

Thursday, 21st September, 1933

THE  
**COUNCIL OF STATE DEBATES**

**VOLUME II, 1933**

*(29th August to 16th December, 1933)*

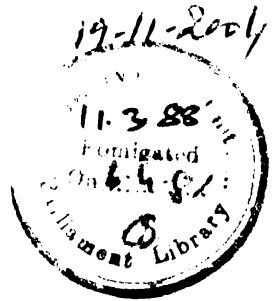
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**SIXTH SESSION**

**OF THE**

**THIRD COUNCIL OF STATE**

**1933**



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## COUNCIL OF STATE.

*Thursday, 21st September, 1933.*

The Council met in the Council Chamber at Viceregal Lodge at Eleven of the Clock, the Honourable the President in the Chair.

### INDIAN MEDICAL COUNCIL BILL.

THE HONOURABLE KHAN BAHADUR MIAN SIR FAZL-I-HUSAIN :  
(Education, Health and Lands Member) : Sir, I move :

“That the Bill to constitute a Medical Council in India, as passed by the Legislative Assembly, be taken into consideration.”

This Bill, Sir, has a history behind it. This Bill was discussed at considerable length in the other place some months ago and at times evoked very severe criticism, but happily, towards the end of its career, secured unanimous support in the other place. Therefore, this House, I presume, would expect me to take them through the various stages of the Bill's career, no doubt briefly, to show what were the difficulties, how they were overcome, and how the Bill stands now. Honourable Members will remember that before the Government of India Act, 1919, the degrees conferred by the British Indian Universities were recognised by the British Medical Council and peace and concord prevailed and no difficulty was felt. When the Government of India Act, 1919, was passed, it was possibly felt by the British Medical Council that the standard of instruction which obtained in Indian colleges and in the examination conducted by Indian Universities might deteriorate, and therefore they possibly felt that inspection of these medical colleges and their examinations might be found to be necessary for continuing the recognition of the degrees conferred by them. Some people do not like to be told, “You are running a risk of deteriorating”. When they are told, “We want to make sure that you are not deteriorating”, they feel offended, and in this case because there had been a change in the administration of colleges from what you might call the Service administration to non-Service administration, the very idea of subjecting these colleges to inspection was resented. I may go so far as to say, keenly resented. Some Universities and some Governments—in this case Ministers in charge of Medical—did not mind it very much; others did mind it. After one or two years' experience it was found that the Inspectors were not on the whole bad or unsatisfactory, and that in many cases they were helpful. Honourable Members will remember that episode about Calcutta refusing to have anything to do with the Inspection Committee, followed by non-recognition of their degrees by the British Medical Council, the interregnum, and their revising their position and agreeing to be inspected by the Inspecting Committee and re-recognition of their University by the British Medical Council.

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[Khan Bahadur Mian Sir Fazl-i-Husain.]

This sort of thing continued right up till 1926 or 1927. Then further trouble arose. The question was, should this inspection become an annual feature or should we devise a permanent inspecting machinery, or should a Medical Council be established to undertake this work, the Medical Council corresponding to the British Medical Council in Britain? A good many negotiations were going on. The period was not a very pleasant or happy one and eventually we came to a sort of critical stage in 1930 when the negotiations between the Government of India and the British Medical Council snapped, the recognition of Indian medical degrees was suspended in February, 1930, and we had to consider what to do, if anything at all was necessary to be done. In the meantime, some sort of Bill was prepared in 1928, and naturally, Medical Education being a provincial transferred subject, provinces were not willing to have a Bill of the sort that was prepared then, and when they were not agreeable, the Government of India could do very little in the matter. So, the stage was reached in which it was difficult to find what line to take. Obviously, the first thing to do in 1930 was to have discussions with Local Governments, to overcome their opposition, and then devise some method of not only obtaining recognition for Indian degrees but also of making sure that our own standard of instruction in India was maintained at a fairly high level. In 1931 the Government of India succeeded in overcoming the opposition of Local Governments and having overcome that opposition, they had to face the opposition of the independent medical profession in India with whom the politically-minded India was also associated. Having secured the cooperation of the provinces, we proceeded to prepare a Bill with the sole object in view of ensuring the efficiency of medical colleges and clinical hospitals attached to them. We had no other object in view except that, feeling that the securing of that object could not fail to achieve the other object in view, recognition abroad. So a Bill was drafted more or less on the lines as actually introduced in the budget session at Delhi in the other House. It evoked a very great deal of opposition and hostility and we had a bad time of it for three or four days during the debate at the stage of reference to Select Committee. The major part of the opposition came from the licentiates, who felt that they were being ignored, insulted, ungratefully treated, and their resentment against this measure was therefore very acute. We naturally took a note of that and studied the whole situation. We felt in our own minds that we desired to do none of these things. On the other hand, Government entertained feelings of appreciation and even of admiration for that class of medical practitioners called licentiates, because they were the people who attended to those in need of medical relief in the countryside and attended to by far the largest section of the people who needed attention. We also felt that inasmuch as we intended no harm to them nor disrespect to them, ways must be found of assuring them that such is not our intention and ways must also be found to see that the measure to which they object is cleared of all such provisions as directly or indirectly give that impression. The measure was confined to the inspection of medical institutions which impart higher medical education. A Medical Register was an important feature of the Bill and the licentiates desired to get into that Register somehow or other, while we felt that as it was a Register of those who had obtained higher medical

