

**REPORT OF THE INDIAN SYSTEMS OF MEDICINE ENQUIRY
COMMITTEE, BOMBAY, 1947-48**

{Price—Annas 5 or 6d.}

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CHAPTER I.

INTRODUCTORY.

1. The Government of Bombay, by their Resolution in the General Department No. 3999/33, dated 4th March 1947, appointed a Committee to report on the working of the Bombay Medical Practitioners' Act, 1938, during the past years and on the amendments necessary, with special reference to the constitution and powers of the Board of Indian Systems of Medicine and other kindred matters. The Notification may be quoted below as follows:—

“Government is pleased to appoint a Committee consisting of the following members to report on the working of the Bombay Medical Practitioners' Act, 1938, during the last 7 years and on amendments necessary, with special reference to the constitution and powers of the Board of Indian Systems of Medicine and other kindred matters:—

1. Dr. Jivraj N. Mehta, M.D. (Lond.), M.L.A.
2. Dr. B. C. Lagu, M.L.A.
3. Sir Abdul Latif Haji Hajratkhan, Kt., M.L.O.
4. Hakim Mohomed Qasim Chichivala.
5. Vaidya Vaman N. Gramopadhye.
6. Vaidyapanchanan Gangadharshastri G. Gune.
7. Vaidya Vallabhram.
8. Mr. P. K. Savant, M.L.A.

Dr. Jivraj N. Mehta will be the President of the Committee and the Registrar of the Board of Indian System of Medicine will be the Secretary of the Committee ex-officio.

The terms of reference of the Committee will be as under:—

1. To consider and make recommendations to Government in regard to the amendments necessary in the Bombay Medical Practitioners' Act, 1938, and the rules and regulations framed thereunder, in the light of their working for the last seven years.

2. To consider and report on the working of the State Faculties for the Ayurvedic and Unani systems of medicine and to suggest any changes, if necessary.

3. To consider and recommend to Government what steps are necessary to foster and raise the standard of the Indian systems of medicine and to promote research therein.

4. To suggest for the consideration of Government the basis on which grants, recurrent as well as non-recurrent, should be paid to Ayurvedic and Unani teaching institutions.”

2. The Committee issued a questionnaire on 10th May 1947, inviting replies hereto on or before 30th June 1947. The period was later on extended to 31st July 1947. The Committee, however, accepted and considered all the replies

that were received even after that date. The Committee also received memoranda from individuals and associations.

3. Dr. Jivraj N. Mehta, having been appointed Director General of Health Services of India, resigned the Presidentship and the Government of Bombay, in their Resolution dated 29th October 1947, appointed 'Dr. B. B. Yodh, M.B. (Bom.), M.R.C.P. (Lond.), D.T.M. & H. (Eng.) as President of the Indian Svstems of Medicine Enquiry Committee, Bombay, *vice* Dr. Jivraj N. Mehta, M.D. (Lond.) resigned.'

4. The Committee after having met 5 times in Bombay started the work of examining witnesses and visiting institutions from 7th December 1947. They visited all the recognised teaching institutions, viz. those at Bombay, Nadiad, Jamnagar, Patan, Satara, Ahmednagar and Poona and also visited Ahmedabad, Hubli and Belgaum for taking oral evidence of witnesses. The institution at Surat was visited by the President earlier. The Committee also visited the institutions at Benares, Calcuatta, Madras and Mysore. The Committee had the advantage of detailed discussions with a number of individuals at these places. The tour was completed on 30th January 1948 and at the 6th meeting of the Committee in Bombay on 24th February 1948, some more witnesses were examined. The report was adopted in further two meetings of the Committee.

5. The Committee records that Hakim Mohomed Qasim Chichiwala a member of our Committee, was not able to take part, except in the first two preliminary meetings, either in the deliberations or in the tour of the Committee owing to ill-health.

6. Our thanks are due to Dr. Jivraj N. Mehta, M.D., under whose able guidance the excellent and comprehensive questionnaire was drawn up for his valuable suggestions, even after he resigned from the Committee.

7. The Committee records its deep sense of appreciation of the conscientious work of Mr. P. R. Godbole, Secretary of the Committee, who was solely responsible for the management of the office and for the organization of the meetings and the tour of the Committee. He has put in hard work throughout in spite of his own office duties and has rendered very much valuable help to the Committee in their deliberations.

8. At all the places we visited, we received ready co-operation from the institutions concerned and we would like to put on record our appreciation of the courtesies shown to us by them. We would like to express our gratitude to all those who have helped us in our work, including those who sent replies to our questionnaire and gave oral evidence, to the staff of all the institutions we visited and to others who kindly helped us in many other ways.

CHAPTER II.

SCOPE OF THE ENQUIRY.

Conditions before the Act.

9. The practice of the Indian systems of medicine, Ayurvedic and Unani, was being followed by a large number of practitioners of the two systems in India for many centuries. There was no systematic organization of the practice of these systems of medicine during the last few hundred years. No institutions were being run under a standard course of education either by private agencies or by Government. A few pioneer Ayurvedic Pandits maintained the tradition by training a few young students and some of them started private teaching institutions which struggled and maintained a certain standard for a number of years on their own individual efforts without any Government support. In the Bombay Province, as far as the Ayurvedic system of medicine was concerned, four institutions—3 in Maharashtra, viz. Ayurved Mahavidyalaya, Poona, Ayurved Mahavidyalaya Ahmednagar and Aryangla Vaidyak Mahavidyalaya, Satara and 1 in Gujrat, viz. U. P. Ayurved Mahavidyalaya, Patan—existed. The standards maintained by these institutions varied from good to poor. They tried, as far as their circumstances permitted, to introduce a method of teaching by organizing courses of study. This is essential if any progress is to be made with regard to the Indian systems of medicine. As far as Unani institutions were concerned, it could be said that not one was being maintained in the province of Bombay till the Act of 1938 came into force.

10. The vast majority of practitioners, therefore, were either trained by individuals or trained themselves by collecting information from books or otherwise and the standard of knowledge they possessed varied to a great extent from individual to individual. It must be admitted that, out of these individuals, some acquired considerable proficiency in the theory of Ayurvedic medicine, including the subject of diagnosis of disease and its treatment by long apprenticeship which lasted from four to eight or more years under some notable and well-respected Ayurvedic Pandits who were also great Sanskrit scholars. These practitioners flourished very well in their respective areas. The number of such persons, however, could not be large. The public, therefore, could never be certain of receiving medical treatment of any standard minimum efficiency when they went under the care of these practitioners, with few exceptions.

11. As far as the Unani practice went, in the province of Bombay, there were only a few places like Bombay and Surat where these practitioners flourished. Some of these practitioners came from some well known centres from Northern India, where the vogue of Unani system of medicine was considerable. Some of these Hakims carried on extensive practice and were respected by the public. Here also, with few exceptions, there was no means of telling which Hakim was qualified by his knowledge to practice and who was not, as there were no standards to go by in the practice of Unani medicine.

The Act and its working.

12. This state of affairs was mainly due to want of Government recognition to and control over these systems. When Congress came in power in the year 1937, they responded to a strong public opinion in favour of State recognition of Indian systems of medicine by publicly announcing their intention to encourage

these systems and to try to improve them. This demand came from practising Vaidyas and Hakims as well as certain public bodies. The Government then considered the situation carefully, visited some of the private and active institutions then existing and brought forward the Act of 1938, which sought to :—

- (i) Regulate the qualification and register the practitioners of Indian systems of medicine.
- (ii) Regulate the practice of medicine by :—
 - (a) registering those practising under certain conditions, and
 - (b) attempting to stop quackery.

Under this Act, the first Board of Indian Systems of Medicine came into being in November 1939, just before the Congress Government resigned. The Government, in nominating this Board, saw to it that such members were selected as would be acceptable to the practitioners, to the existing institutions and to the general public. This Board—

- (1) Undertook registration according to the Act;
- (2) Prepared uniform course of study and fixed the standard of admission keeping in mind the necessities of modern medical practice;
- (3) formulated rules and regulations for recognition of institutions and
- (4) made recommendations regarding bodies to conduct examinations.

13. The Board registered about 13,000 persons. Several complaints were received from not only practitioners of Indian systems of medicine, but also from various bodies and from the general public that a number of those registered were not practitioners of Indian systems of medicine at all. They merely took advantage of the provision of registration and got the certificate.

14. This Board also prepared a uniform 5 years' course of study and laid down standard of admission. In keeping the standard of admission as Matriculation with Sanskrit or any equivalent examination of other Universities, they apparently kept in mind the necessity of a minimum general knowledge and some knowledge of Sanskrit in the study of Ayurvedic system of medicine. After admission, they tried to introduce in the course a minimum knowledge of basic scientific subjects such as Physics, Chemistry, Biology, Anatomy and Physiology, which they considered essential for any student undertaking the study of medicine according to any system. During this period, the students were required to study the basic subjects mentioned in the Ayurvedic texts, such as Padarthavidyan (Physics and elements of Logic), Sharirachana (Anatomy), Sharirkriya (Physiology) and Dravyaguna and Rasashastra (Materia Medica and Chemistry). This comprised the first 2 years' study. The next 3 years' course of this full five years' course after Matriculation, comprised mainly of Ayurvedic clinical subjects. To this, the Board added certain subjects which were taught in modern medical science such as principles of Medicine, Surgery, Midwifery, Preventive medicine and Hygiene and Jurisprudence, as these were considered to be of fundamental importance for any general practitioner. Thus, the course attempted to give the student knowledge of Ayurvedic system of medicine as best as was possible with the addition of the minimum requirements of a general practitioner, which were not to be found in the Ayurvedic texts. It is necessary to note here that

this experiment of a full five years' course was not at all followed owing to various circumstances, which led the second Board to reduce the course to four years. It is easily understood that it is not possible to teach satisfactorily what is absolutely essential for a medical practitioner in the shorter period of four years. The knowledge of Sanskrit at the Matriculation stage cannot be considered to be good enough for study in Sanskrit texts. The number of subjects is necessarily large, as additions of basic sciences and elements of modern Surgery, Midwifery etc. had to be made.

15. The Board, in order to ensure that this course would be adequately dealt with at teaching institutions, formulated rules and regulations for recognition of these institutions and recognized some of them. It should be noted here, however, that the first recognition of these institutions was on the liberal side. Even if the conditions were not fulfilled, these institutions were recognized as it was thought that given opportunity to fulfil the conditions laid down, they would do so in a reasonable period. Their recognition was continued by the second Board, though they hardly fulfilled the conditions. Very recently, the recognition was withdrawn in case of certain institutions, as they could not fulfil the required conditions.

16. As far as the examinations were concerned, the Board recommended the recognition of the Tilak Maharashtra Vidyapith, Poona which institution was the most suited for the purpose at that time. This body held the examinations for two years during 1942 and 1943. The Government, in the meanwhile, proposed that a State Medical Faculty be organized for this purpose. The Board, however, was against such a step because they were of the opinion that ultimately they should have regional examining bodies so that training and examinations in the mother tongue could be properly carried out. In deference to the wishes of the Government, however, the second Board accepted the suggestion for a State Faculty. The examinations are now being held by the State faculty.

17. The first Board (1939-43) and the second Board (1943-48) worked during the Section 93 regime. The second Board was partly elected and partly nominated. This Board recommended changes in the duration of the course and reduced it from five to four years, as stated above. This Board also recently recommended an additional course of four years called "Shudh Ayurvedic course" which excludes major part of the modern medical requirements, as laid down in the first course, while retaining the Ayurvedic subjects as in the previous course. This proposal, however, has not yet received the sanction of Government.

Appointment of the Committee.

18. After the Congress Government resumed power in the year 1946, discontent was expressed against the working of the Act. It was felt that, during the eight years the Act was in force, the object of the Act was not being served. No real encouragement to the Indian systems of medicine was forthcoming. It was also felt that, although on paper, courses were prepared, requirements of institutions were laid down and students were enrolled for study, no real progress was possible because of various shortcomings in the working of the Act and in the functions and composition of the Board. Organizers of various institutions felt that, what was required of them in respect of equipment, teachers, buildings etc., it was not possible for them to implement unless the Government came for-

ward with much greater help. A large number of Ayurvedic practitioners and the public have felt that a certain number of what was turned out by these institutions as practitioners of Indian systems of medicine were practising the western system by virtue of their mixed course. On the other hand, a large number of teachers in the institutions felt that, owing to lack of properly qualified teachers and owing to the over-burdening of the course, they were not able to do justice and to turn out satisfactory practitioners of Indian systems of medicine. This general discontent and this insistent demand for more Government help to these institutions led the Government to appoint this Enquiry Committee, the terms of reference being as given in paragraph 1.

Questionnaire.

19. The Committee, at first, prepared a questionnaire in order to elicit public opinion as well as to get the studied views of various institutions associations and individual medical practitioners as well as others. These questions could be divided into 7 main groups, viz. :—

- (1) Whether the working of the Act was successful and fostered and raised the status of the Indian systems of medicine.
- (2) Whether the institutions undertaking the turning out of practitioners of Indian systems of medicine succeeded in doing so.
- (3) Could the practitioners of the Indian systems of medicine be made an integral part of medical relief in the province.
- (4) What additional measures were necessary for the encouragement of the Indian systems of medicine.
- (5) What place would research have in these measures and what were the methods by which such research could be encouraged.
- (6) Whether it was possible to harmonize the Indian systems of medicine with modern medical science, and, if so, how.
- (7) The place of Homoeopathy and other systems of medicine as far as recognition by the State went.
- (8) Consideration of grants to institutions.

20. In order to get the information required, a questionnaire (vide Appendix A) consisting of 36 specific questions on these points was drawn up, in which details regarding the working of the Act, details of the courses of study and of teaching institutions were inquired into. The broad questions of the relationship between various methods of approach to the study of medicine, called systems of medicine, such as those taught in modern Medical Colleges, in Colleges affiliated to the Board, and in similar Colleges outside the province of Bombay, was gone into. The place of research and the methods by which it should be profitably pursued were also considered.

21. Questionnaires were sent to individual practitioners of medicine, Ayurvedic Unani and others, Government officers, District Local Boards, Municipalities, Civil Surgeons, Collectors, Members of the Bombay Legislative Assembly and the Council, Associations of the Indian Systems of Medicine and other systems and to institutions both of the Indian Systems of Medicine as well as others. Replies to the questionnaire and also some separate memoranda were received from individuals and associations, as given in the Appendices.

CHAPTER III.

GENERAL SURVEY OF WRITTEN REPLIES.

22. The first impression we got from the general survey of written replies was that the working of the Act was not successful, that the institutions have not succeeded in turning out efficient practitioners of Indian systems of medicine, that in order to actively foster and improve the status of these systems, many additional measures were necessary, that a well-organized system of research was essential and that it was possible and was in the interests of the public that these things be gone into deeply and action be taken thereon.

Control of practice and teaching.

23. By studying the replies received, it was generally felt that it had not been possible to properly scrutinize the applications for registration especially as regards possession of knowledge of medicine by the applicants. Registration was obtained in the vast majority of cases by producing a certificate signed by persons of different status, such as J. Ps., Presidency Magistrates, Presidents of District Local Boards and Municipalities etc. signifying that the applicant had been practising for 10 years. Another category enabled those who had passed an approved examination or undergone training or served apprenticeship to be registered. The number of such examinations then approved was about 5 throughout India. It is interesting to note here that, out of about 13,000 registered practitioners, there were only about 3,000 who had either passed some examination even of a minor nature or received some training. The Committee also came to know that, just prior to the passing of the Act, a number of people rapidly qualified through an examining body without having undergone any course of training. These number about 1,200 out of these 3,000. Although this was permissible according to the Act, it did not bring in the fold of the register persons of the requisite knowledge or standing.

24. The Act has not been able to regulate the teaching of the Indian system of medicine, because some institutions, although not affiliated and not recognized, still carry on examinations or send their students for examination to other unrecognized examining bodies, which only take examinations without having any control over teaching of the candidates they examine.

The Act, by virtue of the penal clauses that it contains, may have had a deterrent effect on persons undertaking practice of Indian systems of medicine and this may have helped to certain extent the reduction in the number of quack practitioners.

Teaching in Institutions.

25. The general impression from the replies was that efficient practitioners of Indian systems of medicine have not been turned out, except in the case of a few institutions. This has been attributed by various people to various causes. In most of the replies, it has been felt that the reasons for this lie in :—

- (1) Lower standard of admission.
- (2) Over-burdening of the curriculum, as four years is too short a period for study.
- (3) Paucity of good teachers.
- (4) Absence of properly written text books.
- (5) Comparatively poor equipment possessed by these institutions.
- (6) Inadequate financial resources available to these institutions.

Out of these various reasons which are responsible, the majority opinion was that there were poor equipment, poor financial resources, paucity of good teachers and over-burdening of the course.

26. A small minority felt that the main reason was that the present course laid far too great a stress on modern subjects. Others, however, definitely felt that, as the institutions had teachers of modern subjects trained by the modern method and of Ayurvedic subjects trained by either hereditary apprenticeship or trained by themselves from old texts or qualified from some of these schools, the contrast was sufficiently great to influence the students towards a better study of the modern subjects at the expense of the subjects of Indian systems of medicine. This does not mean, however, that there was actually any fundamentally large volume of teaching in modern medical subjects. What is laid down in the course is actually the minimum required for a general practitioner. To this was added the lack of well written text books on the Indian systems of medicine. This need was felt throughout our enquiry and will be referred to again and again.

27. Some persons felt that the standard of admission, which is matriculation with Sanskrit, was not sufficient for a proper grasp by the students of either the basic science subjects or modern medical subjects or ancient Ayurvedic subjects, because these students were defective both in their knowledge of English as well as Sanskrit and the teaching has mostly been carried out in English as far as science and modern subjects are concerned and for Ayurvedic subjects— the original Sanskrit texts are interpreted to the students who themselves have a poor background of Sanskrit.

28. The written replies also state that the facilities for practical work either in college laboratories or in associated hospitals are so poor that it was difficult to expect the students to understand these essentially practical subjects. However, there was a fairly definite opinion in the written replies that these practitioners, turned out from the recognized institutions, were definitely better as general practitioners than those who were practising without such training. They also were definitely of greater use in rural areas, being able to perform preventive medical work, such as vaccination, inoculation etc.

Utility of these Practitioners.

29. In reply to the question as to whether the practitioners of the Indian systems of medicine could be made an integral part of medical relief in small district towns and villages, several of the written replies answered this question in the affirmative. They insisted, however, that a much larger number of dispensaries in the smaller taluka towns and villages should be started by either the Government or by the public in co-operation with the Government in those areas and to these dispensaries these practitioners could very well be attached. The smaller the earning capacity in these villages, the larger will be the share of the Government of the expenses incurred in connection with them. As these practitioners are being taught the important aspects of preventive medical work, such as vaccination and immunization processes as well as surgery and midwifery, they could undertake this work with benefit to the public in these areas.

Measures necessary for encouragement.

30. As regards additional measures necessary for the encouragement of the Indian systems of medicine and the place of research in these measures, several

suggestions have been made and these suggestions could be grouped under the following heads :—

- (1) A higher standard of admission.
- (2) A change in the curriculum.
- (3) Improvement in the status of the teachers.
- (4) Great improvement in the facilities provided for practical work in various departments of the institution.
- (5) A much larger number of hospital beds than at present.
- (6) Preparation of text books.
- (7) Facilities for post-graduate studies in Indian systems of medicines.
- (8) The formulation of a definite plan for research in the Indian systems of medicine.
- (9) Standardization of Ayurvedic and Unani drugs and control of their manufacture.

31. There seems to be a concensus of opinion in the written replies that it is necessary to raise the standard of admission for obtaining a better status for the practitioners of the Indian systems of medicine. The written replies are not clear as to how far it should be raised.

32. There also was a concensus of opinion that the curriculum required to be overhauled. This overhaul was suggested in two opposite directions—(i) The teaching of the basic sciences should be made more intensive and better organized and (ii) removal of all modern as well as basic science subjects and introducing a purely Ayurvedic course as far as this system was concerned. The latter suggestion, however, came from a small number of people. Some of these people did not consider it necessary for these practitioners to be conversant even with preventive inoculation work. A third opinion was in favour of establishing a standard basic course for all medical practitioners to whatever system they belonged, and which consisted of Physics, Chemistry, Biology, Anatomy, Physiology and Pathology for 4 years after Matriculation. Subsequently, diagnosis and therapeutics of disease could be taught according to any other system, such as Ayurvedic, Unani, Homoeopathy, Naturopathy, etc., for a further period of 3 years. There was a small group of persons who thought it better to introduce more of the modern subjects in the curriculum.

33. All the opinions were unanimous as regards the poor quality of teachers in institutions of Indian systems of medicine. They were also fairly unanimous as to the want of adequate number of teachers for various subjects required to be taught. They wanted these conditions to be improved as the first step in raising the standard of the Indian systems of medicine. The equipment necessary for practical work and the number of hospital beds necessary for clinical work were inadequate in all the institutions, as was expressed in majority of the written replies. This was the next step necessary for raising the standard.

34. There was a unanimous opinion in favour of stimulating post-graduate studies in these institutions by provision of post-graduate studentships or research scholarships or a higher degree. The replies, however, were not clear as to how this could be done under the present conditions existing in the majority of these institutions.

35. While majority of replies indicated the necessity of research in the Indian systems of medicine, and the necessity of some kind of standardization to be introduced in the manufacture of Indian pharmacopocial drugs and preparations, few constructive suggestions with details of any plan have been received.

Synthesis :

36. The possibility of harmonizing the Indian systems of medicine with modern medical science has been touched upon in some of the replies. A few replies were definitely against the possibility of such a harmonization, and they point out that the Ayurvedic system of medicine specially is based on theories of Pancha-Maha-Bhuta and Dosha-Dhatu-Mala which theories could not, according to them, be explained in modern scientific terms. They have thought that these theories must be accepted *in toto* and further work of Ayurvedic teaching or Ayurvedic practice be entirely based on these. However, in certain replies we found that a definite attempt is being made in trying to understand the Ayurvedic texts and theories in terms of modern science and some of the scientists, both Ayurvedic practitioners of standing and professors of Physiology and Pathology in certain medical schools and colleges are of the opinion that such a synthesis is definitely possible and can be worked out in the course of a few years, if a concentrated effort was made on the problem.

Other Systems.

37. The place of Homoeopathy and other systems of medicine has been mentioned in several replies. There were two main opinions—(i) that the State should recognize these systems as they are and allow them to develop on their own and (ii) that they should be based on fundamental knowledge of medicine as taught in modern medical schools and be the subject of post-graduate work only.

Grants.

