

## ASSOCIATION OF PHYSICIANS OF INDIA

In inaugurating the Association of Physicians of India at Madras on 15-11-44 Dr. Jivraj N. Mehta, M.D., M.R.C.P., Ex-Dean, Seth G. S. Medical College and K. E. M. Hospital, Bombay, said:

Ladies and Gentlemen,

You have done me great honour in asking me to preside on this occasion and to inaugurate the Association of Physicians of India, for which I feel deeply grateful to you all. As you are aware, this Conference has been a long-awaited event. When I heard of this idea during my stay in Yervada Central Prison, I felt it to be a step in the right direction; and mentally blessed it, being unable under the Defence of India Act to inform the organisers of the Conference how pleased I was at the thought of having such an Association in India. As you know, it was first proposed to convene this Conference earlier in the year; and our eminent colleague, Dr. B. C. Roy, President, the Indian Medical Council was to inaugurate it. But the pressure of his manifold public activities, to which he has increasingly devoted his time and energy in recent years, and in which we wish him every success, prevented him from performing the function of inaugurating this Association, for which he is undoubtedly the fittest person. As he is not available, Ladies and Gentlemen, I am asked to fill in the gap, and am happy to accept the honour.

### PURPOSE OF NEW ASSOCIATION

A number of friends have asked me whether it is really necessary to start this new Association, and whether the Indian Medical Association cannot do all that may be at the back of the minds of the organisers of this Association. Most of you know how closely I have been connected with that body and in what high esteem I hold it. Had I the faintest doubt in my mind that the inauguration of this Association would in any way affect the function, the importance, the utility, and the popularity of that great body of medical men and women in India, the Indian Medical Association, I would not have had anything to do with this new Association, however well sponsored it might have been from eminent quarters. Whatever doubts I may have had in mind when such specialist associations began to be formed 10 years ago about their affecting the work and usefulness of the Indian Medical Association, have long been dispelled. We have, I believe, four or five such associations of specialists of different branches of medicine in India. While they have grown in numbers and importance during the course of the last ten years, and have done much for the development of their respective special branches in India, the Indian Medical Association has also been rapidly growing in strength in recent years.

We need have, therefore, no fear in our mind of any possible conflict of interest between this Association and the Indian Medical Association. The latter will continue to occupy its pre-eminent place in the minds of the medical fraternity throughout India. It is high time, therefore, to form an All-India Association of Physicians in the country. As a matter of fact the formation of such an association has been long overdue. As stated in the circular issued last February, "it is of advantage to have a forum where one can exchange and discuss ideas and experiences of value to our branch of the profession". The unchaining of gigantic forces in all quarters of the globe in recent years "has given a fillip to research in the means and methods of treatment of many diseases"; and for years to come

"there will be to the credit of medical knowledge a considerable volume of data which we should take advantage of."

### IMPORTANCE OF MEDICAL RESEARCH

It is not only the pooling of knowledge gathered elsewhere that we should justify our existence. It will be our duty to contribute to it to the extent our ability and our resources would permit us to. For such achievement, much State help as well as private philanthropy would be needed. The State in India, has, alas, not yet properly realised its duty towards Medical Research. The Indian Research Fund Association used to get in the twenties an annual grant of 7½ lakhs—a small amount indeed compared to large sums voted for Medical Research by the State in the United Kingdom, Germany and other countries prior to the war. With the Inchcape axe, Government did not hesitate to cut down this amount very substantially; and in the early years of the present war it was still further reduced. Last year the annual grant from Government came to be a paltry sum of Rs. 1¼ lakhs for work to be done in the length and breadth of this vast sub-continent! No doubt some grants for research are provided every year from the reserve fund of the I.R.F.A. With the help of such annual grants, the total amount disbursed by this Body on Medical Research, which had amounted to over 13 lakhs a year in the late twenties has been steadily reduced, year by year, until it came down to less than 5 lakhs last year! One would have thought that in war-time at least research—not only industrial and general scientific research, but medical research also, should have been materially helped by the State if the sufferings of humanity were to be properly attended to.

