Introductory.

A few days ago, a copy of the official annual report of the All India Medical Association was placed in my hands.

On opening the report I read on the very first page this significant announcement, that "An all India Medical Association is the organ through which you can unite, to fight the battles of your profession. For it has been formed to protect the interest of every practitioner in India, to protect the interest of Public Health of medical education and research throughout the country."

This I take is the avowed object and considered view of the Association, and you have met in conference today, to lay out your plans and discuss the ways and means of carrying on the work which you have in view.

When you talk of fighting battles, and make use of militant expression, you lead one to imagine that you have a real or imaginary foe in your minds eye with whom you wish to wage war.

This perhaps is your secret which for reasons of strategy you do not wish to disclose, and I need not be curious to guess as to what or who he may be?

It is permissible to surmise however that you have gathered together to take stock of your resources and to organise your army, with a view to mobilise it against any foe, and at whichever place you may be called upon to give battle.

In taking stock of your forces, you will have to go over the whole field of the medical profession in India, so as to pick and sort out the material and personnel for your field army. You will have to study the weak points in your armamentarium, by which you will know the causes, which have retarded your growth and hindered your success, and what allies you can rely upon for help in the attainment of the object you have in view.

2. The British Medical Association has told us in one of its memorandums that the I. M. S. has been the father of the medical profession in India (1).

For the last 175 years or more this grand service has held aloft the torch of medical lore and has helped to shed the light of Western medicine in India. Without going into heroics as the British Medical Association has been doing, over the glorious traditionsof the I.M.S. and the good work which it has done in awakening a medical and sanitary conscience in

(1) Br: M.A. memorandum page 2.

India, it is sufficient to note that your gathering here to day is an eloquent proof, if proof were needed of the tribute of respect and gratefulness, which the sons of India owe to the I. M. S.

3. In India unlike anywhere else in the world there are two medical professions which are divided by a sharp line of demarcation. One is the official and the other the non-official profession.

The official profession is the predominant partner which completely overshadows the other. The whole of the educational and research work, the medical relief and sanitation are in the hands of the official profession, and the part played by non-official profession in this domain is very small indeed.

In presenting a general survey of the medical profession, therefore, a larger part of the canvass must be necessarily devoted to the official portion.

In fact the non-official profession being a late arrival, it has forced its way on the stage, in spite of the remonstrances and protestations to keep him out of the way.

The independent profession has not yet attained its adolescence, and has not taken its rightful place in the professional world.

The official profession may be divided into a military and a civil branch.

The higher branch in the civil department is an off shoot of the military service.

About 400 military officers are lent to the civil as a war reserve of the army, they do all the administrative and large part of the executive work of the Government of India and the Provincial Governments.

The subordinate service is the provincial service which works under the control of the ministers. These men are the independent practitioners who have joined the provincial service. Therefore when we talk of the independent profession, we mean thereby those practitioners who remain outside the charmed circle of the imperial and provincial services.

In the independent profession are included a few European Missionary Doctors, European and Indian lady practitioners, and the Indian practitioners. Outside these again are the exponents of Unani and Vedic systems and a host of quacks and charlatans of all degree.

To put this classification into the nomenclature of the country, on the civil side the medical practittoners may be divided into four castes—

(1) The I. M. S. men represent the Brahmins who like the Jews of Cohin, are divided into the white Brahmins and the Black Brahmins.

(2) The provincial service men are the Kshatryias.

(3) The private practitioners the Vaishyas,

(4) And the Vaids and Hakims correspond to the sudras of the profession.

With these few prefatory remarks I proceed to give you a general survey of the medical profession in India.

There are two military medical services working side by side in the army. The one for the British troops is composed of :—

1. *R. A. M. C. Officers.*—Who come out to India on a tour of 5 years. It is a purely British service which does not admit Indians to its corps. The number of officers is 320, which for about 63,000 troops gives a proportion of 4 M. Os. per mille of strength. The number of British troops in India in the pre war days used to be 75,000, and the number of the R. A. M. C. officers was based on that number, but though the strength of the British troops has been decreased, the R.A.M.C. establishment remains the same as before. This

service has no civil side, nor does it keep any war reserves in the time of peace.

2. *Military Assistant Sargeon.*—These officers belong to the I. M. D. and are attached to British hospitals for duty. This class is not recruited from Indian but from Anglo Indian community. They are educated at Government expense in Madras and Calcutta.

After obtainining a certificate from the principal of the school they are attached to British hospitals for duty not as medical assistants but as dressers, compounders, clerks, storekeepers or on draft duty with troops which are transferred from one station to another.

The number of Assistant Surgeons on the army list is 739, of which 346 are retained in the army and the rest are transferred to the civil department for duty as civil surgeons, railway doctors and superintendent of jails.

3. *Q. A. M. N. S.*—These ladies 143 in number are specially recruited in England for service in India for a term of 5 years.

4. *Hospital Corps.*—The rest of the hospital establishment of cooks, bhishties, dhobies ward boys. &c. is recruited in India.

5. *Dental corps.*—This corps has been form-

ed of late and 30 of these officers are attached to to the Indian establishment.

The other service which is in charge of Indian troops is composed of—

1. *I. M. S. Officers.*—This service is open to all British subjects without distinction of caste creed, color and nationality. The reform scheme lays down the proportion of Indians and Europeans as 33 to 67.

The total number of I. M. S. Officers according to the army list is 748. Out of which 619 hold permanent and 129 temporary Commissions. In addition to these there are 174 officers in the army in India reserve of officers list.

Of the 748 I. M. S. officers 449 are retained on the military side and 399 transferred to civil employ, which gives a proportion of 3 M. Os. per mille of strength on the military side.

2. *Military Sub-Assistant Surgeons.*—Are 894 on the army list, 154 of which are transferred to the civil department, and the remaining are attached to military hospitals for duty.

3. *Q. A. M. N. S.*—Of late 74 nursing sisters have been engaged for nursing duty in the Indian hospitals.

4. *Indian hospital corps.*—Since the adop-

tion of the station hospitals system the menial staff of the military hospital such as cooks, bhishties, clerks, store-keepers has been consolidated into a corps.

Station hospitals.—During peace time the military sick are treated in combined hospitals, which are classified first, second and third class according to the number of beds in the hospital, which are calculated on the strength of the troops in a station.

These hospitals have up to date appliances of operating rooms, laboratories and X ray equipment. The patients are dieted, and receive the benefit of the advice of specialists.