qualifications we could not very well put them in, whether along with medical graduates or side by side with medical graduates, stating that they were in the same category as medical graduates. It was in these circumstances that the measure was referred to a Select Committee. Some months passed. We were removed from the heat of Delhi, which makes people I presume more excitable than they are when they are in this salubrious and cold climate of Simla. So we made up our minds to meet in Select Committee in Simla, and I still believe that the climate of Simla had a great deal to do with bringing out an agreed report. How did that agreed report come about? Well, as we had secured the cooperation of the provinces so we proceeded to secure the cooperation of the independent medical profession. What did they want? They wanted two things. Firstly, the trouble about licentiates to be composed, and, secondly, to make sure that the independent medical profession has a representation on the Indian Medical Council. As regards the first, the independent medical profession realised that when this Bill is limited in its scope to the higher medical education it is obvious that the matter of school medical education cannot come in; while we on our side realised that if the bone of contention, the Register, is thrown away, well then matters will be composed and all those things to which the licentiates and the medical profession attach importance, the sentiment of being brethren in the profession and so on will be left undisturbed. We agree to do away with the Register, firstly, to satisfy the independent medical profession, and, secondly, it was not necessary that the Registers that existed in the provinces be, under this Bill, consolidated into one All-India Register. They are already there, so why have them duplicated at the Centre; or to put it differently, we could always have copies of Provincial Registers at the Headquarters as well, why have a separate independent Register which was proving such a bone of contention. So we compromised and did away with it. The next point of acute controversy was with reference to the constitution of the Indian Medical Council. The independent medical profession assisted by the politically-minded non-official Members urged, why do you inflict a nominated President on the Council? We compromised; we said, No, we will not inflict a nominated President on the Council for good; we will have him only for the first four years to put the thing in working order. So that was satisfactorily settled. The next point was they wanted the Medical Faculty not to have a representation limited to its members and wanted a wider electorate. Well, we felt that what was wanted was representation of the Medical Faculty, and as long as the condition of eligibility was that the candidate must be a member of the Faculty and not only a member but a member with teaching or examining experience, it did not matter very much whether the electorate was limited to the Faculty or to the Senate or Court of the University. So the compromise arrived at was that eligibility was limited to members of the Faculty with teaching or examining experience and the electorate was extended from members of the Faculty to membership of the Senate or Court. The third point was that we had in the Bill laid down that election of provincial medical men be conducted by the indirect method, in this way. In each province medical men elect their representatives to the Provincial Medical Council and as we wanted their representation it struck us as the most natural thing to do to give these Provincial Medical Councils the right to elect their representatives to the Indian Medical Council.



[Khan Bahadur Mian Sir Fazl-i-Husain.]

The independent medical profession felt that in this way only the men who were tested twice over would get into the Medical Council. Their conception of medical *swaraj* or democracy was that there should be direct representation of the independent medical profession. Frankly I did not think they were right and I do not think even now that they were right, but they had the support of the British Medical Council Act and that was a matter which I did consider very vital. The way the problem presented itself to me was this. Medical education in India can be analysed as consisting of three component parts. There is the capitalist, the Local Government, paying for this venture. They ought to be represented, because it is they who pay for the service ; then come in the universities, medical faculties, teachers and professors, who are the producers of medical graduates. They ought to come in as producers. The third thing was should the product also come in or not, the medical graduates themselves ; and I felt that if the producer was represented and the man who pays the producer was represented, no harm would be done if the stuff that is produced is also directly represented. Anyhow, if that stuff does any harm to the institution, the blame to some extent will lie with the producer himself for having produced such a product. Thus, these differences were composed and we arrived at an agreed constitution of the Indian Medical Council. Having done that, what was left was only the question of reciprocity. There had never been any dispute as to the principle of reciprocity. It was acceptable to Government ; it was acceptable to the profession ; and it was insisted upon by the Local Governments. Certain doubts were entertained whether the provisions of the Bill as introduced made the position as clear as it ought to be, and the changes made in the Bill were solely with the object of making absolutely clear what was already in the Bill as introduced. What do the provisions as to reciprocity amount to ? The first provision is so far as Indian degrees are concerned. In Schedule I Honourable Members will find all those institutions which confer degrees there, excepting the three new Universities of Patna, Rangoon and Andhra ; but Honourable Members will find that sub-clause (4) of clause 11 says that as soon as the Medical Council is established it shall inspect these institutions and at once report as to their being brought on to Schedule I. This was a grievance of these three provinces and it was met in this way.

As regards reciprocity abroad, it was felt that the degrees conferred in the United Kingdom are recognised here today ; they were recognised in 1930. We were pressed hard to hold that they should cease as soon as the Bill was in force and in future the provisions of the Bill should decide whether they should be recognised or not, and we felt that this was going too far inasmuch as the mere passing of the Bill, the mere enforcement of the Act does not give you any time to arrange any scheme of reciprocity, does not give you time to have a thorough inspection of your own institutions, to secure reports from competent inspectors as to how your educational institutions stand. Are they all they ought to be ? Can you establish by reports of competent inspectors that the standard of instruction imparted therein is of a high order ? You must have time to do all these things. You must have time also to have a look round so far as these Universities are concerned, or some of the other universities, British, dominion and foreign, to see what sort of minimum standard

of medical education prevails therein. There was a little bargaining as to the number of years required, but eventually good sense prevailed in the salubrious climate of Simla and we thought four years was a very good period. So in this way that trouble was also met; and the result is an agreed Bill which has emerged out of a most contentious measure the Assembly has had to deal with outside what are called purely political measures.

I hope, Sir, that I have made clear what the trouble originally was, the various stages of its development, and eventually the peaceful settlement. The whole period of the present reforms from 1920 onwards up till now has been a period of struggle and strife. Let us hope that a period of peace and mutual goodwill will be established before the present reforms give way to the new era.

With these observations, Sir, I commend the Bill to the House. Sir, I move.

THE HONOURABLE KHAN BAHADUR DR. SIR NASARVANJI CHOKSY (Bombay: Nominated Non-Official): Sir, may I be permitted to tender my congratulations to the Honourable mover of this Bill, who with his infinite patience, his great tact and his well-known wonderful powers of persuasion, has been able to bring about a satisfactory solution of this Bill. The two previous Bills gave rise to considerable agitation in the medical world. The Select Committee, to which I also offer my grateful thanks, having eliminated all reference to registration, has cut the Gordian knot, and it is to be hoped, has permanently laid it at rest. As the Honourable the mover has placed before this House all the facts bearing upon this question and the negotiations that took place before the introduction of the present Bill, it is not necessary for me to go over the same ground. I, however, desire to place before this House the non-official aspects from which these various Bills were considered by the independent medical profession. There is in Great Britain a body known as the General Council of Medical Education and Registration constituted by the Acts of Parliament in 1858 and 1886. It is composed of representatives of all the universities and corporations empowered to grant degrees and diplomas, with five nominees of the Crown including one layman.

