

PETITIONS RELATING TO THE STATES REORGANISATION BILL, 1956.

SECRETARY: Sir, I have to report to the House that twelve petitions relating to the States Reorganisation Bill, 1956, have been received by me.

LEAVE OF ABSENCE TO SHRI R. B. RAUT

MR. DEPUTY CHAIRMAN: I have to inform hon. Members that the following letter dated the 1st May 1956, has been received from Shri R. B. Raut-

"I am unable to attend the session of the Rajya Sabha being held from 23rd April 1956 till 31st May 1956.

I may please be granted leave of absence during the session as noted' above."

Is it the pleasure of the House that permission be granted to Shri R. B. Raut for remaining absent from all the meetings of the House during the current session?

(No hon. Member dissented.)

MR. DEPUTY CHAIRMAN: Permission to remain absent is granted.

ELECTION TO THE CENTRAL ADVISORY COMMITTEE OF THE NATIONAL CADET CORPS

MR. DEPUTY CHAIRMAN: Dr. Hriday Nath Kunzru being the only candidate nominated for election to the Central Advisory Committee of the National Cadet Corps, I declare him to be duly elected to be a member of the said Committee.

**THE ALL-INDIA INSTITUTE OF MEDICAL SCIENCES BILL, 1956—
*continued.***

DR. W. S. BARLINGAY (Madhya Pradesh): Mr. Deputy Chairman, Sir,

the Bill which is now before the House is a very important Bill; and it is important for two reasons. One is that the Institute which it creates has been declared to be an institution of national importance in clause 5 of the Bill. The other reason is that, although according to the Financial Memorandum which has been given to us along with the Bill, the recurring expenditure on this institution this year is going to be of the order of Rs. 42-68 lakhs and the non-recurring expenditure of the order of Rs. 2700 lakhs, it is obvious that in the years to come, we will have to spend a much larger amount than what is ... " stated in the Financial

Memorandum. In fact it seems to me that both the recurring and non-recurring expenditure is going to be of the order of a few crores; and that is as it ought to be. Because since, after all, you are going to create an institution of national importance, the expenditure of this order is surely, very very legitimate. I wish, however, first of all discuss certain minor points in the body of the Bill itself and then go on to discuss a point of major importance from the point of view of our country and from the point of view of our culture and heritage. The first point that would strike everyone who reads this Bill is; why is it considered necessary that there should be a Statute for bringing into existence an institution of this kind? Surely, not only this institution but there are other types of institutions which can be brought into existence merely by virtue of an executive order from this Government.

SHRI P. N. SAPRU (Uttar Pradesh) : How could an institution constituted by an executive decree, be able to grant degrees or diplomas?

DR. W. S. BARLINGAY: Oh, I see. That is a good point. I concede that. Thank you. But what I was trying to refer to was something different. One of the answers that I would give to hon. Mr. Sapru would be this that

surely such an institution could be attached to some university, say for instance, the Delhi University itself; and the Delhi University could grant diplomas and degrees. Of course, I concede that if this institution itself were to grant diplomas and degrees, then this whole thing could be done only by a Statute. But then, as I said, this institution could be attached to a university; and then in that case, I suppose the provisions of the University Grants Commission also will come into operation and this institution could get any amount of grants from the University Grants Commission. But what I was trying to refer to was an entirely different matter. By creating a Corporation of this sort, what have you done? To my mind, all that you have succeeded in doing is that the budget which this institute will bring into existence for its proper functioning, that budget, will never come before this Parliament. This is all that you have done. Of course, I am perfectly aware of the fact—I forget now the particular clause but I know—that so far as the accounts are concerned, they will be placed before the Parliament. That I know. But what is more important is the policy; and if the budget could have been presented before the Parliament also, this Parliament would have been able to discuss the policy which the Institute would follow in its functioning. The Parliament has been denied, I submit, that particular privilege.

Then, this is specially important in connection with another point which I shall urge last of all. It seems to me in this particular context that this Corporation is going to be a closed sort of Corporation and it will be entirely controlled by people who will have, as I shall try to show later, probably no kind of sympathy with indigenous or homoeopathic systems of medicine. I speak subject to correction and if they do have sympathy, all to the good.

Then the third point that I should like to mention is that under clause 4,

we find no representative from the Indian Medical Council. I do not know whether latterly the Indian Medical Council has been behaving or misbehaving. It is just possible that it is not behaving properly, but I have no information on the point; and all that I know is that there are certain cases where the Indian Medical Council has wrongly refused to recognise institutions which ought to have been recognised. I do not know whether the Indian Medical Council has been excluded on that account.

Then the fourth point with regard to this Bill is this. If you will kindly look at page 5 clause 13 you will find there that a very peculiar phrase is used:

"The objects of the Institute shall be—

(a) to develop patterns of teaching....."

and this phrase occurs also in the Statement of Objects and Reasons. This phrase, to my mind, is a very important one. That shows that the present teaching or, at any rate, the present pattern of teaching in the existing medical colleges is not very much liked, if I may say so, by the Government and quite rightly. I feel that it is a pointer to the fact that the present system of medical education in this country requires to be corrected in the light of the principles of basic education which were enunciated in this country by no less a person than Mahatma Gandhi himself. The word "pattern" is a very important word. You will probably remember that originally we had the word *gestalt* in German and that word was used in connection with a certain school of psychology which arose in Germany some time ago. I don't know whether this particular word has got any relation to that word *gestalt*, but nonetheless I know that the word "pattern" is a very important word and it shows that there are parts of teaching which cannot be taken, so to speak, in isolation from the rest, but all those various different parts have got to be integrated in some particular

[Dr. W. S. Barlingay.] fashion so that there is no waste of energy of any kind on the part of the students. I think that is a very important point in the whole of this Bill and if this Medical Institute is going to change the pattern, of medical education on the lines indicated by Mahatma Gandhi, and on the same principles as we have for instance, in what we call basic education, then I think this is all to the good and the Minister deserves to be congratulated on that account.

Then, there is another point, more or less, of a technical kind, though not a very important one. I refer now to clause 8 of the Bill and also to subclause (7) of clause 10. Clause 8 says:

"The President and members shall receive such allowances, if any, from the Institute as may be prescribed by rules."

Now, you will observe that the President is also the Chairman of the Governing Body under sub-clause 10(3). Now, if you read sub-clause 10(7), you will find it states:

"The Chairman and members of the Governing Body and the Chairman and members of a standing committee or an *ad hoc* committee shall receive such allowances, if any, as may be prescribed by regulations."

Now, I do not know whether there is not some sort of a conflict—and I speak here subject to correction— between clause 8 and sub-clause 10(7). Whatever is prescribed by rules need not be prescribed by regulations. Actually, rules are made by the Government and regulations will be made by the Institute. I feel that there should be no such conflict as apparently there seems to exist.

I come now to perhaps the most important point which I wanted to urge in connection with this Bill and in connection with this Institute. This Institute is an institute of medical sciences. That is a very important

word, but I am not concerned with words, I am concerned with the substance. In this country, we have to face a very peculiar situation. It is not as if this country was a country of barbarians. In the past, as in the present, we have contributed largely to philosophy, to mathematics, to literature and if I may say so, in a very great degree, to science also. Now, whenever you think of any problem, when that problem relates to this particular country, you have to take into account all these facts. It is not as if you are building in a vacuum. If you want to deal with, philosophy, of which I have the honour to be a student, you cannot, for instance, ignore the many philosophical systems which have been, built up in this country by our great sages and risiis. That is not to say that we are bound to accept all that they say as truth. If that were the case, then there would have been no development of philosophy in this country.

Now, coming to the particular point in this case, namely, the case of science, I may say, Sir, with all humility that this country has made the greatest and most important contributions so far as medical sciences are concerned. Sir, I must say, and I must say it very clearly, that if all these works which are called works in *Ayurveda*, *Unani*, Homoeopathy or for that matter, any other system, do not contain any truth or any grain of science in them, I would be the first to throw them away. I submit that all that I am interested in is truth and science and nothing else. I do not say that there cannot be any chaff in whatever works there are concerning these systems. After all, as a student of anthropology also I know that even about the magical practices of the barbarians, when you begin to analyse them scientifically, you cannot say that all that they do is unscientific, that it is all superstition. The superstitious part of it has to be distinguished from the scientific part of their doctrines or their various kinds of magic and rituals,

SHRI GOPIKRISHNA VIJAIVAR-GIYA (Madhya Bharat): At least magic is opposed to science.

DR. W. S. BURLINGAY: I never said they were the same. I am talking of the practice of magic and I was saying that you should not think that all these practices, known as magic, contained only superstition that they contained nothing else. It is a wrong view to take. What I submit is this. In this country we have had a system of medicine called the *Ayurvedic* system. We have got works like those of Charaka, Sushrut and Wagbhata and there are several others also. There is a large and rich heritage of medical practice in this country, born out of experience of intelligent people. They were not unintelligent people for if they were, then we too should be unintelligent, for after all, we are born of them. At the same time I do not say that all that they had to say is the truth. After all we have got to examine everything before we accept it. We have to separate the truth from the untruth. With regard to that I have no complaint whatsoever. But what I would, respectfully, suggest now is that there is no justification whatsoever for ignoring the claims of *Ayurveda*, Unani and Homoeopathy from being considered medical sciences. They ought to be studied in this Institute as well as you study any other piece of knowledge or any other science, for that matter. They ought to be studied. They ought to be examined. Research ought to be done upon all these sciences also and if we find that there is nothing in them, then we should throw them away. I am not concerned with what is untrue or what is not a science.

Sir, there has been a tendency in this country to observe untouchability. This tendency to observe untouchability takes various different shapes. In the field of human relationships, on account of this untouchability, you have created a whole class of people as untouchables, pariahs, *Harijans* and »U the rest of them. In certain parts

of the globe, even women are untouchables, at any rate, in certain spheres. When you come to the province of words, you will find that there are purists. In Hindi, for instance, they begin to think that if an Urdu word comes into the Hindi vocabulary, "Oh, there could be no greater sin than that". These are the purists in words and, in the same manner, you have got these purists in the realm of science. So far as the other spheres are concerned, what they do is not a very dangerous thing but nothing is more dangerous to mankind and to science and to truth than this purism, than this separatism, than this spirit of untouchability when you come to the sphere of knowledge. The *Gita* has taught us, Sir:

“न हि ज्ञानेन सदृशं पवित्रमिह विद्यते”

There is nothing which is as sacred as knowledge and I would submit, Sir, that information and knowledge, from whatever source they may come, can never be regarded as untouchable. I should make it perfectly clear that I have no personal grouse against the hon. Minister or the other people who advise her—they are most excellent people, they are all gentlemen and whenever I talk to them, they talk in a very reasonable manner. So far as the hon. Minister is concerned, if I may venture a compliment, I would say that she is a very broad-minded and a very large-hearted woman full of milk of human kindness. I have no grouse against her personally, but then, at the same time, so far as the province of truth is concerned, there is no possibility of any compromise. *Ayurvedic*, Homoeopathic or any of these indigenous systems of medicine—either they contain truth or do not contain truth. If they do not contain truth, they ought to be burnt straightway. We will have nothing to do with them but, on the other hand, if they do contain truth, then I submit and humbly submit that these sciences or such of them as contain truth, ought to be studied in this very Institute. After all, we are not talking about mere words; we are

[Dr. W. S. Barlingay.] talking about substantial researches. Especially in view of the fact of the peculiar situation in this country, if you begin to ignore our very heritage, then I submit that that would be a wrong thing to do.