It is not only the provision of funds for research that is important; but also their proper distribution. That is really vital to the growth of medical research in the country. While a substantial portion of Research grant, placed by the Government in the United Kingdom at the disposal of the National Research Council in London, was made available for encouraging research in its medical schools, teaching hospitals and university laboratories, corresponding bodies in India were treated as Cinderella by the Indian Research Fund Association, except in the case of the School of Tropical Medicine, Calcutta. The lion's share of the grants annually disbursed by the I.R.F.A. went to Government laboratories, which are generally divorced from any real contact with the universities, medical colleges and teaching hospitals in this country. It was only after years of agitation and effort that some enquiries undertaken in certain medical colleges came to be aided by grants from the I.R.F.A.; the grants so voted or the amount set apart for a few Research Fellowships, forming only a small part of the annual expenditures of that body. It is no wonder, therefore, that unlike as in other countries, barring perhaps a couple of institutions, medical research forms hardly any part of the normal activities of medical colleges in India.

### AUTHORSHIP OF RESEARCH PUBLICATIONS

In Government laboratories and such other medical institutions, where grants from the I.R.F.A. were available for enquiries or the study of specific problems, a most nefarious practice had grown up to the detriment of the spirit of research, of the senior officers or Heads of Departments or of Laboratories taking the main credit for the work done and assuming for themselves the entire authorship or the senior authorship of papers published. It was even urged in some quarters that the



older man should be the senior author ~~whatever~~ his connection with the work; and that the assistant who had collected the data for enquiry should have no claim at all to authorship.

This tendency needed to be put down if enthusiasm for research was to grow among junior workers; and in recent years the Governing Body of the I.R.F.A. had to rule, on my insistence, that all research workers should have their share in the authorship of the publication of their joint work. Definite rules have come to be framed governing this matter. Now that enquiries are being helped by the I.R.F.A. medical colleges, and that Research Fellowships have been instituted, it behoves the teaching staff in medical schools to avail themselves fully of the facilities now available, meagre though they are, and encourage the Housemen and other junior staff under them to take up investigations either during or after completion of their hospital or college appointments.

#### CALL TO PHILANTHROPY

I would also urge that those of our colleagues in different parts of the country, who have been fortunate enough to have a lucrative practice, to part with some of their collected wealth to endow medical research. Unless those of us, who are able to do so, set an example, it would be difficult to persuade others to endow funds for work where returns may not be available for years. A millionaire in business wants quick returns on his outlay; and unless this is so, he is generally chary of parting with money. The utmost extent, to which ordinary philanthropists have persuaded themselves to divert charity from the traditional Indian ways of building temples or mosques, dharmshalas or fountains, or for feeding the poor, has been towards such objects as constructing hospitals and dispensaries, i.e., to such purpose as can be readily seen in a concrete, tangible form. In recent years, thanks to the high profits on account of war conditions, industrialists have come to realise that industrial and scientific research is of benefit to the industry and increases their profits as well. But hardly any philanthropist, barring the noble House of Tatas, has yet been persuaded to donate large sums for pure medical research as such. In the faculty of science we had such noble Teachers as the late Sir Jagadish Bose and Sir P. C. Ray who have given most liberally of their earnings for the promotion of scientific knowledge in their respective field of work. In the faculty of law, we have the magnificent example of Sir Rash Behari Ghosh. Can we boast of a single medical man in the country who has correspondingly given out of his earnings for the promotion of medical research? And let it not be forgotten that a fairly good number of them have earned and amassed what used to be called in my younger days 'fabulous wealth'. I earnestly hope these eminent members of the profession will dig deep into their pockets, and provide funds for medical research. I also hope that physicians in India will persuade their rich patients to divert a part of their charities to medical research, and thus make it possible for our young colleagues to devote their time and energy to enquiries to a much larger extent than what has hitherto been done.

#### NEED FOR SIMPLER MEDICAL COURSES

Besides medical research, it will be our duty to take our due share in problems of medical education, both graduate and post-graduate. Our young men are made to learn a lot for their graduate degrees, which they soon forget; the knowledge so forgotten not being necessary for the prosecution of general medical practice. The medical curriculum has long since reached the limit of human endurance. The courses must be simplified.