Its functions are: (1) to lay down courses of medical study and standards of qualifications *sufficient for practice in this country*—I would emphasise these words and would invite the attention of the Honourable Members to the fact that "*this country*" means the United Kingdom only; (2) to maintain a register of all those who have secured the necessary qualifications; and (3) to inquire into the unprofessional conduct of practitioners upon its register. It will thus be seen that the writ of the Council does not run beyond the borders of the country. Nor has it any *locus standi* in India or any other dominions and colonies, as has been repeatedly acknowledged by those who have spoken on behalf of the Council. The Council, notwithstanding its limitations has, however, imposed upon Indian graduates, who desire to settle in practice in Great Britain, the order that they should get themselves placed upon its register; they have loyally obeyed. Secondly, it has also ruled that all those who visit the country for higher study or acquiring qualifications should also get themselves registered though they may have no intention of practising there. That also has been literally carried

[Khan Bahadur Dr. Sir Nasarvanji Choksy.]

out. Well, Sir, none can deny the inherent right of any country to frame rules and regulations for the protection and safeguards of its nationals who may be placed for medical treatment under foreigners. I am not prepared to deny such right to Great Britain and India as well. Sir, the question here arises that there are barely 200—300 Indian graduates who have thus settled in practice in England when compared to 30,000 European practitioners. The majority of Indians have acquired British qualifications also. Thus there can be no hardship inflicted upon the people of Great Britain.

Sir, soon after the Montagu-Chelmsford Reforms came into operation, there issued a report from the Council that training in midwifery in India was defective and thereby jeopardised the lives of the women who subjected themselves to the ministrations of Indian medical men, whether in panel or private practice. Thereupon the India Office sent out a representative of the Council to inquire into this allegation. That body was apparently not aware or overlooked the fact that enormous difficulties existed with regard to giving a full course of training in midwifery because of the *purdah* system, because of the deeply rooted reluctance and prejudice of Indian women to subject themselves to treatment by male and even female doctors as also to resort to our hospitals during confinement. Sir Norman Walker, one of the members of the Educational Committee of the Council—now its President—and a specialist in skin diseases (!), came out to India. After inspecting several institutions, he made certain suggestions that were adopted by those concerned so far as local conditions and circumstances permitted. That, Sir, was the first fatal and unwarranted step against our medical education. It should have been strongly resented from India. It was then incumbent upon the Government of India to inform the Secretary of State that it was no concern of theirs, and that if the Council chose to find the graduates defective in midwifery, it was for that body to regulate and to enforce further training in England before placing them on the register. India had no direct interest in the matter having regard to the peculiar social conditions prevailing here. The medical and other advisers of Government failed however to realise the consequences of the Council's intervention, and did not exercise the requisite prescience. This instruction of the Council was thus not dictated in the interests of Indian women, but of a few, very few in Great Britain! This incident thus became a prelude to further interference on the part of the Council.

The second step was that the India Office was subsequently led to believe by the Council that Indian university standards of education and examinations had greatly deteriorated. This, Sir, was indeed a grave and unmerited slur upon the fitness of our teachers, mostly Indian Medical Service officers and a few honorary Indians with the highest British qualifications, who had been appointed on account of the serious depletion during the Great War and subsequent retrenchment. I would add that our colleges are still being staffed by over 36 Indian Medical Service officers and not by inefficient non-Indian Medical Service Indian officers. It was then averred that they were young men. I presume, Sir, that Sir Norman Walker had himself once been young! One might well ask whether this fresh interference of the Council was inspired by purely altruistic and humanitarian motives in order to prevent the poor

Indian from being sent to an early grave through the incompetence of the Indian doctor? Once again, therefore, the University examinations and colleges were inspected, first by Colonel Needham and subsequently by Sir Norman Walker. Owing to the opening in Bombay of the Nowrosjee Wadia Maternity Hospital, through the generosity of the Wadia brothers great changes had been effected. Midwifery training could not have been better than it was. Sir Norman Walker declared that it was the finest institution of the kind. Their suggestions were most loyally adopted where required, but that too did not placate the Council. Thereupon it announced that the recognition of our qualifications would thenceforth be annual and subject to the annual reports of Colonel Needham. This was apparently the most insidious and well calculated move to entirely control and dominate medical education in India. And yet the Government did not raise any objection that the prerogatives of Indian universities established by statutes were being trenched upon by the Council! It was subsequently suggested to Government by the Council that if a Medical Council Bill were passed, it would obviate such annual inspections. And Government meekly surrendered! The Bill of 1927 was then framed and circulated widely for opinion. It had to be withdrawn, however, as it did not meet with the approval of the Provincial Governments. Colonel Needham continued his visitations and all our universities, functioning under special Indian statutes and in no way subservient to the Council, had thus to accept its orders in the interests of our graduates. Only the Calcutta University rebelled for some time, but it too had eventually to come into line with the sister universities for the same reasons.

Then came the third onslaught on the part of the Council. Colonel Needham having proceeded to England, it was arranged that Government should nominate some of its officers to inspect the examinations. Thereupon Sir John Megaw, Sir Frank Connor, Major-General Sprawson and Colonel Dutton were nominated. They reported that the standards were sufficient for recognition in some universities, while suggesting improvements in others. That too failed to meet with the approval of the Council! It said that these distinguished officers of high rank who had themselves been teachers of long experience were part-time officers only and therefore they should be replaced by a full-time Commissioner. Sir, I would put it to the Honourable Members whether there could be a more flimsy, a more absurd or a more puerile pretext, emanating as it did from such a responsible body as the Medical Council whose sole object appeared to be to dominate our medical education and even set aside the powers of the Indian Government!