The number of beds in the British hospitals is 8,000 for 60,000 troops or a proportion of 13·3 beds per cent of strength. Similarly in the Indian hospitals there are 12,000 beds for 2,50,000 troops or a proportion of 5 per cent of strength. On an average more than half the beds in the British hospitals and three fourth the beds in the Indian hospitals remain unoccupied throughout the year and the proportionate amount of equipment and personnel remain idle.

Field Service.—On field service the proceedure for dealing with the sick and wounded is differ-

ent. To begin with the station hospital is discarded and left behind by the field army. General hospitals and station hospitals are established, on the lines of communication and further afield, field ambulances spread themselves out to treat temporarily and despatch the wounded and the sick down the line of communication. On the lines of communications and behind the general hospitals, ambulance trains, lorries and hospital ships, transport and evacuate the sick from the hospitals.

In peace time the equipment of the field units is not in use. It is kept stored up. As the different articles belong to the supply of different departments, it so happens that the equipment of a unit is split up for storage in more than one station. For example the tentage is stored up say in Secundrabad, clothing at Shahjehanpur, furniture at Alipur, and the medical stores in Bombay. Similarly the personnel is widely distributed for duty in various places. When the army is mobilised a place of concentration is named in the order, where all the stores and personnel are dispatched. Owing to the long distances from which the stores and personnel have to be collected, it takes quite a long time before the unit is complete, and when

completed, the personnel are new to the procedure, and the returns and forms which they have to use and it takes quite a long time before the unit is really in working order.

I.M.S.—The I. M. S. as a well organised service has been in existence for the last 175 years or more. It has had the advantage of the accumulated experience of more than five generations, of distinguished officers.

It has had war experience in India since the days of Seringapatam and Plassey. It has marched on the battlefields of Africa, Persia, Mesopotamia and the Western front.

With this vast experience of peace and war, one should have expected the medical machinery of this grand service the very last word in medical organisation.

This can be fairly judged by certain well recognised tests.

(1) From the point of view of administration as also in the interest of the tax payer it is necessary that the departmental machinery should be economical.

Administrative economy however does not mean stinginess or parsimony. It means the making of the best use of the personnel and material without much waste and

idleness. In other words it means the turning out of the greatest amount of work with the smallest amount of labor and expense.

Judged by this test we find the medical machinery not only uneconomical but unreasonably wasteful.

For the sake of comparison, take a large town like Amritsar, with a population equal in size to the whole population of the Indian army. The civil medical department employs one civil surgeon, one health officer and a few assistants, who are in charge of the health, sanitation and the medical relief of not only the town of Amritsar, but of a large area in the district containing many dispensaries. Against this the army department employs 769 officers and over 1200 assistants. This huge disparity between the two administrations in the same country and dealing with the same class of people canot be explained by the scattered character of the military population. Indeed the disparity becomes incredible when we compare the health conditions aud the nature of the two populations.

The army population is uniform, healthy and in the prime of life. Each man is carefully selected for good physique and freedom from all

heriditary and constitutional disease. On joining the army he is at once protected against contagious and infectious disease. He is well fed, well clothed and lives in healthy barracks, built in healthy surroundings. The military discipline teaches him to live a healthy and clean life. He is regularly drilled and exercised and kept fit and healthy. In fact the theory in the army is that a man is either fit or he is unfit. In the latter case he is invalided out of the army and replaced by a fit man. These health conditions are reflected in the wards of the military hospitals which are empty, and the military sick returns which are clean.

Compared with this the civil population is mixed. It contains the old men and women, who are feeble and dying, a fair percentage of them suffer from chronic malaria, malignant or heriditary disease.

They are frequently subject to the inroads of epidemic and endemic deseases.

Majority of them are half starved, ill clothed, and live in insanitary dwellings and unhealthy surroundings. They have no idea of personal or municipal hygiene. In such health conditions the percentage incidence of sickness must be.

and is large.

The hospital accommodation in all the Amritsar hospitals does not exceed 500 beds, while the army maintains 20,000 beds.

Is there any comparison between 500, and 20,000 beds ?

Are we to infer from this disparity that the military life is so very unhealthy as compared to civil life that it requires 40 times more. Hospital accommodation for its sick. Can the army department show any justification for this enormous bed accamodation. From these considerations we can draw but one conclusion that either the civil department is neglecting its duty by not employing 769 civil surgeons and 20000 hospital beds for the people of Amritsar or the army department is overdoing its duty.

But the chapter of waste does not end here. We have had occasion to note that on an average more than half the bed accomodation in the military hospital remains unoccupied thoughout the year.

Go to any large military haspital, you will find perhaps 10 or 12 I.M.S. Officers on duty with not more than 60 or 70 patients in the wards to the outside. All of them pretend to be

frightfully busy employing their time in the pleasant occupation of smoking innumerable cigarettes and drinking fragrant cups of tea in the duty rooms of the nursing sisters.

The army department helps to fill their time by calling upon them to furnish endless number of useless reports and meaning less returns.

The beds which are occupied contain nothing more serious than a cut or a bruise from a hockey stick, or a case or two af venereal desease or fever.

There being no medical or surgical work, the money spent on the elaborate equipment of operating rooms, laboratary or X ray is so such money wasted. The same remark applies to the employment af specialists.

I might explain here by the way that in the army nomenclature by specialist is not meant a manwho has spent the best part of his life in the study of a special subject but in a great many cases an officer who has spent the tail end of his holiday trip to England in walking the wards of a special hospital and has obtained a certificate to that effect.

The excessive expenditure referred to above does not include the cost of maintaining two sets of baracks for the British troops one on the hills and the other on the plains nor that of transfers and invaliding.

2. The second requisite of an efficient machine is that it should be elastic.

By elastic is to be understood a machine which can adjust itself automatically without hitch or difficulty to the different conditions which it may be called upon to deal. In the case of the military hospitals they should be able to expand when we have to deal with a larger number of sick and contract when not so required.

The station hospital was devised by the R.A.M.C. for use in England, where the climatic conditions are more or less uniform throughout the year. English climate is not subject to extreme variations of temperature nor is it liable to the inroads of epidemic or endemic disease. Under such conditions the sick rate within certain limits is uniform, and can be anticipated and provided for with precision.

Station hospital system is unsuitable to Indian conditions. In this country during the hot weather when the heat is extreme, the troops are confined to barracks and are idle. Later on with the downpour of the monsoon, the breeding of mosquitoes and the contamination of drinking water there is an increase in the sickness and the hospitals are busy from May to September.

In the cold weather on the other hand when the air is cold and crisp and the troops are out under canvass on active service conditions, the men are healthy and the hospitals remain empty from October to April.