38. Substantial grants to institutions have been suggested as absolutely necessary in the majority of replies. Necessarily, it was not possible for them to indicate the amount of such grants. However, these grants could be for capital expenditure on new institutions and for extensions of old institutions, recurring expenditure for teaching in Colleges and for maintaining hospital beds necessary for clinical teaching, and lastly for research. The necessity for private philanthropy and for active support by the public themselves was also stressed in the replies, but they were unanimous that this cannot be depended upon.

The Board and the Faculty.

39. The written replies as regards working of the Act and the changes necessary in the Act, in order to improve it, related to the composition of the Board and the composition of the State Faculty. On these questions, the present unsatisfactory state of affairs has been stressed. As regards the Board, some would like the Board to be split up into Ayurvedic and Unani. The majority, however, would like the Board to be re-constituted. In the reconstitution of the Board, one group would like the electoral element to be pre-ponderating or even to be absolute, while another group, specially those intimately concerned with teaching and with the conduct of examinations, require the Board to be so re-constituted as to enable it to go into the merits or otherwise of the requirements of the institutions and of the students as well as the requirements of study as an expert academic body. The State Faculty of Ayurvedic Medicine, as it is constituted at present, was found to be

unsatisfactory by a majority of the people. Most of the replies were in favour of instituting a Faculty of Indian Systems of Medicine in the existing Universities. If it was not possible, they suggested the re-organization of the State Faculty which would then consist wholly of academicians. Such a State Faculty could then take over all the academic functions, leaving the functions of registration and regulation of ethics of medical practice to the Board.

40. In some replies, mention has been made of a number of practitioners who are left out of the register for various reasons and it has been suggested that these should be registered, although, according to the present Act, it is not possible to do so. The consideration of practitioners in States which may merge in the province of Bombay and refugee practitioners who have come from outside the province was urged. The written replies were in favour of finding out a method of registering these people also.

CHAPTER IV.

GENERAL SURVEY OF ORAL EVIDENCE.

41. The Enquiry Committee, after having gone over the written replies, decided to take oral evidence from amongst some of those who had sent written replies, and call for oral evidence from some, although they had not sent written replies; and also from persons in other provinces in India during their tour. The oral evidence was taken from eight distinct classes of persons interested in the Indian systems of medicine :—

(1) Practitioners of Indian systems of medicine not connected with any of the institutions at present engaged in teaching.

(2) Practitioners of pure Indian systems of medicine engaged in teaching Ayurvedic and Unani subjects only.

(3) Practitioners with knowledge of both Indian systems and modern medicine and engaged in teaching at the institutions of Indian systems of medicine.

(4) Practitioners belonging to the modern medical systems and engaged in teaching in the Ayurvedic and Unani institutions.

(5) Practitioners of modern medical systems who are interested in Indian systems of medicine but are not directly connected with the institutions, although they are recognized teachers in the Medical Colleges.

(6) Persons belonging to or representing associations of Indian systems of medicine.

(7) Practitioners belonging to medical associations, the membership being restricted to practitioners of the modern medical science.

(8) Practitioners of Homoeopathic medical systems and representatives of the Homoeopathic medical associations.

General Practitioners of Indian medicine.

42. It appeared to be the view of some of the persons belonging to group (I), that is practitioners of Indian systems of medicine who were not connected directly with teaching students, that in order to foster and improve Indian systems of medicine, it was necessary to allow practice, either without registration or with registration but abolishing the penal clauses of the Act, because they maintained that the number of practitioners of this system of medicine was too few at the present moment and generally the number was very small for the needs of the public. They, therefore, were in favour of not being very strict at present. On the other hand, a somewhat larger number of these practitioners were in favour of registration and also in favour of re-arranging the register so as to distinguish the persons connected with recognized teaching institutions from the others and were in favour of strengthening the institutions teaching Indian systems of medicine. A few of these practitioners insisted that the only way to revive Ayurvedic medicine would be to teach through the ancient Sanskrit texts requiring from the students a much wider knowledge of Sanskrit, as the standard of admission, and advocated one additional year of Sanskrit in the institutions, while a much larger number accepted the view that regularly written texts books in the mother tongue

would be a much quicker method of improving the standard of knowledge of these practitioners. Every one of them, however, was clear that a good knowledge of Sanskrit was essential. They also thought that these practitioners of Indian systems of medicine were an integral part of medical relief in small district towns and villages even at the present moment, although they were not clear as to whether the majority of these practitioners were genuine and knew their subject. As regards additional measures necessary for encouragement, most of the answers given by these witnesses were vague. They were all in favour of taking additional measures. A small minority of these witnesses were of the opinion that Ayurveda was self-sufficient and did not require any additions from outside. They wanted it to develop within itself and not by the help of any outside material. One or two of these witnesses felt that the apprenticeship system might be allowed to continue at least for some years, but they were unable to explain what these practitioners would do in case of emergencies when they went for general practice in the villages without any training for emergency medical work.

Practitioners teaching in Institutions.

43. The oral evidence of practitioners of Indian systems of medicine who were engaged in teaching Ayurvedic and/or Unani subjects in these institutions clearly indicated to us that there was great dissatisfaction among themselves as well as among the students with regard to teaching of these subjects. They said that the students definitely took more interest in the subjects of modern medical science and less in the Ayurvedic subjects. They attributed this to greater amount of stress laid on modern medical subjects in the curriculum. Some of them attributed it to the presence of highly qualified teachers of modern medical science among them in the same institutions. They thought that by contrast, the presence of clear-cut text books for the modern medical subjects and teaching through ancient texts in the Ayurvedic subjects was also responsible for this lack of interest. The majority of them were afraid that, if this was allowed to continue, Ayurveda was likely to die out in the institutions. When asked regarding their suggestions, a few of them wanted the teaching of all subjects through Ayurveda, whatever it means. Some of them were inclined to stick to the ancient Ayurvedic texts for teaching and insisted that the only way to learn Ayurveda was by memorizing all the slokas that constituted these texts and said that they themselves had followed that system. In treating disease, they remembered that sloka first and applied it after. Some of them, however, realized that in modern times this was not advisable and agreed with the suggestion that, in order to create a greater amount of interest of the students in Ayurvedic subjects, text books in the mother tongue should be prepared in each subject with original Sanskrit references, wherever necessary. They also agreed to the suggestion that, as far as possible, in arranging the courses, these subjects should be taught before the subjects of modern medical science.

Qualified teachers.

44. It is gratifying to note that a fair number of teachers in these institutions have had some ground work of modern medical science. Most of them have had a qualification from the Universities and have studied Indian systems of medicine

either privately or with Ayurvedic pandits and some from these institutions. Some of them are those teachers who have taken their qualification from these institutions and who, therefore, have studied both groups of subjects according to the course under the Act. The views of these witnesses were, in the opinion of the Committee, very important. They are interested in the revival of Ayurveda, and in the development of the practice of medicine according to modern scientific methods and, therefore, are attempting a synthesis of the two systems as far as possible. They are definitely not for either reducing the study of Ayurveda or for seeing that it loses its hold on the people. They also agreed that the students cannot be made to take the same interest in Ayurvedic subjects as they can in the modern scientific subjects. They thought that this was due to the absence of easily understood texts and lack of properly qualified teachers. This lack was naturally due to the want of organized institutions in the country and due to the fact that, till a few years ago, practitioners of Indian systems of medicine were either practising by virtue of heredity or by taking apprenticeship under other practitioners. No attempt has been made, in any of the institutions whether for want of hospital facilities or for want of detailed and controlled studies, to understand the Ayurvedic texts on a higher basis. This want of hospital facilities also prevented the students from getting enough clinical material on the medical side for studying Ayurvedic medicine. They were definitely of the opinion that additional measures were essential and should be taken in hand as soon as possible. These additional measures consisted of—

- (1) Measures that would attract the best type of students to these institutions.
- (2) Raising the standard of admission.
- (3) Preparation of text books in the mother tongue.
- (4) Improving the standard of teachers.
- (5) Scholarships for post-graduate work at these institutions.
- (6) Taking measures that would bring closer contact with students of modern medical science, *and vice versa*.
- (7) Providing better facilities for practical work in each subject and separate teachers for each subject wherever possible, so that each teacher can specialize and impart better knowledge in his subject.
- (8) Improved facilities for research, although it was difficult to find out as to exactly what they meant by research and how it was to be implemented. A separate research institute was advocated by some under the aegis of Government.
- (9) Providing substantial grants as in their opinion those given by the Government at present, were hopelessly inadequate.

Teachers in modern subjects.

45. In every institution, we found some practitioners of modern medical science teaching subjects such as Surgery, Elements of Midwifery, Anatomy, Physiology, Physics, Chemistry and Biology. We found that the Assistants

of some of these were trained under the combined course. We found that these teachers desired that the standard of admission should be raised, as the majority of the students, admitted in these institutions, did not come up to the required standard. We were, however, glad to find that most of the Assistants working under them and sometimes in virtual charge of the department were qualified from these institutions and were able to do work to the entire satisfaction of their chiefs. This proves that, given good material and encouragement, really useful practitioners can be turned out from these institutions. These teachers also insisted that the subjects of basic sciences should be taught by different teachers. They said that one teacher undertook the teaching of too many subjects and did no justice to any of them. These teachers also felt that it was possible to harmonize the Indian and the modern systems of medicine, provided a considerable amount of preliminary work was undertaken.

Modern practitioners.

46. We were fortunate in securing evidence from practitioners of modern medical science who were teachers as well in their own subjects and who evinced great interest in the Indian systems of medicine. They apprehended that the present mixed type of Colleges were doing justice neither to the modern medical science nor to the Indian systems of medicine. They considered that the subjects, as arranged at present, were too many for the students to manage in the period given to them. They were afraid a lower class of practitioners, which would compete unfairly with those who graduated from the Colleges, would spring up. Some of them, therefore, were definitely of the opinion, that these institutions should be closed and that Ayurveda and other Indian systems of medicine should be studied on a higher level for the first few years in the present medical colleges. They even said that the present institutions in Indian systems of medicine could be converted into full-fledged medical colleges, if it was possible to do so. They were all unanimously of the opinion that research in Ayurveda was essential. Some were of this opinion from the point of view of eliciting the history of ayurvedic medicine. But majority of them were of the view that the knowledge, as propounded in Ayurvedic texts, was of such an order that an intensive study of original texts and the application of this knowledge in hospital practice under controlled conditions was essential and should be taken in hand by the help of the Government and the public at the earliest possible moment. They were prepared to cooperate with reputed practitioners of the Indian systems of medicine for this purpose. They advocated the establishment of a strong department of pharmacology in each institution where work on the composition and properties of Indian drugs could be undertaken simultaneously on a large scale. One group of these advocated a common course of basic knowledge of Physics, Chemistry, Biology, Anatomy, Physiology and Pathology for four years after Matriculation. Subsequent 3 years, they said, could be utilized in the study of diagnosis of disease and therapeutics according to any system of medicine that the student might choose to take. This method, they thought, would give us the best type of medical practitioners, most suitable for the genius of this country. Some others, however, thought that this was not practicable at the present moment and were agreeable that the present institutions of Indian systems of medicine, if they came up to a certain standard, should be allowed to develop for some years till such time as intensive research, conducted jointly at these institutions and modern medical colleges, brought out clearly the important facts inherent in Indian systems of medicine so far as diagnosis and treatment of disease was

concerned. They advocated that a thorough study of the theories on which the Ayurvedic system was based was essential and were of the opinion that the Government, with the help of the public, should come forward with sufficient funds to start this work on a really sound basis. A view was put forward by a considerable number of these witnesses that the modern medical system was developed from Ayurved and was really Ayurved modified and, therefore, they were of the opinion that no useful purpose would be served by re-opening the question of the ancient system of medicine, except from the point of the study of history of medicine in India. When confronted, however, with the question as to how the practice of this system was flourishing even at the present moment and some of the practitioners of this system practised successfully according to the teachings of the Ayurvedic theories, they were unable to answer it to the satisfaction of the Committee.

Associations of Indian Systems.

47. The views of the representatives of the Associations of the Indian Systems of Medicine coincided mostly with the views of the practitioners of these systems who were not attached to any institutions. They were more concerned with registration of those who had failed to be registered according to the Act and better recognition by the State of the registered practitioners of these systems. Of course, they were in general agreement in the improvement of study in the present institutions.

Associations of Modern Medicine.

48. The views of the representatives of the Associations of the modern medical science coincided with those of the doctors who gave oral evidence and who were closely connected with teaching in Modern Medical Colleges. There was, however, an undercurrent of sympathy for the Indian systems of medicine and a desire to see their revival after a proper study of the theories and practice by modern medical methods. They advocated research on Indian systems of medicine by properly qualified workers and then after the result of such research was available, starting of institutions for the purpose of creating practitioners of the Indian systems of medicine.

Homoeopathic practitioners and associations.

49. We met several representatives of the Bombay Homoeopathic Association and also individual Homoeopathic practitioners. They unanimously advocated recognition of Homoeopathy by the State and encouragement of the study of Homoeopathic system of medicine by the Government and the public. There was a wide divergence of opinion on the method of providing for the teaching of Homoeopathic system of medicine. One school definitely stated that it should be a post-graduate instruction after the M.B.B.S. qualification of the University. A two year's course after M.B.B.S. was sufficient, according to them for the purpose and they wanted that the Government should sponsor such a course by providing teaching institutions with an affiliated hospital. The second group was in favour of starting the teaching of Homoeopathy in a 4 years' course independently. They maintained that the Homoeopathic materia medica should be taught throughout. They were not against teaching subjects of basic science including Anatomy and Physiology. They agreed that the students could take certain subjects as common subjects and be attached to the institutions of Indian systems of medicine or to a modern medical college. However, they felt that the Homoeopathic materia medica should run throughout the course. They pointed out that, although in England, Homoeopathy was being recognized after graduation, it was not so in some other parts of the world.

CHAPTER V.

INSTITUTIONS IN THE BOMBAY PROVINCE AND OUTSIDE.

50. *The Committee visited the following institutions in the province of Bombay :—

1. R. A. Podar Medical (Ayurvedic) College, Bombay.
2. Tibbia College, Bombay.
3. M. G. Ayurvedic College, Nadiad.
4. U. P. Ayurvedic Mahavidyalaya, Patan.
5. Ayurved Mahavidyalaya, Jamnagar.
6. Aryangla Vaidyak Mahavidyalaya, Satara City.
7. Ayurved Mahavidyalaya, Poona City.
8. Ayurved Mahavidyalaya, Ahmednagar.
9. The O. H. Nazar Ayurved Mahavidyalaya, Surat was visited by the President only.

The detailed information regarding these institutions is supplied in the Appendix J. Besides the institutions in the Bombay province, the Committee visited—1. The Ayurvedic College of the Benares Hindu University, 2. Jamiri Bhushan Ashtang Ayurvedic College, 3. Shamdas Vaidya Shastra-Pith, and 4. Vishwanath Ayurved Mahavidyalaya in Calcutta, 5. The Government School of Indian Medicin and 6. The Venkatraman Ayurvedic School in Madras and 7. The Government Ayurvedic and Unani College, Mysore.

The Committee felt after visiting these institutions that there was hardly any uniformity in the work done regarding the teaching of Ayurvedic and Unani systems of medicine in any of the institutions. The teaching of other subjects was even less uniform. The number of students studying in each of these institutions varied from too large to an insignificant number. Similarly, the teachers employed in these institutions differed in their qualifications and capacity considerably from institution to institution and in the institutions themselves. The duration of the course also varied in different parts of India ; so did the standard of admission.

Teachers.

51. The Committee found that it was difficult for the organizers to lay down a minimum qualification of a uniform standard for teachers in Indian systems of medicine. A few teachers in some institutions were hereditary Vaidyas or Hakims. Some of the teachers of these institutions had qualified in the Indian systems of medicine by passing some of the All-India examinations without having undergone any specified course of training in any institution. A fair number had been qualified from one of the above mentioned institutions, although their experience after such qualification varied from a few years to a year or so. Few, however, have been teaching for over 10 years and could be said to be fairly well qualified as teachers in the Indian systems of medicine. The same, however, cannot be said as regards Unani teachers. Although some of them have been qualified from the Tibbia College, Delhi and some other institutions from upper India, the experience they had was not satisfactory, especially as the number of the students studying in these institutions was insignificant.

*Dr. Yodh, Dr. Lagu, Vaidya Gune, and the Secretary, Mr. Godbole were present throughout the tour. Dr. Lagu moreover had the occasion to visit the Unani College at Hyderabad (Dn.), Vaidya Gramopadhye could not visit Satara, Poona and Ahmednagar due to domestic difficulties. Vaidya Vallabhram left the tour due to ill-health after visiting Bombay, Nadiad, Patan, Jamnagar and Ahmedabad. Sir Abdul Latif after seeing the institution at Bombay, joined the tour only from Madras due to communal situation, and then onwards at Mysore, Hubli, Belgaum, Satara, Poona and Ahmednagar. Mr. P. K. Savant could not join the tour being engaged in other Government business.

Pre-medical subjects.

52. According to the courses fixed at present, additional subjects have to be taught. When we went over the teaching of these additional subjects, we found that very few institutions out of those visited had attempted to provide the teaching of these additional subjects on a satisfactory basis. As regards the pre-medical subjects, with a few exceptions, the laboratories required can be said not to exist, because all that the Committee saw in some of these places was cup-boards containing few pieces of glass-ware and a few bottles of chemicals which apparently had not been dusted for many months. In some institutions, some apparatus was displayed and perhaps could come up to a high school standard of the 5th or 6th year class. The apparatus in the Poona Ayurvedic College, in the R. A. Podar Medical (Ayurvedic) College, Bombay and in the Ayurvedic College, Jamnagar may be said to be of the required standard, although even here much improvement could be made.

53. Apart from equipment, when we came to study the qualifications of the teachers in these subjects, we were surprised to find that, except in one or two institutions, *i.e.*, Ayurvedic College, Poona and Jamnagar, one M.Sc. or B.Sc., on a part-time or full-time basis taught all the three subjects. In some others, we found that these teachers were also teaching in the schools at the same place. Thus, it is obvious that no attempt had been made by the authorities in the majority of these institutions to maintain a standard for appointment of teachers of these really important basic subjects. We felt quite certain that practically no knowledge of these subjects was imparted to the students in some of the recognized institutions. There were exceptions, however, and we met with a few of the teachers of these subjects who were devoted to their work and had developed their laboratories and who, if given encouragement, were prepared to help in the synthesis and in co-ordinating the teaching of the basic subjects of the Ayurvedic system of medicine along with their own. There is no justification for appointing any teacher in these subjects of a standard less than a Professor in any of the Science Colleges. If this cannot be done, it should be seriously considered whether it would not be better that the Science Colleges undertake teaching of the major part of these subjects which may be incorporated in the First Year Science course of the College and the institutions teaching the Indian systems of medicine undertake only a small part which may not be done at that stage.

Pre-clinical subjects.

54. After considering these pre-medical subjects, *i.e.*, Physics, Chemistry and Biology, the Committee went over carefully to the equipment and the staff in charge of the subjects of Anatomy and Physiology. They found a liberal provision of charts and a few standard models in all the institutions they visited. Most of them also had provided themselves with skeletons with a collections of bones, but these could not be said to be satisfactorily arranged in the form of a museum in more than two institutions. The requirement for dissecting the human body was met with only in two institutions satisfactorily. Elsewhere, we were not satisfied with their arrangements for dissection and we were not convinced that any dissections were being regularly attempted by students. As regards equipment for teaching of Physiology, no institutions came up to any standard because the requirement as laid down in the curriculum, is itself meagre. The Committee, however, felt that the teaching of the modern Physiology was essential to the understanding of any system of medicine and, therefore, would recommend that the requirements for the teaching of Physiology be made more suited to modern times without being very elaborate. The occasional glimpse at a blood-slide and an occasional count of the red blood cells, performed by the teachers, is not the study of Physiology. The qualification:

of the teachers of these subjects was in the majority of the instances, recent graduation from a medical school or college. One person was often responsible for teaching both the subjects. He was part-time in most cases and there was change of teachers very frequently in some instances. Although Physiology and Anatomy, as laid down in Ayurvedic texts, were subjects to be learnt during the same period, very little attempt at co-ordination of this teaching with modern Anatomy and Physiology has been made. The Committee found several people anxious to bridge this gulf and felt that it was possible to cut out repetition if the teachers of Anatomy and Physiology and of Sharirrachana and Sharirkriya came together more frequently and were encouraged to teach the subjects in a co-ordinated manner. At the present moment, the study of these subjects cannot but confuse the students, as there are clear-cut text books in Anatomy and Physiology and hardly any in Sharirrachana or Sharirkriya. This latter defect requires to be corrected at the earliest possible moment.

Clinical subjects.

55. No medical practitioners, whether belonging to the modern medical system or the Indian systems of medicine, can be let loose on the public unless the authorities are satisfied that they have had contact with a sufficient number of patients in hospitals for a sufficiently long period. On reviewing hospital facilities provided different institutions, we were amazed to find that they were not adequate in any of the institutions. However, the Ayurvedic College, Poona, the R. A. Podar College, Bombay and the Ayurvedic College, Jamnagar had a respectable number of beds. The same cannot be said of any other institutions we visited where the number of beds and the students who came in contact with them was woefully defective. In one institution, there were six beds and three patients and in other institution, there were about 11 beds and 6 patients and both were recognized as full-fledged institutions. This state of affairs, as far as the hospital facilities are concerned, can never hope to put the Indian systems of medicine on any basis at all. No institutions can be allowed to train students, unless they maintain a definite ratio of hospital beds for students and no institution should be allowed to be recognized, unless there is a minimum number of students in that institution.

Apart from this lack of hospital facilities, no patients can be attracted to these institutions unless hospitals are fully equipped and are provided with facilities for proper treatment. We found that in some institutions, the students were taken to the hospitals in the neighbourhood run either by the Government or some other agency for clinical work. However, there was no co-ordination of these teachers with the institutions and they only studied diseases according to the modern methods in these institutions. This naturally did not create any respect in the minds of the students for Ayurvedic system of medicine. The out-patient departments of these hospitals were not attracting a sufficient number of patients. The reasons for this were absence of proper arrangements for these patients and the poor qualifications of the appointed staff.

56. As the curriculum required the knowledge of surgery and midwifery, in some of the hospitals attached to these institutions, fully qualified surgeons and obstetrician were appointed and they have developed good surgical and midwifery departments. There is, however, no uniformity of such development in all the institutions and they vary considerably in their equipment, in the scope of their work and in the time devoted to teach these subjects. It is necessary to lay down certain minimum standards for the teaching of these subjects, without the fulfilment of which, no institution should be recognized. As far as the hospital work is

concerned, unless the teaching of students of Ayurvedic subjects is raised to a very high level, it would be difficult to keep the attention of the students on these subjects.