The curricula in most cases should be shortened. Specialisation has grown so tremendously that most specialists demand that every medical student should have a fair knowledge of the subject of their speciality. In their enthusiasm they become almost blind to the fact that the young medico would not need, in his general practice, a lot of such specialised knowledge. It would not be wrong to say that about 75 per cent to 85 per cent of an average general medical practitioner's work belongs to the sphere of medicine proper. Minor surgery, gynaecology, eye, ear, nose and throat, skin or venereal, etc., work, all combined, would constitute the rest of his general practice. With such proportionate demand on his knowledge of the various branches of medicine, it would be naturally expected that at least three-fourths of the time spent in clinical studies, during the hospital courses of his study, i.e., in the last three years of his medical college career, should be devoted to the study of the subject of medicine proper. Instead, he devotes barely a third of the time prescribed for clinical work to such study; while the other subjects take the lion's share of the time set apart for clinical work. Medical education has thus become topsyturvy; and it behoves us to see that such anomalies as exist in the rule laid down by the Universities and the Medical Council of India are rectified as early as possible and the burden on students lessened.

#### WHOLE-TIME TEACHING STAFF IN CLINICAL SUBJECTS

A question has been raised, whether medical education would not improve by the appointment of a certain number of wholetime teachers in medicine and surgery in medical colleges. Mr. Tauton, Adviser to the Governor of Bombay, said in a recent speech reported in the press that "one of the suggestions made was that they should take a leaf out of the book of hospitals in London, and appoint a whole-time teaching staff in place of the honorary staff. That would mean a heavy financial burden, but Government wanted an experiment at least with one subject to begin with." The scheme, so far as it is known, aims at appointing a unit consisting of a Professor and an Assistant Professor, both well paid, and some junior staff. But is the scheme as adumbrated really a leaf out of the book of hospitals in London? The essence of the scheme is not only to have two well-paid wholetime members of the unit, but of other equally important requirements. They require the facilities of a good laboratory for themselves and also the assistance of a good pathologist if their work, both in the field of medical education and that of research is to succeed. But, so far as I know, none of these essentials to such a scheme are provided. The appointment of a wholetime teaching staff without right of private practice, in place of the honorary staff, by itself would not "raise the standard of medical education" and show 'better results in the M.B., B.S. examination' of the Bombay University, which are, I regret to note, really poor. In the subject of Pathology the teaching staff is wholetime at both the medical colleges in Bombay, and yet the results at the University examinations in this subject are not in any way appreciably better than those in the clinical subjects. I wonder if the late Surgeon-General with the Bombay Government was aware of this fact before he persuaded that Government to be committed to the said scheme. In my opinion there is something radically wrong in the system of examination in the Medical Faculty of the Bombay University; in the method of appointing examiners, in the system of election to the Senate and other Bodies of that University and in the method of its



administration, which leads to favouritism and which makes it impossible to take strong action except when gross malpractices come to light. All this cannot be improved by tinkering with the problem in the way proposed. The scheme of appointing fulltime teaching staff in clinical subjects is, therefore, for reasons already given, a half-baked one like the other retrograde scheme of the said Surgeon-General instituting the Diploma of L.M.P., in the teeth of opposition of the medical profession in Bombay; ultimately leading to a strong difference of opinion between the Bombay Government and the Bombay Medical Council in the matter of registration of that diploma; a scheme which was in fact against the spirit of the decision of the Conference convened in New Delhi in November 1938, by his own patron, the late Director-General of Indian Medical Service, Major-General Bradfield. That Conference, of which he was a member, has recommended to do away with the licentiate diploma altogether at an early date, a recommendation to which he himself was a party. I am indeed glad that you in Madras, who were pioneers in the country in abolishing the 'Licentiate Diploma,' did not succumb to the idea of restarting such a diploma, even as a war measure, though efforts to such effect were not lacking. My congratulations to you for having been saved from such a retrograde action.

Reverting to the full-time unit system I must emphasise that unless ample facilities for work by whole time teachers are provided, it would be sheer waste of public funds to carry on with this half-baked project as is proposed to be done at the Grant Medical College, and the Sir J. J. Hospital in Bombay. These funds would be far more beneficially utilised in immediately providing better facilities for the instruction of students at the medical schools in the Province at Poona and Ahmedabad, and thus converting them into colleges, a project which has been on the 'tapis' since many years past. As regards the full-time units, it may be said that even in institutions, where such units are provided, it is an acknowledged fact that the greater part of the teaching is done by the honorary staff. In an advertisement about itself, the University College Hospital Medical School, London, which was one of the first institutions to start such units, this has been well brought out. It states:—"The whole-time Directors of Units are concerned with the organisation of the teaching generally; but the honorary staff are responsible for the largest share of the teaching in the Wards and the Out-patient Department of the Hospital." This is natural as the small number of fully paid staff cannot devote individual attention, looking to the large number of students in most medical colleges in India, that a medical student requires. The teaching staff, whether full-time and well-paid or part-time and honorary, needs supervision to ensure proper instruction of the students. It should be the function of the administration to see that the staff do their duty by their students.