Sir, the hon. Minister has said that she is a great friend of *Ayurveda* and Homoeopathy. I grant that immediately. As I said earlier, I have absolutely no grouse against anybody whether it be herself or any of her advisers—personally I have nothing to do with these persons. But she said the other day that the *vaid*s were now giving injections thus departing from their own path and taking to some other path and so on and so forth. May I humbly submit that not necessarily she but the Government as a whole—whether it be the Central or the State Governments—is primarily responsible for this decline of Indian medicine? I will explain myself. Formerly, we did not have a welfare State. The State, in the old days, was concerned only with the maintenance of law and order but day by day, the State is assuming to itself functions of what is today called the welfare State. Now, what does that really mean? In practice, it means that the Government is the biggest buyer in the intellect market of this country. The point is that if all the intellect is bought today for the sake of the growth of Allopathy, then I can assure you, Sir, that very little will remain, very little of intelligence will remain, which can possibly flow in other channels, namely, in the channels of *Ayurveda*, Homoeopathy, etc. We sometimes talk of socialism and by this we mean that there should be, as far as possible, an equal distribution of wealth in this country into the various channels. I submit, Sir, that more important than the distribution of wealth in this country is the distribution of intellect. If you want that all these various channels of activity in this country should remain intact and should survive, then

what the Government has got to see is that from this fountain-head of social intellect of this country intellect is properly and equitably distributed in all the channels. Both the Central and the State Governments have been trying to put in all the intellect in the channel of what is today called Allopathy or may be modern medicine. You have got first of all to give equal opportunity to Allopathy, to Homoeopathy, to the yogic system, to Naturopathy and to every other system. You must be fair to them, fair in the sense that you design your policy in such a manner that intellect will naturally begin to flow in those channels also. If I have a son, and if you ask me as to where I would send him, as to what I would advise him to study, whether I would advise him to study *Ayurveda* or whether I would advise him to study Homoeopathy. I can tell you, Sir, that I will never send him—I promise you that—to study *Ayurveda* in this country at all. Why? Because, I am sure that if he begins to study *Ayurveda* or Homoeopathy, he will have no status in the society; he will earn little; he will not be accepted in Government service and his certificate will not be accepted by the Government departments. That is why, Sir, I would never, never, for anything in the world, send him to study either *Ayurveda* or Homoeopathy. You are not doing anything in this regard. What are you doing? What you are doing is you are following such a policy that all the best intellect of the country will flow towards Allopathy, and what remains then for the other systems? Virtually nothing. If you really want to do something for these other systems then mere research will not do. Of course, research is a great thing and I fully support what Rajku-mariji is doing so far as research is concerned, but—this is the principal point that I am submitting—in Government services they must be placed on a par with others. An educational course will have to be prescribed for them spread over a number of years, the same as for allopaths. The same applies to Homoeopathy also; and these systems should be treated as on

a par. If you do that and then if the *Ayurveda* fails or the Homoeopathy fails, I shall have nothing to do with it. As I said, I am not worried whether the Homoeopathy fails or whether the *Ayurveda* is no more in existence. I don't care in fact for *Ayurveda* or for Homoeopathy. I care only for truth. Sir, there is no doubt whatever that there is a lot of truth in our systems of medicine. After all these systems of medicines have served the country for thousands of years. Now, what is happening in China for instance? There also they had a system of medicine and they are not trying to ignore all that is best in their system. I have got here a cutting from one magazine and that is with respect to the treatment of Encephalites. I am not going to read the whole cutting but I will read only a small paragraph, one or two sentences from this cutting:

"There is no doubt that this ancient Chinese cure with regard to Encephalites has proved itself in saving lives and preventing morbidity. On the other hand, modern science does not yet know the reason why it is so effective. Now the pharmaceutical properties of the many drugs it employs are being tested in laboratories of the newly established Academy of Chinese Medicine in Peking."

Now, I am reading this only to show a point of fact. Take for instance our *rasas*, our *matras*, our *bhasmas* and all the rest of them and see how effective still they are. And actually you will find that the very same principle which obtains in the preparation of these *matras* and *rasas*, the *Hema-garba*, *Kalakuta* and all the rest of them, has now been accepted in Homoeopathy also, namely, the principle of potency.

DR. R. P. DUBE: (Madhya Pradesh) : May I know, Sir, whether Dr. Barlingay is talking about the truth of the science or the therapeutics of medical drugs?

SHRI KISHEN CHAND (Hyderabad) : Well, he is a doctor of *Ayurveda*.

DR. W. S. BARLINGAY: The hon. Member will please note that I mentioned them only by way of example.

I am not suggesting even for one moment that whatever I have been saying is necessarily the truth. I am always speaking subject to correction. If, for instance, there is no truth in this concept of potency, I am prepared to withdraw; I am prepared to give it up. I have absolutely an open mind on that point and the hon. Member should have an equally free and open mind on questions of science. Now, what is the test of a scientific mind? Sir, the one test of a truly scientific mind is that it ought to be an absolutely open and a receptive mind. That is the test of science, but today what we find is that the so-called allopaths have not a free; not an open mind on this point, and that is my grouse.

Now, in the end I would quote from this Report on the indigenous system of medicine itself, which certain persons from the Health Ministry itself have prepared, and this I am quoting for the benefit of this House:

"The critical spirit, by the way, has nothing in common with the spirit of systematic opposition or with the spirit of disparagement."

You must distinguish between the spirit of disparagement and the critical spirit.

"That critical spirit seeks the truth and hates, above all, the error; it is an eminently sound spirit."

I have no grouse about this critical spirit.

"The spirit of systematic opposition takes the opposite side of every position, of every conclusion, without endeavouring to ascertain their worth. The spirit of disparagement

[Dr. W. S. Barlingay.] searches for evil everywhere and, it necessary invests it where it does not exist. The spirit of systematic opposition and the spirit of dis-agement are eminently morbid spirits."

Now this is exactly what I want to say to my allopathic friends. You are now creating a very great institute of national importance. I ma-assure the hon. Minister that we are not so petty-minded. When for instance it is proposed that the standard of medical education in this country ought to be raised, we do not oppose that proposal. I am not going to oppose the hon. Minister and say, "No, the standard ought not to go up; it must come down." We are not so silly or so stupid as all that. Now what do I say? What is the type of people that I would like to conduct this institution? I would like the Director to be a person who knows Allopathy, but he must also know the principles of *Ayurveda* he must also know the principles of Homoeopathy. He ought to know what is the type of man, what is the type of product that will be created from this institution. He must not be a narrow-minded person, a narrow-minded allopathic doctor, but a person well-versed in other systems also with a broad mind, as broad as Rajkumari's herself. That should be the sort of men that this institution ought to, produce and if that be the case I will say that this Institute will be an ornament for this country.

With these words, Sir, I wholeheartedly support this measure. Thank you.

DR. R. P. DUBE: Mr. Deputy Chairman, Sir, I thank you very much for giving me this opportunity. It is a bit premature in that I was not prepared to speak just now. I thought I would have the opportunity to speak after some others have spoken but in a way it is good that you have given me the opportunity to speak just after

Dr. Barlingay who has been saying, all sorts of things against the modern medical men.

This institution was really conceived in 1945 when Dr. Hill came to this country and the Bhole Committee was sitting. He said that medical education here was not up to the mark. Then two people, the Director-General of Medical Services, Lt. Hance and Dr. Pandit, who was then Director, King's Institute, Guindy and who is now the Secretary of the Indian Council of Medical Research, were sent to U.K., U.S.A. and Canada, under the recommendation of the Bhole Committee. They went round the various universities and saw the medical educational system and how it was imparted and what kind of institution India needed. In 1946 when they came and submitted their report and recommended to start this Institution, I think, for reasons best known to the then Government, they postponed it because perhaps they thought there was a lot of money involved in setting up this Institution, but the idea of this Institution has all along been there since.

Really there are two things which this Institution intends doing. The first and foremost is to educate the postgraduate people and to do research and also to train people for the various medical institutions as teachers. The objectives of this Institution are given at the back of this Bill, but I personally think that these two are the main objectives; firstly to train teachers and research workers so that when they go back to their institutions after training they serve to upgrade the respective departments. This is most important because new medical colleges are springing up and every one of them is feeling the dearth of technically qualified persons. The second objective, as I said before, is to provide opportunities for postgraduate education in all branches of medicine so that it may be unnecessary thereafter for our students to go abroad for higher education. These are the two

main things that this Institution wants to achieve.

Yesterday many of the hon. Members were in agreement with the postgraduate course, but they could not understand why the undergraduates should also be given education in this Institution. I personally think that they are the essential evils. They should be there. If you really want to train teachers who will go and man the various colleges, they should have the experience of teaching. And this is the place where the teachers can be properly trained so that they can go and man the various colleges.

The second thing this Institution wants to do is to train students in the various new trends of medicine, or as it has been put here, "to develop new patterns". We are more interested in prevention than treatment. Prevention is better than cure is the old proverb and we must adhere to it. We must try to work out how a particular disease could be prevented. When the disease is there you can treat it with modern medicine; you can treat it with Homoeopathy; you can treat it with any 'pajty'. But the primary duty of every medical man today is to see how the diseases can be prevented and this Institution is one that will help in that work. A friend of mine—an hon. Member of this House—asked me, "What is the use of this research? There is research going on all over the world and certain countries are much richer in this respect than India. They are doing research and we can follow them." I must tell him that conditions are absolutely different here in India than in the other countries; there are certain conditions which are peculiar to India—environments, way of living, diet and so on. And there are certain diseases which are found only in India and in countries having a climate similar to that of India. And it is for this that this Institution has been helped, under the Colombo Plan, by New Zealand. There are institutions where our

students go, learn and pass the examinations and become graduates. There are institutions where people go for postgraduate studies. But there is no institution where these two things are combined. And in this we have really got something novel, something new, something very good. This is a new venture and that is why New Zealand gave, I think, a million or a million and a quarter pounds. They are the people who appreciated the necessity for such an Institution and helped this. I personally think that this will be a unique Institution of its kind.

Now, I must say a few words to my learned friends who asked, "Why should we not start Homoeopathy; why should we not have *Ayurveda*; why should we not take up the different systems of medicine in this Institution? Sir, this is the first experiment of its kind that we are embarking upon in the field of modern medicine. And what is modern medicine? You cannot say that the pre-sent medicine has nothing of *Ayurveda*, nothing of *Unani*. Everything is there. These systems of medicine like *Ayurveda*, *Unani* etc. were all there for over thousands and thousands of years, but no research, no experiment has been done on them for ages. The *Ayurveda* man just feels the pulse and says:

"Cough barha hai ya vaat-barha hai ya pitt barha hai."

Now, if the lungs are affected, it may be bronchitis; it may be pneumonia; it may be consumption; it may be hyperstalic congestion due to kidneys. But they cannot find that out easily. Not so in the modern medicine. You have got all the facilities to find out exactly what it is. We have got the stethoscope; we have got the X-ray. We have got so many other things. Why should we discard these things? We are going to harness the atomic energy in the cause

[Dr. R. P. Dube.] of medicine; the isotopes can assist a great deal. I cannot understand why you should have a prejudice against these. When the science is there to help you, why should you not avail yourself of it? It is not as if you just believe in what somebody else says. You place yourself in front of X-ray screen, you can see the lungs; you can see how they work; you can see how they are affected. Why should we not make use of this knowledge that is there? Hon. Members say that allopaths have an antipathy against *Ayurveda*. I ask who will not have? We have got the microscope. We have so many other implements to diagnose and then treat. We do not treat without proper diagnosis. We have got modern medicines for treatment. It is a different matter that now we may not have some of them here and we get some of them from outside. But we can develop and produce them here. Please do not talk about Allopathy, Allopathy is dead and gone long ago. We practise modern medicine.

SHRI R. P. N. SINHA (Bihar): Can you see anything on the X-ray? Your X-ray cannot work in such cases while *Ayurveda* can.

(Interruptions.)

DR. R. P. DUBE: I am a man who knows something of *Ayurveda*. (Interruptions.) *Vayu* is *hava* and it can be seen by X-ray. We can find out what is the reason why you have got wind. We can find out the causes and then remove those causes by proper treatment.

To ask for a Chair for Homoeopathy, a Chair for *Unani* and a Chair for *Ayurveda* to be created in this particular Institution would not be correct. The Institute has been conceived for a particular purpose for the advancement of research on modern medicine. How can these things go together?

DR. N. S. HARDIKER (Bombay): He did not ask for it.

DR. R. P. DUBE: I am not talking about Dr. Barlingay. I am talking about other friends of mine who spoke yesterday. They do not know what they are asking. Let us have one thing. One thing at a time and that done well is an old proverb and that is still very good and it would always be very good. Dr. Barlingay, asked: Why should we not take *asvagandha*? We have taken so many medicines, originally *Ayurvedic* medicines. We have put them in our pharmacopoeia. We are taking those that have proved to be good by scientific methods and by scientific experiments. We are absorbing them, and we will have to absorb them. We have no antipathy. It has been said that we modern medical people hate the other systems. This is not correct. If we find any thing that is scientifically good, we are willing to take that. We are willing to accept it. Why should we not? This is a scientific age and one should surely accept changes done in a right and scientific manner. I think hon. Members remember—Dr. Barlingay just read out two lines from a report, on which scientific research in *Ayurveda* has been started in the research institution at Jamnagar. It is on account of those two lines that the Government started research on indigenous medicine at Jamnagar where cases are treated, say three cases are treated by *Ayurvedic* method and other three cases (control) are treated by modern medicine. They find out there scientifically, the changes that take place. We find out by various examinations the benefit medicines have given. If they are better surely we accept the *Ayurvedic* drugs. It is here we have started learning to integrate. But you cannot go on integrating everywhere. That means that you can never reach your goal. You can never get perfection. My humble suggestion and request to my hon. friends who are very enthusiastic about Homoeopathy, *Ayurveda* and

Unani is please to wait. You have waited for hundreds of years. It is only seven years since we got our independence and we have started doing things. How can you expect any science or anything to develop in such a short time? If you want that the modern medicine should be absolutely forgotten and let the whole humanity of India to be guinea-pigs and we go on experimenting on them, well, I am helpless.

DR. SHRIMATI SEETA PARMANAND (Madhya Pradesh): Who have been the guinea-pigs for Allopathy?

DR. R. P. DUBE: Real guinea-pigs. We have rats; we experiment on rats and guinea-pigs, not on human beings. There is another gentleman, Dr. Raghubir Sinh, who just told us: Why don't you quickly train people and send them to the rural areas? Do you mean to say that the rural life is cheaper than the urban life? I cannot understand the suggestion. Why don't you have good, qualified, and right type of people? There are 67 *Ayurvedic* colleges in the country. Is one of them running nicely? People have taken money. So much money has been given to them, still they are not running properly. Universities have been formed, where the professors and the teachers know nothing. Is it that for an allopath the heart is on the left and for *Ayurveda* the heart is on the right and *vice versa*?

DR. SHRIMATI SEETA PARMANAND: That is what the allopaths think.