Other factors.

57. The calibre of teachers of Ayurvedic subjects must be good and the knowledge displayed by him to his students and method used by him in the teaching require to be studied and improved. There may be nothing more harmful to the interests of Ayurvedic medicine than the comparison the students make between the method of teaching of modern medical and Ayurvedic subjects. Here again, the clear-cut and easily understood texts in subjects of modern medicine and the absence of these in Ayurvedic medicine is responsible to a large extent. The teachers of these subjects were, with a few exceptions, unanimously of the opinion that the time has now come for the preparation of text books of Ayurvedic subjects in the mother-tongue with Sanskrit references. It was felt that some of the present teachers may undertake this work, if given suitable encouragement by the authorities concerned. A suitable atmosphere requires to be created in any teaching institution of the standard of a College. This cannot be created unless the institution is equipped with proper College buildings. These need not be elaborate and costly, but they must be built on a plan so as to accommodate the staff and the students comfortably. We found that the College buildings were capacious and elaborate in some instances, were just sufficient in a few and were hopelessly inadequate in the majority. It is true that, financial aid not being available, buildings could not be put up. At the same time, if suitable buildings cannot be put up, proper atmosphere cannot be created. It might be much better to run three or four well-equipped institutions in the province for Ayurvedic and Unani medicine. If this is not insisted upon, the proper type of students will not be forthcoming to take these courses. Any institution again, which seeks to train the students of a College standard and that for several years, must have a suitable hostel and a good gymkhana. This, as is compulsory in all Universities, should be compulsory in these institutions also.

Large number of institutions.

58. In the enthusiasm that caught hold of the public and also of some Ayurvedic practitioners of starting institutions of their own in various places in the province of Bombay, no consideration was given to the demands for such institutions from amongst the students. This is well brought out by the fact that the number of students in these institutions vary from over 207 in Poona to 22 in Patan for the full course. It cannot be economical to run a full-fledged institution answering the requirements for recognition, if the number of students in such institution is so small as 22. Here we may point out that, although some of these institutions are over 25 years old, they have not been able to enroll even 50 students for the full four years course. Therefore, it is obvious that, such institutions cannot hope to exist even if liberal grants are forthcoming from either public charities or the Government.

Finances.

59. On inquiry regarding the financial status of the institutions in the Bombay province that we visited, we were impressed with the gross inadequacy of the finances of all of them, except perhaps the Government College in Bombay, although even in this institution, considering the scale of salaries offered to the staff, it cannot be said to be satisfactory. Two others might be put on a sound financial basis if proper help is forthcoming, as they have built up some funds. About the rest, we cannot imagine how they can ever be put on sound financial basis.

1 Ayurvedic College at Benares.

60. The Committee visited institutions outside the province of Bombay in order to study the conditions in these. The Benares Hindu University Ayurvedic College may be said to be perhaps the best equipped of all. They are running a six years' course after Matriculation with Sanskrit. They have over 300 students. The students learn there two of the three pre-medical subjects in the Science College of the University. The equipment of the other pre-medical subject is satisfactory. They have teachers of the standard of M.Sc., and of the standard of other College professors in these subjects and they have at least one professor for each of these subjects. The standard for pre-medical training was, therefore, better than in other Colleges that we saw outside the province of Bombay. In Madras, the standard of admission has recently been raised to Inter-Science of the Madras University. In Bengal, the equipment for teaching all these subjects is even worse than our province. They do not seem to attach much importance to these basic subjects. In Mysore, the pre-medical subjects are not required at all.

61. Anatomy and Physiology are well catered for in the case of Benares Hindu University with separate teachers for each subject and they have also a well equipped Pathological department with a professor of Pathology. Pathology as a separate subjects was not to be found in any other institution. The hospital, being a University hospital in the case of Benares Hindu University, caters to the needs of the students in a better way. The students are taught in the Ayurvedic as well as in the modern medical subjects at the same time. Some attempt is made at studying the two together. The surgical side is well developed with a fully qualified Surgeon and even special departments such as ear, nose and throat, dental etc. have been organized. There is no insistence on the use of Ayurvedic drugs alone in the treatment of their medical cases. This, to a certain extent, confuses the minds of the students regarding Ayurvedic system of medicine, and there was, in Benares, a sharp difference of opinion between the teachers of Ayurvedic medicine and others as to how this confusion should be avoided. They, however, agreed that suitable text books were required to be prepared as soon as possible. Some activity in the preparation of text books was visible at these institutions as also at a few institution that we visited in the Bombay province.

62. The Benares Hindu University Ayurvedic College has been in existence for a good many years. From what was originally a Shudh Ayurvedic School, where teaching was done in Sanskrit by Pandits who propounded the Sanskrit texts as they were, and which was taken along with other oriental subjects, it developed into a combined course where modern medical subjects were added to the Ayurvedic subjects and it has further developed now in an attempted integration of the teaching of both in the same institution. We found that the products of these institutions were in sub-charge of most departments and were doing work in all the subjects, apparently to the satisfaction of their chiefs. It may happen in the near future that the heads of these departments will probably be those who have qualified from these institutions. The revival of old time Ayurved as a complete system comparable to modern medicine is, however, not to be expected as the Ayurvedic texts cannot hope to cover the teaching of all the required subjects. This is well proved by the example of the Benares Hindu University Ayurvedic College. Benares was also, the home of the best Sanskrit Pandits, and if it could not be done as a Shudh Ayurvedic course in Benares, it cannot be hoped that it can be done elsewhere.

Institutions at Calcutta.

63. In Calcutta, we met many of the leading Ayurvedic practitioners. They are trying their utmost to keep up the practice of Ayurvedic medicine and maintain that

they have succeeded in doing so. Some of these well-known Ayurvedic practitioners take part in the teaching of Ayurvedic subjects in the 3 institutions that we visited. Most of them are agreed that it was necessary to add the knowledge that modern medical science could give to what could be imparted through Ayurvedic books. All of them agreed that it was necessary to prepare text books which can be easily understood by the students either in Bengalee or as some would have it in easily understood Sanskrit. In preparing these text books, they should not be literal translations of Charaka and Sushrut and other ancient books, but written according to subjects rather than as is done in the ancient books. They thought that there were enough people in Bengal who could undertake this work, if encouraged to do so. Some of the people already had manuscripts ready, but could not publish them for want of funds. In visiting the institutions in Bengal, we were struck by the enormous neglect and by very poor equipment and also by the want of a properly qualified staff in the study of pre-medical and pre-clinical subjects. Although they had buildings of their own, the College buildings were hardly suitable for the purpose. Each of the institution had a hospital attached to it, and the number of beds was round about 50 to 100. This is more than we could boast of in the province of Bombay, but none of those could be said to come anywhere near the modern requirements of a hospital. The buildings were all dilapidated, the furniture and the linen were unkept and it was surprising that any patients were attracted to them. However, they were fairly full in spite of this deficiency. This may be due to the enormous congestion in Calcutta. We were also disappointed to find that these institutions did not attract a sufficient number of students and their numbers were gradually falling off. This goes to prove that there is some thing wrong in Bengal. Either the lack of Government recognition or the lack of respect for Ayurvedic system of medicine amongst the student world or wide difference between institutions of modern medical science, as compared with these, or want of proper co-ordinated work by the Ayurvedic practitioners themselves, may be responsible for such a state of affairs. There also we found that those people, who were qualified in both systems of medicine, apparently showed greater interest in these institutions; and the revival of Ayurvedic system in Bengal could be attributed only to the herculean efforts of persons like Kaviraj Jamini Bhushan Roy and Kaviraj Gana Nath Sen. These efforts, however, are apparently not being maintained at the present moment. We, therefore, in the province of Bombay, cannot be guided by what is happening in Bengal in attempting to put Ayurvedic system of medicine on a sounder footing in Bombay.

Institutions at Madras.

64. In Madras, the Government runs the Indian Systems of Medicine College for many years. We visited this College and spent nearly two days there. We found that they were running Ayurvedic, Unani and Siddha systems as three sisters, giving equal facilities to each one of them. The pre-medical and the pre-clinical knowledge required was the same for all the three. This was taught by common teachers. The laboratories and equipment, necessary for the teaching of these subject were, in our opinion, inadequate. The qualifications of the staff, who undertook this teaching, did not come upto the required standard. In spite of this, in Madras apparently, there is a greater demand from the student world for this institution. The hospital facilities and the out-patient facilities were not of a high order, though attendance at the out-patient department and the number of patients in the hospital was considerable. We were not impressed with the quality of teaching imparted there. It is possible that our view is conditioned by the fact that the contrast between the facilities in the modern medical college in Madras and the college of the Indian systems of medicine is very great indeed. In Madras, as the Government

have recognized the practitioners of this system of medicine, the demand for it is explicable, but whether the students learn the principles of Ayurvedic medicine and practice is a different question. We had a long discussion with the staff of these institutions and gathered the impressions that they were not satisfied with the facilities afforded them by the Government. They also agreed that want of suitable text books in Ayurvedic subjects was a great handicap to the teaching of those subjects. If text books could be written on the model of modern medical text books in the mother tongue or even in simple English, it would facilitate the teaching of Ayurvedic subjects. Some of the eminent modern medical practitioners of Madras, who were teachers, were of the opinion that Ayurvedic system of medicine contained in its theory of diagnosis and treatment much material worth studying and that it was valuable as additional knowledge to any system of medical science. We found that one of the professors as well as some medical practitioners were definitely opposed to this view.

65. In Madras, we saw an institution called Venkatraman Ayurvedic institution. We visited it at about 11 a.m. We found that the out-patient department had finished. We found no classes being held. The institution consisted of one or two halls and a few tables, a few Ayurvedic drugs and one or two cup-boards full of books. There was no hospital attached to this institution. This is a picture of the Shudh Ayurvedic College, which is affiliated to the University of Madras. The students are prepared in this institution for the qualification of Ayurved Shiromani. We would not like to comment any further on this institution, as under no stretch of imagination can we believe that practitioners of medicine can be trained in it. It was more in the nature of a Sanskrit Pathshala where slokas in the ancient texts could be memorized and would be imperfectly interpreted to the students without any practical demonstration. The demand for a Shudh Ayurvedic course in Bombay province can only meet with a similar fate if we accept it, and do not introduce any modern material in it.

Institution at Mysore.

66. The Mysore School of Indian Medicine was, on a smaller scale, like that of Madras with Ayurvedic and Unani divisions. The Unani division, however, contained only 6 students. No pre-medical course is apparently necessary in Mysore. The teaching in Anatomy and Physiology is primitive. The number of patients in the hospital is too small for the adequate study of medicine. We were not impressed with the attainments of the Mysore School of Indian Systems of Medicine. We had free and frank discussion with the staff and also with some independent Ayurvedic practitioners in the city. As elsewhere, one school wanted pure Ayurvedic course and the other school were agreeable to the addition of modern medical subjects. The necessity of text books was felt by these teachers also.

67. In conclusion, we may state that outside the province of Bombay, we did not find a single institution which we would consider to be the ideal to be aimed at in the revival of Indian system of medicine in the province of Bombay. The Ayurvedic College at Benares is trying to develop on lines which may ultimately make it a really suitable centre for the revival of Ayurveda.

Institutions in Bombay Province.

68. In the province of Bombay, the best institution is the Poona Ayurvedic College which can run very close to the Benares College. We cannot mention any other institution which has satisfied us as regards even those requirements which have been laid down by the present course and for the purpose of recognition. The Podar College at Bombay, although it has got a suitable building and a good hospital,

it has not got adequately qualified teachers for all subjects and the teachers of modern medical subjects are changing far too frequently and this interferes with proper training. This institution, however, can be put on a much sounder basis by a little more effort on the part of Government. The Ayurvedic College at Jamnagar has got a magnificent building, a hospital and also makes use of the big hospital of the State for teaching purposes. The teaching of the Ayurvedic subjects requires, however, to be very much strengthened. Apart from these three Colleges, although institutions at Satara and Ahmednagar are old and have striven to keep themselves going against all odds, we are certain that considerable effort will be necessary to enable these institutions to reach the necessary standard. As regards the institution in Patan, in view of the new institution at Jamnagar, unless it is bodily removed to Baroda, it does not appear to have any future prospect. Out of the two institutions in Gujarat proper—one at Surat and the other at Nadiad—which are at present recognized only for the junior course, the Surat institution, which is only two years' old and which has made some effort, can be made into a full-fledged College of the required standard, only if large capital funds and a large share of the recurring expenditure is forthcoming. As far as Nadiad institution is concerned, we note that it has been running for 10 years but has made no headway. How it has managed to keep up the recognition of the Board was a mystery to the Committee. We do not see any prospects for this institution, ever reaching the required standard. This is still more applicable to the Tibbia College, Bombay.

Research.

69. After having surveyed the institutions, we may here write a few words about research in these institutions. We did not see any organized attempt at research in any of the institutions we visited. There may be one or two exceptions to this. We did not find the atmosphere for research. We are of the opinion that for the first few years under-graduate work should be strengthened and research be encouraged, only if certain well qualified members of the staff of these institutions put up reasonably well thought-out and practical schemes for such research. In making this statement, we may say that in all the institutions that we visited, a suggestion was made that research should be encouraged at that institution. However, no concrete proposals were forthcoming from any of them. As regards institution of a post-graduate qualification, after a study of the present conditions, we do not see our way to recommend additional post-graduate qualification at the present time. However, if an institution is well-equipped and if the teachers in that institution can have the spare time for guiding students for such higher qualification, it may be permitted to give such courses at such an institution and give a certificate of its own. This certificate may be recognized as a higher qualification after suitable inquiry by the appropriate authority. This will enable the institutions to provide the necessary teachers for either themselves or other institutions, as this has been felt by us to be a genuine want, wherever we went.

70. We found that there was a special class for Sanskrit in the 1st year in one institution. We would wish that a similar class was taken in all institutions. This will enable the students to acquire a better knowledge of Sanskrit, so that they can follow the teaching of Ayurvedic medicine better and refer profitably to the original texts as they feel like doing so. We also wish that the Museums in the modern medical colleges and the civil hospitals where modern medical colleges do not exist should be available for training of students in these institutions and the facilities for the use of Government botanical gardens will greatly help in their studies of *materia medica*.

CHAPTER VI.

THE PRESENT COURSE OF STUDY.

71. It is necessary at this stage to refer to the present courses of study. The instruction and examinations are required to be held, as far as possible, in any of the four regional languages, viz. Marathi, Gujrati, Kanarese or Hindi. We found on investigation that this is hardly done in any instituton as far as instruction is concerned. The instruction is given mostly in English, so far as the modern subjects are concerned. The examination papers are set in English language in these subjects and in simple Sanskrit for the Ayurvedic subjects and the students are allowed to answer these papers in any of the regional languages. In spite of this, we find that over 80 per cent. answer the papers of modern subjects in English, though the answers to the Ayurvedic subjects are in the regional languages. This appears to be due to their being a common examining body for all regions. If the mother tongue is going to be the medium of instruction in these institutions, it is necessary to re-organize both teaching and examinations, so that both can be conducted in the mother tongue of the region concerned.

Preclinical Course.

72. The student, after admission, studies for two years the subjects of Padarthvidnan, Physics, Chemistry, Biology, Sharirrachana, Anatomy, Sharirkriya, Dravyaguna and Rasashastra, Swasthavritta and Agadatantra. During this period, he is supposed to attend 50 lectures in Padarthvidnan, 50 lectures and 20 practicals in Physics, 50 lectures and 30 practicals in Chemistry, 50 lectures and 10 practicals in Biology, 50 lectures in Sharirrachana, 100 lectures and 100 practicals in Anatomy, 100 lectures in Sharirkriya, 75 lectures and 50 practicals in Physiology, 125 lectures and 75 practicals in Dravyaguna and Rasashastra and 30 lectures in Swasthavritta and Agadatantra. This comes to 680 lectures and 250 practicals. At the end of the first year, the student is examined in 5 subjects, viz., Padarthvidnan, Physics, Chemistry, Biology and Sharirrachana.

Subjects of first examination.

73. Padarthvidnan deals with the basic knowledge required by Ayurved. This includes a certain amount of philosophy, logic and physics. There are two text-books prescribed for this, both in Sanskrit. These subjects are taught either by Sanskrit Pandits who may not be Ayurvedic practitioners and/or practitioners of Ayurvedic medicine who are well versed in Sanskrit. If these books can be rendered in the mother tongue, the students would benefit far more, as a much higher knowledge of Sanskrit is required in the proper understanding of the texts. It may also be mentioned here that, due to this reason, i.e., the subject is far too difficult in the 1st year, the Benares Hindu University have removed his subject from first year. It seems that it could be taught with Sharirkriya.

74. 50 lectures of modern physics include general physics and the principles of heat, light, sound, magnetism and electricity. A small number of 20 practicals demonstrate some of the principles. In Chemistry, the principles of inorganic and organic Chemistry are explained. These are just illustrated by 30 practicals. Although no text-books have been specified for these two subjects, the teachers and the students usually use the text books of the 1st year Science course. In Biology, 50 lectures include general biology and botany and in the practicals few natural orders are identified. This course is extremely elementary and perhaps does not go beyond the high school standard.

75. Sharirrachana is taught in 50 lectures. It can, if the terminology is taken over, be very well taught with Anatomy and thus 50 lectures could be saved. At the end of the 1st year, an examination is taken on the subjects mentioned above. This examination is taken by those who are engaged in teaching these subjects in the schools. As has been mentioned above, the standard of qualification of these teachers is not fixed. The experience, required by these teachers before they are appointed as teachers or as examiners is also not fixed. Therefore, this examination is not likely to be a true test of the knowledge of the candidates in these subjects. If we add to this the paucity of equipment and laboratory facilities, which we saw in the majority of the institutions we visited, we are certain that no proper test is taken at the end of the 1st year.

Subjects of Second examination.

76. The teaching of the subjects of the second examination commences from the second term of the first year and to Anatomy are devoted 100 lectures and 100 practicals. Although the syllabus, as drawn out, is fairly comprehensive, looking at the want of properly organized museums and want of dissection facilities, the teaching of this is necessarily theoretical and cannot be expected to give a good knowledge of Anatomy to the student. This subject can very well be taught in the mother tongue when considerable amount of time will be saved and better knowledge imparted. Sharirrachana can very well be taught with Anatomy.

77. Sharirkriya, by which is understood the principles of Physiology, as expounded in Ayurvedic medicines, is given 100 lectures. Modern Physiology is given 75 lectures and 15 practicals. It is obvious, therefore, that there are no practicals of any kind in the teaching of Sharirkriya. This subject of Sharirkriya is divided into Purushavichaya, which is philosophy, as already taught to them in Padarthvidnan and knowledge of Doshadhatunmalavidyan i.e., Physiology. It is difficult for us to understand how this subject, which is the fundamental subject in Ayurved, can be taught to the students unless it is applied at every stage. These functions apply to the healthy body and the diseased body is recognized by the change occurring in these functions and hence, unless the student from the very beginning recognizes these functions in the human body, the subject is not completely understood. Modern Physiology, given 75 lectures and 15 practicals, is also taught more or less theoretically. Although 15 practicals have been put down, we did not see any proper facilities for co-ordinating these practicals; and occasionally students were shown stained slides of blood, blood pressure apparatus or a blood counting apparatus, and they only perfunctorily carry out examinations for albumin or sugar in the urine. This is hardly practical Physiology. It is thus clear that Sharirkriya, i.e., Physiology according to Ayurved or modern Physiology, are both very defectively taught at the present moment.

78. A very large number of the two years is devoted to the subject of Dravyaguna and Rasashastra, which means the study of properties of drugs and preparations of medicines. This subject is exhaustively dealt with in Ayurvedic medicine and contains a large number of statements which require to be verified with regard to each drug or each preparation. The number that are taught to the students is, in our opinion, great. It would be preferable even to reduce the present so-called reduced number, so that a proper study of well recognized and reputed drugs is made by the students and the teachers are left more time to study and to verify the statements made with regard to these drugs in the ancient texts. It is even more necessary to prepare suitable text books for this subject in well-understood terms. In Ayurvedic medicine, the physiology of the body is closely related with the properties of drugs and the proper selection of drugs for the treatment of diseased processes depends upon the proper diagnosis of the change in the Doshas or Dhatus of the body as propounded by them. In our opinion, the study of this subject is very

superficial at the present moment, and if more time is devoted by the teachers in selecting for the purposes of teaching definitely recognized examples, it would impress the minds of the students and they would appreciate the depth of the knowledge as propounded in ancient works. A tremendous scope for research exists in the understanding of the common basis of the physiological functions of the body and the properties of drugs as propounded in ancient ayurvedic texts.

79. The last subject in these two years is Swasthavritta and Agadatantra. Swasthavritta deals with personal hygiene and the properties of various foods and Agadatantra deals with poisons. Both these subjects can be dealt with much better, if they are taken with Hygiene and Toxicology at a later stage and 30 lectures can thus be saved during these two years. In our opinion, no useful purpose would be served by keeping these two subjects as they are in the first part of the course.

Clinical Course.

80. Thus, after two years of pre-clinical work, during which period no contact with patients and comparatively elementary practical work are done by the students, they enter the next two years of their course. During these two years, they are required to study Sautik-Streeroga-Balaroga, General and Preventive Hygiene, Jurisprudence and Toxicology, Ashtangahridaya Part I, Nidan and Kayachikitsa, Medicine, Shalya and Shalakya, Surgery, Midwifery and Gynaecology and Ashtanghridaya Part II. Although they study all these subjects together, an examination is prescribed, at the end of the 3rd year in the first four subjects.

Subjects of third examination.

81. 75 lectures are devoted to Sautik-Streeroga-Balaroga. There is no text for this and they are taught by collecting and interpreting quotations from several ancient books. We have not been satisfied that this subject should require 75 lectures. We are of the opinion that this subject should be taught along with modern Midwifery and Gynaecology in the 4th year.

82. General and Preventive Hygiene is done in 75 lectures and 20 practicals. This is taught according to the modern ideas, but we did not see in any place actual practical work being done, although 20 practicals have been laid down. Showing of a few slides occasionally cannot be called practical work in this important subject. In our opinion, this part of the course requires re-orientation and should also be taken at a later stage. We think that general Pathology is necessary as a subject to be taught and Bacteriology should go along with this subject, instead of with Hygiene as at present.

Jurisprudence and Toxicology, according to the modern ideas, is given 50 lectures. We have already suggested that Swasthavritta and Agadatantra should be incorporated with these and both together should require less than 50 lectures. Some provision for post-mortem facilities is also required to be made.