Owing to the rigidity of the station hospital system the accomodation can neither be increased nor decreased, which from administrative point of view involves waste of personnel and material for half the year.

The station hospitals were adopted by the I.M.S. in slavish imitation of the R.A.M.C. under the mistaken notion that the efficiency of the R.A.M.C. as a service was solely due to their hospital system.

This certainly is not the case. The station hospital is not the training ground for the field service. It is discarded on the very first call of moblilisation. The success of the R. A. M. C. therefore must depend on other causes.

In the 1st place the R. A. M. C. get the right type of man, a practical sanitarian, whose business is to prevent men falling sick rather than to treat the sick. The army does not need professors. The outlook of the R.A.M.C. is military and remains milttary thoroughout his

career. The I. M. S. man makes use of the military as a stepping stone to the civil. His work in the military is half hearted. His outlook is civil and he looks forward to the day when he can discard his military tunic and put on the frock coat and top hat of a Harley Street specialist. This is really the cause of his undoing, whether in Mesopotamia, Terah or the Western front.

3. The third requisite of a military machine is that it should be simple in construction as well as in working, so that it can be put into the field without difficulty and delay.

We have noticed that the station hospipal is left behind by the field army and in its place a totally different procedure is adopted in the field. We have also noticed that the equipment of field medical units in peace time is kept split up and stored in a number of stations in India, that the personnel is spread over a wide area, that it takes quite a long time before the unit can take the field and another delay is necessary before it can be put into working order. It is clumsy and dilatory.

In peace time the material deteriorates and requires to be constantly renewed to keep it in a

serviceable condition.

To sum up the medical machine of the Indian army is wasteful both in the use of personnel and material, it is inefficient in peace time and dilatory for use in the field.

The Civil Medical Service.—The civil medical service in India consists of a provincial branch, which does the executive work and plays a rather subordinate role in mdical work of the Government.

The other branch is the imperial which is really an appanage of the military medical service. Between 4 and 5 hundred officers are lent by the military department for whose employments 278 civil posts are reserved. These posts include administrative posts under the Government of India, and the Provincial Governments for the medical relief, sanitation, educational, and research work in the country. These officers also fill a number of executive appointments such as superintendents of jails and mental hospitals, medical store-keepers and civil surgeons.

Such a combination of civil and military duties, which subordinates the needs of the civil population to the requirements of the military is unheard of in any other civilised country in the world.

To yoke a race horse with a country yoke does not produce an even or a comfortable pace, in the team. The grotesqueness of a doctor going to see a patient with a sword in one hand and a stethoscope in the other, had attracted the attention of the Government of India, as far back as the year 1879.

To remove this anomoly they appointed a departmental committee composed of Surgeons General Cunningham and Crawford to enquire and suggest remedies. They came to the conclusion that the civil side should be separated from the military. In the course of their report they wrote "If reorganisation is to be attempted and that such is needed, none who are acquainted with the present system, can deny it can be effected by no partial measures. The division of the civil from the military duties must be trenchant and distinct."

These recommendations were comunicated to the S/of S. for India, but were rejected owing to the war office taking exception to the unification of the military services. The S/of S conveying this decision in his dispatch 80 of Februry 1883 wrote.

" Any scheme by which natives of India will be excluded from the commissioned medical

services of India, would give rise to serious objections and the difficulty would not be removed by the expedient of forming what would evidently be an inferior service, composed solely of natives of India."

The B. M. J. the organ of the Br. Med. Association in its February No. of 1882 was no less emphatic.

"There is one possible solution of the difficulties which result from the constitution of the I. M. S., and the complex duties in which its officers are engaged and this solution is one which has been advocated by various able administrators, in both services. The first step must be a complete separation between the civil and military services in India."

The Br. Medical Association has evidently a very short memory.

Towards the year 1897 the R. A. M. C. had fallen on evil days. It found it difficult to get sufficient number of recruits. The war secretary (1) wrote and asked the S/of S for India if the Government of India would agree to the proposal of permanent separation of the Indian portion of the R. A. M. C. from the Home Establishment if its strength were increased by 40 officers (2).

(1) Land Lansdowne.
(2) Lov Com. Report para 7 p. 11.

The Government of India in a very superior dispatch accepted the proposal but added that the increase of 40 officers should be made in the civil cadre of the I. M. S. and not in the R.A.M.C. Lord George Hamilton who was the S/of S for India saw the game which the Government of India were playing. They were pushing more and more I. M. S. officers into the civil department on one excuse or another. He wrote in the course of his dispatch No. 45 of May 1899, " I am unwilling to accept proposals based on the assumption that sufficient medical qualification will never be found in India or elsewhere outside the I. M. S." This was the first hint of the Indianisation of the I. M. S.

In reply, the Government of India agreed with the original proposals of separating the civil service, but they played their card of unification of the military services for all it was worth.

In the years 1903-8 riding on the crest of the tide of the Morley-Minto reforms Lord Morley drew the attention of the G. of India to Lord George Hamilton dispatch in the following terms.

" Since 1899 successive secretaries of State for India have drawn attention to the objections to indefinite extension of the cadre of the I. M. S.

for the purpose of providing for miscellaneous appointments, that service, though it may offer well qualified candidates, is not the only and may not be the most economical source of supply. Notwithstanding the necessity for restricting the cadre of the I. M. S., it has in recent years continued to increase and apart from other objections, its further increase would be likely to cause serious difficulty in the matter of recruitment. I have consequently decided that the time has now arrived when no further increase of the civil side of the service can be allowed, and when strong efforts should be made to reduce it by gradually extending the employment of civil medical practitioners recruited in India" (1).

To this dispatch the G. of India replied that about one third of the I. M. S. officers in the civil employ did not form part of the army reserve and there would be no objection to the transfer to the independent practitioners, of the civil appointments held by them, but any such transfer should be gradual, tentative and from the bottom, and that the appointments reserved for the I.M.S. men should be such as to maintain the attractiveness of the service and administrative efficiency(1).

Lord Morley agreed and asked to be inform

(1) Lov: Com. Report para 8 p. 13.

ed of the measures which the Government of India would suggest in order to carry out these proposals.

At this stage Lord Morley vacated the office, and with the advent of Lord Crewe the policy and the tone of the Government of India underwent a complete change. They wrote to the S of State that thay had written to the local Governments with the result, they now found, that they had gravely underestimated objections to the contemplated transfer of appointments.