DR. R. P. DUBE: Because they think rightly. They see it. They do not guess. They do not talk just for the sake of mere talking. There is no use being sentimental. Don't be sentimental. My good friends, my hon. friends, don't be sentimental. Sentiment does not take you anywhere. Facts must be faced and experiments must be done. And then and then alone you can reach the goal.

DR. N. S. HARDIKER: Their point is that you allow them also to experience.

DR. R. P. DUBE: You have got institution. Why don't you ask for some twenty more Jamnagars? I don't oppose it. By all means have twenty more Jamnagar institutions. But to say that this Institution for modern medicine must also have the other systems of medicine would not take us anywhere and it will be wrong.

SHRIMATI T. NALLAMUTHU RAMAMURTI (Madras): In modern medicine are included all these other systems also.

SHRI R. U. AGNIBHOJ (Madhya Pradesh): We want *samanvaya* in both.

MR. DEPUTY CHAIRMAN: Order, order.

DR. R. P. DUBE: They want *samanvaya*. You want integration in a different way. You mean to say that you should discard the stethoscope, the microscope, the X-ray and all that and start going back, put the finger on the hand and then say you had eggs last evening. What do you want us to do? I cannot understand. What integration have you got in mind? Treatment is the only thing that you want to be integrated.

DR. N. S. HARDIKER: You say that it is there. And their contention is that *Ayurveda* and *Unani* should also be included in this All-India Medical Institute.

DR. R. P. DUBE: The All-India Medical Sciences Institute is an institution which is being created for modern medicine, nothing else. We will request the hon. Minister and I think the hon. Minister has agreed to have a Chair there for the History of Medicine, knowledge of the various kinds and types of medical systems that we have in India.

SHRI MD. UMAIR SHAH SAHEB (Bihar): May I ask a question? When you are scientifically well-equipped, why are you afraid of these two medical sciences—*Ayurveda* and *Unani*—being bracketed? What harm will it do if these two systems of medicine are also bracketed in this Bill?

DR. R. P. DUBE: What do you want to do? What are you aiming at?

DR. SHRIMATI. SEETA PARMANAND: If you study the amendments you will know.

MR. DEPUTY CHAIRMAN: Let him go on.

DR. R. P. DUBE: Amendments have been given without thinking—I have read all the amendments—because the Members who gave the amendments don't understand the principle on which this Institute is conceived and formed.

SHRI H. P. SAKSENA: Everything else can be given to the hon. speaker, but we are sorry we cannot give him understanding.

DR. R. P. DUBE: That is perfectly all right. It cuts both ways. I do not know who does not understand. I have given you the history of this Institution and how it was conceived and how it is being formed. If you still think that I won't understand, you are at liberty to have your opinion. But I absolutely disagree with your suggestions. Anyway, I wholeheartedly support this Institution and I personally think that it will be an asset. There are certain things in the Bill which need some comment. Many clauses in the Bill state that various rules and regulations would be framed later. All rule making power has been taken by the Executive. They could have been put in the Bill itself. The idea of this Institution is very good and I wish it good luck. And I thank the hon. Minister for bringing this Bill.

MR. DEPUTY CHAIRMAN: The House stands adjourned till 2-30 P.M.

The House then adjourned for lunch at one of the clock.

The House reassembled after lunch at half past two of the Clock, MR. DEPUTY CHAIRMAN in the Chair.

Dr. RADHA KUMUD MOOKERJI (Nominated): Sir, I congratulate the hon. the Health Minister on the originality of her conception in launching into existence a unique medical institution of which the need was felt very acutely in the country. Now, my purpose is only to submit before the Minister certain observations and express certain doubts and also testify to certain difficulties which, I find, may be encountered in the working of this very laudable institution.

In the first place, I want to know whether there is any plan by which this great institution is expected to bypass the universities which are straining their utmost and which the hon. Minister is doing her best to develop into medical colleges characterised by very great efficiency. Some of these university medical colleges have instituted higher postgraduate courses for Doctorate of Medicine like M.D. or M.S. I think that some of the degrees of Doctorate which are conferred by some of these universities in India compare very favourably with similar standards of efficiency in other medical institutions of the world. Therefore, I say that this institute is investing itself with power to award these distinctions which are ordinarily supposed to have been the monopoly of the universities. I do not know whether there will be any harm in calling this new Institute as a regular medical university of India. And, of course, we may try to differentiate its functions from those of the ordinary medical colleges of the country by a recital of the objectives for which it will stand and the differentiation of objectives will give ample

justification for launching into existence a 'Medical institution' of this high grade.

Then, I find that this Institute also has to descend to the standard of undergraduate instruction in medicine. I think probably the idea of the framers of this legislation would be that perhaps in the training of undergraduate students for medicine, they will be found very handy as a sort of laboratory for carrying out experiments in medical education. But until this Institute is meant for framing elaborate courses and curricula in respect of both higher and undergraduate instruction. Now, clause 14, for instance, states that the Institute will provide for undergraduate teaching and prescribe courses—and curricula for both undergraduate and postgraduate studies. So, in my opinion, perhaps this Institute lays equal stress upon the need for imparting undergraduate, medical instruction along with its postgraduate course.

- Then, there is the term "self-sufficiency in postgraduate" studies. I do not exactly understand the full import, the connotation, of this expression "to attain self-sufficiency in postgraduate medical education." Now, in these days of specialisation, I am afraid no single institution can claim the credit of being counted as the only self-sufficient institution in regard to the advanced branches of medical study and practice. In these days of specialisation and decentralisation, I do not know, because an institution is being launched into existence by the Central Government, whether it should claim the monopoly of organising central postgraduate study of medicine at one centre; and even if it does, the universities are autonomous institutions and there will be very great difficulties and causes for friction as between the universities and the Central institution. Perhaps the autonomous educational institutions will come into conflict with the Central body—like this, of which we had a taste when we discussed "the

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University Grants Commission Bill. There, of course, Members freely expressed their views that perhaps a centralised University Grants Commission might encroach upon the autonomy of the universities.

SHRI J. V. K. VALLABHARAO (Andhra) : Here it is more grants.

DR. RADHA KUMUD MOOKER-JI: Here, of course, the Institute is concerned with both undergraduate and postgraduate study. On the data that I have in the Bill, I cannot say that this scheme is of a unique character. My object in placing this point before the Minister is that it might be possible for her to throw more light upon these points of doubt which arise, which may be described as causes of conflict between the autonomous medical institutions, in the country and the Central institution.

I find that there is ample provision made for research in the various branches of medical science. In this connection, I plead that perhaps the scope of research might include also researches in the indigenous medicines of the country. Without putting the matter in any scientific manner, one is prone to speak for the indigenous systems of medicine. I think, that we are all for science—and most advanced science—and, therefore, even from the point of view of our advanced medical science, it is very necessary that the research programme of this Institute should include researches in the medical material available in the indigenous medical systems of the country.

Now that the scheme of undergraduate medical instruction has been undertaken by this Institute, I feel tempted, to place before this House and the Minister in charge of this Bill certain very-interesting facts about the curricula of medical studies in ancient India. You have heard the name of the famous Chinese pilgrim

[Dr. Radha Kumud Mookerji.]

It-Singh. He was a very learned man and spent about fifteen years in India from 675 A.D. His first duty in India was to study medicine completely. Why? Because in the intermediate curriculum which was in vogue in those days—those were days of greatness; those were not days of degeneration, India was being ruled by an enlightened Emperor like Shri Harsha—we find that the intermediate education comprised five compulsory subjects. Namely, first *Sabdavidya* i.e. grammar and vocabulary. Grammar is called the science of sciences and, therefore, no student should go without the study of Panini's grammar. Number two was *Silpasthanavidya*. Here you find the first and the earliest examples of basic education. That is to say the intermediate curricula must always include the compulsory study of the various arts and crafts for which India was then famous and the technical term used is *Silpasthana-vidya*, that is to say, the *vidya* or science relating to the crafts of the country. And now, the wonder of wonders, in the compulsory subjects of study of intermediate education was included *Chikithsavidya*. The study of medical science was made compulsory for all students of intermediate education and on this subject, the Chinese pilgrim found that he was up against a very great difficulty. He came here to be trained as a Buddhist preacher, but he found that he could not have any work to do in India unless he had gone through the system of intermediate education which included the study of medical science as a compulsory subject. So, he submitted himself to the regulations, and then afterwards he says, "Is it not a sad thing that sickness prevents the pursuit of one's duty and vocation in life? Is it not beneficial if people can benefit others as well as themselves by the study of medicine?" I, therefore, hope that this Central institution will give an impetus whereby the study of medical science as a subject of study, on humanitarian and humane grounds, will gain publicity and popularity all over the country

and thereby will lay deep and broad the foundations of medical knowledge in the country.

Now, as regards the subjects of research for which the *Ayurveda* system of the country wants recognition. I can only point out certain examples of research. Taxila, which is now in Pakistan—it was Takshasila then and because Taxila later on—was then a centralised institution of medical education for the whole of India. There the medical course was for seven years. At the conclusion of this course, a student was not given a licence to practise, but he had to undergo one year's practical training. Of what kind? It was an examination in medical botany. The famous physician, Jivaka, the physician in attendance upon the great Buddha, was a distinguished student of medicine, but he had to undergo this practical training of one year; and the scope of the training was this that he had to find out the medicinal properties of plants within the neighbourhood of the university and then to report whether there was any plant which was useless for human welfare. Now, the poor man with a spade in hand examined on the spot the various roots, herbs and fruits as sources of medicine, and then reported back saying that whatever plants he had seen were full of medicinal properties and there was not a single plant or herb to be left out of account in building up a sound system of medical science. This gives a sample of what kind of research was done then in the sphere of medicine.

Now, as regards the cases of illness, this famous physician was appointed by the Emperor of Magadha as physician in ordinary to attend upon the Buddha himself. There is a famous story. The Buddha whose *nirvana* we are going to celebrate shortly all over the country, was also subject to diseases and ailments. Once he suffered from very obstinate constipation. This Jivaka was bound to treat him. but because he was a

superman, he was very anxious to find out a proper medicine which might not disturb his system in any violent way, as some of my friends here would like to do, because they are always anxious to apply very violent remedies which are worse than the disease sometimes. This Jivaka had to ransack the entire *Ayurveda* literature to find out a proper medicine, for a proper purgative, to be applied to a holy person like the Buddha. He eventually came to the conclusion that the Buddha should be asked to smell a medicated lotus. I wish to suggest this as an object of research as to how the smelling of lotus proved so efficacious in giving relief to the Buddha. I am quoting from sacred books on Buddhism, by which the Buddhists swear, and some of their scriptures, but unfortunately these do not give any prescription. I want this Institute to make that as the object of research and find out such medicines which gave easy relief to ailing humanity.

SHRI V. K. DHAGE (Hyderabad): Did they apply it to other cases?

DR. RADHA KUMUD MOOKERJI: We do not know the practice in those days. I have selected some cases out of the sacred Pali literature. There was a case of some disease in the head which persisted for too long. The patient was a prince of Ujjain.

SHRI H. P. SAKSENA: Was it a surgical case?

DR. RADHA KUMUD MOOKERJI: The medicine was drugged ghee which was administered through the nose of the patient, because the patient would vomit any medicine administered through the mouth. Therefore, Jivaka applied this medicine and the medicine proved very effective, and the man was cured of his permanent headache. Number two was a case of fistula. It was cured by just one anointing. No operation please. Just one anointing and the Emperor Bimbi-sara of Magadha—he was himself the patient—was cured. It must have

been a very strong disinfectant. There was another case of seven years of brain disease. This is the prescription of Pali texts: It was cured by a surgical operation. The surgeon "cut through the skin of the head, pulled two worms out of the wound, then closed up the sides of the wound, stitched up the skin on the head and anointed with salve." I am quoting the exact words of the sacred Pali texts. There was a fourth case, a very difficult case of entanglement of the intestines. The surgeon "cut through the skin of the belly, drew the twisted intestines and showed them to his wife." He then "disentangled the twisted intestines, put them back into their right position and stitched the skin together, anointing it with salve". Now, I come to that dreaded disease jaundice. Jaundice was cured by medicated ghee and this case occurred in one of the States on the frontier, Sibi country, as known to the Greeks in Alexander's time, somewhere in the present Frontier Province. Now, this great physician had insistent calls as a consulting physician, and his fees were 1,00,000 *kahapanas*. It must mean about Rs. 25,000. Calls came to him from Saketa, Banaras, Vaisali, Ujjain and N.W.F.P. Therefore, we will have to recognise that our indigenous medicine was popular and effective in its own time, and therefore, it is very necessary that, when you are having a modern programme *k>l* research, you should not shut out light from whatever quarter it may come. There-a modern programme of research, very wide. 'I come to a modern example. Mr. Saksena must be knowing it. My friends from U.P. must have heard of the name of Babu Shiv Prasad Gupta, who was Treasurer of the Indian National Congress, a man who was a great philanthropist.

SHRI H. P. SAKSENA: He was my jail-mate.

DR. RADHA KUMUD MOOKERJI: He was known for his matchless munificence in the cause of education

[Dr. Badha Kumud Mookerji.] and in the cause of the country. He was suffering from high blood pressure, and was given up for lost by the allopathic physicians. Eventually, he was persuaded to undergo *Ayurvedic* treatment under the famous Syamadas Kaviraj of Calcutta, and he kept him alive for at least five years more. He gave him five years additional period of longevity. That was entirely due to sound *Ayurveda* practice. Mind you, I have no views in the matter because I am a layman. All that I am concerned with is this. Pray, include in your schemes of research in medical science those elements which will make important contributions even to modern medicine.

