

REPORT
OF THE
INDIGENOUS
MEDICINE ENQUIRY
COMMITTEE

APPOINTED BY THE
PUNJAB GOVERNMENT.



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“ HE who calls in the aid of an equal understanding, doubles his own ; and he, who profits of a superior understanding, raises his own power to a level with the height of the superior understanding he unites with..... ”

BURKE.

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Introduction. We, the members of the Punjab Government Indigenous Medicine Enquiry Committee, appointed under Punjab Government letter No. 2432-M.-38/18591, dated the 18th May, 1938 (Appendix I), have the honour to submit the following report :—

The Committee has the following personnel :—

CHAIRMAN.

Inspector-General of Civil Hospitals, Punjab.

MEMBERS.

- (1) Diwan Bahadur Raja NARENDRA NATH ;
- (2) Dr. GOPI CHAND Bhargava ;
- (3) K. B. Mian MUSHTAQ AHMAD Gurmani, M.L.A. ;
- (4) Dr. MUHAMMAD YUSUF, M.D. ;
- (5) Dr. NIHAL CHAND Sikri, L.M.S. ;
- (6) Pt. SURRENDER MOHAN, B.A. ;
- (7) Hakim MUHAMMAD HASSAN Qarashy ;
- (8) Dr. S. N. ABBAS, M.B.B.S.,
- (9) Hakim MUHAMMAD AFZAL ;
- (10) Hakim Syed ZAFAR YAB ALI ;
- (11) Pt. THAKAR DUTT Sharma ;
- (12) Pt. SHIV SHARMA ;
- (13) Shifa-ul-Mulk Hakim DILBAR HASSAN KHAN ;
- (14) Dr. A. U. BUTT, M.D. ;
- (15) Dr. B. A. PATHAK, M.B.B.S.

Colonel G. G. Jolly, C.I.E., V.H.S., I.M.S., Inspector-General of Civil Hospitals, Punjab, guided the deliberations of the Committee till May, 1939, when he was transferred to the Government of India as Director General, Indian Medical Service. He was succeeded by Colonel P. B. Bharucha, O.B.E., D.S.O., F.R.C.S., I.M.S., Inspector-General of Civil Hospitals, Punjab.

- On the recommendation of the Committee Government sanctioned the employment of a whole time Superintendent-Secretary and a Steno-typist for the work of the Committee. Mr. Nazir Ahmad Haroon, B.A. (Hons.), LL.B., Head Assistant of the office of the Inspector-General of Civil Hospitals, Punjab, who had been associated with the Committee from its very inception, was appointed as Superintendent-Secretary.

The Committee held, in all, eight meetings. The following statement gives the attendance of the members in days :—

<i>Name of members.</i>	<i>Number of days.</i>
Chairman : (Colonel G. G. Jolly, C.I.E., V.H.S., I.M.S.,)	6
Colonel P. B. Bharucha, O.B.E., D.S.O., F.R.C.S., I.M.S.)	2
Diwan Bahadur Raja Narendra Nath .. .	6
Dr. Gopi Chand Bhargava	7
K. B. Mian Mushtaq Ahmad Gurmani, M.L.A. .. .	7
Dr. Muhammad Yusaf, M.D.	8
Dr. Nihal Chand Sikri, L.M.S.	8
Pt. Surrender Mohan, B.A.	8
Hakim Muhammad Hassan Qarashy	8
Dr. S. N. Abbas, M.B.B.S.	4
Hakim Muhammad Afzal	6
Hakim Syed Zafar Yab Ali	8
Pt. Thakar Dutt Sharma	6
Pt. Shiv Sharma	7
Shifa-ul-Mulk Hakim Dilbar Hassan Khan .. .	5
Dr. A. U. Butt, M.D.	3
Dr. B. A. Pathak, M.B.B.S.	2

With a view to have a comparative study of what has been done by way of improving the the education and practice of India's traditonal Systems of Medicine in other provinces and what measures of control on the practitioners of those systems of medicine have been enforced there, the chairman issued a circular letter (Appendix II) to all the Surgeons-General and Inspectors-General of Civil Hospitals, in India and the Inspector-General of Civil Hospitals, Burma enquiring—

- (a) If any such Committee had been appointed there,
- (b) If so, what its recommendations were, and
- (c) How far those recommendations had been implemented,

The statement (Appendix III) prepared by the Superintendent-Secretary and circulated to us for our information sums up the position as it exists to-day and details the various legislative and executive measures which the different provincial Governments have brought forward for re-organising the Systems of Indigenous Medicine and controlling their practitioners by setting up a System of Registration. Therefore, as we proceeded with the consideration of the subject, we had studied carefully what had been done in this direction in other provinces in India and Burma.

It was decided that we should visit the important institutions training students in Indigenous Systems of medicine with a view to study the standard and system of education followed there and in what manner it needed improvements. Accordingly most of us visited the local Ayurvedic and Tibbia Colleges. K. B. Mian Mushtaq Ahmad Gurmani visited, besides the local institutions, the Tibbia College; Aligarh, the Ayurvedic College, Benares, the Ayurvedic and Unani Tibbi College, Delhi, Indigenous Medicine School, Patna, and Takmil-ul-Tibb College, Lucknow. The Chairman was permitted by the Government to inspect, accompanied by the Superintendent-Secretary, the foremost teaching institutions of Indigenous medicine in other provinces. He visited the Tibbia Colleges in Aligarh and Delhi, and the Ayurvedic and Tibbia institutions in Bombay. We are grateful to the managements of the Schools and Colleges which we visited for their kindness and courtesy which they extended to us and the various constructive suggestions which they offered to us to reorganise and rehabilitate the system of training the future practitioners of Indigenous Systems of Medicine. The Chairman has had the advantage of discussing with the Administrative Medical Officer in Bombay the new legislation which the Presidency Government have enacted there with the object of controlling the practitioners of Indigenous Systems of Medicine.

We realized, at the very out-set, the manifold and vital issues which are necessarily involved in an enquiry of this nature. The question of controlling and regulating the system of education in and the practice of Ayurvedic and Unani Medicine are indeed of considerable importance to the entire body of practitioners of these systems and the public alike. It must be acknowledged that if the votaries of these Systems, or as a matter of that any others, are entitled to practise their vocation undisturbed and unhindered, as they have been doing since times immemorial, the public has also undoubtedly the

Eliciting public opinion.

right to claim that it will not be exposed to the amateurish enterprises of a medical practitioner who has had no proper medical education and training and who according to Voltaire, "Pours drugs of which he knows little into a body of which he knows less". Our terms of reference as given in the Punjab Government letter No. 2432-M.-38/18591, dated the 18th May, 1938 (Appendix 1), are so wide and comprehensive as to cover the entire range of Indigenous Medicine and the place it would occupy in future *vis-a-vis*, other systems of medicine, particularly Modern Scientific Medicine. Items Nos. 1 and 2 of the terms of reference raise, indeed, issues of great magnitude and it was in view of these important considerations and the vital significance of the task entrusted to us that we decided to issue a questionnaire with the object of eliciting public opinion on the subject. Accordingly a detailed questionnaire (Appendix IV) was issued and copies were sent, among others, to the following :—

- (1) All institutions in the Punjab training students in Indigenous Systems of Medicine ;
- (2) All other Medical Schools and Colleges in the Punjab ;
- (3) The Ayurvedic and Tibbia Conferences and Associations ;
- (4) The Punjab Branch of the British Medical Association ;
- (5) The Punjab Branch of the Indian Medical Association ;
- (6) The Punjab Branch of the Medical Licentiates Association ;
- (7) Members of the Punjab Legislative Assembly ;
- (8) Punjab Members of the Central Legislative Assembly ;
- (9) Punjab Members of the Council of State ;
- (10) The Registrar, Punjab Medical Council ;
- (11) Chairmen of the District Boards and Presidents of the Municipal Committees in the Punjab ;
- (12) The Dean of the Medical Faculty of the Punjab University ;
- (13) The Director of Information Bureau, for publication in the press.

The questionnaire was given a wide publicity in the press. The last date fixed for receiving replies was extended from the 15th April, 1939, to the 6th May, 1939, in deference to the wishes of the public, to afford them more time to consider the matter and express their views. The response was full and varied in that 2,384 replies from all over India were

received. Appendix V gives a statement showing how the distribution of the questionnaire was organised and what important institutions and associations favoured the Committee with their views and suggestions.