In the year 1911 the number of Indians entering the I. M. S. was materially increasing, this alarmed the army department, and they proposed to make the I. M. S. a purely civil service, and to organise the Royal Army Corps in such a manner as to enable it to fulfill all the military requirements (1).

These prcposals, however came to nothing.

The Public Services Commission in the course of their enquiry observed, that "the dedependence of the civil medical admintstration on the military was a subject of complaint on the part of most non-official witnesses."

They therefore laid stress on the necessity for calculating separately on their merits the

(1) Lov: Com. Report para 9 p. 13.

needs of the army and of the civil administration and for abandoning the idea, that the civil medical administration should be dependent on the requirements of the military service.

They recommended the formation of Imperial and Provincial Medical Services and the fixation of the number of military officers employed in the Civil department.

The report of the commission was pigeonholed from 1915-1917.

Outside the service circles the Indian National Congress the organ of the educated Indian Community had in its session of 1833 demanded " that the civil medical services of India should be reconstituted on the basis of such services in other civilised countries, wholly detached from and independent of the miltary service."

On the other hand the officers of the I.M.S. had also sought outside help and had enlisted the co-operation of the Br. Medical Association in order to oppose any attempt to Indianise the service or to separate the civil side from the military (1).

This external agitation for and against the formation of a separate medical service culminated in the famous resolution moved by the Honourable Mr. Shastri in the Imperial Legislative Assembly

(1) Lov: Com. Report p. 15 and Br: Med. a Memo Oct. 30th 1913.

on the 8th of March 1918. In the course of his famous speech Mr. Shastri said. " That the coming in of the I.M.S. service in the civil employ shuts out Indian talent, hinders progress of the independent medical profession and makes the civil population for their ordinary needs depend upon a service, which is called upon to serve in the military both at beginning and at the end of their career, and in war time would not be available at all. When therefore, we are asking that a complete separation should be made, it is impossible for us to countenance the suggestion that in order to make the civil employment attractive to officers, their salaries should be raised, and a further drain imposed upon the ccuntry———let me say that it must not be allowed any more to dominate the whole of the civil medical profession, to keep the children of the soil out of what is their rightful place, and generally to check the growth of the independent medical profession and make the professorial and research chairs as their private appanage."

The result of all these internal enquiries and external agitation was that the Government at last made up their mind to form a Provincial and Imperial service and under the regulations

framed by the Secretary of State in council in 1923 under rule 12 of the Devolution Rules, the number of appointments which are to be reserved for the I. M. S. was fixed at 268 in the provinces.

This is the utmost yield of 50 years of political agitation.

This is a convenient place to consider the grounds on which the continued combination of the civil and military side of the I. M. S. is insisted upon as also the grounds on which increased Indianisation is opposed.

The advocates of the combined civil and military service base their cas e on certain grounds which may be summarised as follows:—

(1) That it is necessary for the Indian army to have a reserve of medical officers who could be usefully and economically employed in the civil department.

(*a*) This argument had some weight in the old days when there was no independent profession in India, to supply medical men in time of emergency. That however is no longer the case.

As a matter of fact over 1,000 civil practitioners had actually joined the I. M. S. as temporary commissioned officers during the Great War, and there are at present over 175 officers on the reserve list of the Indian army.

(*b*) The R. A. M. C. has no such reserves nor any other army in the world maintains them.

(*c*) During the course of examining the military medical organisation, we had occasion to note that the army department have a much larger number of I. M. S. officers on the active list, who are over and above their requirements, the army reserve is there in actual employment.

(*d*) The officers who have been in the civil employment for sometime, deteriorate from the military point of view, and cease to be of any use as reserve for the military service.

The report of the Esher committee is conclusive on this point (vide section 3 para 47.)

"Military opinion as represented to us by many witnesses of high authority and recent

experience in the field was practically unanimous in holding that the officers of the I. M. S. lacked the necessary training for work in the field. This defect is attributed to their inferior military training under the antiquated regimental hospital system now abolished, their ignorance of the principles of military administration in the field, their lack of familiarity with the latest developments of military hygiene, of preventive medicine, and of military medical science.

It is clear that though in theory the outlook of the I. M. S. in the past has been mainly civil, the best officers have secured civil appointments as early as possible, and have lost touch with the military side of their profession. They are consequently at a disadvantage when recalled on the outbreak of the war or reverted towards the end of their service to hold military administrative appointments."

This is as strong a condemnation as it can be, of the present system of keeping the army reserves in the civil employ.

(2) The employment of I. M. S. officers in the civil department is an attraction to enlist good class recruits.

(*a*) This can be of no advantage from the point of view of the military service, because as we have seen above, the man who goes to the civil department is lost to the military whether he comes back to it or remains in the civil.

(*b*) the army population is composed of healthy men of good physique. It needs sanitarians not professors.

(*c*) Good class medical men do not care for the services at all whether it is the I.M.S. or any other service. It is only such men who can not make a living in their profession who seek the army service.

(3) That the military rank gives the holder a higher social position, therefore if the two sides are separated, good class of recruit will not join without the attraction of the military rank.

It must be borne in mind that the army surgeon is a doctor first and a military man afterwards. His worth and value lies in his professional skill and not in the tinsel of his army rank. A good man who is keen on his profession, will join the civil medical service whether he can do so with the army rank or without it.

(4) A preponderance of the British element is necessary for the efficient administration.

Our examination of the medical machine has shown that it is highly inefficient and unwork man like. Beside this the reports of Mesopotaima and other campaigns prove that this claim is hollow and without foundation, these reports have further proved that given an equal chance, the Indian officer is equally capable of efficient administration.

Before examining the Government of India communique of 1928 let us pause and cast a retrospective glance at the sequence of events which we have been considering in the above paragraphs.

During the latter part of the last century, the question of reorganising the medical services was discussed, from the point of view of economy and administrative efficiency as a purely domestic concern.

On the military side it was realised that the services had become antiquated. The existing system of maintaining two services side by side was an anachronism, which could be justified only in the days, when the army of the East India Company was separate from that of the crown. It was felt that the machinery needed overhauling,

and a unified service was therefore suggested.

But the War Office found it impossible to accept these proposals owing to the impractibility of admitting Indian candidates in the R. A. M. C.

On the other hand the requirements of the civil department were increasing every day, and there was a demand for more teachers, research workers, and sanitarians, while the supply of recruits was becoming more and more inadequate in quality and quantity. It was therefore considered necessary to form a separate civil medical service. This scheme was frustrated by the vested interests of the I. M. S.