I have only one or two points of detail to mention. Under clause 4 I find that the Ministry of Health is not at all represented in the governing body of the Institute. I don't know the reason why it is so. I think the Ministry of Health, of all the other Ministries, should be represented on this Institute in the Governing Body.

THE MINISTER FOR HEALTH
(BAJKUMARI AMRIT KAUR): May I intervene? You will see that the Director General of Health Services, Government of India, is *ex-officio*

DR. BADHA KUMUD MOOKERJI: I am not satisfied with that because you have a specific provision for representing some of the Ministries on this body and, therefore, I should think that the Ministry of Health as such should have independent representation on this Body. This is my humble view. You may or may not accept it.

As regards clause 5, I don't know the exact import of the words "national importance". I know that there is a clause in the Constitution where it is stated that if a subject is a State Subject, it might be centra-

lised for treatment by the Union Government if it is declared as a subject of national interest. I wanted to know whether that is the meaning that the Minister has in view. In that case, I think the scope of national importance must be wide enough to cover all systems of medicine prevailing in the country—systems of medicine which have survived the onslaught of the ages.

I want also to know whether this Institute will be an examining body or whether it will be merely a teaching body. I could not find out whether there is any definite provision in regard to that. After all you cannot dispense with examinations in determining the degrees and the distinctions to be awarded to the competing students. Of course, there is clause 14(h) which says "hold examinations and grant such degrees" etc. My idea is, if you really run it as a research institute of advanced character, I don't think it should be troubled by the necessity for holding examinations which will take away much of its attention which should be concentrated upon the advancement of medical knowledge and on research. So, I think it is better to delimit the functioning of these different bodies because you have many institutions which are holding examinations—the universities and medical colleges. But if in addition to that, you also enter the same field for holding competitive examinations, I think it will be at the expense of the advancement of higher knowledge. That is what I feel about it because I have spent a very long portion of my life in universities and examinations. So, I think that perhaps the most advanced educational thought of the world is turning towards ways and means by which the burden of examinations may be reduced so that the pupils might depend upon their tutorial work in order that they may furnish the teachers with valuable data as to their efficiency. So I should like this institution, which will be very modern

in its scope and method, to carefully consider the part that examination should play in its total scheme.

Lastly, I turn to the financial memorandum. It seems that this Institute will establish and maintain one or more medical colleges and specially a dental college is mentioned in this connection and a nursing college. Here, of course, I may say that perhaps this Institute is trying to cover the ground which is not embraced within the fold of other medical institutions, but I don't know why this dental college is specified and marked out. Are there not necessary in the country many more specialised colleges on which medical opinion should be asked for? I don't understand the meaning of the special reference to a dental college and a college of nursing also. That means a very intermediate status of an institution which produces nurses or that turns out nurses. On the whole, I feel that there is some kind of juxtaposition of lower and advanced medical courses for study and work. I, therefore, wish to safeguard the real interest of the centralised medical institution by strictly delimiting its functions so that inferior kinds of work may not be thrust upon this institution and take away some of its resources and attention.

On the whole, however, I once more repeat my congratulations to the hon. the Minister for Health for the exceedingly bold and original steps she has taken in endowing this vast country of India with an up-to-date medical Institute to turn out medical graduates who would no longer feel the need of decorating themselves with the coveted titles of F.R.C.S. or M.R.C.P. and I hope the Fellowship of this Institute would be a sufficient guarantee of the most advanced medical education that would be available in India in this Institute.

SHRE KISHEN CHAND: Sir, I wholeheartedly welcome this Bill and am very glad that an All-India Medical Institute is going to be set up. But

as is the usual practice, the scheme is so ambitious that like the several Laboratories and National Research Institutes, probably we will build very fine buildings, have a big staff, but the output of work may be low. I do hope the hon. Minister will safeguard against it and even if the buildings are small, and not very imposing, the quality of work that is turned out will be of a high order. Sir, there is an urgent need of this Institute because a large number of our students have got to go for postgraduate training and studies to foreign countries and it will be very good if we can provide postgraduate teaching and research in our own country. It will save not only the additional expenditure, but this postgraduate teaching and research work has an elevating influence on the undergraduate teaching also.

I would like to draw the attention of the hon. Minister that there is a Medical Council of India which controls undergraduate teaching and the holding of examinations, and everything connected with it. I should have thought that the hon. Minister will support the Medical Council of India, strengthen it and raise up, if at all necessary, its standard, but to set up an All-India Medical Institute, which will not be guided by the Medical Council of India or be under the influence or control of the Medical Council of India, will create dual control in the teaching of medical undergraduates. In almost all colleges now, the standard of education and examinations are controlled by the Medical Council of India for the undergraduate students, what will be the case in this Institute? Will the undergraduates of this Institute also be under the supervision of the Medical Council of India? Will the examinations be held under their control and guidance? Will there be a team of experts coming from the Medical Council of India for giving recognition to this Institute? I don't want the prestige of the Medical Council of India to come down and to

[Shri Kishen Chand.] have a rival body in this Institute. Therefore, as has been pointed out by several hon. Members, at the most this Institute can take in about 50 or 60 undergraduates for training. When in our country we want thousands of undergraduates in medical science, what is the point of wasting money on having only these 60 undergraduates? Why not spend the same money on more postgraduate teaching and on more research? It will be much better that the money be saved on under graduate teaching and utilised for postgraduate work.

I was very glad to note that it will develop a new pattern of teaching. An hon. Member has wrongly interpreted this to mean that it is something like basic education.

—P.Mr. Probably, the hon. Member does not know that in our country we spend nearly one and a half to two years in the training in anatomy and physiology, while in America they only spend six to nine months, and yet they cover the same ground very well and even better than is covered in our Indian universities. Of course, they have any number of dead bodies for use, which are thoroughly disinfected and preserved completely in such a way that all the arteries and veins come out clearly; the muscles disappear and all the bones come out. The whole body is given to groups of two students and they deal with dissection in about three months time. In our Indian medical colleges probably one limb is given and the students spend nearly a fortnight or even a month on that one limb and in this way dissection keeps them busy for about nine to twelve months. Therefore, what I understand by this change in the pattern of education is that we improve the standard of education and at the same time bring down the time taken. Here at present it is five years while in America it is only three years. They complete the whole medical course in about four years, while in our colleges we find that even five years are not sufficient.

AN HON. MEMBER: It is four years.

SHRI KISHEN CHAND: May be only four years, but in any case it is one year less in America than here. So, I do think that there is very good scope for changing the pattern of education in such a way that we improve the standard and at the same time bring down the period.

Then an hon. medical Member of this House tried to impress on Members that when some other hon. Members suggested that we should carry out research in *Ayurveda* and *Unani* systems they were talking something nonsensical. But I do not think that it is such a ridiculous thing, because if you take medical science as a whole, you find that these systems too have something to contribute. Nobody denies that anatomy must have been developed by the *Ayurveda* and *Unani* systems in the good old days. Of course, very little trace is left of that; so we may follow the anatomy of modern system of medicine. I believe when we come to physiology and pathology, which deal with the question of how the human body functions and how diseases operate on the human body, there the difference starts between the Allopathic system and the *Ayurvedic* and *Unani* systems of medicine. But there is no reason why our modern medical colleges may not be able, somehow, to see something good in the physiology and pathology of the *Ayurvedic* and *Unani* systems. We agree that in the good old days probably the *Ayurvedic* and *Unani* people did not have big laboratories as are going to be set up by the hon. Minister in our country, that they did not have the instruments and other technical aids like those of X-rays and so many other electrical appliances; yet by their empirical formulae, by constant practice, by trial and error method, they had evolved a different system of medicine which was fairly effective in those days. We find that even nowadays there are certain medicines and drugs which have been found very useful by

foreign countries and they are being used by them; and yet, in our own country, we ridicule it and we think it is some sort of extremely non-scientific thing. If anybody mentions the names of *Ayurveda* and *Unani*, we say that it is a non-scientific thing and we should not think of it. I do not see any reason for our saying so, especially when after centuries of experience, the ancient people had found out certain good things. Even now, in most sciences it is not true that everything can be proved by experiments. In many cases one has to adopt empirical lines. Such and such things produce such and such results, though we do not know the cause of it. Therefore, when certain drugs and medicines have been found useful, I do not see any reason why they should not be tried. So, the suggestion is that if you remove the undergraduate classes from the All-India Institute, you can have a few Chairs for research in physiology and pathology on the basis of *Ayurveda* and *Unani* systems and then you can introduce the scientific method in the old *Ayurveda* and *Unani* systems also. My contention is that in a modern institute of this kind, there are more important things to be done than concentrating all your attention on undergraduate teaching or at least a greater part of your attention on undergraduate teaching; and to do so is not fair and right. The *Ayurveda* and *Unani* systems, if they are really and properly tackled, then you can have a new physiology and pathology developed and then in regard to the *materia medica*, the *Ayurveda* drugs are there. We have to see how the *Ayurveda* or *Unani* drugs affect the human body and for that, I submit that research posts must be established. A new type of professors may be evolved who will look at these things from the scientific point of view, at the physiology and pathology of the old *Ayurveda* and *Unani* systems.

Sir, there are a few more points about this Bill. We find that this

Institute will have a President and the teaching staff on the one side, under clause 7 and there will be a Governing Body on the administrative side, consisting of a Chairman and members of the Governing Body. I submit that in a teaching institution, if you try to separate the teaching staff from the administrative staff, there will be all sorts of clashes. A teaching college has a group of professors and the principal or you may call him the chairman or president or director of the institute. You may give him any name, but an institute of this type should after all, be governed by the teachers and by the principal of the college. But if you have a separate body, a governing body consisting of mostly administrators, representatives of the Ministry of Education, representatives of the Ministry of Finance, representatives of some other bodies, that are not directly connected with the teaching in that institute, you will agree Sir, that the result would be that quite possibly the teachers would get disheartened. There might be intrigues in the administration and they may not encourage research type of workers, but may be encouraging the teacher who is not good in teaching but good in propaganda work or some other things of that nature.

It has, of course, been pointed out that the University Grants Commission had recognised that institutes can give degrees and this Institute can give degrees also. But I think it would have been far better, as has been pointed by the previous speaker, if this Institute had been affiliated to some university for the work of conducting examinations and awarding the degrees. I know that in an institute with undergraduate classes, a large part of the time of the professors is spent in organising the courses of studies, in organising the timetables, in organising the practical work and, most important of all, in organising the examinations and declaring the results. If we could save all this time of these highly paid

[Shri Kishen Chand.] <
specialists by entrusting the undergraduate teaching to another college and the conduct of examinations even for the postgraduate courses to a university, they would be able to concentrate on higher researches and on better methods of teaching.

Sir, I welcome this All-India Institute of Medical Sciences; but I would once more request the hon. Minister not to include in it the undergraduate classes and also request her to affiliate it even in respect of the postgraduate degree course with some university in our country.

DR. M. D. D. GILDER (Bombay): Sir, it was fifty years ago that I got my first medical degree. Then, it took five years after the Matric and the degree was called the L.M. & S. which many facetious people called, "License to Murder and Slaughter". Now, it takes 7½ years after "Matric and" that too for the lucky people who are arguable to pass but at the first time of the examination. - Fifty per cent. of the marks are required, not 30 per cent, or 25 per cent* as in the arts examinations, and lucky* really is the boy or the girl who passes through within 7½ years. For post-graduate work, at least three more years are required— all of which takes a good slice out of a man's life. With all this, Ministers go and lecture to them after the long university course, to go and live in the village and to lead a villager's life! I had been one of the Ministers too but I put it this way: Ultimately, the only way you can give relief to the rural people is to socialise medicine, to take the whole profession into the Government's hands and send people out into the countryside at a sufficient salary. I think that is the only remedy. We produce doctors after 7½ years or 8 years or 9 years; the fees are higher than in any other college; and we ask them to go to the countryside. That, Sir, is the problem before us at the present moment. If this Institute, "by its experiment or medical studies," as the last speaker said, could reduce the course and help us that way; - then

' certainly we want such kind of help. I We also want help in regard to postgraduate studies and our research courses. I doubt whether, by merely restricting the work of the Institute to postgraduate teaching and research, in the present state of our education, we shall be able to fulfil that particular duty that is cast upon this Institute. Undergraduate work, in my opinion, is also necessary.

Sir, the importance, of this Institute cannot be denied. The functions of this Institute are defined. In one of the clauses and as somebody stated, they are ambitious; but all the same they are necessary. In order to discharge these functions, we must have a powerful body of staff attached to the Institute. The functions of this Institute are to provide undergraduate and postgraduate teaching not only in medicine but in allied physical and biological sciences, to provide facilities for research, to provide for the teaching of humanities, etc. When there is teaching of humanities, ancient Indian tradition is bound to come in because Indian philosophy and Indian tradition are part of humanities, as far as we are concerned. These are very important functions and a very important body is, therefore, being created. I congratulate the hon. Minister on getting, as the first Director, a man who started life as a research worker, then went in to medical teaching, went to America to study medical education and was also an administrator—the Surgeon-General of the State of Bombay, though, as he said, he was neither a Surgeon nor a General. Whether the teaching staff, is fully paid or whether it is honorary, the teaching staff has got to do its work. We have had research institutes in the old days with servicemen and I had seen some of them working. They would come in at 11 and go out by 4 and make their assistants work; they would give their names first to the research work. Even if you look at the minutes of the old Medical Research Council you will find discussions on that subject as to whether the work of the assistant was plagiarised by the chief or not. This;

is a point of administrative detail and the hon. Minister will have to keep her eye skinned for that.