83. 75 lectures are given to Ashtanghridaya Part I, the subject which is dealt with in the first 3 portions, viz., Sutrasthan, Sharirasthan and Kalpasthan. It may be useful at this stage to point out that Ashtanghridaya contains a collection of material derived from various ancient sources and put together in one manuscript by Vagbhata. He has divided it into six parts, three of which are mentioned above. The subjects discussed in these three parts have already been studied by the students in their preliminary 1st and 2nd year course. The study of this book at this stage is, therefore, a repetition and could be, with benefit, removed from the 4th year and this very book be used in the first two years in parts along with the appropriate subjects till such time as proper text books are prepared. Thus, 75 lectures dealing with non-clinical and preliminary subjects can be saved during these two years for more important clinical work.

Subjects of fourth examination.

84. Throughout these two years, clinical medicine, surgery, midwifery and gynaecology are dealt with. 200 lectures, comprising the subjects of diagnosis and

treatment are required. Along with this, which is Ayurvedic part of medicine, either side by side or one after the other, 100 lectures are given in modern medicine. We are of the opinion that this cannot but lead to considerable amount of confusion in the minds of students, as the former are done by interpretation of quotations and not by following any definite text book. This part is again repeated in Ashtanghridaya Part II. If, therefore, by some method, the subject matter, as is given in Ashtanghridaya, be re-arranged, interpreted, and expanded in the mother tongue as definite texts, the teaching of Ayurvedic medicine is bound to improve. Provision should be made for practical demonstrations of special methods of treatment, prescribed in Ayurveda, such as Panchakarma etc.

85. Shalyashalakya, i.e., General Surgery and Eye, Ear, Nose and Thorat, is given 75 lectures and this is followed by 125 lectures in modern Surgery. Doing this subject in this manner cannot but lead to the student not paying much attention to the Shalya halakya, because out of these 75 lectures about 20 deal with historic Ayurvedic Surgery and can be taken with general Surgery, incorporating the history of certain diseases in it. Thus, the subject could be made far more interesting and a wholesome respect for Ayurvedic Surgery will be inculcated in the minds of the students. Elaborate methods as in Shalyashalakya of treatment of certain surgical conditions may be dealt with in great detail during this course. The aim of teaching Surgery should be that the student be able to diagnose the surgical nature of cases he is likely to come across in general practice, should have grasp the principles of asepsis and should be able to perform minor surgical work, such as opening of abscess, treatment of ulcers, extraction of teeth, common eye treatment. The practicals should be so arranged as to fulfil these objects.

86. 100 lectures in Midwifery and Gynaecology should include the Ayurvedic subjects of Sautik-Streeroga-Balaroga, and there also the subject could be made far more interesting if dealt with in the light of history of these subjects, as applied to modern Midwifery and Gynaecology. An idea of history of Ayurved and its evolution may be given somewhere during the course.

Suggestions.

87. After having surveyed the courses, we have come to the conclusion that they require to be re-cast, keeping in mind the common sense point of view, the practical utility, the order in which the students can grasp the subjects and the far more intimate co-ordination between the ancient Ayurvedic subjects and the modern subjects, wherever they do not clash with the theories of Ayurvedic medicine. Wherever the theories of Ayurveda appear to be quite distinct from those of modern medicine, as in Sharirkriya and Nidanchikitsa, much greater attention should be paid to these. They should be taught thoroughly to the students before some idea is given to them of modern medicine for comparative purposes. For this purpose, all the ancient books, such as Charaka, Sushruta and Ashtanghridaya and others, that are available, must be consulted and on the basis of these, simple texts either in the mother tongue or in simple Sanskrit or in a common language should be prepared and these should be used uniformly in all the institutions, so that the teaching of Ayurvedic medicine will be properly organized.

88. If these suggestions are followed, corresponding changes will have to be made in the examinations. It may be possible to reduce the number of examinations to two or three instead of four. If the number is so reduced, better teaching and more uniformity in teaching will be obtained. It may also be considered whether the passing percentage be raised to 50 per cent. Teachers' conferences at periodic intervals may help in suggesting improvements in the course from time to time.

CHAPTER VII.

GENERAL DISCUSSION AND CONCLUSIONS.

General observations.

89. It cannot be gainsaid that the spark of the Indian systems medicine has been kept alive by scattered and learned Sanskrit scholars all over India. It also is a fact that in ancient times, in addition to schools of medicine which probably existed here and there, the majority of Ayurvedic practitioners learnt individually either from father to son or by some of the learned Pandits taking a group of students and teaching them as apprentices for long periods of time. This was probably sufficient in those times for the purpose of rendering medical help and also inculcating in the minds of the public principles of personal hygiene and some aspects of preventive medicine.

90. It has been said that Ayurveda, which means the principles of Science of Life, originated as an inspiratory gift from divine sources and that the Laws of Ayurveda cannot be questioned or altered or improved upon. This opinion, which is shared by some public men and some Sanskrit Ayurvedic scholars cannot, however, help us in training Ayurvedic medical practitioners at the present time. Conditions that existed in the past are no longer to be found in the present. We cannot but feel that a large amount of knowledge, gathered in the ancient books, was the result of years of patient observation and practical experience coupled with a high capacity for original thought.

91. In training medical practitioners, therefore, it is necessary to inculcate in their minds that the study of medicine cannot be learnt by memorizing the ancient texts. Whatever that is written in these books must be verified by personal observation and by practical testing. We feel that in improving the status of Ayurvedic medicine in our province, we shall be doing injustice to this ancient and noble system of medicine if we do not start from the beginning, i.e. in the selection of candidates for the study of Ayurvedic medicine. We shall not be able to achieve much if we do not provide these carefully selected students with facilities for study of medicine through the basic sciences. The idea, that the study of basic sciences is not necessary for students of Indian systems of medicine, is bound to, if followed, lead to the production of medical practitioners, who will not be able to think for themselves or improve upon their own methods. We, therefore, condemn this outright. Nowhere is it mentioned in the Ayurvedic books that all that is written in these books is the final word. They have, on the other hand, invited the students to think for themselves to get whatever is new and is based on solid foundation and to incorporate it in their own system. They have recommended that a constant study for the improvement of their present knowledge is the only way to carrying the torch of Ayurved further and further.

92. It is not difficult to find why this torch got dimmed during the last few hundred years. New ideas, importance of the English language, glamour of modern science, springing up of modern Universities, entry of medical practitioners from the west in India, the control they established on medical institutions in India, entry of pharmaceutical preparations with them, the hold that these men and their preparations took on the public and the absence of any active encouragement by the Government or the public to the practice of Indian systems of medicine, contributed to the dimming of this torch. In, therefore, brightening it up again, we have to be careful that it is not extinguished for ever. This is likely to happen

if the present schools are abolished and we try to incorporate the history of Ayurvedic medicine or to introduce an additional subject of Ayurvedic medicine in modern Medical Colleges, as suggested by some; or if we stick to the old ancient Sanskrit books, as suggested by some others. A Shudh Ayurvedic course which seeks to teach the students the ancient texts alone and which seeks to ignore modern basic sciences, is quite certain to lead to an early extinction of the Ayurvedic system of medicine.

Recommendations.

93. We, therefore recommend neither of these and would make the following suggestions for immediate consideration of the Government and the public and also of the organizers of the present institutions. This, in our opinion, would be the quickest and the best way of fostering the progress of Indian, especially the Ayurvedic system of medicine:

Institutions.

94. (1) The best of the present schools should be improved and made nearly first class by appropriate Government grants. We have already dealt with them individually in paragraph 68.

95. (2) At least one school should be run in each regional division of the province.

Medium of Instruction.

96. (3) The instruction and examination should be entirely through the mother tongue. This will be possible only if regional Universities or Faculties take up this work.

Standard of admission.

97. (4) The standard of admission, as at present, has been considered to be inadequate by a good number of witnesses. We have studied this question and we agree with them. The first year of study after admission, in which basic sciences are dealt with, is uniformly unsatisfactory with perhaps occasional exceptions, in all the institutions. The two together make us feel that, if the standard of admission be raised to 1st Year Science, if possible with more knowledge of Sanskrit, it would be in the interests of the students themselves and the further study of pre-clinical and clinical subjects. A great advantage of raising the standard of admission to the First Year Science would be that the present burden of teaching Physics, Chemistry and Biology, which is apparently far too much for the resources of the present institutions, will be removed. Some organic Chemistry and Botany will have to be taught along with the First Year subjects. We feel that this can be worked out to the satisfaction of every one concerned. We are aware that the First Year Science is a College examination, but if we take into consideration the candidate's performance in Matriculation as well as First Year Science, we shall be able to select suitable candidates. While selecting candidates for admission, preference should be given to those who have secured high percentage of marks in Sanskrit or have passed some approved examination in Sanskrit.

Duration of the Course.

98. (5) The duration of the course, if this is done, may be $4\frac{1}{2}$ years after entrance. This means an increase of $1\frac{1}{2}$ years over the present period, but it means an addition

of only 6 months to the period recommended by the first Board, which did not have any chance of being followed. The course of training should be re-cast as explained by us in a separate Chapter.

Freeships and Scholarships.

99. (6) In order to attract brilliant boys, a few free studentships and scholarships must be offered by the Government in each institution. This is all the more necessary, because the standard of admission is different from that of modern medical colleges, and unless we are able to attract the best boys for this course, the product that is turned out will not be able to help in the revival of the Indian systems of medicine that we are aiming at.

Requirements for teachers.

100. (7) Far more stringent requirements must be laid down for the appointment of teachers. These vary at the present moment enormously in different institutions. The standard of teachers can really be improved by creating facilities for proper post-graduate training and attention is invited to our remarks in paragraph 69. We recommend some research scholarships for those who wish to undertake post-graduate work in the institutions, so that efforts for research would be stimulated and improvement of the standard of teachers will be possible.

Recognition of institutions.

101. (8) Rigid requirements for recognition of an institution for training students should be laid down and followed and sanction of Government for such recognition should be required as for University Colleges. Owing to laxity in this respect in the past, institutions of entirely different calibre have been recognized side by side for the same purpose. This is bound to lead to deterioration of the Ayurvedic practitioners that are turned out and of the atmosphere of the schools themselves. It is preferable to run three or four good institutions than ten poor ones. We are firmly of the opinion that the public and the Government should encourage those institutions that have shown continued hard work, initiative and have put themselves on a comparatively firm foundation. This does not mean that they are in any way perfect, but it does mean that they can be made into institutions which could be recognized anywhere by any educational authority. In order to achieve this, it may be suggested that the personnel of the Inspection Committee should consist of persons experienced in medical education and working of medical institutions, whether they are members of the Faculty or not. To maintain proper standards, periodical inspections are necessary. We shall discuss this matter again when considering grants.

Ultimate aim.

102. (9) In our opinion, the ultimate aim should be to affiliate these institutions, to University and these institutions, therefore, will have to come up to the standard of other Colleges of a University. Earlier that is done, the greater the chance of an Ayurvedic Faculty being incorporated in a regional University. It is also our opinion that, unless the teaching of Ayurveda is merged with University teaching progress will be slow. We are well aware that owing to difference which will exist in the standard of admission and in the duration and content of the courses in modern medical colleges, it will be difficult for a medical Faculty of a University to accept the Ayurvedic subjects as part of such a Faculty. If, however, research and work done by these institutions brings out the real merit of the system and shows that it is necessary to incorporate a considerable portion of the knowledge

of Ayurvedic theory and practice in modern medical science, the incorporation of an Ayurvedic branch in the medical Faculty may not be difficult. However, for the present, this can be helped if an independent academic body is formed which will lay down qualifications of teachers and requirements of institutions, regulate the courses and conduct the examinations. This body should not be subservient to the Board, but must be entirely an academic body.

Text books an urgent necessity.

103. (10) The working out by persons from amongst the present teachers and some eminent outside scholars of a comprehensive scheme of preparation of text books in regional languages or simple Sanskrit or a common language, is an urgent necessity. We have met with a number of persons who have been trying to write text books by their own individual efforts and of them a few have succeeded in writing fairly satisfactory books. If this effort was done by a substantial help from the Government and by coordinated work, the results would be infinitely better and far quicker. People from outside the province of Bombay may be invited for this purpose. It will be necessary to scrutinize carefully the claims of those who may volunteer to do this work. But it is essential that this should be taken in hand at once. The publication of approved text books should be arranged by Government, either through ordinary publishers or by undertaking the task themselves.

Research.

104. (11) We have given good thought to the question of research. Research in Ayurvedic medicine is not, in our opinion, merely research in a few well known drugs used in Indian pharmacopoeia or in Indian medicine or some combinations of drugs which are universally acknowledged to be of value in certain diseases. We, therefore, do not think that taking this separately and using them in modern medical colleges will lead to any elucidation of the intrinsic merits of Ayurvedic theories of diagnosis and treatment. Treatment is intimately connected with diagnosis. All the treatment recommended in Ayurvedic treatises is based on a definite method of diagnosis according to Ayurvedic theory. Research, therefore, will have to be made by persons competent to do it and by persons of a high mental calibre in the institutions which may be either hospitals affiliated to schools of Indian systems of medicine or to modern medical colleges. For this, a coordinated approach is essential. People who have understood and practised according to the Ayurvedic system must agree to cooperate without prejudice or bias with people who have studied and practised according to modern medical science and *vice versa*. Groups of recognized clinical conditions, which are recognized clearly but in their own way by the Ayurvedic practitioners and practitioners of modern medical science, should be studied together, first as regards their etiology and pathology. This should be established first in a clear cut manner by both. Treatment can then be undertaken by the Ayurvedic physicians and results noted by them. These results can then be co-related before medical staff meetings of these institutions. No emotion or sentiment should be allowed to permeate these discussions. While this is being done, the Pharmacology department of these institutions may undertake to study the composition of individual drugs or constituents of compound preparations. If these drugs can be identified and can be shown to be used by both systems for certain definite

conditions, the study of these drugs would be very fruitful. As the use of Ayurvedic drugs including food substances is based on the properties of these drugs which are described for each one of them, and as the use of these drugs according to modern medical science is based on certain definite actions of the drugs on the functions of the body, a co-ordinated study of both these will enable the research workers to come to some tentative conclusions regarding the theories of the Ayurvedic system of medicine and regarding the still unproved theories of modern physiology.

105. We would like to reiterate again that the prevalent popular view that research in Ayurvedic medicine can be undertaken by anybody if he gets hold of the drugs and uses them in disease as diagnosed according to modern medical science, is entirely fallacious. This probably is one of the reasons why research in Ayurvedic drugs has been so barren of results in the past. This view is accepted by the people who have done research work on these lines. It is necessary, therefore, to branch out in an entirely new direction for doing research in the Ayurvedic system of medicine. A considerable amount of planning will have to be undertaken before any research schemes are put through. We would, therefore, recommend that a small body of medical men and research workers should sit together and confer with a few eminent Ayurvedic pandits and practitioners and work out the lines on which research could be conducted. These plans could then be approved by Government, the necessary funds sanctioned, the institution at which such work could be carried out decided upon and a ten to twenty-five years programme worked out. Giving a few research grants here and there will, in our opinion, not bear any results and is likely to actually hinder the genuine research necessary for fostering the Indian systems of medicine. If, however, any of the present institutions submit a scheme of research which may be acceptable to the body abovementioned, it may be put through independently of the general scheme.

For graduates of modern systems.

106. (12) The present modern Medical Colleges should have a branch or history of medicine added to their departments of medicine. This should be in the charge of a person who is interested in our ancient Indian systems of medicine and who will co-operate with Sanskrit scholars, who have studied Ayurveda, in elucidating the history of medicine as it pertains to the Ayurvedic times and its development or otherwise later on. Ayurved may also be kept a subject for M.D. or Ph.D. with a thesis based on research of basic principles of Ayurved or of particular diseases or methods of treatment. The Board has made regulations for the appearance of Allopathic graduates and licentiates at their qualifying examination, requiring two years' study at an Ayurvedic institution only in Ayurvedic subjects. These may be availed of by them.

Cost of training cannot be cheaper.

107. (13) There is a misconception in the minds of the public as well as of some Governments that the teaching of Ayurvedic system of medicine can be made much cheaper than the modern medical science. If the status and the standard of practitioners of medicine, to whatever system they belong, is to be maintained the mental calibre of these practitioners and the basic knowledge

possessed by them will have to be the same in both the systems. The amount of work that they put in will have to be more or less on the same lines. They will have to, in addition to the basic science subjects and in addition to some knowledge of modern medicine, acquire a detailed knowledge of the Ayurvedic system of medicine. All this will, therefore, require the same facilities, the same standard of proficiency amongst the teachers, the same hospital facilities and the same post-graduate facilities as in modern medical science. We may be able to make this learning little cheaper by preparing our own texts and teaching in the mother-tongue. We expect that all modern medical teaching will also be in the mother-tongue of the region in which it is undertaken. This will certainly tend to make medical science easier to acquire and cheaper than at present. We should, therefore, not think that the cost of training the practitioners of Indian systems of medicine is going to be any different from the cost of training of practitioners of the modern medical science. Here, we should also like to point out that medical students should have the same kind of atmosphere, whether they are studying in the schools of Indian systems of medicine or in modern medical colleges. The general appearance of the buildings, the provision of is well-ventilated hostels, the provision of a good gymkhana and a good library is essential for the students. At the present moment, there is no such thing as an atmosphere of an educational institution in the majority of these institutions.

Status of the practitioners.

108. (14) We should be able to comply with the demand that the status of the practitioners of the Indian systems of medicine be definitely laid down and be in proportion to the standard of admission and the duration of the course that they have to undertake. These practitioners, should be guaranteed a sufficiently important status after they qualify. This is necessary for attracting the right type of students for these courses. We are glad to note that Government have done this as regards subsidized medical practitioners and would recommend that this be followed wherever the status of these practitioners may be involved.

Standardization and control of drugs.

109. (15) The cheapness of the Ayurvedic system of medicine may, however, lie in the proper organization of the Indian pharmaceutical industry. As the raw products are available in our land and as the processes of manufacture are comparatively simple, the preparation of these remedies costs much less than the cost of imported drugs. If, therefore, these practitioners study and use the indigenous drugs in preference to imported drugs the cost of medical care would certainly be cheaper to the public. During our tour, we found that some of the practitioners, who have passed out of these institutions, used indigenous drugs largely in their day to day practice. They, however, used either injections or some imported drugs in certain exceptional circumstances. They complained, that in view of the practice side by side of practitioners of modern medicine who used injections and imported drugs entirely in their practice and who in certain instances were able to show quicker results, the public very often demanded that these practitioners also used those drugs. If they withheld use of these drugs, they lost their practice. It was, therefore, more as a result of public pressure and for personal gain, that a considerable number of these practitioners had to use either injections or imported drugs. By imported drugs, we mean those preparations used in Allopathic medical practice which are not actually

manufactured here from the beginning to the end. Although a lot of pharmaceutical concerns of modern medicine have sprung up in our country, more as a result of the wartime demand than as an industry for the preparation of basic substances, they have not developed on the right lines. The majority of these pharmaceutical concerns import powders or import substances in bulk and prepare tablets or injections or mixtures in their factories and label them. This does not apply to the Indian Ayurvedic pharmacies. Although some of them have succumbed to the lure of making more profits by introducing side by side with Ayurvedic preparations, foreign medical preparations, they on the whole use raw products obtainable here and prepare the drugs from beginning to end in their own factories. There can be no two opinions that this industry must be put on a sound foundation as soon as possible. The standards of the purchase of raw products and the standards maintained in preparing the final products unfortunately vary from pharmacy to pharmacy. It is not possible to say the exact composition of these preparations at the present moment. As some of the raw products are originally costly, especially the preparations from rare metals, it is not possible to be certain of the amount incorporated in the preparations. This is the drawback of the present Ayurvedic pharmaceutical industry. We are of the opinion that, if good use is going to be made of Ayurvedic preparations, their manufacture must be controlled from the beginning to the end. Ayurvedic medicines should be standardised, as to their final composition and method of manufacture. We also are aware that the number of such Ayurvedic preparations is so immense that this control is not easy. If we, however, determine by experience and by noting the demand from the practitioners and the public, we may arrive at sufficiently reasonable number from 100 to 300, which can certainly be standardised and controlled. It may be possible to apply the present Indian Drugs Act to such a group of preparations. Incidentally, we also think that there cannot be any objection for qualified practitioners to use any effective drugs, injections or poisonous drugs or drugs under excise control in the same way as for qualified practitioners of other systems. We are touching on this point, as we consider it as one of the necessary things in fostering and raising the standard of the Indian systems of medicine.

Place of these practitioners in medical relief.

110. (16) The Government are appointing subsidized medical practitioners in certain areas in the province. They also have agreed to the District Local Boards opening Ayurvedic dispensaries and appointing practitioners, registered under this Act, to those dispensaries. If our recommendations regarding the improvement in the courses of study and in the general improvement in the standards of teaching and facilities for teaching are accepted, and are acted upon, we shall have no hesitation in recommending further extension of recognition of medical practitioners from these institutions by recommending to the Government that dispensaries be provided on the Ayurvedic and Unani lines at small towns or Taluka places where no dispensaries exist at present and these practitioners may be appointed on a full-time or part-time basis over a much wider area than at present. These practitioners can also be appointed at cottage hospitals and combined units which the Government may establish. Ayurvedic dispensaries may be run conjointly with the Government, Municipal or Local Board civil dispensaries along with the Allopathic ones. We are of the opinion that all public appointments should be restricted to qualified persons and we are glad to see that Government has already done this as regards subsidized medical practitioners. It is also necessary that proper provision for supervision and inspection of the centres or dispensaries in Indian medicine by qualified personnel of these systems be made so that useful suggestions for guidance and for development and better organization and working of these centres and dispensaries be forthcoming. This may be part of the work of the department suggested by us in paragraph 112.

111. This, in our opinion, however, will not solve the problem of rural medical relief to any great extent. These practitioners and practitioners from medical colleges will be available in small numbers. In order, therefore, that rural medical relief be available on a large scale we have a recommendation to make. The Government should institute training of medical technicians in medical institution, and select persons for such training from amongst promising young men or women from villages, train them in their own mother tongue for a year or two and send them back to the villages to work in groups under qualified medical practitioners belonging to any system. This, in our opinion, would be a step in the right direction for spreading medical aid amongst the village population. It is necessary, to see that these persons are selected by the village panchayats themselves for training, sent to training centres at Government expense and taken up in a regular cadre of service. Thus, no independent practice will be allowed to such personnel. They will serve as other personnel like clerks, village headmen or school teachers under a scheme of service. These persons will not, however, be registered as medical practitioners. Thus, any illegal practice by them will be provided against.

Separate department.