The vast amount of public and professional opinion collected by means of the questionnaire was harnessed and tabulated by the Superintendent-Secretary for our consideration. It was, however, decided to entrust this task, in the first instance, to Sub-Committees. Two Sub-Committees on Registration and Education, the first two items of the terms of reference were, therefore, appointed with a view to make recommendations in the light of the public opinion catalogued and placed before them. The Sub-Committees consisted of:—

Registration :

- (1) Dr. A. U. Dutt.
- (2) Pt. Thakar Dutt Sharma.
- (3) Hakim Mohammad Afzal.
- (4) Dr. Gopi Chand Bhargava.
- (5) Hakim Zafar Yab Ali.
- (6) The Registrar, Punjab Medical Council (Co-opted).

Education :

- (1) Dr. B. A. Pathak.
- (2) Dr. A. U. Butt.
- (3) Hakim Mohammad Hassan Qarashy.
- (4) Pt. Surrendra Mohan.
- (5) Dr. S. N. Abbas.
- (6) Hakim Dilbar Hassan Khan.
- (7) Pt. Shiv Sharma.
- (8) Dr. Mohammad Yusuf.

The Registration Sub-Committee held three meetings and the Education Sub-Committee met for four times. A *resume* of their recommendations and conclusions, drawn in the light of the public opinion collected and placed before them, is given in Appendix VI.

It is not our intention to indulge, at any length, in the academic discussion of the subject or to trace the history of the origin, development and growth of the oldest systems of medicine known in India. It is not also our object to compare the relative efficiency of different systems of medicine practised in the country to-day. The fact, however, may be acknowledged that Ayurvedic and Unani Systems of Medicine, which are doubtless based on principles which have come to

be recognised as scientific, had a glorious past and have held their own inspite of heavy odds in towns and villages alike. A peep through the dim vistas of ancient and medieval history will show the great immortal contribution which the East has made to medical thought, even beyond its territorial limits. We owe it to their cheap medicines and simple preparations, that the modern scientific medicine, with all its phenominal progress and discoveries, had not been able to replace it completely as a system of medical treatment in India. It can be said without fear of contradiction that even today when all the State patronage and State help is exclusively meant for the promotion and development of Allopathic System of Medicine, a large majority of the people have an unshakable faith in the efficiency of Ayurvedic and Unani Systems of Medicine. This is evident from the large number of practitioners of Indigenous Medicine who are commanding lucrative practices and the still larger number of patients who resort to Vaidis and Hakims for the treatment and cure of their ailments.

In formulating our recommendations we have realised that the time has come that the Government should review their policy *vis-a-via* practice and education of Indian Systems of Medicine and stretch its hand of help and co-operation to those private institutions and organisations who have been struggling hitherto to preserve and improve what may well be described as the legacy of clinical wisdom of the ancient East. It is also time that Government should supplement the existing medical facilities which are by no means commensurate with the real needs of the country, by adopting Ayurvedic and Unani Systems of treatment and by enlisting the services of the Registered Practitioners wherever possible. The provision of a sound system of medical aid in a province which is composed of scattered and isolated villages, is one of the most stupendous problems that have faced the provincial Governments. Indeed, inspite of their best efforts, the ideal of an efficient system of rural medical relief for the peasantry has not so far been realised. The settlement of subsidised medical practitioners in selected villages, which the Punjab Government have lately undertaken, marks the beginning a new effort in the province to take scientific medical aid to the door of the villagers. But the adoption of the scheme throughout the province, even though it is based on the voluntary co-operation of the local bodies and the village community concerned, would not be possible on account of the prohibitive costs.

involved. The ideal of affording prompt medical relief in the far-flung villages seems a long way off. It is here that the Government can with advantage utilise the services of Registered Practitioners of Indigenous Medicine or those who have been educated and trained according to the new scheme of studies which we have adumbrated in our recommendations. In formulating the curriculum and courses of studies, that we envisage for the training schools of Tibb and Ayurveda, we have taken notice of the present day tendencies in medical thought and the radical improvements which have been effected in the method of treatment and diagnosis as a result of researches in modern scientific medicine. As a matter of fact the fundamental defect of our Indigenous Systems of Medicine, which has retarded its natural progress, is that they have been static while the world has been moving with a tremendous speed. It is not for us to enumerate the causes which have contributed to bring about the stalemate, but it may nevertheless be remarked that we have not profited by modern researches in medicine and the modern scientific innovations which, without disturbing the basic principles of Ayurvedic and Unani medicine, could considerably enhance the efficiency of method of diagnosis and treatment. If we wish the old medical systems to live and prosper and help in the amelioration of human sufferings and disease and once again attain to that pinnacle of glory and renown from which they have descended, we must fall into line with the spirit of time and give up the fruitless policy of isolation which most of the practitioners of Indian Systems have hitherto pursued. Science is infinite and to think that Indian Medical Systems attained perfection centuries ago and there is no room for further progress and improvement in all the branches of medicine and surgery and allied sciences, is to bang the doors of rejuvenation and reconstruction. We are in complete accord with James Frecman Clarke that "We are either progressing or retrograding all the while, there is no such thing as remaining stationary in this life."

RECOMMENDATIONS.

It is imperatively necessary that the practitioners of Indigenous Systems of Medicine should be controlled with the object of :—

Medical Registration.

- (a) eventually eliminating the unqualified practitioners ;
- (b) giving the public trained and qualified medical practitioners in the Indigenous Systems ; and
- (c) Raising the level of their efficiency.

The best measure of control would be to set up a Register of practitioners of Indian Systems of Medicine and to impose certain restrictions on unregistered practitioners and confer some privileges on the registered practitioners of these systems. The registered practitioners should also abide by the Code of Ethics to be prescribed by the Punjab Board of Indian Medicine, the formation of which we have recommended in the succeeding paragraphs.

The Registered Practitioners should be entitled to the following privileges :—

- (a) Facilities for professional practice as are enjoyed by Registered Practitioners of other Systems of Medicine ;
- (b) Entry into Government or Local Body service ;
- (c) Appearance as expert witnesses in courts of law, only, of course, if the Registered Practitioner concerned had had training in Medical Jurisprudence ;
- (d) Issuing of certificates of fitness or unfitness ;
- (e) Realization of fees through courts of law ;
- (f) Issuing of certificates for life insurance ;
- (g) Signing of death reports ;
- (h) Use of poisonous drugs. There should be no restriction in giving licences to the Registered Practitioners of Indigenous Medicine for keeping and selling poisonous drugs.

We are also of the opinion that Registered Practitioners of Indigenous Medicine should be liable to the same restrictions as exist in the case of Registered Practitioners of other systems of medicine, but the Punjab Board of Indian Medicine may make such modifications in this connection as it deems fit for a period of five years. After the expiry of this period, however, the Registered Practitioners of Indigenous Medicine should be subject to the same restrictions which are imposed on Registered Practitioners of other systems.

We have also considered the question of imposing penalties on Registered Practitioners, e.g., removal from Register, restriction on practice, or any other for unprofessional conduct, etc., and are of the view that, as in the case of privileges and restrictions, they should be liable to the same penalties as are imposed on Registered Practitioners of other systems.

We suggest that early steps should be taken to establish a Provincial Board, to be called the Punjab Board of Indian Medicine, to give effect to our recommendations and to organise and control the Registration of Practitioners of Indigenous Medicine. The Board should be constituted as under —

- 1 President ;
- 2 representatives from the teachers of the recognised teaching institutions ;
- 4 representatives from the Registered diploma-holders of recognised institutions ;
- 2 representatives from the Registered Practitioners other than diploma-holders ;
- 2 representatives from the Registered Practitioners employed under the Government or a Local Body ;
- 2 representatives from the Principals of recognised institutions ;
- 2 representatives from the members of the Punjab Legislative Assembly to be nominated by Government ;
- 2 representatives of Local Bodies to be nominated by Government ;
- 2 Non-officials to be nominated by Government ;
- 1 Secretary (Whole-time or Part-time, as the case may be).

The Government should, however, nominate all the members representing the various interests and bodies mentioned above for a period of two years so that the preliminary spade work could be done. The President may also be nominated by the Government for this period. After this period the President will be elected as also the members by the various electoral groups.

We are definitely of the opinion that the establishment of the Board of Indian Medicine would be an important landmark in the history of expansion and progress of Indian Systems of Medicine in this Province. In fact we envisage that in course of time it would be an effective vehicle for improving and re-organising the Indian Systems.

The Board should have the power to—

- (i) Organise and enforce Registration of Practitioners of Indian Medicine ;
- (ii) Control and organise examinations of teaching institutions imparting education in Indigenous Medicine ;
- (iii) Confer diplomas and degrees ;
- (iv) Inspect teaching institutions ;
- (v) Accord affiliation and recognition to teaching institutions ;
- (vi) Prescribe courses of studies and lay down standards of admission ;
- (vii) Recommend the grant of Government subsidy or its withdrawal.