I would have supported the Bill wholeheartedly, but to "my regret, when I look at it, excepting the first three clauses, which are purely formal, that the Act shall come into force on such and such day and so on, beginning with the fourth clause, in almost every clause you find the expression, "rules", "as prescribed by rules or regulations" etc. When the Congress just entered the Legislatures, there were tremendous fights about this delegated legislation. True enough, in modern conditions, delegated legislation is necessary because minor changes have got to be made and Parliamentary time is limited; but, at the same time, if you look at it, Sir, you will be surprised. In clause 4, you will find, "prescribed by rules"; in clause 6 "prescribed by rules"; in clause 7 "prescribed by rules"; in clause 8 "prescribed by rules"; in clause 10 "prescribed by rules"; in clause 11(3) "exercise such powers and discharge such functions as may be prescribed by regulations". This way, there are seven paragraphs on one page alone, in which this expression occurs. What are we here for then, if by legislation, we are to give power to the Executive to do everything by regulations? Then, Sir, let us turn the page. - In the first line, you will find "prescribed by regulations"; the third line contains "prescribed by rules"; the 15th line contains the same & also the 19th, 26th and 37th lines which contain the expression "prescribed by regulations". On one page alone these regulations come in seven times again. It goes on thus. - I need not waste the time" of the House by noting the number of times it comes in but there is this expression everytime. The hon. Minister seems to have realised that this has been extraordinary because she puts a special note on delegated legislation at the end. She says that such delegated legislation is of a character normal to such Acts. In fact, delegated legislation comes almost in every Act •

because Parliament has not got the time to amend these Acts for every minor detail, but when out of 30 clauses if this expression appears in 25 clauses, it is something rather extraordinary. I trust that the hon. Minister, after the institute is settled, would come in with an amending Bill and let Parliament decide the matters which will, for the time being, be regulated by regulations.

It may also be that clause 24 may be necessary in the present conditions but this clause says, "Notwithstanding anything contained in any other law;...": We have passed the Medical Council Act forming a Council— or, at least our predecessors in this House have created that body—which is a democratic body. Medicine is regulated, in English-speaking countries, by a democratically elected body; in Latin America and in Latin countries of Europe, it is regulated by the Minister as advised by his or her advisers. We have taken the procedure from the English-speaking countries. New Zealand has a Medical Council: I wonder how the New Zealand Government will feel if power were taken away from their Medical Council. It may be that the Medical Council does not act as the Government wishes it at present. When Congress first came into power, it was also not acting as the Government wanted it. The Provinces, were represented by their Surgeons-General, but Congress Ministers decided at a Congress Ministers' meeting in 1938 to replace the Surgeon-General by a man who would voice their opinion, and that was how Dr. Bidhan Chandra Roy came to be made the first non-official President. If a democratic institution, does not agree with the Government* or cannot be made to proceed as the Government desires, then the thing I would like to be done is to change its constitution, and not to take away its power altogether.

Secondly, Sir, our Medical Council has reciprocity with other countries. If you remember, Sir, the Medical Council was established for the purpose of reciprocity. Before that there

[Dr. M. D. D. Gilder.] were plenty of what they called 'visitation', and several doctors from Europe came on visitations to our country to inspect our medical colleges and only after a great deal of agitation, the Medical Council came into existence. During the agitation, Sir, I was one of those people who, in the Bombay Legislature, moved an adjournment motion against the Government of India, which was carried. Then again, Sir, there is the Indian Medical Degrees Act. Formerly, there were medical schools which were examining their own students and the Medical Degrees Act of 1916 took away the power of examination from them and established diplomas of L.M.P., L.M.F. and L.C.P.S. and made the students go to outside bodies for their examination and not to their own teachers; and here we are again counteracting that by saying: "notwithstanding anything contained in any other law"—notwithstanding whatever we have said we now say something different. Those are things which, I trust, the hon. Minister will see her way sooner or later to bring into line and I trust that the examinations will be conducted by external examiners and not only by the teachers.

Coming, Sir, now to the discussion that has been taking place here about *Ayurveda*, *Unani*, Homoeopathy and so on, my experience during the last 50 years has been: I have come down from the patient's room and on the stairs met a *hakim* go up or *vice versa* while the *hakim* has come down I have gone up, and if it had not been for the inhibitions of civilization, we would have put our tongues out at each other. Well, Sir, that has been the condition for all these 50 years. The Britishers have stamped on these indigenous practitioners. As my hon. friend said the other day, the first Surgeon-General of the East India Company had to cut the hair of the labourers of the East India Company for the magnificent sum of two pence a month. No barber in Delhi would look today at the half bald head of

Dr. Gilder even for the equivalent of two shillings! Many people say it is easy to compare the two systems. Well, a man went to one of the chief doctors at—I forget where exactly it was—Yale or Harvard, and said he had cold. The doctor said, "I can cure it for you in five days, but if you take common-sense care of it, it will be cured in five days". That is the condition in medicine. Sir, if a hundred patients come to a doctor's dispensary, 80 per cent, of them will get well, whether they take medicine or not. If it had not been for that, Sir, our villages would have been depopulated today. About 3 or 4 per cent, of them will die whatever you do, even if—as the saying goes—you bring the doctor's grand-father they are bound to go. That also serves a good divine purpose, which we must recognise, because if our grand-fathers and great grandfathers had been living today, who would have looked at us youngsters? Then, Sir, these people from the villages speak a language which we do not understand. I have had people come up to me and ask me. "Mera darnd sardi ka *hai ya garmi ka hai*". We the allopaths have lost touch with that language about *sardi* or *garmi* for over a hundred years, Sir. Our ideas and their ideas do not coincide. When the Britishers came, was this very Surgeon-General, who had to cut the hair of the labourers, any superior to our voids or *hakims* of those days? And yet he stamped on them, and the Surgeon-General who succeeded him—all Col. Blimps—stamped on them and *likewise* today the advisers of the Minister want to stamp on them. At least my Surgeon-General from the I.M.S., when I was Minister, daintily asked me to stamp on them. Perhaps the hon. Minister with her pretty foot could stamp on them, but she has not got the weight of the British officers that have stamped on the *vaid*s and *hakims* for over two hundred years. And what is the result of this stamping? We still meet on the stairs! Even in those days, in the days of that first Surgeon-General, incidentally, it was said that the Surgeon-General put in one medicine in several bottles and

labelled them differently and that, secondly, he put in his apprentices in the place of surgeons. He denied the first charge but he admitted the second and said that he put in the apprentices and accepted two months' pay from them in the year. Well, was he any better than our *vaid*s and *hakims* of those days? I think our people were much better, but still there was the Colonel Blimp's mentality amongst the ruling doctors that stamped on them. As an hon. Member said also the other day, with a Governor-General like Lord William Bentinck an effort was made to bring the Western and Eastern systems together and Calcutta is said to have celebrated the marriage of the Western and Eastern systems with illumination.

DR. RAGHUBIR SINH (Madhya Bharat): With what result?

DR. M. D. D. GILDER: Well, I do not know if birth control was in use in those days. At any rate the result was that as soon as Lord William Bentinck went away, Col. Blimps of the Indian Medical Service or whatever the medical service there was stamped on the man, who made the effort, and got him out. Even in those days, in the days of the first barber Surgeon-General, it was said in England by an English doctor then, that India had better drugs and more drugs and England should not send any drugs to India.

Sir, my attitude towards these *vaid*s, *hakims* and homoeopaths is this. It is time we stopped stamping on them. They are also men and many of them believe honestly in their systems. When our President goes and presides over the prize distribution of an *Ayurvedic* institution or an *Unani* institution, when the Speaker presides, as today, over an *Ayurvedic* conference, when Cabinet Ministers believe in these systems, when a big minority believes in these systems, it is the duty of the Government to provide medical relief according to these systems. But, Sir, also in every civilised country it is the duty of the Govern-

ment to see that before a man gets "a licence to murder and slaughter" he has a definite minimum knowledge of the science of healing. Every civilised country sees to that. It is, therefore, for the Government to see that those who want to practise *Ayurveda*, *Unani* or Homoeopathy or whatever it is, are taught in that science up to a certain extent. And we cannot now neglect modern preventive medicine. Preventive medicines have now come to play such a part in medical science that we cannot let them loose without telling about preventive medicine and about using modern cures. For instance, take the case of pneumonic plague. Formerly, you could as well sign the death certificate if you diagnosed a case of pneumonic plague. But now even those cases recover. And it would be absurd to let a man out to practise medicine without telling him how and what drugs he could use to make these cases recover. If that is done, I am sure there will be no difficulty. I am sure the hon. the Health Minister is also of the same opinion from what I heard her say the other day; only somehow or other it has not been very clearly expressed and I think if it is clearly expressed, it will satisfy my hon. friends on the other side also.

She has gone a step further. You will find in many of the American universities,—even at the college in England where I was educated—there was a Professor of History of Medicine. He was a Greek and Latin scholar. To us Greek and Latin are Greek and Latin. We want Sanskrit and Arabic. And she can easily get a man, a good Sanskrit scholar who can help in evaluating the history of medicine and in finding out what our people did in former days. If that man combines with the Professor of Pharmacology, he could show the Professor of Pharmacology what drugs there were, and what drugs our ancestors used. And they can do some research and find out whether those are good or injurious or toxic in any way and whether they are beneficial. And subsequently, if he combines with the

[Dr. M. D. D. Gilder.] Prof. of Clinical Medicine, first-class research could be carried on. And that is what she has done by telling us in her opening speech that she would be appointing a Professor of History of Indian Medicine.

Sir, I was very interested the other day to read what the Chinese were doing with their ancient medicine. I got hold of this quotation from one of their official sources:

"The official attitude is determined by the simple thesis that the experience of hundreds of years is likely to contain things of value; and that these things must be determined by scientific investigation and then incorporated into the body of modern medical knowledge."

One of their chief medical men says that old Chinese medicine is—

"a previously neglected mixture of experience and superstition from which we are now trying to extract and remould what is valuable—and there is a great deal that is of value."

That is practically what we can say about our ancient systems of medicine and if we look upon them from that point of view, I do not think there would be any difference of opinion between us. And I am sure that is the point of view of the hon. Minister; only she has not put it so clearly. That is my impression. Of course, the

SHRI H. C. DASAPPA (Mysore): That was the impression of many of the hon. Members.

DR. M. D. D. GILDER: I am very glad to hear that. As I said, we do not even speak the same language. The Britishers brought in the teaching of modern medicine about a hundred years ago. The Medical College of Bombay was founded in the late '40s of the last century; Calcutta came in the late 30s, a few years before Bombay and Madras a year or two

before Bombay. Till that time they did not even look at what was going, on amongst us as regards medical relief. Their medical officers only attended on the rich Rajas, Maharajas and people of that kind. We were left to manage for ourselves. About a hundred years ago they woke up and we had some colleges and in the 100 years they were not able to do all that was needed because our people also have not co-operated to some extent. When I joined the medical college, there was no difficulty. You had only to pay the entrance fee and your name came on the roll. Today more than half the boys who want to get into a medical college cannot get admission.

There is only one little difference between the hon. Minister and myself. Maybe that the villages in Bombay are more backward than the villages in Himachal Pradesh. She says that the villagers in her district want modern medicine. The villagers in many of the districts of Bombay have hardly heard of modern medicine and when a modern doctor goes with his stethoscope and blood pressure instrument in one hand and his syringe and the scalpel in the other, these poor villagers would prefer to be treated by those who had treated their grand fathers. True, as education is spreading more and more people are coming from the villages to the towns and they appreciate and value modern medicine and till that comes

DR. N. S. HARDIKER: They are after Penicillin and other injections also.

DR. M. D. D. GILDER: At the present moment in some places there is a passion for injections. Many people ask for injections even if medicine by mouth would cure them. They would prefer to have injections and there are doctors who are "specialists in injections". This is like a doctor who said that his father was a specialist of nose, throat and ear, but he was going to be a specialist of the nose only. Orily somebody asked him whether it:

was the right nostril or the left nostril in which he was going to specialise.

So I think if we look at the Bill in that light we shall at the present moment agree with the hon. Minister but will request her at a future date to come to us and let us pass an Act which will be a real Act and not an Act which says that whatever the Minister may do by Rules made by herself or regulations approved by her shall prevail.

SHRI H. G. DASAPPA: Mr. Deputy Chairman, Sir, I think a great step in the annals of Indian medical history is being taken now under this Bill and I join with my hon. friends in welcoming this measure particularly because I feel—and I think rightly—that it would obviate the large number of our medical graduates from going out of our country to foreign countries for the purpose of prosecuting their postgraduate studies and getting the necessary diplomas and certificates to enable them to take to either practice or teaching in the medical colleges. I quite agree that it is very desirable that we should have standards in our medical degrees and diplomas as high as, say, M.R.C.P. and F.R.C.S. of London or Edinburgh or any of the equivalent degrees in America. India is a big enough country, tall enough country to have such degrees and diplomas within her own frontiers. So far as competence is concerned to give adequate training for postgraduate students I do not think there is going to be any dearth because from my own knowledge I can say that postgraduate students who have gone abroad for these very distinctions have acquitted themselves wonderfully well and they have not been in any way behind the students in the West in the matter of getting distinctions. And so this Institute which has been dreamt of for years past and which the Bhore Committee itself very strongly recommended should have come much earlier and now that it has come let us welcome it. I have no doubt that it has come to fill in a great

desideratum in the land and I join with the rest of the hon. Members in congratulating the hon. Minister for having brought this measure.

