Regd.) Triplicans, Madras.
98. Mr. T. R. Ramchandran, President, Malabar Homoeopathic Association Puthiyara P.O., Calicut.
99. Mr. M. S. V. Rao, Regular Homoeopathic Medical Association, Madras.
100. Mr. V. V. H. Rao, Secretary, Hahnemann Homoeopathic Medical Association, Nurasaraopet (Guntur Distt).
101. Mr. Tirumal Rao, President, Andhra Provincial Branch of Indian Medical Association, Andhra.
102. Mr. H. S. N. Roy, Mysore.
103. Mr. S. R. U. Savor, Director of Public Instruction (Retd), College House, Chepauk, Madras.

104. The Hon'ble Mr. A. B. Shetty, Minister for Public Health, Government of Madras, Madras.
105. Mr. M. Gururaju, President, Andhra Provincial Homoeopathic Association, Nadadavol.
106. Mr. P. K. Vasudeva Rao.

Nagpur.

107. Hon'ble Mr. W. S. Barlingay, Minister of Public Health, C.P. & Berar, Nagpur.
108. Mr. B. L. Chatterjee, Hony. Physician, Jaipur State Homoeopathic Dispensary, Swai-Madhopur (Jaipur State).
109. Mr. K. L. Daftari, Mahal, Nagpur.
110. Mr. J. K. Degan, 494/1, Napier Road, Jubulpore.
111. Mr. R. K. Nashine, General Secretary, Governing Council of the C.P. & Berar, Homoeo: Medical Board, 28, Great Eastern Road, Raipur.
112. Mr. Thomas Singh, Jai Hind Pharmacy, Yashwant Road, Indore City.
113. Mr. S. Sen, President, Nawegaon Sanatorium Trust. Chhindwara--Nawegaon District. (C.P.).
114. Col. Srinivas, Principal, Nagpur Medical College, Nagpur.
115. Mr. P. W. Tiloo, Vice-President, C.P. & Berar Homoeopathic & Bio-chemic Medical Association, Nagpur.
116. Mr. S. K. Kathale, President, Nagpur Homoeopathic Association, Nagpur.

Patna.

117. Mr. S. D. Banerjee, Upper Bazar, Ranchi.
118. Mr. S. K. Bose, Central Nursing Home, 29, Circular Road, Ranchi.
119. Mr. Chatterjee (Municipal Health Officer), Patna.
120. Mr. R. N. Dutta, President, District Homoeopathic Association, Gaya
121. Mr. R. P. Mishra, Principal Bapu Tirhut Homoeo Medical College, Muzaffarpur.
122. Mr. P. B. Mukerjee, President, Maubhum District, Homoeo Medical Association, Purulia.
123. Mr. B. Narayana, M.Sc., M.B., Ph.D. (Edin), F.R.S.E., Principal, Medical College, Patna.
124. Mr. Kedar Nath Palita, Member Government Homoeopathic Enquiry, Committee, Post Box 41, Gaya.
125. Mr. M. N. Pandey, Secretary to Government of Bihar, Local Self Government Department, Patna.
126. Mr. S. Prasad, President, Patna District Homoeopaths' Association, Jamal Road, Mahendru, Patna.
127. Mr. Rama Prasad, President, Bihar Provincial Homoeopathic Association, Kadamkuan, Patna.
128. Mr. S. Samddar, Secretary, Indian Medical Association, Bihar Province, Patna.
129. Mr. Seal, Representative of All India Institute of Hygiene and Public Health, Calcutta.
130. Mr. G. P. Sinha, Principal, International Medical College, Motihari.

131. Mr. R. B. Sinha, Principal, Sathi Homoeopathic Medical College, Laharia Sarai.
 132. Mr. Yadubir Sinha, Principal, The Sinha Homoeopathic Medical College and Hospital, Laharia Sarai.
 133. Hon'ble Minister Mr. B. N. Jha, Minister of Local Self Government, Patna.
 134. Mr. B. B. Majumdar, President, District Homoeopathic Association, Personage Road, Bhagalpore.
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ANNEXE IV

Model Syllabus for Diploma Course.

Diploma Course (covering 4 years)

First Year

1. Anatomy
2. Physiology
3. Homoeopathic Materia Medica
4. Principles of Homoeopathy
5. Pharmacology (Elementary).

Second Year

1. Anatomy
2. Physiology
3. Homoeopathic Materia Medica
4. Organon
5. Pharmacology (including Homoeopathic Pharmacy)

Intermediate Examination at the end of Second Year.

Third Year

1. General Pathology & Bacteriology
2. Medicine & Homoeopathic Therapeutics
3. Surgery & Homoeopathic Therapeutics
4. Midwifery (& Gynaecology)
5. Homoeopathic Materia Medica
6. Organon
7. Hygiene & Medical Jurisprudence.

Fourth Year

- 2, 3, 4, 5, 6 (Homoeopathic Philosophy Repertory)

List of Books

Homoeopathic Materia Medicas

1. Allen's Key Notes
2. Nash's Leaders in Therapeutics
3. Farrington's Materia Medica
4. Essential of Materia Medica (Dewey)
5. Kent's Materia Medica
6. Royal's Practice of Medicine
7. Essentials of Homoeopathic Therapeutics (Dewey).

NOTE:—Minimum lecture hours for Homoeopathic Materia Medica 200
Organon etc. 150.