112. (17) We find that a great amount of delay occurs, because of the inconvenient and cumbersome machinery which has to be gone through in getting the day to day proposals of the Board and the Faculty sanctioned. This delay actually interferes with the proper functioning of these two bodies and leads to deterioration in the standards required from them. We would like to see some machinery developed by which the considered proposals of the Board and of the Faculty will be able to get administrative sanction within a reasonably short period of time. This can be done by the appointment of a separate officer to deal with this part of the work who will be in charge of the matters connected with the Indian systems of medicine in the Government and who may be conversant with the subject. We are aware that this may mean that a separate department may have to be created, but the absence of such a separate department is a great handicap in the functions related to Indian systems of medicine. This department will also be useful with regard to matters, referred to in paragraph 110.

Unani system.

113. (18) As regards the Unani system of medicine, we have reluctantly come to the conclusion that there is no appreciable demand for an institution of Unani medicine in the province of Bombay. The present college, the condition of which is deplorable, cannot, in our opinion, be put on a firm foundation by any means. In order to encourage and to raise the standard of the Unani system of medicine, we would like to see that the Government select a number of candidates who may be sent at Government expense to some of the well known Unani institutions for training. If, after a period of 5 years or so, a sufficiently good number of well qualified Unani practitioners have come back to the province of Bombay, the idea of starting a full fledged institution may be mooted again. This recommendation is being made deliberately because if we agree to the suggestion of permitting the present state of affairs to continue and allow the college with little or no equipment and the hospital with 3 or 4 beds, we shall be doing harm to the Unani system of medicine. The public in the present time will not be satisfied, unless sufficient facilities are provided for training, unless the requisite number of qualified teachers are available for the purpose and unless there is a genuine demand from amongst the students for such training. None of these three are available in the province of Bombay at the present time. The Government may consider, when conditions are ripe for it the opening of the Unani side in the Government Colleges in the Bombay province.

Homeopathic System.

114. (19) The Homoeopathic system of medicine is being practised rather extensively at the present moment. We have tried to study the question of encouragement of the Homoeopathic system of medical practice or of Government registration of these practitioners. Homoeopathic medical practitioners are being either trained by themselves from books or are being trained by correspondence courses or are being trained by some schools run by the Homoeopathic medical associations in Bombay. Some of the Homoeopathic medical practitioners have had some training abroad. Homoeopathy practice is based on the study of symptoms produced by drugs in healthy persons. They use minute quantities of drugs in diseases, which exhibit symptoms produced by the same drugs in the healthy. A very elaborate system has been worked out on this basis many years ago by the founder of Homoeopathy. It is still being followed as it was formulated by the original author to a large extent. The vast majority of medical practitioners of this system know nothing about Anatomy, Physiology or the basic sciences which is required either for the student of modern medicine or the student of Indian systems of medicine. We feel diffident in recommending that practitioners, who have studied in this manner, be permitted to practice medicine on the same status or basis as the others. We are not denying that the method of treatment, as practised by the Homoeopathic practitioners, may have value in the treatment of disease. It will be admitted that many measures are of value in treatment of disease, but it is one thing to acknowledge the value of drugs and entirely different thing to recognize the person as qualified to use those drugs, unless he has had some training at an approved institution in an approved manner. It was suggested to us that a 4 years' course of Homoeopathy should be started and should be recognized by the Government. It was also suggested to us that a 2 years' course in the use of Homoeopathic drugs be organized for graduates of modern medical science and that should be recognized by the Government. As Homoeopathic practice is quite innocent of the knowledge of surgery and midwifery, practitioners who undertake this practice will also have to know at least the emergency procedures and the recognition of simple surgical conditions and obstetric anomalies. This cannot be done unless these persons undergo a regular course, as has been advocated in the case of Indian systems of medicine. We, therefore, do not see our way to recommend recognition of any of the Homoeopathic schools, nor the registration of these practitioners, as the conditions stand at present. We can only recommend that those who desire to undertake the practice of Homoeopathy should undergo a minimum course of training such as required for either M.B.B.S. or the Indian systems of medicine. Subsequent to this course, they may study the Homoeopathic system of treatment in any way they desire and the Homoeopathic Association may see to it that the necessary training is given to those people before admitting them to their associations and the Government may then consider recognition of such people as qualified to practice Homoeopathy. This will enable the public to differentiate those who have studied Homoeopathic system of medicine from those who have not. Although the terms of reference do not include the Homoeopathic system of medicine, we are making bold to make this recommendation, as the questionnaire contains reference to this subject and as a modification of the Act will also require a similar consideration. As there is no short cut to the practice of medicine, we are strongly of the opinion that an independent course of Homoeopathy, without reference to either pre-medical subjects or pre-clinical subjects will not be in the interest of either the public or Homoeopathy itself. It may here be pointed out that in England at least in the Homoeopathic hospitals, only those persons who have obtained qualification from the modern medical colleges, are taken on the staff after they have undergone an additional training in Homoeopathy.

CHAPTER VIII.

THE BOMBAY MEDICAL PRACTITIONERS' ACT, 1938.

115. The main objects of the Act are (1) to encourage the study and spread of the Indian systems of medicine and (2) with a view to obtain this, regulate the qualifications and to provide for the registration of practitioners of Indian systems of medicine. All the provisions of the Act, therefore, have tried to keep these two points in view. Having got the opinion of the practitioners who have been registered under this Act, and of members of the public and certain officials we have come to the conclusion that, owing to certain inherent defects in the Act, the objects of the Act have not been fulfilled to a satisfactory extent. This has been the general opinion of all who have given evidence. The following main defects in the Act have been visible to us and we propose to make our recommendations here regarding the same.

Division of electorate.

116. While the Board of Indian Systems of Medicine should be a body of academic status, the registered practitioners, which form its electorate, consist mostly of persons who have no experience of or connection with teaching or teaching institutions or even experience of any examination. Many have obtained registration by producing certificate for period of practice and some have passed examinations which do not require any institutional training. This is bound to hinder the progressive development of Indian systems, such as we desire. Some method will have to be devised to distinguish, therefore, from amongst these registered practitioners between those who are connected with recognised teaching institutions and examinations and those who have got no such connection. We, therefore, recommend that the register be divided into two parts. The first part should consist of:—

- (1) Persons who possess registrable qualifications.
- (2) Persons who have passed before 1942 an examination from the teaching institutions in this province, which are recognized as such by the Board at present.
- (3) Teachers of 3 years' standing in the existing teaching institutions, recognized for full course, in this province.
- (4) Examiners of 3 years' standing, appointed by an authorized examining body in this province.

The second part should consist of all persons not included in the above Part I. This will necessitate amendment in section 15 (2) of the Act.

The Board and the Faculty.

117. Wide powers were given to the Board and these powers included those of recognition of institutions and, determination of the courses, but not the power of holding examinations. All these functions, in our opinion, should have been given to an independent body consisting of persons with high academic attainments, which would not have been influenced by any other considerations except those of the requirements of the Indian systems of medicine and of fostering these systems. This does not mean that some of the members of the Board did not possess such qualifications, but owing to heterogeneous composition of the Board, the main object in view, of recognition of institutions, and prescribing courses which mainly was to maintain and to raise the standard of these systems and of teaching in the institutions, was often lost sight of.

118. This naturally led to the authorization of a body only to hold examinations, viz., the State Faculty. As this is the only function given to it without any control of the institutions or of the courses, this body did not function as an academic council of a University should. Besides appointing moderators and examiners and organizing the administration of the examination, the Faculty had no responsibility. The Surgeon General to the Government of Bombay, being the head of this Faculty and not being specially concerned with the Indian systems of medicine, naturally left the technical part of the work to the members. The head of the Faculty should have the same status and also have the necessary background of working of the Indian systems of medicine; such a President would be in a better position to guide the deliberations of the Faculty.

119. If it is not possible to entrust this work to any regional academic bodies at present, we feel that the State Faculty should be re-constituted and consist only of academicians and should have the functions of regulating the recognition of institutions, the determination of the courses, the conducting of examinations and such other functions of the Academic Council of a University. If this is done, the Board of Indian Systems of Medicine will be left with the usual work of regulating the registration, maintaining the ethics of practitioners of Indian systems of medicine and recommending to Government qualifications for recognition for the purposes of registration. The Board should also consist mostly of academic persons, but may contain few representatives of other registered practitioners.

120. At the present stage, we definitely feel the necessity of the President to be a nominated one and also the necessity of a substantial number of nominated members. We prefer this for at least 10 years more, because we feel that stability in the functions of the Board as well as the Faculty will not be attained till such time. We also recommend that it will be best in the interests of both the bodies concerned that the President of the Board and the President of the Faculty should be the same person. He should be such a person who would be able to co-ordinate the functions of both these bodies and would be able to control both of them properly. After very careful consideration, we could not agree to the suggestions made for separate Unani board or faculty or for regional representations on the Board or the Faculty.

121. We, therefore, recommend that the Board should consist of 15 members, who shall be appointed in the following manner:—

(1) A President nominated by Government.

(2) 7 Members nominated by the Government, out of whom two shall be from the Principals of recognized teaching institutions and 1 shall be an independent medical man who is interested in Indian systems of medicine.

(3) 5 Members elected by practitioners included in Part I of the Register, mentioned above, from amongst themselves, provided that at least one of these five will be a practitioner in Unani system.

(4) 2 Members elected by practitioners included in Part II of the Register, mentioned above, from amongst themselves.

In the place of the present section 22, the Board should be empowered to inspect examinations by a section similar to section 13 of the Bombay Medical Act, 1912, to recommend alterations in the Schedule (proposed later) on the lines of section 20 of the said Act and to make Rules on the lines of section 19 of the Bombay Medical Act, 1912.

122. The Faculty should consist of 11 members, appointed in the following manner :—

(1) A President nominated by Government, who may also be the President of the Board of Indian Systems of Medicine.

(2) 5 Members nominated by Government, of whom 2 shall be from the Principals of recognized teaching institutions and 1 shall be an independent medical man who is interested in Indian systems of medicine.

(3) 3 Members elected by teachers of 3 years' standing in the existing teaching institutions, recognized for full course in this province and examiners of 3 years standing, appointed by an authorized examining body in this province from amongst themselves; the eligibility of the candidate being of 5 years' experience in teaching or examining.

(4) 2 Members elected by registered persons who possess registrable qualifications, as well as those who have passed before 1942 examinations from teaching institutions in this province, which are recognized as such by the Board at present, from amongst themselves.

The functions of the Faculty should be to prescribe courses of training and to regulate the teaching and examinations, to determine and maintain the standard of examinations, to hold examinations and issue degrees, to lay down standards for recognizing teaching institutions and to recommend to Government recognition of institutions who come up to required standards, to inspect and maintain the standards of the requirements of teaching institutions, to prescribe qualifications of teachers and examiners, to consider schemes for such works as preparation of text books or research and other academic functions required for the fostering of Indian systems of medicine. The Faculty should be given the necessary powers such as authority to call for any information from institutions, power of inspecting them, power to recommend disaffiliation if they do not maintain the standard etc. required for this purpose and also the power to set up Boards of Studies or Committees including outsiders for specific purposes. The powers of making the regulations for this purpose, as mentioned in section 30 at present, should be given to the Faculty. Scope should be left for increasing the functions of the Faculty by administrative action for such work as text books, research, etc. We also suggest that for carrying out these functions, the Faculty should be provided with a good library, equipped with all possible books on Indian system of medicine which will also be useful for reference to other teaching institutions and workers in the field. These things will have to be provided for by inserting new section in the Act and by amending section 30.

Addition of Schedule.

123. The other defect of the Act is regarding the provision for recognition of qualifications, especially of those obtained outside the province. Under the present Act, there is no provision for a schedule of registrable qualifications and under section 22, the Board is required to inspect the various examinations, even all over India, every three years, and the authority given at a particular date cannot have a retrospective effect. It appears that the schedule was not provided, as no registrable qualification was there for mentioning in the schedule when the Act was made. We would like that the provision for this purpose should be on the same lines as that made by a schedule at the end and the section 20 of the Bombay Medical Act, 1912. The schedule at the end shall contain the qualifications that have become registrable since the working of the Act and in addition those suggested in paragraph 127 below. A change in the wording of section 16 (1) will also be necessary to bring it on the lines of Section 7 (2) of the Bombay Medical Act, 1912.

Practitioners in merged States.

124. The merger of States in the Bombay Province has raised the question of practitioners of Indian medicine in the States so merged. As there was no such Act in those areas, it is justifiable that the practitioners in these areas should not be deprived of their practice by application of the penalty clauses of the Bombay Medical Practitioners' Act. We are of opinion that necessary provision should be made for entering the names of the practitioners of any system, who were practising in those States on the date of merger, in the list under section 18. As far as registration of practitioners of some standing in the merged States is concerned, this also may be to a certain extent justifiable. However, as the previous experience of registering practitioners has not been very happy, it is necessary at this time to suggest the institution of a more perfect scheme, while recommending the registration of these persons. We must be able to distinguish between those genuinely entitled and have had practice for some years from those who may try to take advantage of the provision of registration as many did in the past, without having any knowledge or practice in Indian systems of medicine. The question of devising a scheme to register only such persons is not very easy. We think that Government should set up a machinery to scrutinize the claims of these people in detail. They may even set up a small examining body which will take an oral examination of such persons who do not satisfy on the *prima facie* evidence that they are fit for registration. We should not this time rely on a certificate of a period of practice. This may be done either in one centre or preferably in two or three centres in those areas. We recommend that those who prove that they had regular practice in Indian systems of medicine for over 20 years, should be put on the register.

Refugee Practitioners.

125. The question of refugee practitioners of Indian systems of medicine who have come to this province on account of political reasons is also referred to us. We think that those who were earning their livelihood by this profession for a reasonable number of years cannot change their vocation now because of change of place. It is, therefore, necessary that the penalty clauses should not be applied to these persons. We think that there is no reason for registering these persons as they are not domiciled or do not permanently belong to this province. However, we have to take a liberal view in allowing them to practice. We therefore, recommend that registered refugees, who had at least three years practice, in the areas from which they have come, should be exempted from the operations of Section 32 of the Act under the proviso to that Section. It may also be provided that, those registered refugees who have passed any of the examinations which were approved by the Board for registration before 1941, may be similarly exempted.

Unregistered Practitioners.

126. We have received representations desiring favourable consideration for those practitioners who are said to have been left out of the previous register. Looking to the voluminous registration made in those years it is rather surprising to hear that there might be some persons who were left out. As the opportunity of registration was already provided to these persons, we do not think that the register should now be opened for them as we have recommended for the persons in the States. To our mind, the question of these persons, if any, should be considered only from the point of view that they are deprived of their livelihood by the penalty provisions. However, those practitioners who are practising in the rural areas cannot suffer from this, in

view of the provision of Section 37 of the Act. Nevertheless, we may suggest that the machinery suggested for the registration of States people may also be used to scrutinize any application on the ground from persons who are domicile of this province and who claim to have been regularly practising in Indian Systems for ten years or more before 1941 in urban areas. If they satisfy that they could not apply for registration for *bona fide* reasons and were, for a large part, dependent on their practice for livelihood in those years, their names may be entered in the list under Section 18.

Registration for qualified practitioners.

127 We, recommend that, out of all these categories, those who have passed examinations before 1942 from the institutions in this province which are recognized as such by the Board at present, should be registered. These are Ayurved Mahavidyalaya, Poona, Ayurved Mahavidyalaya, Ahmednagar, Aryangla Vaidyak Mahavidyalaya, Satara and U. P. Ayurved Mahavidyalaya, Patan. Government has already exempted some of them under proviso to Section 32. It would be convenient for this purpose as well as for the purpose of the second category of practitioners in Part I of the Register, *vide* paragraph 116 that these examinations should be mentioned in the Schedule to the Act, proposed in paragraph 123. These examinations required institutional training for four years and their courses included the necessary modern advances. Their past training was also recognized for appearance at the qualifying examination. Appropriate changes in the Act for all these purposes, mentioned in paragraphs 124 to 127, will have to be made, especially in Sections 16, 18, 21 and the Schedule.

Other amendments.

128. We recommend other minor amendments as follows:—

The definition of Indian systems of medicine in Section 2 (2) may be improved by deleting the words " or not ":

We consider that the whole register may conveniently be published once in 5 years and the year of its publication should coincide with the year of election, so that upto date electoral rolls may be available. In other years, in place of the present annual publication, a supplement will suffice, giving the additions, deletions or alterations in the register. We would also suggest that the provision for renewal of registration by sending letters, provided in Section 15 (5), should be made compulsory every five years immediately before the publication of the quinquennial register mentioned above. This will necessitate amendments in Section 27 and Section 15. Incidentally, it may be stated that the wording of Section 15 (5) should make the provision for removal of name of a practitioner if he stops his practice more clear.

Some time-limit may be kept for the appeal under Section 17.

The penalty Section No. 28, may conveniently be transferred to Part III of the Act.

Some penalty should be provided for issuing unauthorized certificates, under Section 33.

Provision also should be made in Section 35 for prohibition of issue of any diploma, etc., "implying that the holder is qualified to practice Indian systems of medicine".

Section 36 (c) should be amended so that a person, whose name is removed from the register, will not be exempted from the penalty caluses.

We have observed that the penal clauses are not enforced to any satisfactory extent at present. The Government should consider how the penal clauses may be enforced strictly and should institute necessary provisions by amending the present Section 38 or otherwise as may be deemed necessary.

Amendments to Rules.

129. Amendments in the Rules for the following provisions may be suggested :—

In rule No. 7, provision be made for a deposit to be kept for nomination of candidates and in other respects, the rule should be brought into line with rule No. 12 of Bombay Medical Council especially by providing for the appointment of scrutineers and changing the word "send" for "deliver personally" in sub-rule 9, as suggested by the Board.

Rule Nos. 69, 70 and 71 appear to be redundant, in view of the fact that the keeping of register and the information it should contain is already given in the sections of the Act itself, viz., 15 and 27. These rules may be deleted or substituted, if necessary, by a rule similar to Rule No. 70 of the Bombay Medical Council Rules.

Under rule No. 72, a provision may be made for a schedule of additional registrable qualifications to be added as an Appendix to the Rules.

Regarding Rule 76, as the certified copy is to remain evidence only until the publication of the printed register, it need not be issued after the latter is published.

Under Rule No. 78, the forms of declaration and undertaking, required by this rule, should be provided. Provision should also be made in the rules for restoration of the names voluntarily removed, which is not there at present.

Under Rule No. 79, the form of declaration and certificate, required by this rule, may be provided.

Rule No. 80 may be deleted, in view of Section 27 and the quinquennial publication of register, suggested above.

As the provision in Rule No. 101 is to be made applicable to persons registered even under Section 16 (2), the words in the bracket, requiring the practitioner to possess a registrable qualification, should be deleted.

Amendments to regulations.

130. As regards regulations, we have made our suggestions regarding course of training, including qualification for admission. The present regulations regarding recognition of teaching institutions will also have to be revised, in view of our remarks about more stringent requirements made at various places in the report. The regulations are also faulty because of the omission of the necessity of approval or sanction of Government for recognition of teaching institution.

CHAPTER IX.

GRANTS.

131. The Government have, in the terms of reference, asked the Committee to suggest for the consideration of Government the basis on which grants, recurrent as well as non-recurrent, should be paid to the institutions of Indian systems of medicine. A grant will be required for the Board on the line of the Bombay Medical Council. We have recommended as an important step in fostering Indian systems of medicine, the creation of a Faculty for looking after the academic functions. Additional grants will, therefore, be required for the proper function of this Faculty, for its staff and for the execution of the various duties and responsibilities it may undertake.

132. The question of recommendation regarding the grants to teaching institutions is extremely difficult to solve, especially because the recognized institutions vary enormously in their work from the point of view of the students admitted, the teachers appointed, the buildings constructed, the hospital beds provided and such other things. In, therefore, suggesting a uniform basis for grants, justice cannot possibly be done to all the institutions. Unless, therefore, a definite standard is laid down for recognition of these institutions and if only those institutions that come up to the standard are recognized, the question of suggesting grants to each one of the institutions will not be easily solved.

Minimum Standard for Recognition of Institutions.

133. No institution should be recognized unless it caters for the full course and it has scope for development to University standard. We are, therefore, recommending in the first instance that no institution be recognized unless it admits at least 30 students every year and has a total muster of not less than 100 students in the College. No institution should be recognized unless there is a hospital attached with it for the purpose of clinical training of at least 60 beds for the present, which may be increased later-on and has a well-developed out-patient department. These 60 beds should be so divided that there are at least 30 medical, 15 surgical and 15 maternity beds. No institution should be recognized unless they provide a separate teacher for each major subject, such as Physics, Chemistry, Biology, Anatomy, Physiology, Sharirkriya, Dravyaguna, Nidanchikitsa, Medicine, Surgery and Midwifery. The practice of allowing one teacher to take several subjects is, in our opinion, highly undesirable. We think that some fulltime staff (without private practice) is necessary for Ayurvedic subjects, so that study and research can receive proper attention. No institution should be recognized unless a minimum standard laboratory equipment and museums are definitely obtained for the subjects where they are required, and it has proper dissection facilities. No institution should be recognized, unless it provides a hostel for at least 40 per cent. of the students and a Gymkhana. This is necessary for creating an academic atmosphere in the institution. No institution should be recognized unless there is a fairly commodious building in which it is housed. This need not be an elaborate and costly building, but it certainly should provide liberal space for the classes and the laboratories and room for housing a library, offices, recreation rooms, etc. No institution should be recognized unless it in a sound financial position. Until such time as the Government takes over the complete control of education, the organizers will have to

provide for a minimum percentage of capital and recurring expenditure. This percentage is difficult to fix, because what can be obtained locally will depend upon the financial resources of the charitably minded public of that place. At the same time, the Government cannot be expected to foot the whole bill.

Basis for Grants to Institutions.

134. After having considered this question closely, we have come to the conclusion that, if the institutions come up to the required standard, as has been laid down above, 60 per cent. of the non-recurring expenditure and 50 per cent. of the recurring expenditure should be borne by the Government. Although there is considerable amount of sympathy for the Indian systems of medicine, apparently it is not translated into financial aid by the public. However, we can confidently recommend to the public and the Government that these institutions, if properly organized and run, will fill a definite want and will enable the Indian systems of medicine to be fostered and put on a sound basis and this help should certainly be forthcoming. These teaching institutions have to provide hospital beds for teaching purposes and they find it extremely difficult to do so for want of financial help. These hospitals should, therefore, be considered as part of teaching institutions and we recommend that a grant be sanctioned by Government on the basis of 50 per cent. of the expenditure for each average daily occupied bed, which generally comes to Rs. 700 per bed per year or a lump sum annually which may be 50 per cent. of total expenditure of the hospital incurred in the previous year, whichever is less. So far as capital expenditure for hospital is concerned, a grant of 50 per cent. of such expenditure seems to us to be reasonable. This would suffice only if charitably minded public of the locality contribute the other half.