It would be wrong on my part if I were to simply get up to welcome the measure without referring or unburdening my own heart with regard to this great subject which is now agitating the minds of the people. Let nobody go about thinking that today in India there is not a problem in the medical field, the problem of what you call modern medicine which takes the Western system as its model and the indigenous medicine which is our own inheritance for centuries past. If there was not that subject agitating the minds of the people I do not think I would have stood up today to express my own views. Let me deal with this large question first before I go to any of the particular clauses. We have had very illuminating speeches by hon. friends who are most competent to speak, Dr. Gilder and Dr. Barlingay and Dr. Radha Kumud Mookerjee, who is a student of our ancient culture and philosophy. Now, I have not made such a research into the past history of our own systems of medicine, but I take it that today by and large as many people are served by *Ayurveda*, *Unani*, Homosopathy and Naturopathy as through Allopathy. I have no statistics.

SHRI M. GOVINDA REDDY (Mysore): Thousand times more people are served by *Unani* and *Ayurveda*.

SHRI H. C. DASAPPA: I want to put it on as modest a scale as possible. My friend, Mr. Govinda Reddy, says that a thousand times more are served by *Ayurveda* and *Unani*. I have no statistics, but with such knowledge as I have got.....

SHRI M. GOVINDA REDDY: How many hospitals have you got in the country and how many people are there in the country?

SHRI H. C. DASAPPA: He is only reinforcing my argument. I do not know whether his purpose is anything beyond that. It is true that our colleges are few, a microscopic few, compared to the magnitude of our requirements in the land. And how can these medical institutions produce all the physicians and surgeons necessary for dotting the whole of the country with a sufficient number of dispensaries and medical institutions? It is not possible and my friend, Mr. Govinda Reddy, is perfectly right. Suppose we put a ban on all *Ayurvedic* and *Unani* physicians today in the country and say you must all only have recourse to Allopathy, then you will find that there are not enough doctors and enough institutions for them. That was just what I was trying to make out. Here are systems which are fulfilling a great need. I am certain of two things, namely, these systems have survived all these centuries, in spite of the fact that the modern medicine has had a fairly longish lease of life in the land. It is a sufficient indication that there is some intrinsic worth, inherent strength and vitality in these systems. I have no doubt about it.

The second thing is the rather deplorable feature to which I must refer, namely, the terrible antipathy that exists among the votaries of modern medicine so far as our indigenous systems are concerned. I have throughout been a patient and I think an old patient almost half a doctor. So, I know the kind of jealousy, even amounting to contempt, that the followers of modern medicine have towards these indigenous systems,* which are fulfilling such a great need in the country. I would, first of all, beg of those who have got the destiny of our country in their hands to discourage this kind of an attitude on the part of anybody. I am not referring only to the allopathic doctors and surgeons. I am levelling this accusation even against the *vaid*s and *Unani* friends, who also suffer from a similar defect and narrowness of vision. They want to hug fast to their

old antiquated systems of diagnosis and refuse to take cognizance of the vast number of improvements that have taken place in the field of medical science, especially with regard to diagnosis of diseases. I am not referring now to treatment so much. But there is this outstanding fact that these followers of indigenous systems are reluctant to have recourse to the modern system of diagnosis, whether it is a question of stethoscope or taking the blood pressure or examining the blood and so on and so forth. They seem to be reluctant to recognise the newer methods. Now, I am not here to justify their attitude towards Allopathy. I am equally condemning the attitudes of both these groups who seem to think that they are some alien elements who must always be daggers drawn at each other. That I said is a thing which should not happen. I am speaking with a certain amount of confidence and even authority, because in my own life I have had recourse to both. Now, what happens is this. For instance, I go to a *vaid* and it may be that he is not able to give me the full relief and I just switch over to allopathic friends. They have a sneering attitude towards my own conduct. They say, you went there and having failed you have come here. And if perchance having tried Allopathy—there again I had not got enough relief—I go to an *Ayurvedic* man, he too has got the same attitude. Now, what is wrong with the mentality of our people today? Why should the followers of this modern system be averse to our own systems which have been there in the land for centuries* On the other hand, should they not feel proud that we in India have got certain systems which are ministering' to the relief of the sick and the wounded and try to make the most out of those drugs and pharmacopoeia. Likewise, I am referring to *Ayurveda*.

I was on the point that in my own life I had experienced certain ailments treated by *vaid*s and I think I had better share the experience with hon.. Members in this House. I was hardly ten or eleven years old when I hit

against a pomegranate plant, being chased by another friend of mine. There was swelling near the left eye. Within a few months I developed cataract in the left pupil of the eye. We had one of the ablest ophthalmic surgeons in Bangalore, that was the late Dr. Ramaswamy Iyengar. I tried the medicine for six months under him. I got no relief whatsoever. Then, a certain distant cousin of mine told my father, "Will you send your child to my village? We will try and see if it can be cured." So, I went there. The treatment consisted of simple things namely cutting a shrub known as *hulikaddi* into pieces about a foot long early in the morning at about 4-30 and then blow its drops into the eye. It went on for just, about a month. Certain kinds of fish have stones in their heads. You just grind them on the stone and apply it. I did it for about 20 days. Within a month the complaint disappeared and there was no necessity for an operation. And my left eye is strong—even stronger than the right eye. That was in 1904 or 1905.

. In 1907, when I was about twelve, I had rheumatic swelling in legs and had to be carried by an orderly. I again tried the allopathic medicine under very eminent people. There used to be I.M.S. people in Coorg then. Nothing happened until at last we found a Malabar physician who was available there and with two oils, he was able to cure me within a month. In 1909, I had puss coming out in both the ears. Boric powder and so on used to be applied for about two or three months together. I went to a village and a local village woman applied a powder for two mornings and it was all right.

Sir, I will narrate one more experience and then I will not weary the House any more in this regard.

In 1940, I was attacked by arthritis. I did not know what to do. I had treatment in the early stages under a Malabar physician and I was just able

to get out of the jaws of death and survive. But the swellings of the joints remained. Who was the great physician who cured me then? It was Mahatma Gandhi. He asked his Secretary, Shri Mahadev Desai to write to me "Bapu undertakes to cure you and discharge you within two months and it is a rejuvenation process." Luckily for me, I have got the witness before me—Rajkumariji, the hon. Minister for Health, was there—and it was a fast cure. I shook off 42½ lbs. of weight and with this loss of weight, I gained energy and today I am able to stand up here and share my experience with my hon. friends.

So, whether it is Ayurveda or Unani or Homoeopathy, I have got very good instances. I do not want to weary the House by telling how Homoeopathy came to the rescue of people who could not be cured by any other method. Why should we not try to garner all these rich experiences and heritage, pool them together in some common institute and make the best of them so that when the institute grows up, it will not be merely a replica of what we have in the West or a fairly good imitation of the West, but it may carry on with reorientated ideology? This shall be the focussing point of the best that we have in all the medical systems in the world—not necessarily in India, even the best that is in China—so that instead of merely trying to give to our countrymen what others possibly are able to give, we shall give India as well as the world something which is of permanent value. That is a plea which I earnestly make to the hon. Minister. I know for a fact that her heart is set on this great mission. She herself said the other day. She, of all people, has been responsible for one of the finest pharmacopoeia of Indian drugs.

Sir, I have got here one of the latest reports of the Pharmaceutical Enquiry Committee, the Chairman of which was Major-General S. L. Bhatia. The Committee was appointed in 1953 and they have given this report in 1954. I just want to read out one or

[Shri H. P. Dasappa.] - .1
two sentences in support of my stand and the stand taken by so many hon. friends. As a result of this and, even the earlier reports of the Bhoire Committee and later on the Chopra Committee, certain steps have been taken. I do not mean to say that they have not been taken. Still, this may be of some interest—

"Drug and * pharmaceutical research, comprehensively considered, has very wide scope in India. It will extend from systematic scientific study of the crude drugs that have been used in the indigenous system of medicines for centuries, on the one hand, to the highly developed field of synthetics and antibiotics, on the other. Nearly 75 per cent, of the drugs of vegetable origin listed in the British Pharmacopoeia are native to India", this has got to be noted—

"and suitable substitutes for a large number of others can easily be found. Much of India's drug resources are still unexplored and unexploited."

: Later on, you will find—

"As a result of these trials several preparations of useful drugs from indigenous plants are already available in the market and some of them have been very popular and are extensively used; the extract of *Rauwolfia serpentina* as an effective remedy in hypertension, is one of them."

Later on, you find that a number of such drugs are made here. I do not want to refer to them—

"A large number of plants, which grow in India, and which can form excellent substitutes for the imported and often expensive remedies, have been made available for use. Frequently, these are closely allied species, which are pharmacologically just as active as the imported varieties like " etc.

Here is" another, statement—

"It may be mentioned here that very often the drugs made from indigenous sources" are not able to fulfil the requirements 'specified in the British and other--Pharmacopoeias, "although these preparations are equally efficacious in the treatment of diseases."

This is just a thing which an institute such as this can undertake. It is the way in which these ,drugs are, prepared at present that prevents them from being incorporated in the British Pharmacopoeia. After all, it is only when the British standards are fulfilled that they can get a particular chance of success or of acceptance all the world over. But, unfortunately, these do not fulfil those standards, but yet they say they are equally efficacious.

"The work of discovering remedies from the claims of Ayurvedic and other indigenous systems of medicine for their use in modern medicine has been a more difficult task."

"With the setting up of research laboratories by Government Institutions, Universities and manufacturing concerns, such work becomes more possible and must be actively encouraged. Many research laboratories in the other countries have taken up the intensive study of Indian drug and achieved remarkable results."

Then, he goes on to narrate how other countries -have taken up these particular drugs available in India and have been able to present to the world certain very good specifics. Certain medical colleges are doing some kind of a research, but that is not sufficiently good

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I must say that I was on the point that our allopathic friends' are reluctant to make use of these specifics from Indian pharmacopoeia. While this is the attitude of even Indians themselves' what is the attitude of certain foreign doctors and research~

people is the question. We had in Mysore a certain German physician. He was in touch with the Ayurvedic and Unani systems and he was trying to experiment on his patients certain methods of treatment followed in those systems. No other Indian had the same generous attitude towards the indigenous systems. Recently, a number of German doctors visited South India. When they came to Bangalore, they asked, "Where are the Ayurvedic and Unani colleges? We would like to meet the persons in charge of those institutions and would like to discuss certain matters." That is the way of a real student of research, a real student of this great subject, but, unfortunately, such an attitude is not very much in evidence today. I think that we, who have been speaking about the indigenous methods and systems of medicine, we who want to contribute something to the world from out of our past, will do well to take up a fairer, a juster, a broader and more liberal attitude towards these systems. If we do that, I think that the agitation as well as the discontent that there exists today will disappear. As Dr. Gilder said, *one* would very much appreciate a clear pronouncement on this subject. The Government, as a Government, has recognised the modern science of medicine, and it is yet to recognise the indigenous systems of medicine. Now, what has got to be done is to recognise the indigenous systems of medicine. The only way to do it is to give the Central institutions the same status as would be given to an institute of this kind. Personally, I think that the only way by which this could be facilitated is not to confine the objectives of this Institute to provide teaching in the modern system of medicine only. It is not necessary to say so. You may just say, "the teaching of the science of medicine." After all, when we talk of medical sciences in the plural, it is not only one system which is contemplated in the Bill. It is an All-India Institute of Medical Sciences. I ask whether it would be fair for us to narrow down the science only to mean a particular science, *viz.*,

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the science of modern medicine. No doubt, we shall have to have this scientific approach as the inevitable approach. With this scientific approach, we can try to harmonise the various systems and give a synthesis of the whole thing and give something new to the country. Therefore, I think it would be very good if we change this to mean every science of medicine.

Then, with regard to this Institute, as I said, I am thinking of a glorious future for this Institute with an outlook just as I have indicated and just as other hon. Members have indicated. It may be that this will open up a vast vista as yet unseen and hidden, which will enrich the entire medical science of the world. I am anxious that that should be the objective of this Institute and not merely just to narrow the objective of the Institute to something which any university or any institution of this kind in the West can give. I must say that this is going to play a very great part, just as for instance the Haffkine Institute in Baltimore which revolutionised the whole of modern medicine in America. This is going to give a new life to the medical science of the country, and I am sure that standards will greatly improve. I do not want to deal with the technical side of the instruction or training that they are going to give. One thing appeals to me. I think they have an idea that, when a student goes to his studies there, it is not as if he has no practical work to do in the course of his training. Today, there is a certain amount of clinical side, but actually he does not do anything which a qualified doctor has to do. In America and other places, the practice is for the students who undergo training themselves to be in charge of the patients, study the whole thing and give their reports, so that by the time they go out of the institutions, they are as good as experienced medical men. They have to do not only the theory but also the practical side of it.