We have also considered the question whether the Registered Practitioners of Indigenous Medicine should be allowed to practise any other system of medicine than that in which they have qualified. The answer is simple. They should practise only that system of medicine in which they have qualified.

The most important question which has engaged the attention of the Committee and has also given rise to considerable controversy outside in the public and in the press is, firstly, whether unregistered practitioners should be debarred from practice, and, secondly, who should be entitled to Registration. We have considered this question in all its aspects. We have also taken in view the economic aspect of the matter, the present day needs of the public and the profession, and are of the opinion that an embargo on practice by persons who have although no diploma or degree but who have been in practice for a number of years now will throw out of employment a large number of practitioners who will find it too late in the day to embark on a new career. We, therefore, recommend that there should be three classes of Registered Practitioners:—

- (a) Qualified diploma-holders of institutions which are recognised for this purpose by the Punjab Board of Indian Medicine ;
- (b) Eminent physicians of 10 years standing or more who do not possess any diploma from a recognised institution ;
- (c) Practitioners who have been practising before the formation of the Board.

Practitioners belonging to categories (b) and (c) shall have to register themselves within one year of the institution of the Board, and after this period no practitioner belonging to these categories shall be eligible for Registration; nor will any unregistered practitioner be allowed to practice after the lapse of this period except the qualified diploma-holders of the recognised institutions, who, however, will not be entitled to the privileges which the Registered Practitioners will enjoy. It shall not also be necessary to hold any formal examination for the admission of practitioners of categories (b) and (c) to the Register. The Board may, however, decide if there should be any difference in privileges between the different categories of Registered Practitioners, but Registered Practitioners belonging to category (c) will not be entitled to any of the privileges enumerated above, except the privilege of practice.

The need of improving the system of education of Practitioners of Indigenous Systems of Medicine cannot be pitched too high. This is indeed the crux of the whole problem. We are pained to realise that our methods of instruction are effete, our syllabi and courses of studies obsolete and the whole scheme of training the future Practitioners of Indian Systems of Medicine conceived with a narrow outlook which forbids full understanding of all the fundamentals in the light of present day advances in scientific knowledge. It is hardly necessary for us to dilate on the great risk involved to human life by turning out every year a large number of students from Indigenous Medicine Institutions whose main scientific possession is the hall mark of the school or the college they have attended. In most cases, we are convinced, students admitted to undergo the course of instruction have not the proper preliminary education to understand and profit by a course of teaching in the theories and practice of Indigenous Medicine. It is, therefore, necessary that the entire system of education should be re-organised and put on a sound basis.

We are of the opinion that the minimum standard of general education for admission of students to a training institution in the Indigenous Systems of Medicine should be as follows :—

(a) *Unani Institutions*.—1. Matriculation of any Indian University with Arabic or Persian as one of the elective subjects, or

2. Munshi of the Punjab University or any equivalent qualification of any other University with working knowledge of English and Arithmetic, or

3. Moulvi of the Punjab University or any equivalent qualification of any other University constituted by law in India with a working knowledge of English and Arithmetic.

(b) *Ayurvedic Institutions*.—1. Matriculation of an Indian University with Sanskrit as one of the elective subjects, or

2. Prajna of the Punjab University or an equivalent qualification in Sanskrit of any other University with working knowledge of English and Mathematics.

Instruction should also be given to students in Modern Basic Sciences of Chemistry, Physics, Botany and Zoology. The Board of Indian Medicine shall, however, lay down the standard to which instruction in these subjects should conform.

We have also considered the question whether or not it would be advisable to provide teaching in Basic Science subjects before or after admission to the training institutions and are of the opinion that it would be educationally more sound to teach these subjects to students after their admission to the training schools of Indigenous Medicine. The following subjects should be included in the curriculum besides, of course, Anatomy and Physiology in which the standard of instruction should conform to the standard followed in the Medical School, Amritsar:—

Modern Subjects—

- (i) Morbid Anatomy and Pathology.
- (ii) Bacteriology.
- (iii) Jurisprudence and Toxicology.
- (iv) Hygiene.
- (v) Midwifery and Gynæcology.
- (vi) Surgery General, Eye, Ear, Nose, and Throat.
- (vii) Clinical methods of diagnosis.

Subjects of the old systems:—

All the subjects should be included in the curriculum.

Old subjects:—

- (1) Materia Medica; (2) General Principles of Medicine; (3) Practice of Medicine; (4) Hygiene; (5) Pharmacy; (6) Toxicology; (7) Diseases of women and children; (8) Old Anatomy and Surgery; (9) Clinical methods of diagnosis.

We eventually aim at a 5 years course for medical Institutions, but for the present, we recommend that the College course be fixed at 4 years after which there should be a post-graduate course for one year open to those who are highly qualified in Arabic or Sanskrit. The post-graduate course should provide for a comparative study of the other systems of medicine. The first four years, however, should be devoted to learning the old systems of medicine.

There cannot be two opinions about the need of research in the theory and principles of Indigenous Systems. As we have already observed, much of the present stalemate is due to the lack of research and our failure to profit by the progressive developments in modern medical thought. Research is essential in every department of human endeavour and pre-eminently in old medical systems. It is, therefore, necessary that it should be carried on in :—

- (a) Drugs,
- (b) Methods and theory of treatment (Therapeutics) and
- (c) Compilation of text books on modern lines and to suit modern conditions.

Instruction should be imparted through the medium of Hindi in Ayurvedic and Urdu in Unani Systems of Medicine.

We are of the opinion that a minimum standard of teaching in medical subjects should be prescribed by the Punjab Board of Indian Medicine. The minimum qualifications for teachers of Indigenous Medicine in the recognised institutions should, however, be as follows :—

- (a) *Basic Sciences*.—M.Sc; with working knowledge of Arabic, Persian, or Sanskrit
- (b) *Modern Medical Subjects*.—M.B., B.S. with working knowledge of Arabic, Persian, or Sanskrit ;
- (c) Minimum standard for teachers of the old systems should be fixed by the Board of Indian Medicine, Punjab.

As has already been recommended, the Board of Indian Medicine shall have the power vested in it to supervise and superintend the working of the training institutions of Indigenous Systems and lay down standards of instruction to which these institutions should conform. We would, however, recommend that there should be a uniform standard of medical education for all students in training institutions of Indigenous Medicine. The Government should open, as early

as possible, a model teaching institution in the Indian Systems of Medicine on the lines of the Government School of Indian Medicine, Madras, with separate departments for the teaching of Unani and Ayurveda. The Government should also set apart a substantial sum of money to give subsidies and grants-in-aid to recognised institutions through the agency of the Punjab Board of Indian Medicine. We have visited a number of private institutions and we have come to the conclusion that the main obstacle in the way of development and progress, almost in all cases, is the lack of funds. Indeed all schemes of re-organisation and reformation in the case of these institutions, as in all other cases, founder on the rock of finance. We cannot but pay tributes to those private bodies and organisations which have maintained these institutions in spite of several serious handicaps. With their limited resources, they have been endeavouring to promote the teaching of Unani and Ayurveda and popularise their systems of treatment in this country, and if in doing this they have not been able to attain to the ideal we envisage, we have not the least doubt, it was not of their seeking. The Government can well recognise their great services to Indigenous Systems by giving them liberal help and by according better treatment to the students who pass out from these institutions.

It is difficult for us to suggest, in any detail, what form of legislation should the Government adopt for giving effect to our recommendations. This is for the Government to consider if any legislation is required at all to realise the object in view, or this could be done by means of an executive order or a Resolution of the Government. If, however any legislation is needed, we would recommend that an Act on the lines of the United Provinces Indian Medicine Act, 1939, be passed by the Government with a view to implementing the recommendations of this committee as early as possible.

We are grateful to Major-General G. G. Jolly, C.I.E., K.H.P., I.M.S., who guided our deliberations as Chairman until his appointment as Director-General, Indian Medical Service, for the brilliant and sympathetic lead he gave and the great interest he showed in improving the practice of Indigenous Systems of Medicine. We are also thankful to Colonel P. B. Bharucha, O.B.E., D.S.O., F.R.C.S., I.M.S., for the great tact and ability with which he conducted the

Legislation.

Acknowledgements.

proceedings of the committee. He had always been willing to accommodate and consider the opinions of others. Thanks are also due to Mr. Nazir Ahmad Haroon, B.A. (Hons.), LL.B. who acted as Superintendent-Secretary, for the great ability, interest, and initiative he brought to bear in the discharge of his duties.