This, Sir, was followed by the fourth incident, namely, the recommendation to appoint Colonel Needham to the post of full-time Commissioner. The other House having vetoed the grant, the climax was reached, the axe held in suspension fell. The Council held up its trump card and withdrew recognition of the qualifications of all our universities, whether good, bad or indifferent, at the end of February, 1930. It has been said elsewhere that the then Secretary of State for India did not approve of this precipitate action on the part of the General Medical Council. It was a regular Hitlerite procedure! The Bill of 1932 was then introduced and referred to the Select Committee, passed by the Assembly yesterday and is now before this House. Such indeed is the pitiful

[Khan Bahadur Dr. Sir Nasarvanji Choksy.]

and humiliating story attached to this question! I refrain from saying more, lest I may be led to express myself in more vehement language. Would the Honourable Members be surprised to learn that in spite of its arrogance the General Medical Council is not master in its own house? Midwifery training in England even at the present day is not what it should be and 20 cases of confinement by a student cannot be enforced in some institutions under its control. And yet in India that was ordered to be effective. Under the above circumstances the examining bodies concerned are asked to conform to the standard; if not, the Council has the power to discontinue recognition, but then there is an appeal to the Privy Council. The Honourable mover, I believe, referred to Canada and New Zealand and the differences they had with the General Medical Council. In the case of New Zealand at least, the explanation given by the Medical Council for recognition was very ludicrous. It said that it had confidence in the teachers who were from their own Register and known to them. But that confidence could not be placed upon the distinguished Indian Medical Service officers who were also on their own Register and besides were experienced teachers! A most absurd pretext to get over its defeat! The question naturally arises, for what purpose was all the travail and trouble initiated by the Council? Sir, was it because less than one per cent. of our graduates were affected thereby, as the Honourable the mover has said on more occasions than one? Was it not to establish its domination on medical education in a country where it had no *locus standi* and on the alleged plea of the protection of its nationals from a few inefficient Indian doctors! What consequential or ulterior motives, if any, lay behind the scenes, it is for the Honourable Members to judge. I believe I have thus fully exposed the tactics of the Council in order to achieve its purpose.

Sir, I support the Bill, not because it is capable of any material advantage to our graduates, but in order to remove the injustice and hardship they have been subjected to during the last three and a half years. All those who have graduated since the withdrawal of the recognition in 1930 have been debarred from acquiring higher qualifications in Great Britain. They have been shut out from post-graduate studies, and they have had no opportunities in the Indian Medical Service, commissions, temporary or permanent. Many have resorted to Berlin, Vienna and even America, as I anticipated three years ago, but their qualifications are useless for public service in India. Should our men be further harassed in this way, the time is not far distant when the Government will have to recognise foreign diplomas for its services. I, however, express the hope that on the Bill becoming an Act, the Council will see its way to recognise for registration, as a matter of pure justice, those University qualifications that it has not recognised from February, 1930. It would be a tardy act of justice, though it cannot redeem the humiliation it has inflicted upon India and broadcasted all over the civilized world.

As regards the Bill enabling reciprocity with other countries, I entertain scant hopes. Every foreign country has its bars, quota and language difficulties and Indian doctors are not likely to migrate or to take the next boat to England to flood the profession there.

Another incident that occurred was that soon after the withdrawal of recognition, the Conjoint Board of the Royal Colleges of Physicians and Surgeons

of London wrote to us that the decision of the General Medical Council did not affect in any way the concessions that had hitherto been given to Indian graduates. We were indeed very grateful. The gratitude was, however, short-lived as after a few months, we were told that they had withdrawn those concessions also. Thus, the Honourable Members will see how much we have to thank the General Medical Council for all these tender mercies to our Indian graduates!

Further, Sir, may I once again reiterate that the Council according to its own statement, has no *locus standi* in Indian Medical Education. I once again admit the right of the Council to protect its nationals, but I cannot recognise the right that, because of the plausible pretext that a handful of our men practise in Great Britain, it should take under its control the whole Medical Education of India. Would the Council dare to interfere under identical circumstances with France, Germany, Italy or Austria? I should like to ask how many cases have occurred where Indians have been found to be defective and prosecuted for malapraxis in British Courts? While the Council suffers gladly the presence of medical fools and faddists of sorts, quacks, charlatans and even abortionists so long as they keep beyond the reach of the law, it holds Indian doctors with almost seven years' training as medical pariahs! The Council is not justified also in exacting registration for those who resort to higher studies.

As regards discriminatory legislation against British doctors the fear expressed is baseless. I would ask Honourable Members to refer to my speech at the last session on the White Paper, where I said that there was no discriminatory legislation in this Bill. On the other hand, Indians have had to suffer unlawful discrimination for over three years at the hand of the Council. I believe, Sir, that the present Bill establishes real reciprocity as the word reciprocity is ordinarily connoted. Reciprocity is not abject surrender or subservience as the Council wants. It is based upon equity and equal rights and privileges to both parties. What the Indians want is not favour, but fair play, and a fair and square deal between the British and the Indian. Indians most positively decline to approach the Council on bended knees and with the beggar's bowl to ask its favours.

Sir, we have, I am afraid, not heard the last of this measure. It has greatly perturbed the medical world all throughout its career as it is the fifth of its kind, and we are not any forwarder! In the event of its being vetoed as feared, the labour that has been expended upon it will be simply wasted.

Now, Sir, I should like to utter a personal note in regard to this Bill. For over 40 years I have laboured for the interests and honour of the medical profession in India in various capacities. I have no personal axe to grind, and if I spoke today, it was dictated solely by the interests and honour of the medical profession in India that I have at heart. (Applause.) Let me conclude by quoting what the Honourable the mover said yesterday in the other House, *that efficiency at home and honour abroad* are the two points upon which the Bill has been framed.