In the period of which we are speaking small clouds had begun to from on the political horizon of India and gather round the Congress pandal in their annual gatherings.

The spell of the magic of Swaraj had been breathed by the Grand Old Man of India, and this acting like a charm had fired the imagination of Indian Nationalism, and stirred in its breast new hopes and ambitions.

The reactionaries of Anglo India shook their heads at the very idea of a political advance. They were quite happy with their Noahs arc of the

old constitution. But there were men of political foresight who had warned them to take measures in time to save the ship of state from the fury of the storm.

The Indian politician had very early realised that the monopoly in the services was the key-stone in the arch of the Indian Autocracy. With the new strength of nationalism, he attacked the arch with vigor and demanded Indianisation of the services.

Lord Morley who was at the helm of the ship of state had found it difficult to supply the increased demands of the services. Now he began to feel the pressure of Indian Nationalism from the outside. Moreover he realised that the demand for Indianisation was not only just but natural, He therefore suggested to the Government of India that a certain number of miscellaneous appointments may be released by the I. M. S. and handed over to the independent profession as the only way of getting over the double difficulty in which he found himself. By this means he thought he could relieve the difficulty of the supply of recruits and meet the political demand of the Nationalists. He further hoped that in time to come as the Independent

profession improved, it could supply larger number of recruits and make India independent of outside supply.

But this was not to be.

The I. M. S. man thought otherwise.

He said there was no dearth of the supply, only the service had ceased to be attractive. The pay was inadequate as it had not kept pace with the increased cost of living, the income from the private practice had diminished owing to growing competition of the private practitioner; the house accomodation was becoming scarce; leave was insufficient; and worst of all the future was uncertain (1).

He was living under the rumblings of politi-clouds, and he did not know what was going to happen tomorrow.

As for the idea of increasing the number of Indians in the service it was simply unthinkable. The Indian coming as he did from non martial races and of inferior social status was disliked alike by the British Officer as by the Indian ranks. His professional knowledge was not of a high order, it being more theoretical than practical; he lacked initiative and the sense of taking responsibility (2).

(1) Br. med. A memo p. 2 and 3.
(2) Memo p. 5 and 11.

As regards the independent practitioner he will take long time to learn the rudiments of professional ethics and sense of honour. Therefore the service man saw in these proposals of the Secretary of State for India a threat to the service and a direct challenge to its very existence (1).

He raised the alarm, and the cry of the service in danger was taken up by every service man in the country.

A general mobilisation was ordered and every available man was called to arm.

He proceeded to lay out his plan of campaign with commendable zeal and consummate skill. Every weapon clean or otherwise was brought into use and it may be said to the credit of the service man that he did his work well and thoroughly.

Hitherto he had been fighting underground and under the cover of the D. G. I. M. S. who spoke with the tongue of the Government of India. Now he came out in the open.

By way of propaganda he collected and catalogued the wrongs which he was smarting from, not forgetting the objections which he could think of against the Indianisation. A

(1) Memo p. 3.

pamphlet prepared and printed in Madras was sent out by the thousands to all the medical schools and hospitals of Great Britain and Irela to all the Anglo-Indian officials and non-offici and the Anglo-Indian press.

Next he proceeded to give the Secretary State battle on his own ground and besiege in his own citadel.

Every officer who went Home on leave, Peter the Hermit trudged from school to sc and preached in the pulpit of every hospi holy war and called upon all the true belie to save the service from the hands of an in Secretary of State (1).

He raised a storm round the India O Memorials were sent in his favour by the Ir Services; by the boxwallas of Calcutta; b shopkeepers of Bombay; and by the pla from distant Assam. He interviewed and vassed all the officials in and outside the Office, and duly approached the membe of all the commissions which were appointed from time to time. The British Medical Association which has always been inimical to the interest

(1) Br. Med. A. Memo p. 2.

of the Indians as against those of the Europeans took up the cause of their allies with alacrity.

This body is the trade union of the medical profession and it adopted trade union methods A naval and military committee was formed to whom the conduct of the active operations was entrusted. This war council included old warriors of the type of Elliot, Patrick Hehir, Giffard, and O'kanealy. They were our old friends but with the new faces of the British Medical Assocation. This Committee reprinted the Madras memorandum as the official publication of the Association. A deputation waited upon the S. of S. headed by the redoubtable Lt.-Col. Ellot who warned the S/of S. of the dire consequences which would befall the Government of India if the pivot service on which hung the administrative machinery of the Government was not kept well oiled and greased (1).

An ultimatum was delivered in the shape of the memorandum. A general boycott was called in all the schools and hospitals of Great Britian (2).

---

(1) Br. med. A memo p. 25, 26, 27, 28.

(2) Do do p. 38.

The position had crystallised into this, that the harmless suggestion of Lord Morley had developed into a serious casus belli between the Government and the service. The I. M. S. with the help of the British Medical Association had cut off the supply of recruits and warned the blacklegs from breaking the boycot. They had brought pressure to bear on the Government from every imaginable source that not only the presence but the preponderence of the English element in the service was necessary for the very existence of the Govornment of India. In the midst of these operations Lord Morley vacated the India office. His successor was a man of a different type, whose views on the subject were more in harmony with those of the I. M. S. He saw that the independent practitioner was the bete noir of the service man, he dropped him overboard, and eliminated him from all further discussion. By this means a truce was called. And in the peace negotiations which followed, the questions for consideration assumed a different shape.

The matter which was referred to a number of Committees and Commissions was neither the improvement of the indigenous profession nor the

Indianisation of the service, but how best to placate the irate I. M. S. man. The pages of the reports of these commissions are a sad record of the tragic struggle between justice and iniquity, between fairplay and vested interests. This brings us to the time of Mr. Montague.

The commissions had done their work, their labors had culminated in the recommendations of the Lee Commission which has very aptly been called the Lee Loot. Poor Mr. Montague, he had his conscience in one hand, and the Lee Report in the other. His hands were tied. He fought for the righteous cause of Indianisation, but the odds were heavily against him. He made the best bargain for India, which could be made under the circumstances. Peace was signed, the I.M.S. man won all along the line. He received the Lee Loot in war indemnity and placed a die hard at the elbow of the secretary of State for India to give a reactionary turn to the policy of the India office.

The Government of India Press] Communique of 10th May 1928.

Now we are to examine the communique a little carefully and at length.

Under the regulations framed by the Secretary of State in council in 1923 under rule 12 of the Devolution rules, 268 appointments were reserved for the I. M. S. in the provinces.