(Signed) 'SHIFA-UL-MULK' DILBAR
HASSAN KHAN BHATTI]

- „ MOHAMMAD HASSAN QARASHI
 „ SURENDRA MOHAN, B.A.,
 Ayurveda Acharya
 „ MUSHTAQ AHMAD GURMANI
 „ *GOPI CHAND BHARGAVA
 „ H. S. ZAFARYAB ALI
 „ MOHAMMAD AFZAL]
 „ †MOHAMMAD YUSAF
 „ †NIHAL CHAND SIKRI
 „ SHIV SHARMA
 „ SAYED NASIR ABBAS
 „ A. U. BUTT.
 „ THAKAR DUTT SHARMA VAID
 „ B. A. PATHAK
 „ NARENDRA NATH

(Signed) P. B. BHARUCHA,

Chairman.

„ NAZIR AHMAD HAROON,
Superintendent Secretary.

*Subject to a note appended.

†Subject to a note of dissent appended.

Note by Dr. Gopi Chand Bhargava.

I have signed the report but I must confess that on certain points I hold different views, specially on the teaching of certain subjects.

The Unani and Ayurvedic friends of the Committee welcome the suggestion therefore, I refrain from expressing my views.

However I beg to suggest that though unqualified persons will be on two different registers, yet their rights and privileges should not be different. They should be allowed a right of practice only. Any difference would lead to nepotism, favouritism and discrimination. It is unhealthy.

The other suggestion I have to make is that if any of those registered under B and C pass an examination held by the Board, they would have same rights as those registered under (a). It amounts to this that those registered under B and C would be entitled to appear privately in the examination without attending the classes.

LAHORE :

Dated 20th July, 1940. (Sd.) GOPI CHAND BHARGAVA.

Note of dissent to the report of the Punjab Government Indigenous Medicine Enquiry Committee.

While writing a note of dissent we are fully conscious that we are steering upstream. Other Provinces have given a lead in the matter and the Punjab is not likely to remain behind. There is a section of the public in the Punjab who desire to revive the so called indigenous systems, though in Medical Science there should be no such distinction. We have tried to understand the reasons. These are :—

- (1) Naturally, a layman would judge a system by its results. Since some patients do get well with Unani and Ayurvedic treatment it is only reasonable to surmise that good exists in these systems.
- (2) For centuries layman has been satisfied with explanations of symptoms based upon the humoural theory of disease and he thinks that investigation on these lines will bear fruit.
- (3) Practitioners of these systems and their drugs are easily available and economical.

To present our point of view certain explanations are necessary.

1. Medicine is a Science as well as an Art. That part of it which is an art can be enriched by drawing upon the older systems, but that part of it which is a science has already drawn upon older knowledge as much as possible.

It is on this point that we find the greatest difficulty in making ourselves understood. For the layman, cure is the whole of medicine. It is the fruit by which he judges the tree, that is, if the treatment be effective, it is, for the layman, a foregone conclusion that the disease process has been correctly understood. For him nothing remains to be desired. Such, however, is not the fact.

The way treatment has made progress is, that a drug is used experimentally ; it is found to do good and according to preconceived ideas some explanation of its mode of action is given. That the drug does produce an effect remains an incontrovertible fact, but in the light of growing knowledge the explanation of its mode of action changes. For instance Quinine and Digitalis, two of the most important drugs in Modern Medicine were known and used long before the diseases for which they are so efficacious, were correctly understood. This applies to almost all drugs. Therefore if we admit that Unani and Ayurvedic drugs and

medicines do good, it does not automatically follow that the diseases for which they are used are correctly understood. That is a different part of the science. Medicine takes the normal in health as the base-line against which disease is evaluated. To study disease the following subjects must have been thoroughly understood before-hand. Chemistry, Physics, Botany, Zoology, Anatomy, Physiology and Pathology. Knowledge in these subjects did not exist, except perhaps in a most rudimentary form some centuries ago, and therefore the older conception of disease-processes is only of an historical interest now. This may be illustrated by an example. Malaria is caused by a parasite introduced into the human host by the bite of an infected mosquito. The parasite sporulates every 3rd or 4th day, causing a simultaneous rise of temperature. Changes produced in the internal organs are minutely known and symptoms arising therefrom are thoroughly understood. These findings are the outcome of a very laborious task of generations of physicians. A student of Modern Medicine is not only told, but is actually shown all this, repeatedly. Now we raise the following questions :—

- (i) If there be an older view of the etiology and pathology of malaria, lacking any experimental support, will it be considered an alternative or a primitive view ?
- (ii) If some Unani or Ayurvedic Medicine be found to cure Malaria will that necessitate a modification of the modern views regarding malaria ?
- (iii) If the older conception of malaria is to be "modernised" should we start a new with research on the disease or accept with critical judgment, the work already done on it ?

We think that it will be admitted that if such a clear knowledge about malaria exists nothing is to be gained by burdening the students' brain with obsolete theories, or by starting anew with research work, on it. What is said of malaria, we know to be true of almost all the other diseases taught by Modern Medicine and hence deem it a mere waste of time to give the students centuries-old conceptions of them.

Coming to the side of treatment it may be asked that if treatment is independent of understanding disease-process, why bother about the latter, because cure is the end-all of Medicine. Yes. But there is the preventive side, even more important than the curative. Plague may not be

cured, but can be prevented and thus millions of lives have actually been saved in well-disciplined countries and communities. The same is true of Small Pox and many other diseases. Again, modern research has opened up a new and most useful line of treatment, viz, specific, which directly deals with the cause and this depends upon a correct understanding of disease-process. Surgery would be impossible without a correct knowledge of disease. In fact, no progress in Medicine is possible without a clear conception of disease processes. We believe that Unani and Ayurvedic systems have been at a standstill for centuries, for the reason that all their attention has been focussed upon drugs and formulae rather than upon Anatomy, Physiology and Pathology.

2. We believe that the so-called indigenous systems and modern medicine have a common origin. Modern medicine has freely drawn upon Greek and Arabic literature and the theories now believed to be true by practitioners of the indigenous systems were once prevalent in the West as well. Those who say that indigenous systems be modernised do not realize that that has already been done and that the modern medicine is nothing but an improved edition of the primitive indigenous systems.

3. We want to show on what lines medicine has progressed. In its progress there is no room for imagination, conjecture and guess. What is to be believed, must be proved. Progress in knowledge and belief goes hand in hand. Millions of dead bodies, healthy and diseased, have been dissected. Bit by bit knowledge has accumulated in the course of centuries. How far medicine has advanced is beyond the comprehension of a layman. Indirectly, some idea may be given. Progress in medicine goes hand in hand with progress in other directions. When we look at the progress of science in other directions we are simply wonderstruck. But we do not appreciate progress in medicine because it is less obtrusive and less ostentatious. Only a student of medicine can appreciate it.

Therefore we hold the following views :—

(1) The demand that older systems be revived is synonymous with asking that knowledge in medicine be pushed back several centuries.

(2) The demand that older systems be modernised is based upon the erroneous impression that indigenous systems and the modern medicine are two alternative sciences. In

fact the former is a primitive and the latter an improved edition of the same science and art.

(3) The fascinating humoral theory has the same amount of truth in it as the contemporary theory of Earth resting on the horns of an ox. Research has already dislocated these primitive ideas.

(4) Merit of cheapness of treatment by practitioners of the indigenous systems would disappear when Government prestige is extended to these systems and the course of instruction is raised to 5 years and pupils are made to stay in the environment of cities for that length of time.

(5) If the Vaid and Hakim be given instruction in basic Sciences and modern diagnostic methods, it would create an impossible position. He would simply lose his bearings, because in the light of knowledge thus obtained he can arrive only at one conclusion, that is, that the system which he practises is not scientific.

(6) We doubt very much that production of hybrid physicians would satisfy the need of the Province for medical aid in distant rural areas, for the following reasons :—

- (a) There is no dearth of qualified medical men at present—only they have to be induced with financial aid to settle down at the desired places. Each year the Punjab is putting out about 200 qualified medical men and women. In fact, the problem is the other way round—how to provide them with a living.
- (b) The Vaid and Hakim of the future, if the Committee's recommendations be accepted, will have a different outlook on personal living and would be as unwilling to settle down in rural areas as the medical practitioner is.
- (c) To give a rural area a Vaid or an Hakim can only be an apology for medical aid of the right type.

Therefore we recommend to the Government that no notice be taken of those systems of medicine which are several centuries old, except that the drugs used by them be scientifically investigated.

Sd. (1) NIHAL CHAND SIKRI,

Sd. (2) MOHAMMAD YUSUF.

P. S.—However if the Government intend to legislate that no body shall be allowed to practice medicine for personal gain, unless he possesses certain minimum qualifications,

then we recommend that the course of studies proposed by the Committee should form the basis of minimum registerable qualifications for Vaidis and Hakims and a separate register be instituted for them. Registration should mean no more than permission to practice their own art.