#### POST-GRADUATE MEDICAL INSTRUCTION

We must confess that in the matter of post-graduate education, we are much behind many countries. It is a crying shame that we have neglected these studies in the past. There is no doubt that there is an awakening in the country on this matter; and various universities have begun to institute many post-graduate medical degrees and diplomas. But it is not enough to institute such degrees and diplomas. There should be adequate instruction. The Associations of various specialities can help quite a lot in the matter. I trust each of them will see to it that adequate facilities and instruction are provided in the matter of each such degree and diploma, so that those holding

them are in every way competent to hold their own in their speciality.

#### INDIAN DIETARY

The subject of Nutrition has been for several years the concern of most countries in the world. In the present war, it has naturally assumed a pre-eminent place in the life of an army as also of the civilian population. The study of nutrition in this country in modern days began with the work of Major-General McCarrison in your own province at Coonoor. In recent years an increasingly larger number of our countrymen is devoting time and effort to this work. But we have so far only touched the fringe of the problem. We are still very far from evolving an Indian dietary on modern scientific basis. This will have no doubt to vary to some extent from province to province, depending upon the nature of the soil and its produce, the proximity of the sea and large rivers for a portion of the food supply, as also upon climatic conditions, and to a certain extent upon local 'taste.' Though modern scientific medicine has been with us for over a hundred years, we have not yet evolved a dietary suitable for those with vegetarian habits, either in acute illness or during the stage of convalescence. The instruction given on this subject in teaching hospitals is, I grieve to say, very meagre. It would behove us physicians, to move actively in the matter of evolving our dietary so that our patients are able to have a sufficiently nutritious and easily digestible diet, cheap withal. The older generation of women in India had some working knowledge of the essentials of a good dietary in health and in illness, as also of some household remedies. This knowledge is rapidly fading out from the present generation of women living in towns and cities; and unless we adopted measures for the imparting of such knowledge based on modern study, the country will be in a sorry plight indeed. The men and women in the country will need to be educated through specially prepared pamphlets on the essentials of a good national dietary and dealing with cheap household remedies. It will be for you to consider what part this association can play in such effort.

#### MEDICAL MEN IN PHARMACEUTICAL INDUSTRY

In the matters of drugs also, we are indeed in a very bad way. The lessons of the last war were lost in the country. Both the State as well as the industrialists have been criminally negligent and our pharmaceutical and allied industry made little progress in the intervening period between the two world wars. For the proper development of the drug and allied industry, a close association of the members of the medical profession is necessary. While you in Madras and our colleagues in Calcutta and some other provinces were fortunately placed in this respect in Bombay and some other provinces the Provincial Medical Councils had set their face against any association of those on their respective medical registers with such industry. They were afraid that their so-called medical ethics would be grievously affected if the rules laid down by them for the guidance of the members of the profession on their roll permitted any such contact. In Bombay some of us had to put up a stiff fight so late as 1941, to remove such a ban. In this connection, I would like to pay tribute here to the then Surgeon-General with the Bombay Government, whom I have criticised above for some of his measures. As President of the Bombay Medical Council, he was prompt in appreciating the necessity of medical men working as technical experts to or as directors of pharmaceutical and allied concerns; and it thus became



possible for us to liberalise the code of medical ethics in that Presidency. Though the situation in the matter of the drug and similar requirements of the country today, is somewhat easy compared to the straights we were in in the earlier years of the war, the country continues still to be in distress and the cost of medicines, etc., is still very high for some of our essential requirements.