I thank you, Sir, once again for the great interest you have taken in the matter, and I do hope that all the labour you have devoted for over four years may end in successful fruition. (Applause.)

THE HONOURABLE RAI BAHADUR LALA MATHURA PRASAD MEHROTRA (United Provinces Central : Non-Muhammadan) : Sir, I rise to join my friend in congratulating the Honourable the Leader of the House in successfully piloting this Bill. The Bill, as the Honourable the Leader has just said, when it was introduced in the Delhi session, evoked enormous criticism on account of some obnoxious clauses which it contained. Later on there was a compromise in the Select Committee, on account of which they have been greatly removed and the Bill has become very satisfactory. The Honourable the Leader has just said that the climate of Simla had done a lot in arriving at this compromise. But I would submit, Sir, that it was not the climate of Simla but it was the spirit of give and take on account of which the compromise was arrived at and the report of the Select Committee was unanimous. I hope my Honourable friend, Mr. Taylor, will also show the same spirit in the case of the Reserve Bank Bill which we are going to discuss shortly. (Laughter.)

THE HONOURABLE MR. JAGADISH CHANDRA BANERJEE : That is not in Simla, but in Delhi.

THE HONOURABLE RAI BAHADUR LALA MATHURA PRASAD MEHROTRA : The Honourable the Leader of the House has given us the history of the origin of this Bill from the Government point of view. I think that so far as the origin of this Bill is concerned, there are two versions, and both of them are to a certain extent correct. Sir, the first version—the non-official version—is that the Bill has originated as a result of the dictation of the General Medical Council, Great Britain, which withdrew recognition from British Indian medical qualifications in February, 1930. The second version is, as the Honourable the Leader of the House has said, that Government was gradually moving towards the right direction over this Bill. Sir, I certainly admit that the Government was moving, and it was as far back as 1910 that the idea of an All-India Medical Council Bill was first put up by the late Sir Pardey Lukis. In 1919, the Government of India discussed the matter with Local Governments, but the question was perhaps postponed on account of the fact that the reforms were to be shortly inaugurated and as Medical was to be a transferred subject the matter was practically given up by Government. In 1921, the Local Governments were again consulted but no further step was taken in the formation of an Indian Medical Council. It was in 1925 that Dr. Lohokare, a Member of the Assembly, introduced a Bill for the formation of an All-India Medical Council. Simultaneously in this House Dr. U. Rama Rao also introduced a Bill. So in 1925 two Bills were introduced in both Houses for the establishment of an Indian Medical Council. On this, Sir, the Government of India again moved and in 1927 they held a small conference to consider the Bills. In 1928, they again invited the opinions of Local Governments. That is the history of the case so far as the Government of India is concerned. Then this Bill which is before us was introduced by Government.

Now, Sir, as regards the first version, that the Bill has come up at the instance of and with the approval of the General Medical Council of Great Britain, I think it is also correct and in support of this I will quote from a letter of the Secretary of State for India to the Government of India which has fortunately found place among the collection of opinions supplied to Members

by Government. On page 50 Honourable Members will find a letter dated 17th December, 1931, which states :

“ I am directed by the Secretary of State for India in Council to transmit for the information of the Government of India a copy of correspondence with the General Medical Council on the subject of the revised draft Bill for the establishment of an All-India Medical Council ”.

So, Sir, when the draft was prepared it was perhaps submitted to the General Medical Council and when they approved it the Secretary of State informed the Government of India. Further on in that letter—

THE HONOURABLE THE PRESIDENT : We have now come to a stage when those quotations will not help us in any way. Will you please discuss the Bill ?

THE HONOURABLE RAI BAHADUR LALA MATHURA PRASAD MEHROTRA : Sir, I am coming to the point. My idea was to show that the General Medical Council had a hand in the Bill as introduced in the Assembly. I shall quote only one sentence more. Later on in the same letter it is said that :

“ The Secretary of State had no doubt that the revised draft Bill has *now* been accepted by the General Medical Council ”.

So it is clear as broad daylight from the “ now ” in the sentence that the draft was first to be approved by the Medical Council of Great Britain. As my friend, Dr. Choksy, has said, after all these steps were taken, we are afraid that in spite of the fact that the Bill has been introduced and an agreement has been arrived at, the hand of the General Medical Council may still be working and that it may not eventually see the light of day. We are still afraid of it and I shall congratulate the Honourable the Leader of the House still more when the Bill is actually placed on the Statute-book and effect is given to it.

Sir, now another pertinent question is, why was there such tremendous opposition to the Bill when it was introduced ? It was due to many reasons. The effect of the declaration of the General Medical Council in February, 1931, was, firstly, that the Indian medical graduates who graduated after the withdrawal of recognition may have difficulty in pursuing post-graduate work in England. That was the first reason why there was great opposition in the country. The second point was that it would be difficult for Indian medical graduates to find employment in countries where the condition precedent to employment is the possession of a medical qualification recognized by the General Medical Council ; for instance, in Ceylon and Malaya no doctor can be employed unless his qualifications are recognized by the General Medical Council of Great Britain. These were the two chief reasons for the enormous opposition.

Now, Sir, I will deal with some of the main features of the Bill as placed before us today. There are three main features. The first is the keeping of an All-India Register ; the second is about the election and constitution of the All-India Medical Council ; and the third is the question of reciprocity. The Select Committee has improved on all these points and it has put the Bill into



[Rai Bahadur Lala Mathura Prasad Mehrotra.]

a shape which is very satisfactory from all points of view. So far as the Register is concerned, the Select Committee says :

" We considered whether the Register should be enlarged so as to include the licentiates and whether it should be divided into two parts, one for graduates and one for licentiates, but we are of opinion that this, apart from other objections, would entail a troublesome and expensive duplication of Provincial Medical Registers and unnecessary and invidious double appeals in disciplinary matters and that the benefit to be gained would be negligible \* \* \* \* \* We have accordingly deleted from the Bill all matters relating to the British Indian Medical Register".