Sd. (1) NIHAL CHAND SIKRI.

Sd. (2) MOHAMMAD YUSUF.

Appendix I (a).

No. 2432-M.-38/18591, dated 18th May, 1938, from the Secretary to Government, Punjab, Medical and Local Government Departments, to the Inspector-General of Civil Hospitals, Punjab.

In supersession of the orders contained in Punjab Government letter No. 497-M.-88/12640, dated the 28th March, 1938, I am directed to state that a number of requests have been made to Government in recent years for recognition to qualified practitioners of indigenous systems of medicine and to devise some means of authoritative registration. It has been pointed out that rules for the registration of *vaids* and *hakim* were made by the United Provinces in 1931. Government would like to have the whole question considered by an informal committee at which it is proposed that you should preside. I am, therefore, to ask you to convene a committee consisting of yourself as president and the marginally noted gentlemen as members and to consider:—

1. Hakim Zaffar Yab Al Khan, Lahore,
2. Pandit Surendra Mohan, Principal, Dayanan Ayurvedic College, Lahore,
3. Khan Bahadur M. Mushtaq Ahmad Gurmani, M.L.A.,
4. Raja Narendra Math, M.L.A.,
5. Hakim Muhammad Hassan Qarashi, Principal, Tibbia College, Lahore,
6. Pandit Thakur Dutt Sharma, Proprietor Amritdhara
7. Some other medical officer nominated by the Inspector-General of Civil Hospitals, possibly the Registrar of the Punjab Medical Council would be a useful member, and
8. A representative of private practitioners, preferably a practitioner agreed upon by the Presidents of the British Medical Association and the Indian Medical Association.

- (a) what steps, if any, should be taken to institute a Register of practitioners of indigenous medicine?
- (b) what steps should be taken to improve the medical education of practitioners of indigenous medicine?
- (c) whether any legislation is necessary for either (a) or (b) and if so what?

Appendix I (b).

No. 4534-M. 38/30172, dated the 6th September, 1938, from the Secretary to Government, Punjab, Medical and Local Government Departments, to the Inspector-General of Civil Hospitals, Punjab.

Subject :—PROPOSED COMMITTEE ON INDIGENOUS MEDICINE.

I AM directed to state that the Governor of the Punjab is pleased to approve of the appointment of Pandit Shiv Sharma and Doctor Gopi Chand Bhargava, M.L.A., as members of the Indigenous Medicine Committee.

Appendix I (c).

Note, dated the 3rd December, 1938, from the Hon'ble Minister of Education, Punjab, to the Inspector-General of Civil Hospitals, Punjab.

Reference Indigenous System of Medicine Enquiry Committee Government have decided to add the following two gentlemen to that Committee. Will Inspector-General of Civil Hospitals please do the needful :—

- (1) Zabd-ul-Hukma Hakim Muhammad Afzal, Inside Bhati Gate Lahore,
- (2) Shifa-ul-Mulk Hakim Dilbar Hassan Khan Bhatti, C/o Shahi Matib, Jama Masjid, Delhi.

Appendix I (d).

Note, dated the 2nd February, 1939, from the Hon'ble Minister of Education, Punjab, to the Inspector-General of Civil Hospitals, Punjab.

KHAN BAHADUR MIAN MUSHTAQ AHMAD GURMANI, my Parliamentary Private Secretary, has suggested to me that it would be desirable to give representation to the three important Ayurvedic and Tibbia Colleges on the Committee on Indigenous Medicine. He has discussed this matter with the Inspector-General of Civil Hospitals who I am told agrees to this addition in the personnel of the Committee.

I nominate the following gentlemen as members of the Committee on Indigenous Medicine :—

1. The Principal, Ayurvedic and Tibbia College, Delhi.
2. The Principal, Muslim University Tibbia College, Aligarh (U. P.)
3. The Principal, Ayurvedic College, Benares Hindu University, Benares.

Would Inspector-General of Civil Hospitals, please write and request these gentlemen to serve on the Committee? In the case of Nos. 2 and 3 it may be desirable to write to the Vice-Chancellors of the Aligarh and Benares Universities respectively to allow these gentlemen to serve on the Committee. These gentlemen will be given only the travelling expenses.

Appendix II.

Circular letter No. 96-97-G. I., dated the 5th July, 1939, from the Inspector-General of Civil Hospitals, Punjab, to all the Inspectors-General of Civil Hospitals and Surgeons-General in India and Inspector-General of Civil Hospitals, Burma.

THE Punjab Government have lately appointed a Committee to enquire into the question of according recognition to the Indigenous Systems of Medicine and to control the Practitioners of these systems by setting up a system of registration. The Committee is also looking into the system of education of the Ayurvedic and Unani Practitioners with a view to rehabilitate it and bring it into line with the present day developments.

I shall be grateful if you will kindly let me know if any such Committee has ever been appointed in your province, and what were their recommendations. I shall be further grateful if you will also intimate how far the recommendations of the Committee, if any, have so far been implemented.

Appendix III.

OFFICE OF THE INSPECTOR-GENERAL OF
CIVIL HOSPITALS, PUNJAB.

Lahore, the 2nd March, 1949.

It was in July last that I addressed a circular letter to all the provincial Governments in India and also to the Inspector-General of Civil Hospitals, Burma, with a view to ascertain the policy of those Governments *vis-a-vis* Indigenous Systems of Medicine and the steps they were taking to regulate and control the education and practice of these systems. Replies have been received from all the provinces except Madras and Orissa. Members will be interested to have a comparative study of what is being done in this direction elsewhere in India. The information received is reproduced below :—

Bombay.

“ The Bombay Medical Practitioners’ Act, 1938, has been passed to regulate the qualifications and to provide for the registration of practitioners of the Indian Systems of Medicine with a view to encourage the study and spread of such systems ”.

Rules under the Act have been framed and a Board of Indian Systems of Medicine, with Dr. R. H. Bhadkamkar as President, established.

Sind.

“ No Committee has been appointed.” “ However a Bill on the analogy of Bombay known as ‘ The Sind Medical Practitioners’ Bill ’ is under the consideration of the local legislature and has been referred to the Select Committee. ”

N.-W. F. P.

“ No Committee has been appointed in this Province to enquire into the question of according recognition to the Indigenous Systems of medicine which has little vogue in this province.”

Assam.

“ No Committee has yet been appointed in Assam to enquire into the question of according recognition to the Indigenous Systems of Medicine and to control the practitioners of these systems by setting up a system of registration. “ The matter is, however, under the consideration of Government.”

Bengal.

“ A General Council and State Faculty of Ayurvedic Medicine has been established in this province.” A copy of the Government Resolution on the subject has been received which can be seen on reference.

“ The establishment of a Faculty of ‘ Unani ’ medicine is yet under the consideration of the local Government.”

Central Provinces and Berar.

A copy of the report of the Committee appointed by the provincial Government to examine the Indigenous Systems of Medicine practised in the Central Provinces and Berar has been received and can be seen on reference.

“ With a view to implementing the recommendations of the Committee Government has decided to give this year 15 scholarships of Rs. 15 each per mensem to the students of this province for the study of Ayurvedic or Unani systems of Medicine at the Tibbia College, Delhi, Ayurvedic College, Benares Hindu University and the School of Indian Medicine, Madras. Government has also made provision in the current year's budget for the opening of 83 Ayurvedic and Unani dispensaries one in each taluq and for subsidizing an equal number of Vaidyas and Hakims to settle in rural areas. A Bill for the registration of Medical Practitioners in this province has also been framed and will be considered at the next meeting of the Legislative Assembly. When it is passed into law, a Board of Indigenous Systems of Medicine will be established in due course.”

Bihar.

“ The Government is contemplating to appoint a Committee to enquire into the Indigenous Systems of Medicine.”

United Provinces.

The Government have established the Board of Indian Medicine in pursuance of the recommendations of the Committee appointed in 1925. The constitution of the Board as modified from time to time is as follows :—

1. A president to be appointed by the Government ;
2. Six members to be nominated by Government, of whom two are to be Vaidyas and two Hakims ;
3. One member to be elected by the United Provinces Legislative Council ;
4. Two members to be elected by the United Provinces Legislative Assembly ;
5. One member to be elected by the Executive Council of the Allahabad University ;
6. One member to be elected by the Executive Council of the Benares Hindu University ;
7. One member to be elected by the Executive Council of the Lucknow University ;
8. One member to be elected by the Executive Council of the Aligarh Muslim University ;
9. One member to be elected by the recognised Unani teaching institutions of the province ;
10. One member to be nominated by Government to represent the Unani teaching institutions of the province ;

11. One member to be elected by the recognised Ayurvedic teaching institutions of the province ;
12. One member to be nominated by Government to represent the Ayurvedic teaching institutions of the province ;
13. Two Vaidyas to be elected by registered Vaidas ;
14. Two Hakims to be elected by registered Hakims ;
15. One member to be elected by the United Provinces Vaid Sammelan ;
16. One member to be elected by the United Provinces Anjuman Tibbia ;
17. One Secretary (Part-time).