The new scheme under the Press Communique will reserve only 178 posts in future, thereby releasing 90 posts for the provincial medical services. The adoption of the new list of the reserve posts will leave, on the civil side a surplus of I. M. S. officers who are holding appointments which are at present reserved for that service. The existing rights of these officers will be fully preserved, and prospects equivalent to those afforded by the present list of reserved posts will be retained for them.

These prospects will be allowed to diminish only pari passu with the absorption of the surplus, which will exist, until the number of I. M. S. officers now in civil employ is equal to the number of posts reserved for them in the new list.

This means that the new scheme will not come into force, much before another 20 years. So there is no hurry, but we might as well examine the scheme.

On the face of it the new scheme looks too good to be true. From our previous experience

we know that the Government of India is anything but impulsive, it is not given to acts of spontaneous generosity. To take 90 posts from the mouth of the I. M. S. and hand them over to the provincial service without any provocation is generous indeed, but it it is not like the Government of India.

We may therefore be pardoned for seeming ingratitude if we venture to look at the old horse in the mouth, to make sure if he has got any teeth.

The figures given in the communique are based on two factors.

1. The war reserve of 200 officers (134 European and 66 Indian officers.)

2. Civil requirement. 102 residuary officers 46 in the provinces and 41 under the Government of India plus 15 officers who will not be available on account of sickness.

To provide employment for 302 officers 237 posts will be required, the remaining 65 will constitute the leave and study leave reserve.

Of 302 officers 212 will be European and 90 Indians.

The 237 posts will be distributed as follows :—

Under the Government of India 30 posts under the Foreign and Political department 29 and under the Provincial Governments 178.

Annexure 1 of the communique further gives the distribution of the 178 provincial posts and annexure 2 gives the distribution of the posts which are open to both communities.

From this distribution we gather that :—

Of the 237 posts 171 will be filled by Europeans and 66 by Indians, that out of this number 141 will be reserved for Europeans and only two for the Indians, and the remaining 94 will be open to both Europeans and Indians.

Of the 105 Civil Surgeons 90 are reseved for the Europeans none for the Indians and 15 are open to Indians and Europeans.

Of the 15 professorial appointments 12 are reserved for Europeans, 1 for Indians and 2 are open to both communities.

In the political and foreign department only 3 posts are open to Indians and Europeans and the remain ing 26 are reserved for the Europeans.

One may be sure that if the Indians do ever get these political posts, it will be one of those salubrious stations, like Sibi, Siestan or Maskat.

Curiously enough the annexures are silent about the appointments of Inspector Generals of Hospitals, Provincial Surgeon Generals and Directors of Public Health. We are left to imagine that these posts are also provincialised.

It is a well known fact, however, that these posts are invariably filled by promotions from civil surgeons and if the civil surgeoncies are so carefully reserved for Europeans it is not likely that these posts will be given to Indian I. M. S. officers, much less to the provincial services. The same remark applies to the post of D.G.I.M.S. and Health Commissiner with the Government of India.

Is there a need to make any comment on this benevolent jugglary except to recall the story of the wily blind man, who when distributing sweets to the village children finds his hand invariably in the mouth of his own grandchildren.

To give you a concrete example of this rob Peter to pay Paul policy, how it will effect the Indian interests.

In the Punjab 7 civil surgeoncies are held at pressent by Indian I. M. S. Officers, in the new scheme there will be none. Are we to understand that the Government recognise their obligation to

a handful of Europeans in leaving 11 Civil Surgeons of their race, but in the case of the vast Indian population they repudiate their obligation in taking away the 7 Indian Civil Surgeons.

Out of the 3 professorships held at present by the Indians, there will be one under the new scheme.

Similarly in Madras Presidency according to the combined civil list 6 District Surgeoncies are at present held by Indians in future only two will be open to them in common with the Europeans. The same is the case in other provinces. On examining the scheme carefully we thus find that the provincialising of the 90 posts, which the new scheme contemplates will be effected at the expense of the Indian and not European interests.

This is regretable and it is the more so, as the dispatch embodying these proposals was presumably prepared by an Indian Secretary and signed by an Indian member in charge of Health, but our grief is somewhat mitigated when we come to remember, that the honourable author of the dispatch was a signatory of the Lee Commission report. But may we ask, on what ground has this racial discrimination been introduced in an imperial service.

Communalism is condemnable in all conscience in every walk of our national life. It is simply damnable when applied to Imperial services, which are the backbone of efficient administration. It demoralises the service and undermines its efficiency.

It is astonishing that the Europeans who are so loud in blaming Indians for communalism, should be the foremost to demand it for themselves on racial grounds.

And even if communalism was allowed in I. M. S. on what principles of equity is the disproportionate distribution justified that a microscopic minority community should monopolise the largest share of all posts of authority and emolument.

May we enquire in all fairness, as to why the proportion of 33 to 67 has not been maintained throughout the distribution of these posts, and if 90 posts had to be surrendered to the provincial service, why were they not taken in the same proportion out of the posts at present held by Europeans and Indians.

I must warn my friends of the provincial services not to be jubilant over this windfull of 90 posts. The Gods have a way of playing nasty

tricks. They give with one hand and take away with the other. Some of these posts will be advertised and such conditions will be demanded that the provincial service men will have no chance of getting them. The chain of the strangle hold is complete, the links of the chain extend from the district surgeon to Simla and from Simla to London. A post may be provincialised, even sanctioned by the local Government and the Government of India, but it may be cancelled at the last minute by pressure and wire pulling at the India office. This is how the good intentions and the change of hearts of a Secretary of State and frustrated by vested interests in actual practice.

Private practice.—In a memorandum which was prepared by the Br. Medical Association for presentation to the Royal Commission on the Public Services in 1914 we read the following significant remark.

"Less than a quarter of a century ago, the private practice among all classes and races in India lay in the hands of the officers of the I.M.S. and large fees were frequently and comparatively easily obtained. Any man of average ability and industry could especially in civil employ be sure of considerably augmenting his

income by means of private practice, whilst a few made considerable sums of money thereby."

Those were the halicyon days of the official practitioner, when he was the sole monarch of western medicine, and there was no one to dispute the empire of his private practice.

He was on the top of the tree.

He owed his position to more causes than one.

In the first place he had the prestige of his race. As a white man whatever he did or said was superior. He had his official position, in virtue of which he formed part of the Government machinery.