#### NEED OF CHEAP MEDICAL TREATMENT

Apart from this the cost of treatment prescribed by us is very high for an average person and is prohibitive to those with slender means. The craze for injections is really maddening. It has spread even amongst villagers. As a matter of fact, many patients do not feel happy, nor do they think their treatment is completed unless they had a course of injections. While this indicates, no doubt, some progress in the minds of the people towards modern scientific medicine, is it in the economic interest of the country as a whole? This craze for injections and costly patent and proprietary medicines, whether manufactured locally or imported from abroad, may mean fat dividends or profits to those in such business and be a source of income to members of the medical profession, but what about the poor or the man of moderate means who is to pay the price thereof? He has either to get into debt or suffer from a psychological factor of not being able to provide for such treatment compared to his relatively better-placed neighbour. For such a position I lay the blame primarily on the consulting members of the profession. It is the methods of treatment primarily prescribed by them which has brought about this state of affairs. It is in their hands to put down this craze for injections and costly medicines which has naturally filtered from their rich clientele to the relatively poor and so on. If this state of affairs is allowed to persist for long, it would bring about a reaction in the minds of the leaders of the nation who are in anguish at the poverty of the masses. I see signs of this coming and let us beware in good time. If village medical relief is to progress in the country, and it must undoubtedly do so at a far greater speed than has been the case hitherto, as almost eight persons out of ten in India live in villages, we shall have to work out a very cheap method of treatment. It should be the prime duty of physicians in teaching institutions to make it a point to instruct students more and more in this direction.

#### INDIAN PHARMACOPOEIA

The need of having our own pharmacopœia is being increasingly felt. I am glad that efforts are now in progress in this direction, but they are very very slow. The Association of Physicians can play an important role in such a compilation. I trust you will take the matter in hand and also ask for the inclusion of its representatives of the Pharmacopœia Committee.

#### MEDIUM OF INSTRUCTION IN MEDICAL COLLEGES

Another important question which we shall have to consider in course of time, if not in the years that will immediately follow, is as to the place of Indian language in the instruction of medical students. I am of opinion that if scientific teaching is to be effective, it will have to be through the medium of the mother tongue. Some of you would, I fear, be surprised at such a suggestion. But on reflection, you will agree that this reform needs to be taken in hand early. "At the present moment the training of all medical men, the record of the notes and

treatment of hospital cases, are being carried out in a foreign language. As a result of this, the co-operation that should exist between the physician and the patient does not materialise to the same extent as in other countries; and the man in the street, looks askance at scientific medicine, as something alien and imported from other countries. It is to some extent for this reason also, that contributions to the advance of medical knowledge from the people of this country have been relatively meagre; and a large number of men fail to appreciate the essential difference between the scientific method which is taught to them in another tongue, and scholastic speculation which they come across in writings in their own tongue." In the words of Mahatma Gandhi, "English having been the medium of instruction in all the higher branches of learning, has created a permanent bar between the highly educated few and the uneducated many. It has prevented knowledge from percolating to the masses." To quote from a memorandum which I, along with other friends in Bombay, had submitted to the Honourable the Minister of Health, Bombay, over five years ago:—

"It has been widely accepted by most people who have thought over this subject that education, when it is imparted in the mother tongue, leaves more lasting impression on the minds of the individuals and stirs up mental processes which are more conducive to research and reasoned thinking. There is no reason to suppose, nor does the experience of other countries suggest that technical education in different provincial languages in a big country like India would militate against the idea of a United Nation. It is our belief that clearer thinking resulting from such an education would, if anything, promote the ideals of co-operation and co-ordination between the members of the medical profession."

There should be no fear of the standard of medical education deteriorating with a change of language in which instruction is imparted. "It is the opinion of experienced teachers that with the exercise of proper care in the planning of the curricula, in the appointment of suitable teachers and examiners, the standards should show a definite amelioration instead of a deterioration." It should, therefore, be one of our functions to see that Indian languages are cultivated and developed so as to rise to a level sufficient to convey scientific instruction of the highest degree through that medium.

#### STUDY OF AYURVEDIC MEDICINE

I would also like to place another question before you: What is going to be the attitude of this Body of Physicians towards Ayurvedic Medicine? Please do not fear that I intend by such a poser to put back the hands of the clock by a thousand years or more. But the fact remains that there is a large amount of knowledge in the ancient books of Ayurvedic Medical Science; much of it, alas, not even properly followed by its own so-called votaries. Our seers have made observations on most aspects of human life. What they have said on logic and philosophy still holds the field. It cannot, therefore, be that their observations on life processes, living organisms, animal life and plant-life, which are embodied in the books on Yajur Vedas would not, even in these days of great scientific progress, hold their own in many respects. It should be our function to encourage the study of these books; and to help all those who have taken up such study and find out if they do not contain some observations which still baffle the modern scientist.

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