One of the functions of the Board is to hold examinations annually of Ayurvedic and Unani Schools and Colleges recognised by it. At present the following institutions are affiliated to the Board :—

1. Tibbia College, Muslim University, Aligarh ;
2. State Aided Unani Medical School, Lucknow ;
3. Rishikul Ayurvedic College, Hardwar ;
4. Unani Medical School, Allahabad ;
5. Ayurvedic College, Benares Hindu University, Benares.

The Board holds the annual examinations of the first four institutions mentioned above according to the courses of studies prescribed by it for these institutions. The courses of studies relating to Ayurvedic and Unani schools are at present under revision. A Board of Examiners from among the members of the Board of Indian Medicine has been appointed to supervise and conduct the Board's examinations. The examination of the last institution which is also affiliated to the Benares Hindu University is conducted by that University. The degrees of "Diploma in Indigenous Medicine (Unani) and Surgery" and "Diploma in Indigenous Medicine (Ayurvedic Unani)" which are recognised by the Government are conferred on successful students of the Colleges and Schools respectively. A Recognition Committee has been appointed by the Board which deals with the question of affiliation of those institutions which apply for recognition. The Committee visits these institutions and reports on their suitability or otherwise for affiliation taking into consideration at the same time the proper equipment and appliances in the institutions for imparting training in all the modern subjects such as Surgery, Hygiene, dissection work, etc., to the students.

The United Provinces Government spends about Rs. 1,20,000 on the maintenance of the above Ayurvedic and Unani Government aided schools and colleges. In addition to these allotments the Government places a sum of Rs. 50,000 or thereabouts in a lump sum every year at the disposal of the Board for the purpose of helping indigenous systems of medicine and for affording medical relief to the people residing in urban and rural areas. The Board gives grants-in-aid to such dispensaries as distribute free medicines to the poor according to the indigenous systems both in urban and rural areas. A portion of the lump sum allotment referred to above

is also utilised towards the aid of educational institutions where the indigenous systems of medicine are taught. In distributing the grants the reports of the local bodies and the revenue authorities are taken into consideration so far as they are consistent with other recommendations such as the report of the inspecting members of the Board itself. The amount of grant depends on the popularity and the utility of the institution. The Board reserves to itself full right to allot grants every year in accordance with the number of applications received and the information available during the particular year. They have also prescribed certain principles (copy enclosed) according to which grants are distributed. The dispensaries and institutions which receive the above grants are more or less under the control of the Board and they have to follow the necessary instructions issued by the Board."

"With a view to bring medical aid by qualified practitioners of the Ayurvedic and Unani Systems of Medicine within easier reach of the rural population, the United Provinces Government has recently introduced a scheme for the establishment of Government-controlled and subsidized Ayurvedic and Unani dispensaries in the province for which an additional sum of Rs. 97,500 has been sanctioned by Government."

Burma.

A copy of the report of the Committee of Enquiry into the Indigenous Systems of Medicine, Burma, has been received and can be seen on reference.

"The recommendations of the Committee have not so far been implemented."

(Sd.) P. B. BHARUCHA,

COLONEL, I.M.S.,

CHAIRMAN,

Punjab Government Indigenous Medicine

Enquiry Committee. and

Inspector-General of Civil Hospitals, Punjab,

To

All the members.

Principles according to which grants are distributed by the Board of Indian Medicine, United Provinces.

1. The grant should be given only to such educational institutions as impart instruction in Ayurvedic and Unani Systems of Medicine and in case of dispensaries to those which give charitable medical relief to the poor according to those systems.

2. The grant should be given only to such educational institutions as adopt or are ready to adopt as far as possible the curriculum of studies prescribed by the Board.

3. The institution to which the grant is given must be at least one year old when the grant is given.

4. Ordinarily no grant-in-aid will be given to an educational institution (other than an Ayurvedic or Unani Women's School) where the number of students attending the school is below fifteen or to a charitable Ayurvedic or Unani dispensary where in the case of Urban dispensaries the number of patients to whom charitable medical relief is granted is below 8,000, and in the case of Rural dispensaries where such number is below 1,000.

5. Before grant-in-aid is given, reports regarding each institution applying for aid should be obtained from the Collector of the district where the institution is located and in the case of an institution situated in a rural area from the Chairman of the District Board of the district where it is situated, and in the case of an institution situated in an urban area from the Chairman of the Municipal Board or the Notified Area Committee where it is situated.

6. The Board will besides take steps to arrange for the inspection of every institution, as far as practicable by one of the members of the Board before the grant is given.

7. The grant should be given on a consideration of the reports received regarding the competency of the staff employed, the stock of Ayurvedic or Unani medicine kept and the extent of charitable medical relief given to the poor in urban and rural areas.

8. The grants should not ordinarily exceed one half of the total recurring expenditure on the institution.

9. Every institution receiving grant-in-aid should submit an annual report showing the progress made, the staff employed with their qualifications, the number of scholars on the roll or the number of patients treated free, and also a statement of accounts showing its income and expenditure during the year; and should with that object keep a scholar's register or a patients' register as the case may be and a cash book showing daily income and expenditure.

10. Every institution shall maintain an inspection book in which the officers authorised by these rules to inspect these institutions shall have power to record their views and suggestions on inspection and a copy of the inspection note will be forwarded to the Secretary of the Board by the Lead or manager of the institution as soon as such inspection is made.

11. The register of patients kept by the dispensaries whether Ayurvedic or Unani and also the inspection books maintained by the institutions under the above rule shall be open to inspection by all members of the Board as also by the Chairman of the Municipal and District Boards, by the Health Officers of these Boards and by Government officers not lower in rank than a Tahsildar and by any other person who may be generally or specially appointed by the Government or the Board on that behalf.

APPENDIX IV.

OFFICE OF THE INSPECTOR-GENERAL OF CIVIL HOSPITALS, PUNJAB CIVIL
SECRETARIAT, LAHORE.

Dated the 20th February, 1939.

The Punjab Government have appointed a committee with the following terms of reference :—

- (a) What steps, if any, should be taken to institute a register of practitioners of Indigenous Medicine ?
- (b) What steps should be taken to improve the medical education of practitioners of Indigenous Medicine ?
- (c) Whether any legislation is necessary for either (A) or (B), and if so, what ?

The Committee has drawn up a questionnaire to elicit public opinion on the subject. A copy of the questionnaire is forwarded to you, herewith, for favour of your views and suggestions. It is requested that your replies be given, as far as possible, in English, in order to facilitate compilation, and that they be sent to the undersigned *not later than 15th April, 1939.*

G. JOLLY, COL., I.M.S.,

CHAIRMAN,

*The Punjab Government Committee on
the Indigenous Systems of Medicine.*

QUESTIONNAIRE.

PART A.

What steps, if any, should be taken to institute a register of practitioners of indigenous medicine.

1. Do you consider that Practitioners of Indigenous Medicine should be controlled ?

2. If so, with what objects ?

3. What measures of control do you suggest ?

4. Would registration of Practitioners of Indigenous Medicine effect the control you have in mind ?

5. If so, how ?

If you are in favour of Registration : —

6. What responsibilities would you attach to Registration, such as adherence to a high Code of Ethics, as between :—

(a) Practitioner and the State ?

(b) Practitioner and Public ?

(c) Practitioner and Practitioner ?

(d) Any other ?

7. What privileges, if any, do you consider a registered practitioner should enjoy, such as —

(a) Facilities for Professional practice ?

(b) Entry into Government or local Body service ?

(c) Appearance as expert witness in courts of law ?

(d) Issuing of certificates of fitness or unfitness ?

(e) Realization of fees through courts of law ?

(f) Issuing of certificates for life insurance ?

(g) Signing of death reports ?

(h) Use of poisonous drugs ?

(i) Any other ?

8. What restrictions, if any, would you impose on registered practitioners, such as —

(a) Advertisement, whether —

Personal, or

Of Remedies and Cures, or

Of Publications ?

(b) The use and prescription of poisonous drugs ?

(c) Association of Registered practitioners with Organisations and Businesses for the manufacture and sale of drugs ?

(d) The use of secret remedies or the concealment of their formulæ ?