So, Sir, this point was solved by the Select Committee in this way. Then the second important point was the constitution of the All-India  
12 Noon. Medical Council. In this connection too, Sir, they have liberalised the election and have given a chance to all the universities and made the members of the Senate voters, who can elect out of the members of the Faculty of four years' standing. As regards the election of the President of the Council, we find that for the first four years the President will be nominated by the Government after which the Council can elect its own President. As regards the Registrar, they have abolished the post and substituted it by a Secretary. The Secretary will also be first nominated for four years by the Government and later on the Council will have a right to appoint its own Secretary. So, as far as the constitution of this All-India Medical Council is concerned, the Select Committee has greatly improved it. The last point, Sir, is about the scheme of reciprocity ; I find that it has also been solved very well. This point is dealt with in clauses 12, 13 and 14 of the Bill. We find that it is open to the Council to negotiate with other countries and if they are willing to recognise graduates of our universities the All-India Medical Council will also recognise their graduates, otherwise not. Other countries, being afraid of tit for tat, will recognise our graduates. Thus, Sir, I find that the Bill has been improved from all points of view and I extend my whole-hearted support.

THE HONOURABLE SAIED MOHAMED PADSHAH SAHIB BAHADUR (Madras : Muhammadan) : Sir, I give my whole-hearted support to the Bill and in doing so I do not propose to make any lengthy observations inasmuch as the most important features of the Bill have already been thoroughly dealt with in the speeches that have been made before me. Sir, in the lucid and able speech made by the Honourable the Leader of the House he gave a full and clear account of the way in which the Bill came to be formulated. Sir, he told us how it was not only the Government that was holding inquiries every now and then to find out the necessity for establishing a Medical Council, that besides that there was also a strong feeling in the country that some such thing was necessary. Sir, the very fact that an Honourable Member of this House so long ago as 1926 moved a motion in this House for this purpose and that that Honourable Member was a Swarajist Member is proof positive of the fact that the necessity for the establishment of some such Council was felt not only by the Government but also by all sections of the people in the country. If any criticism has been made against this Bill in the speeches that have just been made it has been only on the ground of its origin. It has been said that the Bill came to be thought of by the Government simply because of the fact that the General Medical Council in Great Britain forced the measure upon this

country. What the justification was for the General Medical Council in Great Britain to have forced this measure upon us is a matter upon which I am not competent to express my opinion, but as a layman I find from what has actually occurred that the Medical Council of Great Britain was really not perfectly justified in trying to impose one condition after another upon medical education and the medical profession in this country. As has been observed by one of the Honourable speakers that the mere fact that there were a handful of Indian medical men practising in England did not justify the General Medical Council of Great Britain to try and impose all sorts of conditions on medical education in this country, so that it might be made almost impossible for the people of this country to go and settle down as medical practitioners in Great Britain. As has been rightly observed by the same Honourable speaker, if there was any deficiency in midwifery in this country it was because of the peculiar conditions prevailing here; it was because of the *purdah* system and it was because of the unwillingness of the ladies to put themselves under the treatment of male doctors; but it has got to be admitted that our country deserves to be very highly appreciated for the great advance it has made even in this branch of medical science in spite of insuperable obstacles in its way. Sir, this aspect of the question I would dispose of only by making this observation that what matters is not what was the origin of this Bill, not what were the events that led to the framing of the Bill; this is a matter of comparatively small importance. What actually matters is what is the effect of this Bill upon this country, upon the profession in this country, upon the people in this country. So far as the effect of this Bill is concerned, there are no two opinions on the matter. Every speaker that has intervened in this debate has admitted that this Bill is bound to result in great benefit not only to the profession, but to the people of this country. Sir, they have admitted that it is bound to improve the tone of the medical profession in the country, that it is calculated to improve the status of the medical degrees of Indian universities, that it is intended to help the medical degrees of the Indian universities to be recognised by Great Britain and other universities abroad, that it will help the medical graduates of this country to find employment outside India in other parts of the British Empire. This is a great object and I congratulate the Honourable the Leader of this House on having launched a measure which is bound to prove of such great benefit to the country.

THE HONOURABLE MR. JAGADISH CHANDRA BANERJEE (East Bengal: Non-Muhammadan): Sir, the Bill has emerged from the Select Committee in a form in which most of the criticisms levelled against it in its original form has been disarmed. I must take the opportunity of congratulating the Honourable Sir Fazl-i-Husain and his Secretary Mr. G. S. Bajpai who instead of following the usual obstinacy of the bureaucracy, adopted an attitude of compromise with the non-official opposition of the other House. The main grounds of objection was due to the proposed exclusion of licentiates from the Central Medical Register. Of course I do admit that by the method of doing away with the Central Register altogether the Government have been able to take the venom out of the criticisms against such a Register. But, Sir, to my mind the doing away with the Register was not the demand of the public and the medical profession. The objection of the medical profession was not against

[Mr. Jagadish Chandra Banerjee.]

the introduction of the Central Register, but what they wanted was the inclusion of the licentiates into that Register.

So far as I could gather from the talks with various eminent physicians and surgeons of Bengal was that they wanted at least the old licentiates who are already in service or are practising as private practitioners should be brought on to the Central Register. Their main argument in favour of such a course was that those licentiates of old were given equal education as the present-day graduates and if there is any deficiency in their training it was not their fault. Further the universities which produced such licentiates never could imagine that there will be such a tussle as we are having at present between the Indian universities and the General Medical Council of the United Kingdom. So necessarily the medical profession stood solid like a phalanx against such discrimination. Therefore I think the present *via media* arrangement though might have removed the venom from the opposition to this Bill but has not been able to take out the virus from the opposition. In the circumstances, I hope, the Government will in time later on find out ways and means for removing the last sting of the opposition by having a Central Register in which both graduates and licentiates of old may be brought together. So for the future licentiates that will be born hereafter, Government should take steps to improve the system of education imparted in the institutions which bring forth such licentiates whenever and wherever such an improvement is found to be necessary for bringing the licentiates fully up to the mark required by the General Medical Council.