He found a place on the municipal and district boards. He was in charge of dispensaries and hospitals. He was present at all functions official and non official, at every meeting and at every place. By his word he could accept or reject candidates for Government posts, by his writing he could grant leave and pensions. His word had weight, his writing had value. His consultations were sought after at high price. The majority of the population in an Indian district is official. The officials and their families were on his panel, which assured him his clientel, and practice. He need not keep a

consulting room nor spend a penny on the paraphernalia of his profession. This was provided for him, by an obliging Government. There was at his disposal a well equiped hospital, a trained staff and every facility for pathological and clinical investigation. In large towns, private wards were built for the benefit of his paying patents.

In the hey day of his greatness the practitioner had omitted to earn the good will of his client—the patient who was the source of his income, and prosperity. He paid no heed to his coustoms, his habits or manners and neglected to learn his language.'

The Indian by nature is sentimental. He is quick of perception, sensitive equally to kindness and insult. The physician to an Indian is a friend, a guide and a confident. He seeks his aid in pain, his advice in trouble and lays bare his heart to him in sorrow. The key to the Indian heart is kindness, and the key to the heart of the sick is sympathy.

These sacred mysteries of the healing art are not learnt in schools of medicine, they are acquired by experience.

This mystic ritual was never practiced by the European practitioner.

His brief and short visit was looked upon by his patient as official not professional. His peculiar foreign mannerism and his monosyllabic conversations lacked the sympathy which he needed most.

Hitherto the official practitioner had to face only an ill conditioned vaid or hakim whom he could afford to ignore or even to treat with contempt. But the wind had veered and the tide had turned. A new actor had appeared on the stage of private practice. The new nationalism had given birth to the private practitioner.

The new comer was educated in the same school, was armed with the same weapons of precision of diagnosis and treatment. He was his equal in intelligence and professional skill, his superior in diligence and the knowledge of his patient, gentler in manners, sweeter in speech, his heart beating in rythm with the systole and diastole of his patients heart, sharing with him his joys and sorrows.

The challenge was short and the tables were soon turned.

The Br. Medical Association in its memorandum dated 1919 page 12 para 4 thus sorrowfully describes the result of the new competition "The

indigenous profession is in a very active and virile state, and instead of the officers of the service, encroaching on the rights of independent members of the profession, it is they who have acquired the practice formerly enjoyed by the officers of the service."

The story of the birth of the independent profession is romantic.

In the early days of John Company the need was felt for medical assistants. A few young Indians were trained, and given employment in hospitals as hospital mates, and later as black doctors. Later still as the demand increased, it was found necessary to improve their quality. The first medical College was opened in Calcutta in the year 1822, and in the wards of this venerable institution was born the infant independent profession of India.

As the object of the training was to produce as assistant, and not a rival, the birth of the infant was not hailed with joy.

It was regretted. The resentment employed means to prevent its birth, but it came into the world all the same, in spite of all contraceptive precautions.

The infant contrary to the expectations of the parent showed signs of precocity, and gave early promise of rebellion.

The parent frowned at him, and neglected his care. He denied him his patrimony.

Unfortunately the child had inherited the mental weakness of its parents. The parents had suffered from a mental affliction called swollen head, the chief symptom of which was megalomania.

The mental weakness of the offspring took a different form.

He could see and appreciate only one color, the white, the other colors were invisible to him. The new disease was named by an Ahmedabad pathologist CEREBRAL ALBINISM, or popularly slave mentality.

Further investigations proved the malady to be due to microbic infection and a carrier called the titles was also discovered.

To my mind the chief cause which is responsible for the utter demoralisation, which has overtaken the profession is its SLAVE MENTALITY.

Slave Mentality is a universal disease in India. It afflicts alike the poor and the rich, the

high and the low. It has demoralised the whole nation, and deteriorated every fibre of its body politic.

So far as the medical profession is concerned, this malady is found in two forms.

In the first form it creates an inordinate craving for the loaves and fishes of office. The victim of this disease looks upon Government service as the end all and be all of his ambition. The fetters of the service have a peculiar fascination for him. It makes him short sighted, and restricts his vision to the narrow paths of service life. He can not see the green fields and the beauties of nature beyond. nor hear the song of birds.

Service of all kinds is demoralising; it stunts the growth, restricts the action and makes the servant the slave of his master. In the hands of his master he is an automaton, a mere marionet, which can only dance when his master pulls the string. He cannot speak, his mouth is closed. He can not act, his hands are tied. He can not think, he has lost his soul.

And suppose you do get Government service, and if all the posts in Government are given to you, at the most there are not more than a few

hundred of these posts. Will that provide bread for the thousands of medical practitioners of to day, and many thousands more of to morrow.

Be true to your profession and to your name. Remain independent and do not think of bartering your indipendence for a mess of pottage. Keep your head high, and fix your gaze on the realm of nature which the prodigality of scientific research opens out before you.

Another toxic effect of this malady is that it kills out the moral fibre of self help, self respect, and independence of character and brings about a state of inertia of action, paralysis of faculties, and renders the victim utterly helpless. He becomes listless and apathetic, vacuous in mind and body. He can do nothing for himself, even for every little thing he needs the help of others.

For your professional work, and for earning a living, you require infirmaries to treat the sick for educational and research work, you need laboratories and schools, and lecture halls.

You sit helpless. You have no means and no resources. You can not build them. You wish the Government to build them, equip them, for you and then hand them over to you ready made. Swaraj

is SELF HELP without self help there can be no Swaraj. In the school of SELF HELP as much as in the school of medicine a long period of preparation and probation is necessary. The lessons of Swaraj can not be learnt in a better school, than a school of medicine. Be pioneers of the future nation of India. Build your own hospitals, and other institutions, manage them yourself, and show them what indigenous talent can do. and make medical swaraj the object lesson to the whole of India.

The medical services committee presided over by Sir Verney Lovett make the following observation in their report on pages 21 and 23 dated 1920.

"However much medical graduates may multiply, they will not spontaneously incline to practice in the villages and smaller towns where no dispensaries have been established by the Government or local bodies. An increasing number of graduates will multiply aspirants for Government Service, and will increase the number of independent practitioners in the cities and large towns but will not by itself advance western methods of sanitation in the country at large."

The Lovett Committee with the rest of Anglo-India imagine that the country is rich, and that the pagoda tree grows wild in rural India.

Perhaps they are right from their point of view.

When they ask for increase of pension and pay they get it, when they demand free passages to England they get it, when they cry for house accomodation, Government builds palatials buildings for them and charges nominal rent. Yes God is Great the Governmenf is good, and the country is rich.

But when money is required for sanitary. reforms, for medical relief, for the supply of drinkwater, for building modern tenements, or town planning, there is a different story to tell, there is no money in the country, the people are fatalists, they can only die but once.