[Shri H. C. Dasappa]

Then, a few words about the composition of this Institute. I have got here the recommendations of the Bhore Committee. There seems to be a fair measure of departure from the recommendations of the Bhore Committee with regard to the composition of this Institute. It has already been pointed out that the All India Medical Council has no representation on this Institute. I should like to know from the hon. Minister exactly the reasons why there has been such an omission. The Bhore Committee have provided in the composition that the President of the Medical Council of India will be an *ex-officio* member of this Institute, and then an additional member is provided for, to be nominated by that Council. Here barring the three representatives of Parliament, two from the other House and one from this House, all the others are nominated. It is provided here that one of the members will be the Vice-Chancellor of Delhi University, because it is sought to be located here. Now, the matter of location also has been agitated by some people as to why it cannot be located in Bombay or Calcutta. I have no particular views on this matter. I will only say that it is preferable to locate it either in Calcutta or Bombay. They said in the recommendations of the Bhore Committee: "Two Vice-Chancellors from all other Universities in India in rotation". It is a good idea to have, in rotation, at least two Vice-Chancellors of various universities which have got medical research and postgraduate research training also in their universities. That I don't find here, unless it be that they are brought in under sub-clause (e) of clause 4 which says: "five persons of whom one shall be a non-medical scientist". Then another very interesting thing is that the Bhore Committee recommended "two distinguished nonmedical scientists nominated by the University Board". Sir, I don't want to go into further variations from their recommendations. This expert Bhore Committee must have had very

good and justifiable reasons why they recommended certain of these things. For instance, there is this question of two distinguished non-medical scientists mentioned. But there is only one provided for to be nominated by the Central Government. The more you give this Institute the character of being a more or less autonomous body, the better it is for the future of the Institute. Because they will be able to work divorced from the somewhat, not unusual, what you call, 'red-tapism' if you may please, of the Government. That is, generally a scientific body like this, an expert body, may not feel very happy with such a state of relationship. So, if you give them not only autonomy by virtue of the Constitution but also in practice, by the manner in which you constitute the Institute, I think it will be all for the better.

Then, it is provided in clause 6 that the term of the members shall be five years. May I humbly appeal to the hon. Minister that the term may be three years in the first instance? You just see how it works. It is just a beginning and the Bhore Committee also recommended a period of three years. So, instead of committing ourselves to as long a period of five years in the first instance, it may be better if we have three years in the beginning. Certain other hon. Members have referred to the question of having certain medical hospitals attached to the Institute. It refers to a dental college in particular. It is rather difficult to follow. Why should it be only a dental college? It may be an E.N.T. or it may be an Ophthalmic hospital which is a very very important thing—at least as important as the dental college. The question is, whether we are going to have as appendages to this Institute so many other ancillary medical institutions. Then there is, of course, the nursing college and so on. For instance, we have a mental hospital which is now a very very important branch of medical relief. Are we thinking of having also a mental

hospital? It becomes rather a difficult job to have all these other hospitals attached to this Institute. Far better is that we may use the existing institutions.

± have not very much more to say except that I join with the rest of my hon. friends and say while offering our heartiest congratulations to the hon. Minister for bringing this very very important measure, that she and the Ministry as a whole would be pleased to take note of the very many suggestions that have been made and take them in a spirit of sympathy and friendliness and do something which will contribute distinctively to the vast medical wealth of the world.

SHRI MD. UM AIR SHAH SAHAB: Mr. Deputy-Chairman, Sir, it was not my intention to take my stand to express myself on this Bill today. I could have chosen some other time to express myself in this House but what can I do? Since I have been hearing the debate on this Bill, I was tempted very much that I should now break my vow and open my lips on this Bill first instead of waiting for any other Bill to come before this House. While congratulating the hon. the Health Minister, whom I know from a very distant quarter only—it is only very recently that I have come near her—while congratulating her for her many-sided achievements in the sphere of medical administration, I should say that I felt a bit shocked when my eyes reflected upon the contents of the Bill and when I found the total omission of reference to the indigenous systems of treatment and indigenous medicines, even the indigenous people who had their historic records in the past as well as in the present. I do agree with the hon. the Health Minister that institutes like the All-India Institute of Medical Sciences which she has proposed in this Bill are certainly very essential. They are very essential. They impart modern training, modern teachings and modern methods to the undergraduates and other medical men in this country.

But I shudder to think how the Health Minister or Ministry can ignore indigenous systems of treatment which have remarkable records not only in this country but throughout the world. If I may be permitted, I can say that whatever may be said for the allopathic system of treatment, the allopathic system today owes its existence, owes its very basis, owes its very foundation to the basic principles of that very great system of Ayurvedic science which existed in this country 6,000 years back. The genius of our people, the genius of our philosophers, the genius of our scientists have not gone underground. They are still existing. Now, when we have come to power, it was expected and it was rightly expected—I say that since the dawn of independence to this country it was justly yearned by the people—that that science which had given life to the world six thousand years back would be raised. Let me quote Mr. H. G. Wells—if I may be permitted—that when the Western countries were sunk in darkness, when they did not know any system of treatment when they lived on *jantar* and *mantar* for the cure of their diseases, as now in certain backward parts of our own country, when those Western people did not know how to treat diseases some six thousand years back, as back as the Vedic period, our country had given to the world that complete code of medical treatment and medical sciences upon the basic principles of which and upon the basic theories of which, now so many medical systems have been founded. Even the structure of the allopathic system will go down if you do not raise the prestige or heighten the status of those medical sciences which exist in the name of Ayurvedic and Unani systems. May I tell you that even 1,000 years back when Harun-ul-Rashid was the Caliph of Baghdad, he invited sages of India with their original Sanskrit manuscripts to Baghdad, that he treated them with great respect and they remained there for months together as royal guests and that he got all those Sanskrit manuscripts of Vedas

[Shri Md. Umair Shah Sahab.] and Ayurvedic system translated into Arabic which are now incorporated into other systems of medicine—Unani and others? When there was so much appreciation and admiration for these systems of medicine all these thousands of years outside India is it not deplorable that our Health Ministry has not shown any sympathetic consideration to them? The hon. Minister will kindly excuse me for saying so, and let me assure her that I am not speaking in terms of opposition to the Bill. I only want to impress upon her that these systems should have received more sympathetic consideration, because they deserve recognition from her. It may be said that she has done something by establishing a few colleges here and a few schools there. But is it consistent with the *g>^*at science, is it compatible with the great philosophy which our country possessed all these years, is it consistent with the demands and requirements of our country and with the overwhelming feelings and sentiments of the people of India thafoonly a few colleges and schools be established? During the last eight years, these people, these *vaid*s and *hakim*s have been hoping that they will have better days. They had suffered so many blows, one after another in the past, under the British. They hoped that at least under their own independent rulers things would take a different turn.

My hon. friend over there spoke highly of the allopathic system and I also agree that that system, undoubtedly, has interested the whole world and also we in this country should acquire the highest proficiency in the same. I appreciate the efforts of our Health Minister in this direction. But at the same time, I cannot forget the fact that she should have shown some sort of interest, some sort of recognition, some sort of sympathetic co-operation to the *Ayurvedic* and Unani systems of our cour*"" PISO. Words like X-ray, injection microscope etc. emphasising Scientific deve-

lopment were uttered by some friends here. But even without the aid of these instruments, with their simple tests of *nadi* and other methods our imids and hakims could make correct diagnosis. Now, in this allopathic system, they have hundreds of instruments and hundreds of researches and tests to find out what sort of fever or cough the patient suffer from. Apparently, without any such elaborate researches, thousands of years ago, our people, living in caves, going round jungles, sitting under the trees and testing herbs and shrubs of the jungles, had excelled in their tests and researches. Of course, they did not possess multi-storeyed buildings to make these tests and to conduct these researches, they did not have these modern instruments. But they had their own super-intelligence, super-intellect; they had their seriousness, their devotion, their philosophic outlook and approach; and these have to be taken into account before one belittles them and their wonderful achievements. It is a wonder how without such laboratories, without the aid of such scientific apparatuses, these people, thousands of years ago, made their researches and found out the secret of those medicines which even today are being used by allopaths and others—of course, under different names and altered forms like old wines in new and beautiful, bottles. I have great respect for the allopathic system, but at the same time I cannot forget my own sciences. I cannot afford to see the doom of my own indigenous sciences and the doom of my own people and their achievements at the altar of allopathic system.

You say this All-India Institute of Medical Sciences will do much good. I have no doubt about that. I quite appreciate your efforts and I wholeheartedly support this Bill. I wish such institutes should be multiplied in number. But at the same time, may I ask Rajkumanji whether it was not possible for her to bring in a similar measure for the improvement and for the encouragement of the

indigenous' systems of medicines also? She could have brought it in the same form in which this Bill has been brought forward. It is still possible. That would have given great encouragement to the *vaid*s and *hakim*s and all these people who are looking up to her for encouragement, looking up to the Government for some such schemes for them. If they had been given some such encouragement which are overdue, many an apprehension would have been removed from their minds. I understand that perhaps it was not possible for the Government to give these people relief to the extent they expect. I find that under clause 4 you are to have one Director. Even if you are not prepared to bring in a similar Bill for them, was it not quite possible to increase the number of Directors? An hon. Member suggested that the Director should be one who knows all the systems of medicines, Allopathy, *Ayurveda* and *Unani*, but I do not agree, because such superhuman beings who know all the systems will not be available. But certainly it should be possible for the hon. Minister to so modify this Bill as to have one Director who knows *Ayurveda*, another from *Unani* system and a third from the Homoeopathic system of medicine. You can have a Directorate of four and this step will go a long way to encourage and create confidence in our *vaid*s and *hakim*s and to impress the people about the Minister's anxiety to encourage the indigenous systems also. This is the proper time, and it is high time, indeed, that action should be taken in this direction. If you cannot actually do more, at least do something to assure the people, that the Government is anxious to do something for them. This anxiety on the part of the Government will be clearly evident if they modify this Bill in the manner I have already indicated in the formation of a Directorate of four.

Where is the hurry? It may be asked. But let one urge that the improvement of *Ayurvedic* and *Unani*

systems also can go on side by side. The science of Allopathy has got the support of the Central Government although it is sufficiently improved. But the other two indigenous sciences are dying and I would appeal to the hon. the Health Minister that if she is not going to save this indigenous wealth of India, I am afraid the Allopathic system also will not survive for long and the structure upon which it is built may crumble some day or other, unless you have supplemented it with the *Ayurvedic* and *Unani* systems side by side. So, it is in the interest, of this All-India Institute of Medical Sciences that I am impressing upon you here. Either you should add to the Directorate by increasing its number to four or you should bring in a similar measure some time in the near future' so that these indigenous systems may be encouraged and those practising them may feel that the hon. Minister is also as serious for the indigenous systems as she is for Allopathic system.

Now, Sir Courtney Terrel, when he was Chief Justice of Bihar, while trying a case—I am not going into the details of the case—said in his judgement that "We are not here only to do justice but also to show that we are just". If the Ministry of Health cannot do actual justice to the indigenous systems let the Ministry at least show that it is trying to be just. This way, you will be enthusing a new spirit in the country and the revival of the *Ayurvedic* and *Unani* systems will be possible some day or other before they are doomed.

With these words, I congratulate the Minister and at the same time, implore upon her to save indigenous systems from being completely ruined. You will still find these *hakim*s and *vaid*s in the remote rural corners of the country; they possess wonderful qualities and intellects, of course, not a diploma which they do not get from any institute. They have got the knack of putting their fingers right on the spot—which my hon. friend there belittled—and find out how the

[Shri Md. Umair Shah Sabah.] human system is working, what are the diseases and how they can be cured. If you have got dozens of institutes of this type as proposed in the Bill in Bombay, Calcutta and so on, they will not be able to help you at all in protecting the national health unless the Minister for Health supports and utilises those intellectuals who are sitting idle and hidden in the remote corners of the villages of India. These hakims and vaidas are not quacks, as my allopathic friends like to call them. These people have at least exercised their energy and time in acquiring this knowledge. These *hakims* and *vaidas* would be found in abundance in the villages and these people could be well-employed to supplement the doctors. Modern medicine is not available in every part of the country; wherever it is available that is at very high price even where there are dispensaries sometimes medicines are not sufficiently available nor equipments. If by any chance, they get a prescription from private doctors, the medicine is very costly. If you spend a certain amount of money, if you encourage these *hakims* and *vaidas* a little, the rural area people can regain the national health and cheap medicine would be available to the poor at a few pias or a few annas. And what cannot be cured by spending hundreds of rupees can be cured by spending very little. The village people are naturally accustomed to the treatment of *hakims* and *vaidas*. Let the Minister for Health make full use of these *hakims* and *vaidas*, utilise their intellect especially when there is dearth of allopathic doctors. Further, I would suggest the starting of an institute of this nature dealing with *Ayurvedic* and *Unani* medicines, as these hakims and vaidas certainly require some training on modern lines. These people know the art, they know the science, the only thing that they want is a little help and if you will provide that with a number of training institutes here and there, they will be able to cope with the requirements of the rural people and they will be more helpful than what j

your doctors are today in the rural areas, with insufficient medicine, with insufficient dispensaries and without sufficient equipments. Therefore, I once again implore the Minister to save this indigenous wealth before it completely goes down.