Sir, I next come to the second point of opposition to the original Bill and that was about the nomination of the President of the Indian Medical Council by the Government for all time to come. I certainly give the credit to the Honourable the Member in charge of the Department of Education, Health and Lands and who is also the Leader of our House and his lieutenant Mr. Bajpai for their courage in meeting the public opposition by amending the clause which in its present amended form empowers the Governor General in Council to nominate the President for the first four years only and thereafter the Indian Medical Council is empowered to elect its own President. So to my mind this is a very great achievement on the part of the Select Committee as well. In these days when everywhere we demand non-official elected representatives in every sphere of our public life, it was like a canker on the body politic of the Indian Medical Council if a nominated President was thrust upon such an important body from its very inception with no finality of its end.

With these few words, I have great pleasure in supporting the motion and I think probably this is one of the very few rare occasions when the bureaucracy really made an earnest effort to meet the non-officials halfway. This encourages me, Sir, to hope that in future many such occasions will arise where the present administration will come forward to meet us halfway.

THE HONOURABLE KHAN BAHADUR CHAUDRI MUHAMMAD DIN (East Punjab : Muhammadan) : Sir, the main object of the measure proposed is to secure a uniformly high standard of medical education in the teaching institutions of India. The Bill in its operation will incidentally tend to raise the

standard of medical education and knowledge in the country which in its turn will tend to the wider alleviation of the sufferings of the people. The scheme is to be welcomed from every point of view and I therefore support the motion.

**THE HONOURABLE KHAN BAHADUR MIAN SIR FAZL-I-HUSAIN :** Sir, I gratefully acknowledge the appreciative remarks that have been made by the Honourable Members who have taken part in the debate. I am very glad indeed that Government's surrender to the non-official wishes of the Select Committee has resulted in the expressions of appreciation which we have just heard.

With the permission of the House, Sir, I should like at this stage to make good one omission from my first speech in moving the Bill. I had intended to invite the attention of the House to the constitutional aspect involved in the present legislation as was done in the other House but I missed doing so and I take the present opportunity of remedying this defect. This legislation was referred to in the White Paper in the footnote to Proposal 123 at page 59, indicating that this Bill was under the consideration of the Central Legislature and it dealt with the very important problem relating to the position of British commercial and professional men in future. It should be clearly understood that this matter is within the jurisdiction of the Joint Select Committee and the said Committee is indeed entirely free to consider the subject in all its bearings. This is undoubtedly, as was recognised in the other House, the correct constitutional position and the reason why I have felt it necessary to give prominent mention to it is so that there may be no possible misunderstanding on the subject. There is nothing more for me, Sir, to add.

**THE HONOURABLE THE PRESIDENT :** The question is :

"That the Bill to constitute a Medical Council in India, as passed by the Legislative Assembly, be taken into consideration."

The motion was adopted.

Clauses 2 to 10 were added to the Bill.

Clauses 11 to 20 were added to the Bill.

**THE HONOURABLE THE PRESIDENT :** Schedule 1.

**THE HONOURABLE RAI BAHADUR LALA MATHURA PRASAD MEHROTRA** (United Provinces Central : Non-Muhammadan) : I beg to move, Sir,

"That in the First Schedule on page 8 of the Bill 'Licentiate in Medicine and Surgery from the Government Medical School at Agra' be inserted before 'Bachelor of Medicine and Bachelor of Surgery, University of Allahabad'."

**THE HONOURABLE THE PRESIDENT :** I am afraid the Honourable mover's amendment is somewhat indefinite, and I would like him to make the following alteration. Will he please delete the words "on page 8" and after the word "Bill" add the words "under column 'Recognised qualification'." The amendment will then read :

"In the First Schedule of the Bill under column 'Recognised medical qualification,' insert the words 'Licentiate in Medicine and Surgery from the Government Medical School at Agra' before the words 'Bachelor of Medicine and Bachelor of Surgery, University of Allahabad'."

**THE HONOURABLE RAI BAHADUR LALA MATHURA PRASAD MEHROTRA :** Sir, I have given notice of this amendment as I think it is due to some omission that the Licentiate in Medicine and Surgery from the Government Medical School, Agra, has been left out, or I have not understood the question properly. It is due to either of the two things. I find from this Schedule that both the Licentiates and Bachelors of the Universities of Bombay, Calcutta, Madras, the Punjab and the other Universities are included except those of the United Provinces. There, only the Bachelors of Medicine and Bachelors of Surgery have been included, while licentiates have been deleted. Sir, the position in our province is this. There is a Medical School at Agra where students take up a four years' course. I find from the papers that they are now going to make it a five years' course and this School supplies all the licentiates in the province. So, I want this minor point to be clarified. If it is due to omission, I would press the Government to insert it. If it is due to my misunderstanding the point, I will withdraw the amendment.

**THE HONOURABLE KHAN BAHADUR MIAN SIR FAZL-I-HUSAIN :** Sir, the Honourable Member has raised the point why Licentiates in Medicine and Surgery of Bombay, Calcutta, Madras and the Punjab find a place in the First Schedule and not the Licentiates in Medicine and Surgery of Allahabad. The reason is very simple. It is because this class does not exist there. You cannot put into a schedule a species or class which is not in existence. How has this mistake arisen in his mind? Because he has put in the words "from the Government Medical School, Agra". He will find that in the second column of the First Schedule, in the case of Bombay, Calcutta, Madras and the Punjab, the School is not referred to. For instance, the School in the Punjab exists at Amritsar; similarly in other places. Why? Because the Licentiate in Medicine and Surgery, mentioned in column 2 is that class of medical man who used to be in the past the product of a Medical College, not a Medical School, and the University substituted the Degree of M. B. B. S. in the place of the previous one of Licentiate in Medicine and Surgery. It existed in these four Universities and these old people of the pre-M. B. B. S. period have been included as an expiring species, and they have not been included in the case of Allahabad because they do not exist, and not in the case of Lucknow because the new institution has started with the degree while these four older institutions had started with Licentiate in Medicine and Surgery. I trust the Honourable Member will find this explanation quite sufficient.