Stipends to Unani Students.

135. As far as the Unani system of medicine is concerned, we are unable to recommend the continuation of the present institution. We recommend, however, that a number of students be sent by the Government to well known Unani institutions in other parts of India. These students, when they return after qualification, may form a nucleus from which the staff of an institution for the Unani system of medicine may develop.

Grant for Research.

136. More public donations and Government grants will be required for organized research. We are not in a position at the present moment to recommend the exact amount of such grants. They would, however, run into several lakhs of rupees. We recommend that the Government should lay apart a certain sum for research purposes. If well thought out schemes for research are put before them and if they are accepted by a body which may be appointed or authorized by the Government for the purpose, this money should be available for such research. A definite attempt by the Government should be made, so that such schemes could be worked out. Government institutions will be able to work in co-operation with Government hospitals, gardens, libraries, etc. Sometimes, more enthusiasm, work and love of science may be found in non-official efforts of research. We have found that, although ideas about research are prevalent, either because of want of encouragement by the authorities or because of the obvious impossibility of getting funds for carrying out this research, they do not progress further than merely being thought out. If such people have some assurances that money can be found for such research, more schemes on the lines, suggested by us above will definitely be forthcoming. In any case, the research in basic principles should not be held up for want of grants.

Freehips and Scholarships.

137. We recommend that free studentships and scholarships be provided at each of the recognized institutions by the Government and half the cost of these free studentships and scholarships be borne by them. The number of these free studentships and scholarships shall be determined after taking into consideration the demand and the standard of the institutions in which they are given. Research scholarships may be instituted for post-graduate work at institutions wherever such work may be possible.

Provision for Text Books.

138. Government should also provide funds for getting the text books prepared, as suggested by us before, and for their publication. This will help to improve teaching in institutions.

CHAPTER X.

SUMMARY OF RECOMMENDATIONS.

139. The main recommendations made by the Committee may be summarized as follows :—

1. The best of the present schools should be improved and brought to a much higher standard, if necessary by better Government grants.

2. At least one school should be run in each regional division of the province.

3. The instruction and examinations should be entirely in the mother tongue.

4. The standard of admission should be raised to First Year Science with more knowledge of Sanskrit.

5. The duration of the course, after admission as above, should be $4\frac{1}{2}$ years. This will mean an increase of $1\frac{1}{2}$ years over the present period but of only six months over the period recommended by the first Board. The course should be re-cast on the lines of our suggestions in Chapter VI.

6. In order to attract brilliant boys, free studentships and scholarships should be offered by Government to deserving students.

7. Far more stringent requirements should be laid down for the appointment of teachers. Their standard should be improved by providing post-graduate work for certificate courses in select institutions. Some scholarships may be provided for such courses in the institutions.

8. Rigid requirements for recognition of teaching institutions be laid down and followed and sanction of Government for such recognition should be required as in the case of University colleges.

9. The ultimate aim should be to affiliate these institutions to the University and these institutions, therefore, will have to come up to the standard of other colleges of the University. The earlier that is done the better.

10. The working out by persons from amongst the present teachers and some eminent outside scholars of a comprehensive scheme of preparation of text books is an urgent necessity and demands priority. This effort should receive substantial help from Government and the publication of approved text books be arranged by Government.

11. It is necessary to branch out into an entirely new direction for doing research in the Ayurvedic system. Groups of recognised clinical conditions and their treatment will have to be studied by Ayurvedic practitioners and modern medical practitioners together, along with a co-ordinated pharmacological study of the drugs used for the same. This will enable research workers to come to some conclusions regarding the theories of Indian Systems and possibly the unproved theories of modern physiology. Considerable amount of planning will have to be undertaken and a scheme of research should be worked out by a small body of eminent Ayurvedic Pandits, medical men and research workers. These plans could then be approved by Government, the necessary funds sanctioned and a ten to twenty five years programme worked out. However, if any of the present institutions submit a scheme of research which may be acceptable to the body above mentioned, it may be put through independently of the general scheme.

12. The modern medical colleges should have one branch of history of medicine added to their departments where the history of medicine, pertaining to the Ayurvedic and Unani times and its development or otherwise later on, may be studied in co-operation with Ayurvedic and Unani scholars. Graduates and licentiates from medical colleges may avail themselves of courses in Ayurved and Unani prescribed by the Board for their purpose. Later Ayurved may form a subject for thesis for M.D. or Ph.D.

13. That the cost of teaching the Indian systems of medicine is not going to be any different from that for modern medicine, should be appreciated by the Government and the public. The status and the standard of medical practitioners, to whatever system they belong, should be maintained at a high level. They will, therefore, require similar facilities.

14. These practitioners should be guaranteed a sufficiently important status after they qualify themselves, which may be in proportion to the standard of admission and the duration of the course that they have to undertake.

15. The manufacture of Ayurvedic preparations must be controlled from beginning to end, and it may be possible to apply the present Indian Drugs Act to a reasonable number of preparations which can be also standardised. This industry must be put on a sound foundation as soon as possible.

16. The Government has already subsidized medical practitioners of Indian systems of medicine. Dispensaries on Ayurvedic and Unani lines should be provided at small towns or taluka places, where no dispensaries exist at present and these practitioners should be appointed over a much wider area. They can be appointed also at cottage hospitals and combined units. Ayurvedic dispensaries can be run with the present civil dispensaries. Proper provision for supervision and inspection of these centres and dispensaries by qualified personnel of these systems should be made.

17. A separate department should be started under a separate officer to deal with all the functions related to the Indian systems of medicine. The absence of such a department is a great handicap at present.

18. The present Tibbia College is in a deplorable condition and should not be allowed to continue. There is no appreciable demand for an institution of Unani medicine in this province. Government should, therefore, select a number of candidates who may be sent at Government expense to some well known outside Unani institutions for training. After 5 years or so, when a good number of qualified Unani practitioners have come back, the idea of starting a full-fledged or a combined institution may be mooted again.

19. The register should be divided into two parts—one part consisting of persons who are connected with recognized teaching institutions or examinations and the other part consisting of all other practitioners.

20. The present Board should be re-constituted and should consist of 15 members, as detailed in paragraph 121. The functions of the Board should be registration, maintenance of ethics and recommending to Government qualifications for recognition for the purpose of registration.

21. The State Faculty should be re-constituted and should consist of 11 members, as detailed in paragraph 122. The functions of the Faculty should be

to prescribe the courses of training, to recommend recognition of teaching institutions and maintain their standard, to hold and regulate examinations and such other functions as those of an Academic Council of a University.

22. A schedule of registrable qualifications should be provided at the end.

23. The persons practising in the States on the date of merger should be enlisted under Section 18. Those with 20 years practice in the merged States should be registered. A more perfect machinery for scrutinizing in detail the claims for registration or enlistment should be instituted. The registered refugees with 3 years practice should be exempted under proviso to Section 32. Claims of persons who are said to have been left out of the previous registration may be scrutinized and if they satisfy the conditions laid down in Para 126, their names may be entered in the list.

24. Out of all these categories, those who have passed an examination before 1942 from the teaching institutions in this province which are recognized as such by the Board at present, should be registered and their examinations should be included in the Schedule.

25. If the institutions come up to the required standard, laid down in Para 133, 60 per cent. of the non-recurring expenditure and 50 per cent. of the recurring expenditure should be borne by Government. The hospitals, attached to these institutions, should be considered as part of the teaching institutions and a recurrent grant on the basis of Rs. 700 per year for each average daily occupied bed or 50 per cent. of the total annual expenditure, whichever is less, should be granted by Government. The grant for non-recurring expenditure for the hospital should be 50 per cent.

Bombay, 25th May 1948.

(Signed) B. B. YODH,
President.

(„) B. C. LAGU,

(„) ABDUL LATIF HAJI
HAZRATKHAN,

(„) G. G. GUNE,

(Signed) P. R. GODBOLE,
Secretary.

(„) V. N. GRAMOPADHYE,

(„) VALLABHRAM V. VAIDYA,
Seen

(Signed) P. K. SAVANT,
Members.

Before I agree to the Ayurvedic part of the conclusions drawn and recommendations made by the Inquiry Committee of the Indian Systems of Medicines, I must say that all this is done after careful consideration and patient inquiries for which we should be thankful to all those who helped the Committee in any way and specially the President.

I see a serious deficiency in the report, to which, I feel my duty to draw the attention of the Committee and the Public, and also to raise my voice about the unfortunate leaving aside of Unani System which may have been unknowingly or knowingly neglected in the report. Every one who may happen to read the report will see this that every where and every thing is said about Ayurvedic System only, while at some random places, we find some words here and there about the Unani system which also are not encouraging in any way. In support to this I may mention paragraph 93 where it is clear that what is said is "especially for the Ayurvedic system of Medicine"—though its is said in paragraph 6 that the scope of inquiry was for both the sister systems.

Hence I try to put the case of Unani shortly before you to complete the work of the Committee.

The Unani system of Medicine is a very ancient and noble system which originated at Greece about 2,500 years ago hence its name. The founders and builders of this magnificent structure were the world known personality like Aesculapius, Socratis, Hyppocrates, Plato, Pythagoris, Aristotle, Galinus of Galen, Avicenna Rhazis, Jabir, Avenzoar, Abulcasis, Averroes, etc., who were great Philosophers, Hakims, Surgeons, Chemists, etc., who had given their share to it with highest capacity of original thought and thus it flourished with the patient personal observation and by the practical experiences and tests offered to it for centuries in this long run. The structure of this system was such a great and was so much beneficial to the Public that it expanded from country to country and wherever it went its roots were so deep that period of centuries could not unroot it in face of various strongest oppositions, operations and movements. It also came to our country passing through Roman Empire, Spain, Arabia, Persia, Syria and China, etc. and is vastly practised all over India for hundreds of years. In Gujarat also there had been very able Hakims present in the Darbar of various Rulers.

There were famous schools and Universities for this system where at a time 300 candidates were trained with practical applications of the knowledge in the Hospital—the originators of which were also the practitioners of Unani systems and the first Hospital came into existence before 1,200 years. The present allopathic system which we now know by the name of modern medical system or western system etc. is also based on the Unani structure. In support of this claim I may well draw the attention of the Committee to the well-known publication like History of Arabian Medicine by Dr. W. G. Brown etc. and still further I may say that even now there are hundreds of names of diseases apparatus drugs or preparations in its original forms without a change in the names and this may be easily understood and acknowledged by our friends of the Allopathic system. Unani system was not learnt by memorising the shlokas of the ancient books but there were so many books written in Greek and latins which were afterwards not only translated into Arabic but up-to-date literature was produced for every branch of this knowledge and derived the benefit of the personal observation, research and study of the human system by the learned authors. We can really see the basic sciences are also included in it and taught to the students from the very beginning. The student had to pass 8 years course in a school in which 18 premedical subjects were taught

in arabic and then he had to do the full course of Unani medicines from 6 to 10 years, in which 15 subjects were taught with practical work at the hospitals. After examination they obtained certificates with Government seal and were allowed to practice. After the translation in Arabic this literature was translated in Persian and Urdu or Hindustani also. We can get some literature printed even in Hindi script.

Before the English got hold of our land there were two systems of medicines vastly practised in India (Madras Province and Deccan being exception because their prevailed the Siddha system). In the time of the British Rule in India it is properly said that the ancient system of Ayurved and Unani suffered much through the negligence of the Rulers and even it was tried by various means to see that these may not exist but these systems were successful in maintaining their merits in face of the powerful opposition of the western practitioners through the help of the State.

After saying this preliminary words, I come to the suggestions made by the Committee and put forth my ideas about them:—

I fully agree with paragraph 94 (1) and have to state that unless the Government may come forward with appropriate grant, no purpose will be served if we rely on the public charities first and Government help afterwards as advocated by the Government, because we are passing through a very hard time when every individual is under anxiety for himself, so we cannot expect any good response from the public in these hard days.

I agree with paragraphs 95 (2) and 95 (3) fully, I also agree that the standard of admission must be uniform and hereby draw the attention of the committee to those of the T. & A. College, Delhi, and also at Lucknow and Hyderabad-Deccan, the chance of visiting which was unfortunately not available to the present Committee. In the course prescribed by these colleges we can see the basic subjects included in the satisfactory way and hence their standards of admission and the course of training is satisfactorily applicable for a Unani Institution. I strongly recommend this also because the student for Unani are mostly Mohomedans and our Community is rather backward in educational matters, hence we have also to consider this case favourable keeping in mind this point of view also.

I agree with paragraph 98 (5) in the light of the above suggestion of mine and also agree with paragraph 99 (6) fully.

Regarding the teachers I must say that good qualified teachers are easily available for the Unani system in Bombay also if we care to see them. There are a dozen good institutions outside this province where the students get their training in their mother tongue through the Text books easily available for the purpose, and there are hundreds of such qualified persons in this province also. It is true that the teachers must be qualified and must have good teaching experience hence I agree for creating facilities for proper post-graduate training and research scholarships for them.

Regarding paragraph 101 (8) I have to state that when 25 or 30 years old Institutions which are on comparatively firm foundations, are not regarded to be perfect, how can an Institution of 8 years standing be compared with them. I strongly appeal to be some what liberal about a Unani Institution because there exist none in this province. We should not also compare our institution of

8 years with the Grant Medical College which is a Century old well managed institution with the grand stately help. A college established before 30 years with a capital of 50,000 cannot be expected to be established at present with 5,00,000 of rupees having proper equipment and facilities. How can we expect high standard of an institution which cannot get ample help from the state. If we insist on such a standard and facilities in the very beginning, the result will be a destruction of our systems with our own hands. It will be better if we try to come to a higher standard step by step and give liberal suggestions to the proposals.

Regarding the Faculty I recommend that a separate Unani Faculty must exist for the present as an independent academic body which will do the same work as the Ayurvedic Faculty is suggested to do.

Regarding the Text Books I have to say that as far back as in 1918 the late Hakim Ajmalkhan Sahab was the first man to think of this vital and urgent need in the mother tongue and appointed a Committee of eminent scholars from all over India with a comprehensive scheme to translate the Arabic and Persian books keeping in mind the modern needs. He also managed to publish these at a high expense and also commence to train students with these books at the well-known college of Delhi which he established at that time. These Text Books are to this day successfully used in the Unani colleges all over India and thousands of people have derived the best benefit from training through these books and they are found in every corner of India doing the services of the public. After this the Usmania University of the Nizam took this matter in hand and after nominating a Board of well-known academicians of India to foster this work at the expense of lacks of rupees. These books are also published and are taught in various Unani Colleges all over India. In short there is no shortage of text books for Unani systems in our mother tongue and so there should be no anxieties about it. Moreover; there are books in mother tongue for the subjects which are taught in the modern manner.

Regarding paragraph 104 (11) I must say that research must also be undertaken for Unani system as suggested here and I am confident that the method of diagnosis and the theories of Unani systems will be proved of much importance and based on practical observation. Also I agree with the suggestion of study of drugs and their preparations. In this regard I must say that our properly trained practitioners will be more useful to us.

Regarding paragraph 105; I agree that the work must be done in co-ordinated manner and the Government should help substantially for achieving the proper results.

I also agree with paragraphs 106 (12), 107(13) and 108 (14) as far as Unani system is concerned and I think that as there are already basic subjects included in the course of Unani system hence this training will be rather cheaper than is the case with Ayurvedic System. When we talk of creating the same kind of atmosphere as in modern medical colleges, we should also think of the status given to our practitioners by the Government and also of the simpler manner of passing life for our students. I do not recommend to make our practitioners like those of western system whose mode of living being westernised, is very high and not simple. I also recommend that the status of our practitioners must be quite in line with that of western system. The Government has not done so and the status and the pay, etc. are kept lower than those of the allopaths in case of subsidised medical practitioners.

I agree fully with the views expressed under paragraphs 109(15), 110(16), 111 and 112(17) regarding the proper organisation of the Indian Pharmaceutical industries pertaining both the sister systems and appointment of subsidised medical practitioners etc. I also feel that something must be done to get the proposals sanctioned hastily. I defer with the suggestions and conclusions that there is no genuine demand for an Unani Institution in our province. I am of opinion that the Committee was not able to get proper information about the Educational Conditions of the Unani systems and this is also the cause of the words said in paragraph 8 in the beginning of the report. We must consider that the health department of the Bombay Government and the Board of Indian system of medicines has not yet recognised the practitioners and their certificates of qualifications who are trained in any other wellknown Unani colleges out of Bombay Province, except those of T. & A. College, Delhi, and also do not allow them to practice here. When we say that there is no proper institution here it is very hard to say that where should the students go for training and which college will be of use to them when that college is neither recognised nor the persons qualified there is allowed to practice here. How can any one managed to provide after taking a training when he is a resident of this province. What is said of the existing institution and which is compared with the institutions of long standing with stately help and well manage means, it is not proper to be said and compared in this way.

The recommendations for sending selected number of candidates at Government expense to other institutions will also not be fruitful inasmuch as in 1938 when the Congress Government was in power it was decided to send 8 candidates with Government scholarships to the Delhi Tibbiya College. This continued up to 1944 but when the registration was stopped on 4th November 1942 according to the Act, these qualified young men who were about 32 were not given the opportunity of registration upto this date. Many of them are without any profession and some have after being disappointed by this kind of affairs, joined some other profession. So what purpose will be served by sending the candidates as suggested. Instead we should be liberal in the special case and give opportunity to develop an institution in this province according to our desire, but step by step. Regarding the qualified teachers I have said on page 5 that these are easily available. It is said that public will not be satisfied unless facilities for training, Text books, qualified teachers and genuine demand for training is not at hand. I have to say that in Unani there are sufficient up-to-date text books and qualified teachers ready as stated on page 5 by me. Regarding the demand I have to point out that when there is no demand, why so many students go every year to the institutions in other provinces of upper India from here and are qualified after taking regular training there. If there be no genuine demand this may not have been the case. They are obliged to go so far because the Government is not giving facility for training in our own province with a good institution under Government supervision.

I have one last recommendation to make. We should for the present take steps to recognise five or six good Unani colleges from other provinces and allow to practice those who have been qualified there. Also we should allow to practice in our province qualified practitioners coming from the provinces where a Board of Indian system of medicines exist, and they are registered with them. This is necessary to save Unani system from further decay.

I have nothing to add regarding paragraph 114(19).

I agree with what is said about the defects in the Act of 1938 but I defer about the constitution of the Board as suggested in paragraph 121. In my opinion there must be atleast four members of the Board from the Unani side instead of only one as suggested, because there will be no voice of only one member on the Board.

At the end, I thank you for going through these rather lengthy notes of mine, but it being the question of existence of the Unani system that I have been obliged to put my thoughts before the Committee in details, and I hope that the Committee will excuse me for this trouble.

(Signed) H. M. QASIM,

APPENDIX A.

INDIAN SYSTEMS OF MEDICINE ENQUIRY COMMITTEE, BOMBAY.

Questionnaire.

The terms of reference of the Committee are as follows:—

1. To consider and make recommendations to Government in regard to the 'amendments necessary in the Bombay Medical Practitioners' Act, 1938, and the rules and regulations framed thereunder, in the light of their working for the last seven years.
2. To consider and report on the working of the State Faculties for the Ayurvedic and Unani Systems of Medicine and to suggest any changes, if necessary.
3. To consider and recommend to Government what steps are necessary to foster and raise the standard of the Indian Systems of Medicine and to promote research therein.
4. To suggest for the consideration of Government the basis on which grants recurrent as well as non-recurrent should be paid to Ayurvedic and Unani Teaching Institutions.

The Committee will welcome any statements of views or suggestions within the field of enquiry referred to it. Persons replying to the questionnaire below may cover the whole of the field or any particular part of it which lies within their special knowledge. The Committee will, however, feel specially grateful if such persons give detailed answers to those questions in which they are particularly interested or with which they are specially well acquainted.

It is requested that replies may be forwarded as soon as possible and not later than the 30th June 1947, to the Secretary, Indoan Systems of Medicine Enquiry Committee, C/o Board of Indian Systems of Medicine, 144, Esplanade Road, Fort, Bombay.

1. Has the Bombay Medical Practitioners' Act, 1938, in your opinion achieved the object for which it was enacted? If not give your reasons therefor.
2. Have the teaching institutions in the Indian Systems of Medicine recognized by the Board of Indian Systems of Medicine, Bombay, been successful in turning out efficient Ayurvedic and Unani Practitioners? If not, give your reasons therefor.
3. What is your impression of them as practitioners of Medicine?
4. What changes would you suggest in:—
 - (a) the minimum qualifications for admission to the courses for the qualifying examinations prescribed by the Board.
 - (b) the syllabus of studies.
 - (c) the length of the course and its gradation,
 - (d) the inclusion of modern subjects and the extent to which they should be included in the courses, and
 - (e) the practicals and clinical studies?
 Give your reasons for the same.
5. Do you consider that the present standards of the qualifying examinations in the Ayurvedic and Unani Systems of Medicine as prescribed by the Board of Indian Systems of Medicine, Bombay, are adequate? If not, what changes would you suggest?
6. What is your opinion regarding the existing arrangement made by the Board for the recognition of teaching institutions? Have you any suggestions to offer?
7. What according to you should be the minimum requirements of a teaching institution (i.e., for the College and Hospital, respectively) for Indian Systems of Medicine?
8. Have you any improvements to suggest in the present working of the teaching institutions with a view to raising their standard in relation to each of the following?
 - (1) Teaching staff.
 - (2) Laboratories and Museums.
 - (3) Hospitals and their staff and equipment.
 - (4) Periods of instruction: theoretical and practical.
 - (5) Methods of practical training (i.e., clinical, laboratory, dissection, operative surgery, postmortem, etc.).

Have you any suggestions to offer regarding the composition and working of the State faculties for the Ayurvedic and Unani Systems of Medicine, Bombay? Would you suggest any other machinery for the purpose?

10. Do you consider that the normal tendency of students is to take to the study of Western medical science in preference to the Indian Systems of Medicine? If so, give your reasons for such a tendency.

11. What steps would you recommend to encourage the study of the Indian Systems of Medicine?

12. Do you consider that the institution of a post-graduate degree in Indian Systems of Medicine by Statutory Universities in India would encourage the study of these systems?

13. What according to you should be the courses of studies for such a postgraduate degree in Indian Universities?

14. Would you recommend the establishment of a Government institution for research in Indian Systems of Medicine? Do you consider that the establishment of a research department in an institution—hospital and/or college—teaching Indian Systems of Medicine would promote research? Are there sufficient facilities either in men or in material for the purpose?