DR. SHRIMATI SEETA PARMANAND: Mr. Deputy Chairman, while supporting this Bill, I would like to offer a few suggestions. As you know, the suggestions have to be based on certain criticism. I was unable to be present in the House on account of some work elsewhere and as such, there might be a little repetition of some of the points already made. In my opinion, Sir, sometimes repetition instead of being a disadvantage emphasises the points and also points to the keen desire of different Members about some of the lacunae in this Bill.

I have been unable to understand how this Bill could have emerged out of the other House in the present form. I have not been able to see the amendments there but even then, there are so many people who are anxious to give encouragement to the various indigenous systems of medicine and they would have liked to see, when money was being spent on such a large scale for starting this type of institute in the capital of the country, similar encouragement being given to the indigenous systems of medicine and thus making them come within the classification which the hon. Minister has chosen to confine only to Allopathy, viz., modern medicine.

I would begin with the words "modern medicine". What is the meaning of "modern medicine"? After all, if the indigenous systems could have been given the same opportunities for development, they also would have taken their rank with modern medicine. Who has made the present allopathic system a system of modern medicine? It is not our country that has been able to

spend on it. This was done by independent countries, by countries which had been able to spend on it so much. So, I feel this is one of the borrowed terms, particularly from America. American expression is sweeping over us and is making our English more American and that has been responsible for calling the system of Allopathy a modern *one*.

[THE VICE-CHAIRMAN (SHRI R. P. TAMTA)HI the Chair.]

I may be permitted to observe that in calling the allopathic system as the modern medicine we unwittingly cast a slur on our own systems of medicine. Just because the followers of our medicine have not had the wherewithal with which to apply the tests of modern medicine or to develop it on those lines, there is no reason why we should be responsible for calling it an antiquated or outmoded system, or, in other words, perhaps not a useful system of medicine which deserves any attention. I would here refer to the hon. Minister's speech and quote a sentence from it in which she has said that—I better quote the sentence itself:

"I myself feel that I am a much greater friend of *Ayurveda* than many of the Members of this House or of the other House imagine."

We are very glad to see that she is a greater friend of *Ayurveda* and *Unani* and such other indigenous systems of medicine than others think she is, but, Sir, it is said that the proof of the pudding is in the eating. If these systems of medicine have not received as much help as they should have, then she could certainly be charged with giving step-motherly treatment to these systems of medicine. While reading some of the debates of the other House on some other Bills pertaining to her Ministry I find that she has said that they have spent a large amount of money on their Jamnagar Institute—in her speech here also there is a reference to it—and she would be willing to

give even more if they were approached and if her experts on, I suppose, *Ayurved* were to recommend that this money should be given. I would like to point out that the type of people in *Ayurveda* and *Unani*, etc., who would be considered experts unfortunately are not people who know how to make use of this patronage available through Government.

RAJKUMARI AMRIT KAUR: May I just say that in all schemes for *Ayurveda* research or development of any institution through research schemes, the judgement is entirely in the hands of *vaid*s who advise me? None of my modern medical advisers have anything to do with it.

DR. SHRIMATI SEETA PARMA NAND: Exactly; I am expanding that point. Sir, I said that they did not know, unfortunately, the way in which to make their case. They are handicapped because of their inexperience and the old-fashioned training. Sir, I would here say something in order to bring that point out. It was said by Dr. Gilber. I am told, that *Ayurveda* was a big *tamasha*. Sir, after all.....(.

SHRI H. C. DASAPPA: No, no.

SHRI H. P. SAKSENA: We are going to have an *Ayurveda* Maha-sabha this evening and he referred to it.

DR. SHRIMATI SEETA PARMANAND: I beg his pardon and I withdraw that remark. But I would like to say in that connection, Sir, that even if it were to appear not to a person like Dr. Gilder—I am told he has been responsible when he was Minister in Bombay for encouraging Homoeopathy and giving Bombay its first homoeopathic college—there are people, particularly, there are very many allopaths,—and quite a number of them I know holding very high positions in Government service—who think that *Ayurveda*, *Unani* and Homoeopathy are somewhat of *tama-shas* and they think they cannot be called true sciences. Before I take up

[Dr. bhrimati beeta .Parmanand.] that question I would like to say here, Sir, a few words about *Rajashraya* or royal patronage. Here I would say that in our Republic there is Government patronage and anything that could look like *tamasha* or "crude"—that is the meaning of *tamasfia*—can be raised to a higher level. As an example, Sir, I would mention the patronage which we have given to folk dancing and other village entertainments, which has made them now worthy of not only being staged in the theatres of Delhi after bringing those people all this way and having them parade in our Republic Day pageants, but worthy of being shown—even the most aboriginal dance—to visitors who come from abroad. It is only because they have got *Rajashraya* (Government patronage). That would be enough, Sir. What would happen to the demands of these *Ayurvedic vaidas* and *Unani hakims* if they were given guidance by people, particularly by allopathic doctors who have studied their systems and who in combination with their allopathic knowledge are practising them today?

Sir, it was also said that experimentation of these indigenous systems would make our countrymen guinea-pigs. I did interrupt Dr. Dube though it did not bring out his answer to the point I was trying to make. After all, all the advance that has been made in the allopathic system has been due to some guinea-pigs somewhere in some country; it may not have been in our country but in other countries and due to what those guinea-pigs suffered, at their expense we are today reaping the advantage of that allopathic system. Sir, I would here point out a few instances of eminent physicians, I would mention one name, which the advisers in Allopathy sitting in the official gallery there, the experts who give advice to the Ministry in the matter of policy, will have to recognise as being an eminent physician. He is Doctor Dhawle of Bombay. He is an M. D., an eminent M. D. in Allopathy and,

Sir, he mostly practises medicine in Homoeopathy and has achieved wonderful results. So, Sir, if there is combination of Allopathy with either Homoeopathy or Unani by the use of surgical operations or X-ray machinery or even by the use of stethoscope, there should be nothing to scoff at. After all one science has to depend on another and that is how sciences have developed and as a result of combination if we can achieve something that will produce better results, if we can develop a system that will be more suited to the physiology of our own countrymen, who have been used more to herbs, it will be some contribution that India will have made to the medical science of the world.

Sir, the reason why so many Members are speaking about these indigenous systems—it may sound something like repeating *ad nauseum* to the hon. Minister—is that they who come mostly from the villages, from the rural areas, are conscious of the advantages of these systems, of the greater advantages of these systems to the people in the rural areas, firstly, because of their comparative cheapness, and, secondly, because of the existence of people who know something of these sciences for generations, and, lastly, because, Sir, these systems, as I have already pointed out, are more suitable to their physical system. For these reasons, Sir, Members have to again and again request the Health Minister that she should, while trying to advance medical sciences, as she calls them, meaning modern medical science and modern medicine, do something, rather do something more for advancing these indigenous systems. After all, I might ask the hon. Minister how much can a poor country, in spite of the sum given by New Zealand, spend on such medicines. We cannot, Sir, compete with the other countries, nor would we be able to produce these medicines after research has been made. For these reasons, Sir, we could easily leave the research in the so called modern medicine to the countries of its birth—I do not like the name

"modern medicine"; I do not like to use it; I would use the plain word "Allopathy"—we could easily leave the research in Allopathy to the country of its birth and we, with our limited resources should try to develop and give opportunities to *Ayurvedic* and *Unani* systems of medicine. Also, Sir, I do not think it is necessary at all in a place like Delhi, even when there is no medical college, to firstly locate the Institute here and even if it were to be instituted only as a part of this institution to have undergraduate studies in such an institution, as in my opinion it would only divide the resources and not enable the Minister to focus attention on research and on teaching the staff. It should be, therefore, possible that the money that is already available for this institution and which would be spent on this undergraduate college could be spent to develop these other branches, particularly *Ayurveda* and *Unani*, and incidentally, Biochemistry or Homoeopathy, but that can come later on. If a medical college in Delhi is required, there being no medical college for men, Government with its resources and with the resources of the State Government could start another medical college independently. If this is to be an institution for training of staff and if diseases of various types are to be studied a big city, as was pointed out by an hon. Member, like Bombay or Calcutta, would have been more suitable where there are big hospitals and larger population. I would say that the criterion for deciding upon the place where this Institute should be located should be where without much extra expenditure on preliminaries, work could be at once taken in hand. And such a place would be either Bombay, Calcutta or Madras where there is a* number of medical colleges and hospitals already in existence. For this reason I would even now suggest that this Institute should be located in one such place. If already some work has been taken up here, a medical college could be started. 31 RSD—3

As I am dealing with this, I would like here to mention that it is no use presenting a Bill to Parliament after proceeding in the matter to an extent when there could be no retracing of steps. Of what use is it to bring forward a Bill with a fait *accompli*, with something as an accomplished fact, before Parliament? It may be argued that New Zealand has given the money and that is why this has been done. I do not know what the terms are under which the money has been received. As was pointed out, the House should have been taken into confidence, as the money was given about four years ago, about the terms of the grant so that we could examine whether it should be accepted under the conditions whatever they may be. Similarly, it is no use saying that because this grant is there the Government has already decided to spend so much from its own funds. It is from that point of view I find that it is no use passing the Bill as it is, if one wants to make any substantial changes through suggestions. After all the money might have come from New Zealand, £ 100,000 or whatever the amount is, but in view of the recurring expenditure that will have to be incurred, it cannot be considered such an item that one could not forego. And in these days when there is so much desire for international collaboration and mutual help, I feel almost certain that if we had expressed certain ideas of the scheme to the country that gave the grant, if we had told them that we would like the Institute to be used for research side by side with Allopathy in *Ayurveda* and *Unani* systems, the country would not have objected.

With regard to the number of Directors etc., as I have tabled amendments to the effect that there should be one for each of the popular systems of medicine in this country, I would speak in greater detail when we deal with the amendments. Our systems of medicine are very ancient and *Ayurveda* is perhaps the oldest in the world barring that in Greece—but *Ayurveda* is perhaps even older than *Unani*; anyway it may be a matter

[Dr. Shrimati Seeta Parmanand] for debate—and in our country particularly when we want to revive these ancient systems, we should have an attitude which should accept the quotation "yet more things are in heaven and earth than are dreamt of in your Philosophy." That is addressed to Horatio; the first two words maybe I may have added but the latter part of the quotation is correct. That quotation should be studied carefully and understood by the advisers of the Ministry who are Allopaths and who somehow have that insular mentality. From my experience of many Allopaths in high Government positions here and in the different States, I know some of them have such an attitude towards any system except Allopathy that they feel that all that is quackery. It may be quackery so long as you do not give it a chance or an opportunity to prove itself. After all, how was the modern system of medicine tested and proved to be a science? If you give that same opportunity to these two systems, opportunities for experiments and clinical tests, it will be proved that these systems which have benefited the people of our country for generations cannot be termed as absolute quackery.

I do not want to tire the House with illustrations as Mr. Dasappa has already given many, but I would like to refer to one instance where a cure effected by a *hakim* was a miracle. That *hakim* did not even feel the pulse of a patient to see whether he had cough and pitta, that is, bile, but sitting at a distance of 15 feet from the patient by just listening to the whole history for half an hour—and the case was chronic—he gave 7 pills—it may sound as if it is a matter for laughter but when it is a question of actual experience one has to think twice and, as I said, remember that there are more things in heaven and earth than are dreamt of—to be taken one on each day and said that if those pills did not give relief, then after the change of season, that is after three or four months—that was rainy season then—during cold weather he

would give seven other pills that would bring about a cure. And strange to believe, Sir, the first medication of seven days did bring about the cure. I would also like to refer to the use of *chaulmoogra* which is a cure for leprosy: Dr. Hensler of U.S.A. was responsible for trying it on a large scale and for giving publicity to it. If our own allopaths had taken this up, I am sure they would have left it out as something which is useless. Col. Chopra who was an I. M. S. officer and an allopath devoted a good deal of his time to experiment with *Ayurvedic* drugs and has written an admirable volume about the efficacy or other wise of those drugs.

What I want to make out of all these is that it is the duty of the Ministry not to give funds in a half-hearted manner as are given to the Jamnagar Institute to which the hon. the Health Minister is never tired of making a reference, but to give enough funds as this system has lagged behind in research. As ours is its mother country, it must give the necessary incentive for research. I would, therefore, say that ever greater grants for research should be given than are given for institutes of this type. I do not object if money is given here for training staff because that would be a useful thing, but I do think that rather than tinkering at present with research in modern medicine, as it is called—the term is a slander and a libel on our indigenous systems of medicine—that money entirely could be used for research in these indigenous systems of medicine. Even today after bringing forward this Bill, instead of taking up an attitude of not accepting amendments—as is done usually by most of the Ministries—in response to the wishes of so many people in the House as well as in response to the wishes of the people outside in the country, the hon. the Health Minister should accept these few amendments which do not aim at taking away the entire objective of this Institute but only ask for some portion of it to be devoted for research

nd, I would say, advance of these two systems of medicine which have done so much for the welfare of humanity for ages and which should be given their place, just as we are trying to give a place to so many other ancient things, along with Allopathy. I hope the hon. Minister would show consideration to the wishes of the Members of the House and also of the thousands of people outside in the country and accede to

our request to accept those amendments.

THE VICE-CHAIRMAN (SHRI R. P.
): The House stands adjourned till 11
A. M. tomorrow the 8th.

The House then adjourned at five
of the clock till eleven of the clock
on Tuesday, the 8th May 1956.