(e) Any other ?

9. What penalties, if any, would you render Registered practitioners of Indigenous Systems of Medicine liable to such as—

(a) Removal from Register ?

(b) Restriction on practice ?

(c) Any other ?

10. Do you consider that there should be a Provincial Body constituted to control the Registration of practitioners of the Indigenous System of Medicine ?

11. If so, what should be its constitution and powers, if any ?

12. Should such practitioners of Indigenous Medicine, if Registered, be allowed to practise any other system than that for which they have qualified ?

13. Do you suggest prohibition or restriction of practice by non-registered practitioners ?

14. If so, to what extent ?

15. Do you consider that if Registration is adopted those practitioners of Indigenous Medicine who have been in practice for a certain period of years should be admitted to the Register or to a separate section of it, up to a certain date, without fulfilling the full conditions which would be imposed on a new entrant ?

16. If so, should their admission to the Register be subject to any examination test ?

17. If you are in favour of two classes of Registration, as suggested in the preceding question, do you consider that any difference in privileges is necessary between the classes ?

18. If so, what ?

19. For the purpose of Registration, what do you consider should be the minimum acceptable qualifications in—

(a) Preliminary education ?

(b) Training in Basic Sciences ?

(c) Training in Clinical subjects ?

PART B.

What steps should be taken to improve the medical education of practitioners of Indigenous Medicine ?

20. Do you consider that any improvement is required in the medical education of practitioners of Indigenous Medicine ?

21. If so, what minimum standard of general education do you suggest for admission of students in a training institution in the Indigenous Systems of Medicine ?

22. Do you consider the basic science subjects of Chemistry, Physics, Botany and Zoology should be taught to all students ?

23. If so—

(a) what standards do you suggest ?

(b) do you consider these subjects should be taught to the students before or after admission to the training schools of Indigenous Medicine ?

24. Do you consider that the subjects of Anatomy and Physiology should be taught in the training schools of Indigenous Medicine ?

25. If so, what standards do you suggest ?

26. What other subjects do you consider it essential to include in the curriculum ?

27. In the teaching of medical subjects, both clinical and non-clinical, do you consider that students should be given facilities to have a comparative knowledge of the Indigenous Systems as well as of Modern Scientific Medicine ?

28. If so, to what extent ?

29. Do you consider that research into the materials or methods of Indigenous Medicine is necessary for the improvement of the medical education of practitioners of Indigenous Medicine ?

30. In the teaching of medical subjects do you consider that a minimum standard of instruction should be prescribed ?

31. In regard to the medium of instruction do you consider that one or more languages should be specified or that latitude should be given to teachers and students to adopt the language best suited to each subject ?

32. Do you consider that minimum standards of qualifications should be laid down for teachers in each subject taught ?

33. Do you consider that the existing institutions training students in the Indigenous Systems of Medicine are imparting efficient and sufficient instruction at present ?

34. If not, what improvements would you suggest ?

35. Do you consider that necessary improvements in the medical education of practitioners of Indigenous Medicine can or should be financed by private agencies or that some form of Government aid is necessary ?

36. Is it desirable in your opinion to have model Government institutions for the training of practitioners of Indigenous Systems of Medicine or that Government should aid existing institutions and regulate their control ?

37. Do you consider that a uniform standard of medical education for all students in training institutions of Indigenous Systems of Medicine in the Punjab is desirable ?

38. If so, do you consider that a Provincial Board should be established to draw up and enforce such uniform standard ?

39. If so, do you consider that this Board should be the same as the ' Body ' suggested in question 10 or should it be a separate one ?

40. Do you consider that the Provincial Board envisaged in question 38 should also be an examining body ?

41. What other functions, if any, would you assign to this Board ?

PART C.

Whether any legislation is necessary for either A or B and if so, what ?

42. Do you consider, that any legislation is necessary to bring into effect the suggestions you have made in your answers to this questionnaire under Parts A and B ?

43. If so, what do you suggest ?

APPENDIX V.

As directed by the Committee in its meeting held on the 19th February, 1939, the questionnaire was issued, among others, to the following :—

- (a) All institutions in the Punjab training students in the Indigenous Systems of Medicine.
- (b) All other Medical Schools and Colleges in the Punjab.
- (c) Ayurvedic and Tibbia Conferences and Associations.
- (d) Punjab Branch of the British Medical Association.
- (e) Punjab Branch of the Indian Medical Association.
- (f) Punjab Branch of the Medical Licentiates Association.
- (g) Members of the Punjab Legislative Assembly.
- (h) Punjab Members of the Central Legislative Assembly.
- (i) Punjab Members of the Council of State.
- (j) Registrar, Punjab Medical Council.
- (k) Chairmen of District Boards and Presidents of Municipal Committees in the Punjab.
- (l) Dean of the Medical Faculty of the Punjab University.
- (m) Director of Information Bureau, for publication in the press.

Fifteen hundred copies of the questionnaire were printed in three languages—English (1,000), Urdu (250) and Hindi (250). Of these more than 1,400 copies were distributed. Besides this, copies were printed by various Allopathic, Unani and Ayurvedic Associations themselves at their own expense for distribution among their members. In the first instance 15th of April, 1939, was notified in the Press as the last day up to which replies could be received ; but in view of the fact that there were numerous requests from the public to extend time limit, the Chairman decided to receive the replies up to the 6th of May, 1939 and to lay them before the Committee separately. The replies received after the 6th May are therefore also submitted for the consideration of the Committee.

The response to the questionnaire can well be described as full and varied in as much as more than 2,800 replies have been received from the members of the public and various other institutions and organizations interested in the subject. The attached statement will give complete information as to the various persons interested who have replied to the questionnaire. Of the teaching institutions to which copies of the questionnaire were specially sent, replies have been received from the Dayanand Ayurvedic College, Lahore, Tibbia College, Aligarh, and the Secretary, Tibbia College Committee, Lahore. The Principals of the first two institutions are members of the Committee and they have probably given

their personal views on the subject. The Secretary, Tibbia College Committee, Lahore, is an Allopath and he too seems to have expressed his own views rather than of the institution. The Principal, King Edward Medical College, Lahore, has forwarded the views of seven Professors of the College. The Principal, Medical School, Amritsar, has also replied to the questionnaire.

Exponents of the Ayurvedic System of Medicine seem to be represented by one Association. The Punjab Vaidya Sabha and the members of the Association have sent in their unanimous views on the subject. There are only 14 practitioners of Ayurvedic System who have expressed their individual views. Practitioners of Unani System are, however divided in five main groups—the Punjab Tibbia Conference, Anjuman-i-Tibb, Punjab, Hakims belonging to Amritsar, Delhi and Patiala groups. There are only 25 Hakims, who do not evidently belong to any group who have expressed their individual views.

The British Medical Association and the Indian Medical Association (Punjab Branches) have also expressed their views. Twenty members of the British Medical Association have offered their individual opinion on the subject. The Secretary of the Medical Licentiate Association has too replied to the questionnaire. But it is not clear whether he has given his own views or those of the Association. Only one member of the Punjab Legislative Assembly, Sir William Roberts, has given his views in reply to the questionnaire. No member of the Central Assembly or the Council of State has, however, communicated his views. The Registrar of the Punjab Medical Council and the Dean of the Medical Faculty of the Punjab University have also not sent their views. Of the 29 District Boards in the Punjab to whom copies of the questionnaire were sent only 11 have replied while out of more than 150 Municipal Committees only 25 have expressed their views. The Committee will note that replies on behalf of the local bodies are mostly written by either the Civil Surgeons or the District Medical Officers of Health. Copies of the questionnaire were also supplied to the Director of Information Bureau with a request to give it publicity in the Press. Two notices were issued by him in all the provincial papers giving the salient points in the questionnaire and asking the public to obtain its copies from the office of the Chairman. We have had numerous requests from all over the province for supplying copies of the questionnaire which were duly supplied. Replies have also been received from the Chief Medical Officers, Jind, Bahahr, Mandi and Patiala States. Eleven Allopathic Practitioners who do not seem to belong to the three main Allopathic Associations to whom the copies of the questionnaire were sent, have also submitted their views. Members of the public who are not apparently connected with Ayurvedic or Unani System of Medicine nor belong to any of the institutions and organizations to whom copies of the questionnaire were specially sent have also expressed their views. The President, Old Boys Tibbia College Conference, has just sent reply to the questionnaire on behalf of the Association.

Statement showing the number of replies to the questionnaire received.