Organon

1. Boerick's Sixth Edition

or

2. Woesselhoff's Fifth Edition

3. Dudgeon's Fifth Edition.

Principles of Homoeopathy

1. W. Boerick's Book—Principles of Homoeopathy

2. Mc. Gavaek

3. Robert's Principles & Art of Cure in Homoeopathy

4. Hahnemann's Chronic Disease I Volume

Repertory

1. How to take a case—Nash

2. Kent's Repertory for Reference

3. Allen's Therapeutic Pocket Book with Dr. Robert's Introduction

4. Boger's card Repertory with General Analysis

Additional: Charrot's "What is Homoeopathy"

*Degree Course**First Year*

1. Anatomy

2. Physiology

3. Homoeopathic Materia Medica

4. Pharmacology (Elementary).

Second Year

1. Anatomy

2. Physiology

3. Homoeopathic Materia Medica

4. Pharmacology (Elementary)

5. Principle of Homoeopathy

6. Pharmacology (including Homoeopathic Pharmacy).

*First Examination.**Third Year*

1. General Pathology & Elements of Bacteriology

2. Medicine & Homoeopathic Therapeutics

3. Surgery & Homoeopathic Therapeutics

4. Organon

5. Homoeopathic Materia Medica.

Fourth Year

1, 2, 3, 4, 5.

6. Midwifery & Gynaecology

7. Hygiene

8. Medical Jurisprudence.

Examination in Hygiene, Medical Jurisprudence & Pathology.

Fifth Year

2, 3, 4, 5, 6.

7. Repertory Study and Chronic disease.

Final Examination at the end of fifth year.

List of Books

- | | | |
|---|---|------------------|
| 1. Allen's Key Notes | } | for I & II year. |
| 2. Nash's leader in Therapeutics | | |
| 3. Boger's Synoptic Key | | |
| 4. Johnsons' Therapeutics | | |
| 5. Farrington's Clinical Materia Medica | | |
| 6. Cowperthwaits' Materia Medica | | |
| 7. Kent's Materia Medica | | |

Organon

1. Boerick's Sixth Edition
2. Dudgeon's Fifth Edition
3. Wasselhaeft's Fifth Edition

Homoeopathic Philosophy

1. Kent's Philosophy
2. Stuart Close—Genius of Homoeopathy
3. Robert's Principles and Art of Cure in Homoeopathy

Repertory

1. Kent's Repertory
2. Boenninghaussen's Therapeutic Pocket Book with Dr. Robert's Introduction.
3. Boger's Card Repertory

Homoeopathic Therapeutics

1. Dewey's Practical Homoeopathic Therapeutics.
2. Johnson's Therapeutics

NOTE—Minimum lecture hours during the five year course.

Materia Medica—240 hours

Organon, etc.—200 hours

Subjects for Post-Graduate Course of Homoeopathy

(Course—One year & 2 year: 200 hrs.).

- (1) History of the 'Simile Principle' in its many genises before, as well as since the time of Hahnemann.
- (2) History of the evolution of the Homoeopathic Philosophy within & without the homoeopathic school.
- (3) Fundamental philosophy of Homoeopathy which will develop its methods, its techniques, its reasoning, its logic, its intellectual discipline and basic orientation.
- (4) Development of its principles with emphasis on correlation with objective experimentation.
- (5) Orientation of Homoeo-finding principle in its relationship with other medical finding principles.
- (6) Explanation of the concepts of health and disease as contained in the homoeopathic method.
- (7) Detailed explanation of the pharmaco-dynamic experiment with practical and class room—demonstration (provings).
- (8) Homoeopathic Pharmacy.
- (9) Case—taking
- (10) Homoeopathic Materia Medica.
- (11) Nosology, Posology, Practice of Medicine.
- (12) Life and works of Hahnemann.
- (13) History of Medicine and place and contribution of Hahnemann to it.
- (14) Elements of Logic (Deductive & Inductive), Elements of Metaphysics, Different School of Philosophy.

Reference Works

1. Hahnemann's Organon (all editions.)
2. Hahnemann's Theory of Chronic diseases etc.
3. Hahnemann's Materia Medica Pura
4. Hahnemann's Lesser writings (O.P.)
5. Allen's Materia Medica of the Nosodes.
6. Repertory by Kent (1)
7. Boemminghanseen.
8. Hering's Guiding Symptoms.
9. Allen's Encyclopædia of Materia Medica.
10. Repertory by Knerr.
11. Genius of Homoeopathy—Stuart Close.
12. Lecture on Homoeopathic Philosophy—Kent.
13. Principles of Homoeopathy—G. Boerick.
14. Dr. L. Boyd—A study of the Simili in Medicine.
15. Principles in Homœo-Therapeutics—F. H. Mo Gavack.
16. Life & Lectures of Hahnemann—T. L. Bradford (O.P.)
17. Dictionary of Materia Medica—J. H. Clark.
18. Carroll Dunham—Materia Medica.
19. Carroll Dunham—Homoeopathy—the Science of Therapeutics.

20. Farrington—Clinical Materia Medica.
21. Farrington—Comparative Materia Medica.
22. Farrington—Lessor Writings.
23. Guernsey—Obstetrics.
24. Kent—Homoeopathic Materia Medica.
25. Kent—Lessor Writings.
26. Otto Leaser—Homoeopathic Materia Medica.
27. Otto Leaser—Contribution of Homoeopathy to the development of Medicine.
28. Otto Leaser—Critique of Homoeopathy.
29. Nash—Leaders in Homoeo Therapeutics.
30. Nash—How to take the case.
31. Wheeler & Kenyow—Introduction to the principles of Homoeopathy.
32. The works of Bier, Kotschan, Arndt, Schultz.
33. Allen's—Chronic Miasms Vol. I & Vol. II 34 Hahle's—Life of Hahnemann.

Method of Pedagogy:

1. The emphasis needs to be shifted to indoctrination into what the Homoeo-methodology is and is not.
2. Every effort is to be exerted in supplying him with reasons why he is asked to think and act in accordance with the technology of the Homoeo-methodology and no little time is to be spent in bringing modern, objective experimentation into the homoeopathic class room.