**THE HONOURABLE RAI BAHADUR LALA MATHURA PRASAD MEHROTRA :** I withdraw the amendment, Sir.

The amendment was, by leave of the Council, withdrawn.

The First Schedule was added to the Bill.

The Second Schedule was added to the Bill.

Clause 1 was added to the Bill.

The Title and Preamble were added to the Bill.

**THE HONOURABLE KHAN BAHADUR MIAN SIR FAZL-I-HUSAIN :** Sir, I move :

"That the Bill, as passed by the Legislative Assembly, be passed."

The motion was adopted.

## DEATH OF DR. MRS. ANNIE BESANT.

THE HONOURABLE MR. Y. RANGANAYAKALU NAIDU (Madras : Non-Muhammadan) : Mr. President, with your permission, I have to express my great sorrow at the death of Dr. Besant at Madras which place she had made her home more than 30 years ago. Her services to India whether in the cause of her religion or her politics has been of the very highest order. This Honourable House deplores this great loss and I beg you, Sir, to convey the expression of the sorrow of this House at this sad event and their sincerest sympathies to her family and co-workers.

\* "Karsa Rajooloo Rajyamungalugava  
Gawonnathinhondara  
Vareri Siri Mootagastukoni Povanjalire  
Dhatripy Barayanangaledu  
Sibipramukulun Breathin yesakkamuly  
Eere Karkalu Varalan Marachirao  
Ikkalamun Bhargava".

But although Dr. Besant is dead, her name will be considered as Mritajiva. Jivanmrita means a man, although he is alive, will be considered as dead, and Mritajiva means that although a man is dead, his name will be living for ever. So, although Dr. Besant is dead, her name will be remembered in the world as long as the sun and moon live.

With these words, Sir, I move my motion.

THE HONOURABLE MR. JAGADISH CHANDRA BANERJEE (East Bengal : Non-Muhammadan) : Sir, coming as I do from Bengal, I entirely associate myself with what has fallen from the lips of my Honourable friend on my right from Madras. A great personality like that of Dr. Besant has passed away today. Her interest in theosophy and theosophical societies are known far and wide. She devoted the last 30 or 40 years of her life entirely to the service of this country. The House deplores her great loss and we on this side of the House beg of you, Sir, to convey the expression of sorrow of the House at this sad event and their sincerest sympathies to her co-workers.

THE HONOURABLE SAYIED MOHAMED PADSHAH SAHIB BAHADUR (Madras : Muhammadan) : Sir, I associate myself with all that has been said in connection with the death of Dr. Mrs. Besant. Sir, coming as I do from Madras, I have known her very well, for most of her stay in India was in Madras. Dr. Besant was a versatile genius. She was a religious leader, a politician and a social reformer and a public worker. Her loss is indeed of very great magnitude and is one which cannot be easily retrieved. Sir, I have had the privilege of working with her while she was framing the Commonwealth of India Bill, and can testify to the burning zeal she evinced to ameliorate the condition of the people in India.

I close my observations by joining in the message of sympathy to be sent from this Council.

THE HONOURABLE KHAN BAHADUR MIAN SIR FAZL-I-HUSAIN (Leader of the House) : Sir, we heard the sad news this morning. A great personality has passed away. It was something like 40 years ago that the student world in India were first made aware of the great magnetic personality

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\* The above is a quotation from Bhagavat by Mahabali to his guru Bhargava.

[Khan Bahadur Mian Sir Fazl-i-Husain.]

of Mrs. Besant, whose chief work at the time was theosophy and the revival of the ancient Hindu faith. I have distinct recollections of my college days when the students of Lahore Colleges used to muster strong to hear her impassioned speeches on Karma and on kindred subjects. She was very, very popular amongst the students and amongst the public at large, in fact possibly more popular then than she has been since she took up political work. It was the religious phase at the time. She used to wear saffron robes and her photos and pictures appeared in all the houses and shops of Hindus and she commanded feelings of reverence and veneration amongst Hindus of all schools of thought. She was one of the most wonderfully eloquent speakers that I have ever listened to. Not only had she a magnetic personality, but there was some sort of magnetism in her voice, which was full, strong and mighty and affected her listeners very, very effectively indeed. So, whether we look at it from the point of view of a great personality which made India her home for the last 30 or 40 years, or whether we look at her and her personality as of international importance in the world of theosophy, or as one who during the second decade of the present century had devoted herself to the political service of India as the founder of the Home Rule League movement, India is the poorer by her death.

Sir, I associate myself with the previous speakers in requesting you to convey our feelings of sorrow and of sympathy with the relatives and co-workers of the late Dr. Besant.

THE HONOURABLE THE PRESIDENT: The Chair will also associate itself with the sympathetic observations which have fallen from the Honourable Members and the Leader of the House. We are all grieved to hear of the death of this talented lady. However she has died in the fullness of age and in the zenith of her glory and reputation. What appealed to me most in that distinguished lady was not her politics, not her discourses on theology and theosophy, but her great achievements in the field of literature. She was one of the most talented women in the British Empire and it is no exaggeration to say that for many, many years there will not be found another woman in the British Empire to equal her in accomplishment, erudition and talent. As desired by you, I will convey to her institution in Madras the sympathy and sorrow of this House.

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THE HONOURABLE THE PRESIDENT: The Council will now adjourn. I am not in a position to announce any particular date on which the next meeting of the Council will take place. Honourable Members will get notice in due course; but the next meeting will be in Delhi and I think it will probably be about the beginning of December.

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The Council then adjourned.

## *ERRATA.*

1. In Council of State Debates of 11th September, 1933, page 223, in the subject of question No. 158 for "Indian Medical Department" read "Indian Medical Service".

2. In Council of State Debates of 13th September, 1933, page 287, in part (b) of question No. 178 for "being" read "been".