15. What steps would you recommend to encourage private efforts in research in Indian Systems of Medicine?

16. (a) What should be the objectives of research in Ayurvedic and Unani Systems of Medicine?

(b) What should be the lines of working to achieve the same?

(c) What equipment and requirements do you consider necessary for the same?

(d) Would you suggest any definite scheme for establishment of such research work?

(e) Would you give financial estimates for the scheme of research work proposed by you?

17. What are your suggestions regarding the institution of post-graduate instruction in institutions recognised under the Board of Indian Systems of Medicine, the duration of the course for the same and the examinations therefor?

18. Is it possible in your opinion to have a reasonable approach towards similarity in or harmonising the theory and practice of the Ayurvedic, Unani and Modern (Allopathic) System of Medicine? What are your suggestions in this regard?

19. Do you consider that a compilation of an Indian Pharmacopoeia and the standardisation of Indian Drugs would materially help to popularise Indian Systems? If so, who should undertake such compilation, and what suggestions have you to offer?

20. Can Indian Systems of Medicine be made part of a comprehensive scheme of medical relief in the province? If so, please give details of your plan for future arrangement.

21. Do you consider that the present constitution of the Board of Indian Systems of Medicine is such as would enable the Board:—

(A)—to discharge adequately all its functions, and

(B)—to achieve the objectives of the Act, viz., encouragements of the study and spread of the Indian Systems of Medicine? If not, what changes would you suggest in respect of:—

(a) Its composition,

(b) the proportion of elected and nominated members on it,

(c) representation on it of:—

(i) teachers in Ayurvedic and Unani Institutions,

(ii) qualified registered practitioners in the Ayurvedic and Unani Systems, and

(iii) non-qualified registered practitioners in the Ayurvedic and Unani Systems,

(d) its term of office, and

(e) the mode of election.

22. Have you any suggestions to offer regarding the powers of the Board in the matters of prescribing the courses of training for the qualifying examination and those prior to it as also for post-graduate degrees in the Indian Systems of Medicine?

23. Do you consider it advisable that a schedule of recognised qualifications similar to one given in the Bombay Medical Act 1912, should be added to the Bombay Medical Practitioners Act, 1938, and if so, under what conditions?

24. Do you consider that the interpretation of Sec. 36 (c) of the Act given by the High Court of Bombay calls for an amendment of clauses (c) & (d) of Section 36?

25. Do you consider that the provisions in Section 36 (e) should be immediately implemented and Government should prescribe the institutions qualified for training Homeopathy.

26. Do you consider it advisable to amend Sec. 36 of the Act so as to exempt persons practising in systems of Medicine other than the modern scientific system of Medicine, Indian Systems of Medicine and Homoeopathy and if so, which other systems should in your opinion be recognised for the purpose? Give reasons therefor.

27. Do you propose that immediate provision for the registration of dentists, homoeopaths and persons practising other systems of medicine to which you may make reference in your reply to question No. 26 should be made?

28. Do you propose that a provision of renewal of registration periodically, say, every five years, should be made so as to make it possible to maintain a correct list of medical practitioners registered under the Act? Do you propose that a small fee should be levied for such renewals?

29. Do you propose that a grant-in-aid be made or a fixed annual grant be provided by the Government for the functioning of the Board? What should be the basis for fixing such grant?

30. Do you consider that it is advisable to prescribe a separate form of declaration required to be filed for the purpose of reentry on the Register under Rule 79 and also a form of declaration and of undertaking required for the purpose of voluntary removal of name from Register under Rule 78?

31. Have you any amendments to propose to Section 35?

32. Do you consider that the grants at present made by Government to teaching institutions in Indian Systems are adequate?

33. What considerations according to you should be borne in mind in determining the basis of recurrent and non-recurrent grants to these institutions?

34. Do you consider that the basis of recurrent grants to non-Government institutions should be a fixed percentage of their annual expenditure to enable the proper development of such teaching institutions?

35. What portion of the non-recurring expenditure such as on building, apparatus furniture and other equipment should, in your opinion, be borne by Government?

36. How far can private philanthropy be depended upon for establishing Ayurvedic and Unani institutions (a) for medical relief and (b) for teaching.

APPENDIX B.

List of persons who have given both written and oral evidence.

| | | |
|----|---------------------------------|------------------|
| 1 | Hakim Abdurrahman Abdurrasul | ... Hubli. |
| 2 | Vaidya Adya Anantacarya. | ... Bijapur. |
| 3 | Dr. Agashe, M. N. | ... Satara City. |
| 4 | Vaidya Apto, Trimbakshastri | ... Poona. |
| 5 | Dr. Athalye, V. V. | ... Satara City. |
| 6 | Vaidya Bagowadikar, V. N. | ... Sholapur. |
| 7 | Vaidya Bakre, V. M. | ... Belgaum. |
| 8 | Dr. Bendre, V. M. | ... Poona. |
| 9 | Vaidya Bhagwat, A. J. | ... Hubli. |
| 10 | Mr. Bhat, P. V. | ... Poona. |
| 11 | Dr. Bhat, V. M. | ... Yeola. |
| 12 | Vaidya Chittalshetti, V. M. | ... Bijapur. |
| 13 | Dr. Coelho, George, | ... Bombay. |
| 14 | Dr. Cooper, R. N. | ... Bombay. |
| 15 | Dr. Dass, A. C. | ... Bombay. |
| 16 | Vaidya Degwekar, B. V. | ... Jubbulpore. |
| 17 | Vaidya Desai, Ramrao. | ... Gadag. |
| 18 | Vaidya Deshpande, Pandurang H. | ... Poona. |
| 19 | Vaidya Dhamankar, P. V. | ... Nasik City. |
| 20 | Dr. Dhavale, L. D. | ... Bombay. |
| 21 | Dr. Dixit, M. K. | ... Surat. |
| 22 | Vaidya Ektaro, V. D. | ... Amalner. |
| 23 | Vaidya Gokhale, B. V. | ... Poona. |
| 24 | Vaidya Gopalkrishna Rao | ... Dharwar. |
| 25 | Vaidya Hiremath, S. R. | ... Bijapur. |
| 26 | Dr. Jallundhwalle, T. N. | ... Patana. |
| 27 | Vaidya Jalukar, D. V. | ... Nasirabad. |
| 28 | Dr. (Miss) Jhirad, J. | ... Bombay. |
| 29 | Dr. Jog, M. N. | ... Satara City. |
| 30 | Vaidya Joshi, Ganeshastri | ... Poona. |
| 31 | Vaidya Joshi, Govind Ramchandra | ... Nipani. |
| 32 | Vaidya Joshi, N. V. | ... Poona. |
| 33 | Vaidya Joshi, S. N. | ... Nadiad. |
| 34 | Vaidya Joshi, T. D. | ... Broach. |
| 35 | Vaidya Joshi, Venimadhavshastri | ... Bombay. |

APPENDIX B—contd.

| | | |
|----|-----------------------------|------------------------------|
| 36 | Dr. Kanado, P. H. | ... Sholapur. |
| 37 | Vaidya Kavade, K. N. | ... Poona. |
| 38 | Dr. Kurulkar, G. M. | ... Bombay. |
| 39 | Dr. Mankad, G. B. | ... Ahmedabad |
| 40 | Dr. Mehta, C. M. | ... Bombay. |
| 41 | Dr. Mody, J. P. | ... Ahmedabad |
| 42 | Dr. Naravane, T. R. | ... Bombay. |
| 43 | Dr. Natu, M. N. | ... Poona. |
| 44 | Vaidya Pandit, Bindumadhav. | ... Nasik City. |
| 45 | Kvj. Panjraton, Asa Nand | ... Bombay. |
| 46 | Dr. Paranjpe, A. S. | ... Bombay. |
| 47 | Vaidya Parvatikar, V. V. | ... Bagalkot. |
| 48 | Dr. Patel, M. D. | ... Ahmedabad. |
| 49 | Dr. Patwardhan, G. N. | ... Sirsi. |
| 50 | Vaidya Pathak, V. S. | ... Dhulia. |
| 51 | Dr. Pendse, G. S. | ... Poona. |
| 52 | Vaidya Puranik, G. V. | ... Panval. |
| 53 | Hakim Rashid Ahmed Khan. | ... Bombay. |
| 54 | Dr. Savanur, H. V. | ... Belgaum. |
| 55 | Vaidya Shastri, M. N. | ... Ahmedabad. |
| 56 | Vaidya Bapalal G. | ... Surat. |
| 57 | Vaidya Pratapkumar P. | ... Bombay. |
| 58 | Vaidya Vamanrao Dinanath | ... Bombay. |
| 59 | Vaidya Vaze, G. M. | ... Chikodi (Dist. Belgaum). |
| 60 | Vaidya Zhandu, Gatubhai | ... Jamnagar. |

APPENDIX C.A.

List of persons who have sent only written replies to the questionnaire.

| | | |
|----|--------------------------------|-------------|
| 1 | Dr. Apte, M. V. | Bijapur. |
| 2 | Dr. Apte, M. V. | Poona. |
| 3 | Vaidya Avadhani Keshavacharya | Bijapur. |
| 4 | Vaidya Ballol, V. R. | Bagalkot. |
| 5 | Dr. Bhatavdekar, D. M. | Bombay. |
| 6 | Vaidya Bhatt, M. R. | Zappu. |
| 7 | Vaidya Bhujle, G. M. | Hubli. |
| 8 | Vaidya Dabal, A. T. | Bagalkot. |
| 9 | Vaidya Deodhar, Krishnashastri | Nasik. |
| 10 | Vaidya Dikshit, M. B. | Limb Goa. |
| 11 | Vaidya Divekar, G. D. | Tasgaon. |
| 12 | Mr. Doddamurthi, A. J., M.L.A. | Gadag. |
| 13 | Dr. Gadgil, S. B. | Bombay. |
| 14 | Mr. Gokhale, P. P. M.L.A. | Karad. |
| 15 | Vaidya Gore, S. R. | Hubli. |
| 16 | Vaidya Gune, Y. C. | Kolhapur. |
| 17 | Vaidya Habbu, R. G. | Bableshtar. |
| 18 | Vaidya Halsikar, D. A. | Hubli. |
| 19 | Vaidya Haridas, B. R. | Mangalore. |
| 20 | Vaidya Hirekar, P. S. | Amraoti. |
| 21 | Vaidya Hulyalkar, V. G. | Bagalkot. |
| 22 | Dr. Icewala, Kally. | Bombay. |
| 23 | Vaidya Jahagirdar, M. V. | Nidgundi. |
| 24 | Vaidya Jalawadi, M. D. | Bijapur. |
| 25 | Vaidya Joshi, A. V. | Tasgaon. |
| 26 | Vaidya Joshi, K. A. | Shirsad. |
| 27 | Dr. Kaikini, V. M. | Bombay. |
| 28 | Vaidya Kalokhe, G. P. | Bombay. |
| 29 | Vaidya Kanitkar, S. V. | Poona. |
| 30 | Vaidya Ketkar, S. S. | Poona. |
| 31 | Vaidya Kulkarni, K. R. | Bijapur. |
| 32 | Vaidya Lajmi G. S. | Bagalkot. |
| 33 | Vaidya Lele, M. K. | Satara. |
| 34 | Vaidya Mahendale, N. P. | Kalyan. |
| 35 | Vaidya Malekar, M. R. | Tarala. |

APPENDIX C—contd.

| | | |
|----|-----------------------------------|-------------|
| 36 | Vaidya Malekar, L. R. | Bombay. |
| 37 | Vaidya Malekar, P. R. | Tarala. |
| 38 | Vaidya Malekar, R. D. | Tarala. |
| 39 | Vaidya Mangalvedhekar, G. N. | Bijapur. |
| 40 | Dr. Mhaakar, K. S. | Bombay. |
| 41 | Kaviraj Mukarji, M. K. | Calcutta. |
| 42 | Vaidya Malgi, Jayaramacharya | Gadag. |
| 43 | Mr. Namjoahi, A. N. | Bombay. |
| 44 | Vaidya Nerlikar, R. G. | Hubli. |
| 45 | Hakim Noor Mohammad Mohammad Bux. | Bombay. |
| 46 | Vaidya Parchure, V. L. | Tasgaon. |
| 47 | Vaidya Pathak, S. N. | Satar. |
| 48 | Vaidya Puranik T. H. | Hubli. |
| 49 | Vaidya Rai, M. N. | Bombay. |
| 50 | Vaidya Raibagkar, A. K. | Hubli. |
| 51 | Vaidya Rattihalli, N. S. | Hubli. |
| 52 | Vaidya Savanur, G. B. | Hubli. |
| 53 | Vaidya Shinde, Rajaram N. | Chiplun. |
| 54 | Vaidya Vadeyar, B. B. | Hubli. |
| 55 | Vaidya Athlye, P. S. | Bombay. |
| 56 | Mr. Austin Lawrence | Bombay. |
| 57 | Vaidya Balapurkar, V. L. | Murbad. |
| 58 | Vaidya Bhaté, N. L. | Girgaon. |
| 59 | Vaidya Bhatt, A. L. | Bhavnagar. |
| 60 | Vaidya Bhatt, M. N. | Cutch. |
| 61 | Vaidya Botho, M. S. | Ahmednagar. |
| 62 | Vaidya Dattary, K. L. | Nagpur. |
| 63 | Vaidya Damubhai Ramprasad | Bombay. |
| 64 | Vaidya Desai, Chanchalben | Bombay. |
| 65 | Vaidya, Dixit, D. L. | Poona. |
| 66 | Vaidya Godbole, Babasaheb | Jalna. |
| 67 | Vaidya Gowande, D. R. | Bilvas. |
| 68 | Vaidya Gudi, N. R. | Wardar. |
| 69 | Vaidya Gupta, K. B. | Bombay. |
| 70 | Vaidya Hiremath, D. S. | Kadoli. |
| 71 | Vaidya Hiremath, G. D. | Kadoli. |
| 72 | Vaidya Inglekar, R. J. | Paopolkot. |

APPENDIX C—concl'd.

| | | |
|-----|----------------------------|-----------------|
| 73 | Vaidya Joshi, H. C. | Dolkhamb. |
| 74 | Vaidya Joshi, R. H. | Advire. |
| 75 | Vaidya Kathe, M. G. | Manmad. |
| 76 | Vaidya Khandekar, P. D. | Bombay. |
| 77 | Vaidya Kulkarni, A. B. | Hubli. |
| 78 | Vaidya Kulkarni, B. N. | Haveri. |
| 79 | Vaidya Kulkarni, V. K. | Budh. |
| 80 | Vaidya Madye, V. S. | Malvan. |
| 81 | Vaidya Mavlankar, S. A. | Bombay. |
| 82 | Vaidya Mehendale, V. K. | Bombay. |
| 83 | Vaidya Menke, B. M. | Maloli. |
| 84 | Vaidya Moss, N. S. | Kottayam. |
| 85 | Vaidya Nagarsheth J. P. | Sandasal. |
| 86 | Vaidya Natu, M. G. | Dhasai. |
| 87 | Vaidya Palse, J. B. | Nandgaon. |
| 88 | Vaidya Pandya, S. B. | Ahmedabad |
| 89 | Vaidya Parikh, P. A. | Balasinor. |
| 90 | Mr. Patel J. N., M.L.A. | Kalyan. |
| 91 | Vaidya Patki, M. B. | Gulbarga. |
| 92 | Vaidya Pawar, D. B. | Shirala. |
| 93 | Mr. Prabhu, R. M., M.L.A. | Ankola. |
| 94 | Vaidya Ranade, K. V. | Bombay. |
| 95 | Vaidya Rele, V. R. | Bombay. |
| 96 | Vaidya Shah, C. S. | Bombay. |
| 97 | Vaidya Shah, M. P. | Godhra. |
| 98 | Vaidya Shanbhag, A. P. | Kumta. |
| 99 | Vaidya Shastri, S. P. | Sopara. |
| 100 | Vaidya Sheth, V. P. | Bombay. |
| 101 | Vaidya Sonawadiwala, N. T. | Surat. |
| 102 | Vaidya Tambrekar, R. G. | Bombay. |
| 103 | Vaidya Tare, N. V. | Indore. |
| 104 | Vaidya Thatte, D. K. | Chiplun. |
| 105 | Vaidya Trivedi, M. B. | Bombay. |
| 106 | Vaidya Vadgaonker, G. B. | Bombay. |
| 107 | Vaidya Vyas, M. H. | Bombay. |
| 108 | Vaidya Wagh, D. B. | Alandi Devachi. |

APPENDIX D.

List of persons who have given only oral evidence.

| | | | | | |
|----|----------------------------------|----|----|----|--------------|
| 1 | Vaidya Abhyankar, G. V. | .. | .. | .. | Bombay. |
| 2 | Dr. Anklesaria | .. | .. | .. | Ahmedabad. |
| 3 | Mr. Bakshi, B. D. | .. | .. | .. | Jamnagar. |
| 4 | Dr. Bhadkamkar, R. H. | .. | .. | .. | Poona. |
| 5 | Vaidya Bhavs, K. S. | .. | .. | .. | Faizpur. |
| 6 | Vaidya Brahmadata | .. | .. | .. | Bhusaval. |
| 7 | Dr. Desai, Hariprasad | .. | .. | .. | Ahmedabad. |
| 8 | Dr. Dhayagude, R. G. | .. | .. | .. | Bombay. |
| 9 | Dr. Dixit, B. B. | .. | .. | .. | Poona. |
| 10 | Dr. Fozdar, R. M. | .. | .. | .. | Ahmedabad. |
| 11 | Vaidya Gadgil, R. G. | .. | .. | .. | Belgaum. |
| 12 | Vaidya Gogte, V. M. | .. | .. | .. | Nasik. |
| 13 | Vaidya Gupta, Atrideo | .. | .. | .. | Jamnagar. |
| 14 | Vaidya Joshi, A. B. | .. | .. | .. | Belgaum. |
| 15 | Dr. Kalle | .. | .. | .. | Ahmednagar |
| 16 | Dr. Kethar, A. V. | .. | .. | .. | Ahmednagar |
| 17 | Dr. Khadilkar, D. B. | .. | .. | .. | Nasik City. |
| 18 | Vaidya Kulkarni Jirnalkar, R. A. | .. | .. | .. | Belgaum. |
| 19 | Dr. Manishankar Mulshankar | .. | .. | .. | Ahmedabad. |
| 20 | Dr. Mehta, B. G. | .. | .. | .. | Ahmedabad. |
| 21 | Dr. Mehta, P. M. | .. | .. | .. | Jamnagar. |
| 22 | Dr. Mehta, R. B. | .. | .. | .. | Ahmedabad. |
| 23 | Dr. Mehta, Sumant. | .. | .. | .. | Ahmedabad. |
| 24 | Hakim Mohomed Noor | .. | .. | .. | Patan. |
| 25 | Dr. Patel, G. M. | .. | .. | .. | Nadiad. |
| 26 | Dr. Patel, M. D. | .. | .. | .. | Ahmedabad. |
| 27 | Vaidya Pathak, N. M. | .. | .. | .. | Patan. |
| 28 | Vaidya Phadke, S. N. | .. | .. | .. | Satara City. |
| 29 | Vaidya, P. N. | .. | .. | .. | Ahmedabad. |
| 30 | Vaidya Purohit, G. V. | .. | .. | .. | Poona. |
| 31 | Major Rakshit, P. C. | .. | .. | .. | Ahmedabad. |
| 32 | Dr. Ranade, S. N. | .. | .. | .. | Ahmednagar. |
| 33 | Vaidya Raval, T. J. | .. | .. | .. | Patan. |
| 34 | Hakim Shamsul Islam Abdurrashid | .. | .. | .. | Bombay. |

APPENDIX D—*contd.*

| | | | | | |
|----|---------------------------------|----|----|----|-------------|
| 35 | Vaidya Sharma, Balwantrai | .. | .. | .. | Jamnagar. |
| 36 | Vaidya Shastri, Durgashankar K. | .. | .. | .. | Bombay. |
| 37 | Mr. Shukla, P. P. | .. | .. | .. | Jamnagar. |
| 38 | Vaidya Sidhanti, N. B. | .. | .. | .. | Dharwar. |
| 39 | Vaidya Tokarshi | .. | .. | .. | Jamnagar. |
| 40 | Vaidya Trivedi, A. G. | .. | .. | .. | Ahmedabad. |
| 41 | Vaidya Udas, S. S. | .. | .. | .. | Ahmednagar. |
| 42 | Vaidya Vartak, S. G. | .. | .. | .. | Poona. |
| 43 | Mr. Vasha, G. K. | .. | .. | .. | Jamnagar. |
| 44 | Vaidya Vatwe, M. B. | .. | .. | .. | Belgaum. |

APPENDIX E.

Names of teaching institutions who have tendered evidence.

| | | | | | |
|----|--|----|----|----|------------------|
| 1 | *Aryangla Vaidyak Mahavidyalaya | .. | .. | .. | Satara. |
| 2 | *Ayurved Mahavidyalaya | .. | .. | .. | Poona. |
| 3 | *Ayurved Mahavidyalaya | .. | .. | .. | Sholapur. |
| 4 | Ayurvedic Medical School | .. | .. | .. | Bhavnagar State. |
| 5 | Bharatiya Vaidya Bhavan | .. | .. | .. | Bombay. |
| 6 | *Maha Gujarat Ayurvedic College | .. | .. | .. | Nadiad. |
| 7 | *O. H. Nazar Ayurved Mahavidyalaya | .. | .. | .. | Surat. |
| 8 | Rajakiya Sanskrit Mahavidyalaya | .. | .. | .. | Mandvi. |
| 9 | *R. A. Podar Medical (Ayurvedic) College | .. | .. | .. | Bombay. |
| 10 | *Sheth U. P. Ayurved College | .. | .. | .. | Patan. |
| 11 | *Tibbia College | .. | .. | .. | Bombay. |

*Have sent their representative for oral evidence also.

APPENDIX F.