Names of the Associations, etc.	Number of copies of the replies received.
1. Anjuman-i-Tibb	493
2. Punjab Vaidya Sabha	204
3. Punjab Tibbia Conference	1041
4. Unani Practitioners of Patials School of thought	85
5. Unani Practitioners of Delhi School of thought	116
6. Independent Opinion	149
7. Punjab Vedic and Unani Tibbia Conference, Amritsar	192
8. Principals of various Indigenous Institutions	3
9. Principals, Medical School, Amritsar and Women's Medical School Ludhiana; and Professors, King Edward Medical College, Lahore.	9
10. Medical Associations	3
11. District Boards	11
12. Municipal Committees	25
13. Indian States	4
14. Allopaths	11
15. Vaidas	13
16. Hakims	25
Total	2,384

APPENDIX VI (a).

Resume of the recommendations of the Sub-Committee on Registration.

The practitioners of the Indigenous Systems of Medicine should be controlled with the object of—

- (a) eventually eliminating unqualified practitioners ;
- (b) giving the public trained medical practitioners in the Indigenous Systems ;
- (c) standardizing and bringing the systems to a high level of efficiency ;
- (d) stopping quackery.

Board of Indian Medicine with the following functions should be constituted :—

- (i) Registration of practitioners of Indigenous Systems of Medicine ;
- (ii) fixing the standard of education by—
 - (a) opening Government model institutions,
 - (b) recognizing the existing institutions provided they conform to the regulations laid down by the Board for education and examination, etc., of such institutions,
 - (c) stopping the grant of bogus degrees.

Registration will provide effective control over the practitioners of Indigenous Systems of Medicine.

The Registered Practitioners shall abide by the Code of Ethics as prescribed by the Punjab Board of Indian Medicine.

Facilities as afforded to the Registered Practitioners of other systems should be given to practitioners of Indigenous Systems of Medicine.

Personal advertisement should be altogether stopped. The advertisement of remedies, cures and publications is permissible by pharmacists and firms and the Registered Practitioners should not do so in their own names.

The use of secret remedies or the concealment of their formulae is allowed only on the condition that the same are disclosed to the Board of Indian Medicine and its approval is secured for the same.

(Pt. Thakar Dutt Sharma and Hakim Syed Zafaryab Ali are not, however, in favour of imposing restrictions on advertisement and the use of secret remedies.)

The Government should constitute the first body of the Board of Indian Medicine for two years so that preliminary spade work be done by the same and later that the Board should be constituted on the following lines :—

President-elected.

- Vaid 1 } From the Registered teachers of the teaching institutions of the Board or affiliated to the Board of Indian
Hakim 1 } Medicine, Punjab.
- Vaids 2 } From the Registered graduates of the Government
Hakims 2 } Registered Institutions.
- Vaid 1 } Representatives of the Unani and Ayurvedic Provincial
Hakim 1 } Associations and Conferences which have been in active
existence for the last 10 years or more from the date of
this Act and have a numerical strength of at least 500
members.
- Vaids 3 } Registered Practitioners class A.
Hakims 3 }
- Vaid 1 } Registered Practitioners, Class B.
Hakim 1 }
- Vaid 1 } Registered Practitioners who are employees of the
Hakim 1 } Government, States or Local Bodies.
- Vaid 1 } Principals of the Unani and Ayurvedic Institutions to
Hakim 1 } be nominated by the Government.
- 2 Members To be nominated by the Government.

Practitioners of Indigenous Systems of Medicine should not be allowed to practise any other system as such except if they are qualified in the other system as well.

Non-registered Practitioners should be prohibited from practice, but this should take effect three years after the date of passing the Act by the Punjab Government.

There should be two classes of Registered Practitioners of Indigenous Medicine :—

Class A.

1. Hakims and Vaids who, in the opinion of the Board, are of sufficient standing, reputation and ability and are known for their skill in their profession.
2. Non-certificate or non-diploma holders of Unani or Ayurvedic systems with 5 or more years of practice at the time the Act comes into force.

Class B.

Graduates and diploma-holders of those institutions which will be included in the schedule in the proposed Registration Act.

(Pt. Thakar Dutt Sharma and Hakim Syed Zafaryab Ali, are, however, of the opinion that eminent Vaids and Hakims, should not be put on par with practitioners of five years standing.)

There should be difference in privileges between the different classes of Registered Practitioners, to be determined by the Board of Indian Medicine, Punjab.

APPENDIX VI (b).

**Resume of the recommendations of the Sub-Committee
on Education.**

Improvement in the education of the practitioners of the Indigenous Systems of Medicine is necessary.

The minimum standard of general education for admission of students to a training institution in the Indigenous Systems of Medicine should be as follows :—

(a) Unani Institutions.

1. Matriculation of any Indian University with Arabic or Persian or Urdu as one of the elective subjects, or

2. Munshi of the Punjab University or any equivalent qualification of any other University with working knowledge of English and Arithmetic, or

3. Moulvi of the Punjab University or any equivalent qualification of any other University constituted by Law in India with working knowledge of English and Arithmetic, or

4. Adeb of the Punjab University or any equivalent qualification of any other University constituted by Law in India with working knowledge of English and Arithmetic.

(b) Ayurvedic Institutions.

1. Matriculation of an Indian University with Sanskrit as one of the elective subjects, or

2. Prajna of the Punjab University or any equivalent qualification in Sanskrit of any other University with working knowledge of English and Mathematics.

Modern Basic Sciences of Chemistry, Physics, Botany and Zoology should be taught to the students of Indigenous Systems of Medicine so far as their usefulness and consistency with the old systems necessitates such instruction. In addition the old Basic Sciences be taught as under :—

Unani .. (i) Old Philosophy.

(ii) Old Physics.

Ayurvedic.. (i) Darshan Shaster.

The standard of teaching in these subjects should be between Matriculation and Intermediate of the Punjab University and the same be passed by the Expert Committee of the Board of Indian Medicine, Punjab, to be appointed later. These subjects be taught to the students after their admission to the different institutions.

The subjects of Anatomy and Physiology should form part of the curriculum of the Institutions of Indigenous Systems of Medicine. The standard of instruction in these subjects should be that of a medical school.

The following subjects should be included in the curriculum :—

Modern subjects .. (i) Morbid Anatomy.

(ii) Bacteriology.

(iii) Jurisprudence and Toxicology.

(iv) Hygiene.

(v) Midwifery and Gynaecology.

(vi) Surgery, (General, Eye, Ear, Nose, and Throat).

(vii) Clinical method of diagnosis.

Subjects of the Old Systems —

All the subjects should be included in the curriculum.

Old subjects .. (1) Materia Medica ; (2) General Principles of Medicine ; (3) Practice of Medicine ; (4) Hygiene ; (5) Pharmacy ; (6) Toxicology ; (7) Diseases of Women and Children ; (8) Old Anatomy and Surgery.

The students should be taught only the old systems of medicine and the comparative study of the other systems of medicine be left to their discretion after their passing the qualifying examination. In post-graduate work facilities should be provided for the same.

Research is essential in every department of science and pre-eminently :—

(i) Research on drugs.

(ii) Research on the methods and theory of treatment (Therapeutics).

(iii) Research on compilation of text-books on modern lines.

There should be a minimum standard of teaching in medical subjects which should be laid down by an expert committee to be appointed by the Board of Indian Medicine, Punjab.

The medium of instruction in the two Indigenous Systems Medicine should be as follows :—

(a) Unani Urdu.

(b) Ayurvedic Hindi.

Minimum qualifications for teachers of Indigenous Systems should be :—

(a) For teachers of Basic sciences—M.Sc.

(b) For teachers of Modern medical subjects—M.B., B.S., with sufficient knowledge of Urdu or Hindi.

(c) Minimum standard for teachers of the Old systems be fixed by an expert committee to be appointed by the Board of Indian Medicine, Punjab.

There is room for improvement in the existing institutions of Indigenous Systems of Medicine in the Punjab.

The Board of Indian Medicine, Punjab, should lay down the standards and suggest improvements.

The necessary improvements in the Medical education of the practitioners of Indigenous Systems of Medicine should be financed by the Government and additional help should be secured from philanthropic persons.

The Government should start a model teaching institution of Indigenous Systems of Medicine and should also amply subsidize the existing institutions and control their working.

A uniform standard of Medical education for all students in training institutions of Indigenous Systems is desirable.

A Provincial Board of Indian Medicine should be constituted by law to draw up and enforce the uniform standard mentioned above. This Board should also be an examining body.

The Board should have the following functions :—

- (i) Recognition and affiliation of institutions.
- (ii) Registration of practitioners.
- (iii) Inspection of institutions.
- (iv) Conduct of examinations and prescribing of courses of studies and fixing standards of admission.
- (v) Conferring of diplomas and degrees.
- (vi) Granting or withdrawing of aids to the institutions.