The private practitioner does not go to the village through any perversity of nature or carelessness but because he can not make a living there.

The condition of poverty in India [illegible] is appalling. 80 to85 per cent of the [illegible] tion lives in villages. [illegible]

verge of starvation, millions live only on one scanty meal a day; they are insufficiently clothed and live in mud hovels or thatched huts without any regardto sanitation or cleanliness. The surroundings of their huts are infested with mosquitoes. Poverty is writ large on every face.

In this condition of semi starvation they have no power of resisting disease. When they fall ill, they find our allopathie friend too expensive. They can not buy the medicines whch he prescribes, nor have they the means of procuring nourishing food, warm clothes, soap and hot water which he recommends.

The village hakim or vaid with his homely pill and potion worth a pice or two, is good enough for them. They might try a charm or incantation or some other form of quackery, but not the devotee of western medicine.

It is simply an economic question. People starve, because they are poor; they are unclean, because they are poor; they fall ill because they are poor, they call in a quack because they are poor, and finally they die, because they are poor.

In such poverty stricken surroundings, west-

ern medicine and western methods are out of place.

For the attainment of the object you have in view, the first and foremost desideratum is :—

1. *Discipline.*—Without discipline you can not raise the Morale of a demoralised army.

In old times in our country the system of education imparted to the young was such as to engrave on the mind of the youth a respect for learning, reverence for age and obedience to authority.

This triple respect which formed the sacred foundation of our national discipline and culture is being undermined by the strange ideals which the Western education is holding forth to our new generation.

2. *Organisation.*—The second requisite for the betterment of the profession is Organisation.

You have heard the story of how the I.M.S. with their disciplined organisation have succeeded in their agitation and brought down to their knees the S. of S. for India and the Government of India.

You have learned the rudiments of your profession from the I. M. S. Learn also from them the important lesson in discipline and

organisation. Unless you walk in their footsteps and follow their methods you will not be able to hold aloft the flag nor maintain the high traditions of the profession which you will receive as a sacred trurst when the time comes for the I.M.S. to hand it over to you.

3. *Co-operation.*—We are students of science, we mnst follow the methods of science and pursue its ideals. The ideal of science is the pursuit of Truth and the conquest of nature for the service of man.

The victory over the forces of nature can not be gained by individual efforts however great and colossal. Only by combined efforts can man conquer nature.

To bring about a combination of human efforts, science had to span the oceans and dismantle the barriers of mountains and deserts, and bring the members of the human family together, and it was not till the united efforts of mankind were consecrated on the altar of humanity that nature yielded the jealously guarded treasures of her secrets. The methods of science are collaboration and co-operation.

The life of a recluse who told his beads under the banyan tree in an isolated village is gone for ever.

Modern science has placed before us the struggle for existence as the stern reality of life. We have to fight in phalanx and not as individulas if we mean to survive in the struggle.

We are denizen of a larger world and citizens of a larger republic we have to collaborate not only with our own countrymen but with fellow citizens of a larger empire.

4. *Mutual trust.*—But co-operation and collaboration is possible only where there is mutual trust and confidence.

Complete confidence can be inspired only when underlying, your actions is no selfish motive, no tinge of jealousy no desire of personal gain or popularity, when your motive are pure and disinterested. You can do a lot of things by co-operation and collaboration with your fellow brother practitioners which are beyond your powers individually.

5. The highest teaching of religion is charity, self sacrifice and love. These teachings have been translated into practice by your professsion. Medicine is the practice of religion.

The consecration of medical science in the service of humanity to allay pain and relieve suffering has appealed to the noblest instinct of man in all times.

India the home of religion is the home of charity. The charity of India is multifarious. It digs wells for the thirsty, builds shelters for the homeless, clothes the naked and feeds the hungary. Its charity is indiscriminating. It gives to the hand that is stretched whether that of a deserving beggar or the hand of a hypocrite. It is catholic, it makes no distinction of caste, creed and color. It is boundless. Eleven million of beggars according to the last census are fed, housed and clothed daily by Indian charity, without a single poorhouse in the country. If India is spending at the rate of 2 annas per beggar per day, she is spending 14 *lakh* rupees a day in charity. She is regardless of the enormous national loss it involves-moral, intellectual, manual and economic. What a stupendous flow of misdirected benevolence. Could this Niagra of charity be harnessed and its spontaneous flow directed into channels of utility. What a boon to humanity. What problems of sanitation and medical relief could we not solve. How much could we not do to relieve unemployment.

This stupendous task might be attempted, if not with complete but only partial success.

No one can attempt this better than a medical man. No one can reach nearer to the heart of

the charitable than the man of our profession.

The Unani and the Vedic systems.

No scheme of medical reforms can be complete without taking some notice of these ancient systems.

It is no use shutting our eyes to the fact, that these systems have played in the past and are playing up to this day a very important part in the Indian economy. Millions of people flock to the vaid and hakim every day for relief or cure. If the Hakim did nothing, but harm, if he always killed but never cured, it is inconceivable, that so many people how-ever ignorant they may be, would trust their life and health into his hand. In the face of this prima facie evidence it is unfair to deny some good to the Hakim. The attitude of lofty contempt, which the profession has adopted towards these worthies is unfair. In the first place it has made the hakim a martyr in the public eye. The hakim is more popular to-day than he was ten years age. One hears from the lips of well educated gentlemen marvellous stories of cure by hakim where eminent doctors had failed. In the second place it has given rise to quacks and charlatans of all degree as can be witnessed by the advertisements in the Indian Press.

I hold no brief for them. All I suggest is that by adopting a more sympathetic policy, we

can make these ancient systems useful, to the poor in remote rural areas, which lie beyond the reach of our dispensaries. At present the hakim has no prescribed course of training and passes no examination, and it is difficult to differentiate between a respected and popular hakim and a quack. I therfore suggest, that as a first step, facts should be collected, with regard to the number of vaid and hakims, their modus operandi, the length and the course of their training etc. As a second step, to persuade these men to fix a course of training of their own and a system of examination and granting of certificates.

After this has been done it would not be difficult to introduce by degrees modern science into their carriculum, and by these stages to bring them into line with modern requirements. I know a number of hakims and vaids who realise their difficulties and are willing to learn and remove defects, but they want a helping hand.

Gentlemen now I bring my address to a close, I thank you for giving me a patient hearing.

I have retired from the service and have retired from public life, you have dragged me out of my peaceful retirement. You have made me speak and I have spoken.