Names of Associations who have tendered evidence.

| | | | | |
|----|--|----|----|------------|
| 1 | *Ahmedabad Vaidya [Sabha. (Oral only) | .. | .. | Ahmedabad. |
| 2 | All India Ayurvedic Congress | .. | .. | Delhi. |
| 3 | All India Medical Licentiates Association.. | .. | .. | Poona. |
| 4 | Ayurved Samrakshak Mandal | .. | .. | Bombay. |
| 5 | Ayurved Shanshedhan Seva Sangh | .. | .. | Bombay. |
| 6 | Baroda State Vaidya Mandal | .. | .. | Baroda. |
| 7 | *Bijapur District and Nagar Vaidya Sangh | .. | .. | Bijapur. |
| 8 | Bombay, Ayurved, Homeopathic, Unani Medical Association | .. | .. | Bombay. |
| 9 | *Bombay Homoeopathic Association | .. | .. | Bombay. |
| 10 | Bombay Medical Union | .. | .. | Bombay. |
| 11 | *Bombay Vaidya Sabha | .. | .. | Bombay. |
| 12 | *Broach Vaidya Sabha | .. | .. | Broach. |
| 13 | Dharwar Vaidya Union | .. | .. | Dharwar. |
| 14 | Editor, "Ayurvediya" | .. | .. | Poona. |
| 15 | *Gujrath Catch Kathiawad Vaidya Mandal (Oral only) | .. | .. | Ahmedabad. |
| 16 | Indian Medical Association; Bijapur Branch | .. | .. | Bijapur. |
| 17 | *Indian Medical Association; Bombay Provincial Branch | .. | .. | Bombay. |
| 18 | Indian Medical Association; Gadag Branch | .. | .. | Gadag. |
| 19 | Indian Medical Association; Jalgaon Branch | .. | .. | Jalgaon. |
| 20 | Indian Medical Association, Nasik Branch | .. | .. | Nasik |
| 21 | *Maharashtra Provincial Vaidya Conference | .. | .. | Nasik. |
| 22 | Panchmahals Vaidya Sabha | .. | .. | Godhra. |
| 23 | Poona Vaidyak Mandal | .. | .. | Poona. |
| 24 | R. A. Podar Medical (Ayurvedic) College Past Students Association. | .. | .. | Bombay. |
| 25 | *Sanyukta Khandesh Vaidya Mandal | .. | .. | Dhulia. |
| 26 | Surat Jilla Ayurved Snatak Mandal | .. | .. | Surat. |
| 27 | *Surat Medical Union | .. | .. | Surat. |

* Have sent their representative for oral evidence also.

APPENDIX G.

Names of Officials and Local Bodies who have tendered evidence.

| | | | | | |
|----|--------------------------------|----|----|----|-------------|
| 1 | *Civil Surgeon | .. | .. | .. | Ahmednagar. |
| 2 | Civil Surgeon | .. | .. | .. | Broach. |
| 3 | *Civil Surgeon | .. | .. | .. | Kaira. |
| 4 | Civil Surgeon | .. | .. | .. | Nasik. |
| 5 | Civil Surgeon | .. | .. | .. | Poona. |
| 6 | Civil Surgeon | .. | .. | .. | Ratnagiri. |
| 7 | Civil Surgeon | .. | .. | .. | Surat. |
| 8 | Collector of Ahmedabad | .. | .. | .. | Ahmedabad. |
| 9 | Collector of Belgaum | .. | .. | .. | Belgaum. |
| 10 | Collector of East Khandesh | .. | .. | .. | Jalgaon. |
| 11 | Collector of Kaira | .. | .. | .. | Kaira. |
| 12 | Commissioner, Sub-Division | .. | .. | .. | Belgaum. |
| 13 | District Local Board | .. | .. | .. | Ahmedabad. |
| 14 | District Local Board | .. | .. | .. | Bijapur. |
| 15 | District Local Board | .. | .. | .. | Kolaba. |
| 16 | District Local Board | .. | .. | .. | Surat. |
| 17 | Bagalkot Municipality | .. | .. | .. | Bagalkot. |
| 18 | Baramati Municipality | .. | .. | .. | Baramati. |
| 19 | Dhulia Municipality | .. | .. | .. | Dhulia. |
| 20 | Nadiad Municipality | .. | .. | .. | Nadiad. |
| 21 | Rander Municipality | .. | .. | .. | Rander. |
| 22 | Sholapur Municipality | .. | .. | .. | Sholapur. |
| 23 | Umreth Municipality | .. | .. | .. | Umreth. |
| 24 | Yeola Municipality | .. | .. | .. | Yeola. |
| 25 | Superintendent, G. T. Hospital | .. | .. | .. | Bombay. |

*Have given oral evidence also.

APPENDIX H.

Names of persons and associations from whom Memoranda were received.

| | | | | | | |
|----|--|----|----|----|----|--------------|
| 1 | Dr. Agashe, M. N. | .. | .. | .. | .. | Satara City. |
| 2 | Ahmedabad Medical Society | .. | .. | .. | .. | Ahmedabad. |
| 3 | Ayurved Abhyaskram Samiti, Ayurved Vidyalaya | .. | .. | .. | .. | Jamansgar. |
| 4 | Vaidya Bakre, V. M. | .. | .. | .. | .. | Belgaum. |
| 5 | Bombay Medical Council | .. | .. | .. | .. | Bombay. |
| 6 | Civil Surgeon | .. | .. | .. | .. | Ahmedabad. |
| 7 | Vaidya Dhamankar, P. V. | .. | .. | .. | .. | Nasik. |
| 8 | Dr. Dikshit, M. K. | .. | .. | .. | .. | Surat. |
| 9 | Gujrath, Branch of all India Medical Licentiate Association | .. | .. | .. | .. | Ahmedabad. |
| 10 | Gujrath and Kathiawar Provincial Branch of the Indian Medical Association. | .. | .. | .. | .. | Ahmedabad. |
| 11 | Dr. (Miss) Jhirad, J. | .. | .. | .. | .. | Bombay. |
| 12 | Mr. Kirloskar, M. S. | .. | .. | .. | .. | Dharwar. |
| 13 | Dr. Mehta, Chamanlal. | .. | .. | .. | .. | Bombay. |
| 14 | Captain Murty, G. Shrinivas | .. | .. | .. | .. | Madras. |
| 15 | Dr. Panjaratan, A. N. | .. | .. | .. | .. | Bombay. |
| 16 | Dr. Pendse, G. S. | .. | .. | .. | .. | Poona. |
| 17 | Mr. Ramchandran, G. R. | .. | .. | .. | .. | Mysore. |
| 18 | Dr. Ranade, N. L. | .. | .. | .. | .. | Poona. |
| 19 | Dr. Savnur, H. V. | .. | .. | .. | .. | Belgaum. |
| 20 | Superintendent, Vadilal Sarabhai, General Hospital | .. | .. | .. | .. | Ahmedabad. |
| 21 | Unregistered Vaidya Association | .. | .. | .. | .. | Bombay. |

APPENDIX . . .

Information regarding teaching institutions.

| | Ayurved Mahavidyalay, Poona. | R. A. Podar Ayurvedic College, Bombay. | Ayurved Mahavidyalay, Jamnagar. | Aryangla Vaidyak Mahavidyalay, Satara. | Ayurved Mahavidyalay, Ahmednagar. | U. P. Ayurved Mahavidyalay, Patan. | O. H. Nazar Ayurved Mahavidyalay, Surat. | M. G. Ayurvedic Mahavidyalay, Nadiad. | Tibbia College, Bombay. |
|---|------------------------------|--|---------------------------------|--|-----------------------------------|------------------------------------|--|---------------------------------------|-------------------------|
| Nature of recognition. | Perma- tant. | Perma- nant. | Perma- nant. | Perma- nant. | Provisional. | Provisional. | Provisional Junior course. | Provisional. Junior course. | Provisional |
| Number of students studying in each class, in March 1948— | | | | | | | | | |
| 1st year .. | 55 | 52 | 43 | 17 | 17 | | 8 | 7 | 10 |
| 2nd year .. | 71 | 20 | 42 | 25 | 10 | 8 | 11 | 5 | 5 |
| 3rd year .. | 33 | 16 | 15 | 13 | 6 | 1 | .... | .... | 6 |
| 4th year .. | 48 | 38 | 10 | 4 | 4 | 8 | .... | .... | 2 |
| Total .. | 207 | 110 | 110 | 59 | 37 | 22 | 19 | 12 | 23 |
| 2. College Building— | | | | | | | | | |
| Own or hired .. | Own | Own | Own | Own | Own | Own | Hired | Hired | Hired |
| Number of lecture rooms. | 4 | 4 | 4 | 3 | 3 | 4 | 5 | 5 | 4 |
| Number of other rooms. | 11 | 9 | 10 | 10 | 2 | 8 | 6 | 5 | 3 |
| 3. Hostel building— | | | | | | | | | |
| Own or hired .. | Own 60 Hired 20 | Nil | Own | Own | Own | Own | Nil | Hired | Nil |
| Number of students accommodated. | 80 | .... | 170 | 30 | 36 | 24 | .... | 20 | .... |
| Number of students residing. | 70 | .... | 70 | 30 | 25 | 7 | .... | 8 | .... |

APPENDIX—J contd.

| | Ayurved Mahavidyalaya, Poona. | R. A. Pedar Ayurvedic College, Bombay. | Ayurved Mahavidyalaya, Jamnagar. | Aryanga Vaidyak Mahavidyalaya, Satara. | Ayurved Mahavidyalaya, Ahmednagar. | G. P. Ayurved Mahavidyalaya, Patan. | O. H. Nazar Mahavidyalaya, Surat. | M. G. Ayurvedic Mahavidyalaya, Nadiad. | Tibbia College, Bombay. |
|---|-------------------------------|--|----------------------------------|--|------------------------------------|-------------------------------------|-----------------------------------|--|-------------------------|
| 4. Laboratories— | | | | | | | | | |
| Physics .. | Adequate | Adequate | Adequate | Inadequate | Inadequate | Adequate | Adequate | Inadequate | --- |
| Chemistry .. | Do | Do. | Do. | Do. | Do | Do. | Do. | Do. | Inadequate; |
| Biology .. | Do. | Do. | Do. | Do. | Do. | Inadequate | Do. | Do. | --- |
| Physiology .. | Do. | Do. | Do. | Do. | Adequate | Do. | Do. | Do. | --- |
| D's action .. | Do | Do. | Do. | Do. | Inadequate | Do. | Inadequate | Do. | --- |
| Pharmacy .. | Do. | Inadequate | Do. | Adequate | Adequate | Do. | Do. | Do. | --- |
| Pathology .. | Inadequate | Do. | Do. | Inadequate | Do. | Do. | --- | --- | --- |
| 5. Hospital— | | | | | | | | | |
| Building own or hired; | Own | Own | Own | Own | Own | Own | --- | --- | Hired. |
| Number of beds— | | | | | | | | | |
| Medical | 32 | 38 | 60 | 16 | 20 | 10 | --- | --- | 0 |
| Surgical .. | 33 | 18 | 40 | 16 | 20 | --- | --- | --- | --- |
| Maternity .. | 15 | 4 | 18 | 16 | --- | --- | --- | --- | --- |
| | | | Other 32 | Other 2 | | | | | |
| Total .. | 80 | 50 | 150 | 50 | 40 | 10 | --- | --- | 0 |
| Daily average number occupied beds in 1946-47 | 72 | 42 | 139 | 47 | 14 | 4 | --- | --- | 4 |

6. Out-patient department—

| Building own or hired. | Own | Own | Own | Own | Own 1 Hired 1 | Those of Patan General Hos- pital and Maternity Home. | ... | .. | Hired |
|--------------------------------|-----|------|-----|-----|------------------|---|------|------|-------|
| Departments— | | | | | | | | | |
| Medical .. | Yes | Yes | Yes | Yes | Yes | .... | .... | .... | Yes |
| Surgical .. | Yes | Yes | Yes | Yes | Yes | .... | .... | .... | .... |
| Maternity .. | Yes | Yes | Yes | Yes | .... | .... | .... | .... | .... |
| Others .. | 3 | .... | 5 | 1 | .... | .... | .... | .... | .... |
| Daily average attend- ance. | 208 | 244 | 328 | 58 | 78 | .... | .... | .... | 60 |

7. Annual expenditure—

| | | | | | | | | | |
|----------------------|--------|--------|--------|--------|--------|--------|--------|-------|--------|
| College, 1946-47 .. | 32,815 | 52,008 | 84,000 | 10,958 | 8,522 | 26,915 | 38,000 | 8,000 | 20,200 |
| Hospital, 1946-47 .. | 48,600 | 96,208 | .... | 17,067 | 22,920 | .... | .... | .... | .... |

8. Staff giving information

- as to—
 (i) qualification,
 (ii) Part-time or Full-
 time,
 (iii) Honorary or Pay,
 and
 (iv) Years of working
 in the institution.

At College—

| | | | | | | | | | | |
|----------------------|-----------------|-----------------|-----------------|----------------------|--------------|----------------------|--------------|-----------------------|-------------|-------|
| Physics .. (i) M.Sc. | .. M.Sc. | .. B.Sc. | .. B.Sc. | .. B.Sc. | .. B.Sc. | .. B.Sc. | .. B.Sc. | .. B.Sc. | .. B.Sc. | .. .. |
| (ii) Part-time | .. Full-time | .. Full-time | .. Full-time | .. Part-time | .. Part-time | .. Full-time | .. Full-time | .. Full-time | .. .. | .. .. |
| (iii) Honorary | .. 160—10—250.. | .. 150—10—250.. | .. 60—2/5—125.. | .. Rs. 40 per month. | .. per | .. Rs. 65 per month. | .. per | .. Rs. 125 per month. | .. 55—5—100 | .. .. |
| (iv) 7 years | .. 7 years | .. 1 year | .. 7 years | .. .. | .. .. | .. 2 years | .. 1 year | .. 6 years | .. .. | .. .. |

APPENDIX J—contd.

| | | Ayurved Mahavidyalaya, Poona. | R. A. Podar Ayurvedic College, Bombay. | Ayurved Mahavidyalaya, Jaunagar. | Aryangla Vaidyak Mahavidyalaya, Satara. | Ayurved Mahavidyalaya, Ahmednagar. | U. P. Ayurved Mahavidyalaya, Patan. | O. H. Nazar Ayurved Mahavidyalaya, Surat. | M. G. Ayurvedic Mahavidyalaya, Nadiad. | Tibbia College, Bombay. |
|-----------------|-------|-------------------------------|--|----------------------------------|---|------------------------------------|-------------------------------------|---|--|-------------------------|
| 8. Staff—contd. | | | | | | | | | | |
| At College :— | | | | | | | | | | |
| Chemistry | (i) | B.Sc. | Same person as above. | M.Sc. | Same person as above. | Same person as above. | Same person as above. | Same person as above. | Same person as above. | — |
| | (ii) | Part-time | | Full-time | | | | | | — |
| | (iii) | Honorary | | 150—10—250. | | | | | | — |
| | (iv) | 3 years | | 2 years | | | | | | — |
| Biology | (i) | B.Sc. | Same person as above. | B.Sc. | Same person as above. | B.Sc. Part-time | Same person as above. | Same person as above. | L.C.P.S. Full-time | — |
| | (ii) | Part-time | | Full-time | | Rs. 80 per month. | | | 100—10—200 | — |
| | (iii) | 300 T. a. p. n. | | 150—10—250. | | | | | Half year | — |
| | (iv) | 3 years | | 1 year | | | | | | — |
| Anatomy | (i) | M.B.B.S. | M.B.B.S. | M.S. | L.C.P.S. | M.B.B.S. | M.B.B.S. | M.B.B.S. | M.B.B.S. | — |
| | (ii) | Part-time | Full-time | Full-time | Part-time | Full-time | Part-time | Part-time | Part-time | — |
| | (iii) | Honorary | 100—10—250. | 300—10—500. | Honorary | Rs. 200 per month. | Rs. 120 per month. | Rs. 100 per month. | 50—5—100 | — |
| | (iv) | 2 years | 2 years | 2 years | 10 years | | 2 years | 1 year | 2 years | — |
| Physiology | (i) | M.B.B.S. | Same person as above. | M.B.B.S. | M.B.B.S. | M.B.B.S. | M.B.B.S. | M.R.C.S. L.R.C.P. | Same person as above. | — |
| | (ii) | Part-time | | Full-time | Part-time | Full-time | Full-time | Part-time | | — |
| | (iii) | Honorary | | 100—10—300. | Honorary | Rs. 150 per month. | Rs. 365 per month. | Rs. 125 per month. | | — |
| | (iv) | 3 years | | Half year | years | 20 years | 16 years | 1 year | | — |
| Sharir-kriya | (i) | A.V.V. | A.M.M.S. | A.V.V. | Ayurved Acharya. | Ayurved-Tirth | Ayurved-Acharya. | Ayurved-Acharya. | L.A.M. | — |
| | (ii) | Part-time | Part-time | Full-time | Full-time | Full-time | Full-time | Full-time | Full-time | — |
| | (iii) | Rs. 600 T.a.p.a. | Honorary | 75—5—150 | 60—2/5—125 | Rs. 200 per month. | Rs. 100 per month. | Rs. 200 per month. | 50—5—100 | — |
| | (iv) | 3 years | 1½ years | 2 years | 14 years. | 13 years | 6 years | 2 years | 0 years | — |

| | | | | | | | | | |
|----------------|----------|----------------------|------------------|-----------------------------|----------------------------------|----------------------------------|-----------------------------|--------------------|----------------------------------|
| Dravyaguna | (i) | Ayurved Acharya. | Ayurved Acharya. | A.V.V. | Ayurved Visharad. | D.A.S.F. | A.V.V. | ..... | Same person as for Sharir Kriya. |
| | (ii) | Part-time | Full time | Full-time | Part-time | Full-time | Full-time | Full-time | |
| | (iii) | Rs. 400 T.a.p.a. | 150-10-300.. | 75-5-150 | Honorary | Rs. 125 per month. | Rs. 75 per month. | Rs. 500 per month. | |
| | (iv) | 2 years | 2½ years | 2 years | 9 years | 1 year | 4 years | 2 years | |
| Nidan-chikitsa | (i) | Ayurvediya Parangat. | Ayurved Acharya. | Bhisagratna | Same person as for Sharir-kriya. | Same person as for Sharir-kriya. | L.A.M. Full-time | ..... | ..... |
| | (ii) | Full-time | Part-time | Full-time | | | Rs. 100 per month. | | |
| | (iii) | Rs. 295 per month. | Honorary | 150-10-250.. | | | 11 years. | | |
| | (iv) | 12 years | 5 years | 2 years | | | | | |
| Medicine | (i) | B.Sc., M.D.B.S. | M.D. M.R.C.P | M.B.B.S. | M.B.B.S | Same person as for Physiology. | Same person as for Anatomy. | ..... | ..... |
| | (ii) | Part-time | Full-time | Full-time | Part-time | | | | |
| | (iii) | Honorary | 100-10-250.. | 100-10-300.. | Rs. 50 per month. | | | | |
| | (iv) | 16 years | 1 year | 1 year | 17 years | | | | |
| Surgery | (i) | M.S., F.C.P.S. | F.R.C.S. | Same person as for Anatomy. | Same person as for Anatomy. | F.R.C.S. | Same person as for Anatomy. | ..... | ..... |
| | (ii) | Part-time | Part-time | | | Part-time | | | |
| | (iii) | Honorary | Honorary | | | Honorary | | | |
| | (iv) | 8 years | Half-year | | | 1 year | | | |
| Midwifery | (i) | M.D. | F.R.C.S. | M.D. | M.B.B.S. | L.C.P.S. | M.B.B.S. | ..... | ..... |
| | (ii) | Part-time | Part-time | Part-time | Part-time | Part-time | Part-time | | |
| | (iii) | Honorary | Honorary | Honorary | Honorary | Honorary | Rs. 250 per annum. | | |
| | (iv) | 3 years | 2 years | 1 year | 5 years | | 7 years. | | |
| At Hospital:- | Medicine | (i) | M.B.B.S. | M.B.B.S. | M.D.M.S. F.C.P.S. | As at College. | Same person as for Anatomy. | M.S., L.R.C.P. | ..... |
| | | (ii) | Part-time | Full-time | Full-time paid. | | | Part-time | |
| | | (iii) | Honorary | 500-25-750.. | | | | Rs. 750 per annum. | |
| | | (iv) | 3 years | 6 years | 16 years | | | 13 years. | |

APPENDIX J—contd.

| | Ayurved Mahavidyalay, Poona | E. A. Podar Ayurvedic College, Bombay. | Ayurved Mahavidyalay, Jaunagar. | Aryansia Valdyak Mahavidyalay, Satara. | Ayurved Mahavidyalay, Ahmednagar. | U. P. Ayurved Mahavidyalay, Patan. | O. H. Nazar Ayurved Mahavidyalay, Surat. | M. G. Ayurvedic Mahavidyalay, Nadiad. | Tibbia College, Bombay. |
|---|-----------------------------|--|--|--|-----------------------------------|------------------------------------|--|---------------------------------------|-------------------------|
| 8. Staff—contd. | | | | | | | | | |
| At Hospital— | | | | | | | | | |
| Surgery | .. As at College .. | As at College .. | As at College .. | As at College .. | As at College .. | Same person as above. | .... | .... | .... |
| Midwifery | .. Do. .. | Do. .. | Do. .. | Do. .. | Do. .. | As at College .. | .... | .... | .... |
| Nidanchikitsa | .. Do. .. | Do. .. | Do. .. | Do. .. | As at College .. | As at College .. | .... | .... | .... |
| | Qualifications. | | | | Part or Full-time. | Honorary or pay. | | Years working in the institution. | |
| 8. Staff at Tibbia College, Bombay— | | | | | | | | | |
| Kulliyat | .. | .. | Sanad, Tibbia College, Delhi | .. | Part-time | .. | Honorary | .. | 10 |
| Munalejat, Hummat and Matab | .. | .. | Do. | .. | Do. | .. | Do. | .. | 10 |
| Munalejat | .. | .. | Hakim-i-Kamil | .. | Do. | .. | Do. | .. | 10 |
| Pharmacy and Ilmul Advia | .. | .. | Do. | .. | Do. | .. | Rs. 100 per month.. | .. | 10 |
| Kulliat (1st year), Jurisprudence and Ilmusamum | .. | .. | B.M.S.U. (Bom.) | .. | Do. | .. | Do. | .. | 5 |
| Anatomy, Physiology, Chemistry | .. | .. | Sanad Tibbia College, Delhi | .. | Do. | .. | Do. | .. | 1 |
| Midwifery | .. | .. | Sanad, Jamia Tibbia, Delhi | .. | Do. | .. | Honorary | .. | 7 |
| Medicine | .. | .. | Sanad, Tibbia College, Delhi | .. | Do. | .. | Rs. 100 per month | .. | 1/2 |
| Surgery | .. | .. | M.B.B.S. | .. | Do. | .. | Do. | .. | 8 |
| Pathology | .. | .. | M.B.B.S. | .. | Do. | .. | Do. | .. | 1/2 |
| At Hospital— | | | | | | | | | |
| Clinics | .. | .. | Same as for Anatomy, Physiology and Chemistry. | | | | | | |