

THE  
LEGISLATIVE ASSEMBLY DEBATES  
(Official Report)

Volume I, 1933

*(1st February to 21st February, 1933)*

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FIFTH SESSION  
OF THE  
FOURTH LEGISLATIVE ASSEMBLY,  
1933



SIMLA  
GOVERNMENT OF INDIA PRESS  
1933

# Legislative Assembly.

## *President :*

THE HONOURABLE SIR IBRAHIM RAHIMTOOLA, K.C.S.I., C.I.E. (Upto 7th March, 1933.)

THE HONOURABLE MR. R. K. SHANMUKHAM CHETTY. (From 14th March, 1933.)

## *Deputy President :*

MR. R. K. SHANMUKHAM CHETTY, M.L.A. (Upto 13th March, 1933.)

MR. ABDUL MATIN CHAUDHURY, M.L.A. (From 22nd March, 1933.)

## *Panel of Chairmen :*

MR. HARI SINGH GOUR, KT., M.L.A.

MR. ABDUR RAHIM, K.C.S.I., KT., M.L.A.

MR. LESLIE HUDSON, KT., M.L.A.

MR. MUHAMMAD YAMIN KHAN, C.I.E., M.L.A.

## *Secretary :*

MR. S. C. GUPTA, C.I.E., BAR.-AT-LAW.

## *Assistants of the Secretary :*

MR. MUHAMMAD RAFI, BAR.-AT-LAW.

MR. BAHADUR D. DUTT.

## *Marshal :*

CAPTAIN HAJI SARDAR NUR AHMAD KHAN, M.C., I.O.M., I.A.

## *Committee on Public Petitions :*

MR. R. K. SHANMUKHAM CHETTY, M.L.A., *Chairman*. (Upto to 13th March, 1933.)

MR. ABDUL MATIN CHAUDHURY, M.L.A., *Chairman*. (From 22nd March, 1933.)

MR. LESLIE HUDSON, KT., M.L.A.

MR. ABDULLA-AL-MAMÜN SUHRAWARDY, KT., M.L.A.

MR. B. SITARAMARAJU, M.L.A.

MR. C. S. RANGA IYER, M.L.A.

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# LEGISLATIVE ASSEMBLY.

*Monday, 13th February, 1933.*

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The Assembly met in the Assembly Chamber of the Council House at Eleven of the Clock, Mr. Deputy President (Mr. R. K. Shanmukham Chetty) in the Chair.

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## STATEMENTS LAID ON THE TABLE.

**The Honourable Sir Harry Haig** (Home Member): Sir, I lay on the table:

- (i) the information promised in reply to starred question No. 1295, asked by Pandit Ram Krishna Jha on the 21st November, 1932;
  - (ii) the information promised in reply to part (b) of starred question No. 1076 asked by Shaikh Fazal Haq Piracha on the 9th November, 1932;
  - (iii) the information promised in reply to starred questions Nos. 504, 155 and 440 asked by Lieut.-Colonel Sir Henry Gidney, Sardar Sant Singh and Mr. S. C. Mitra on the 24th February, 8th September and 19th September, 1932, respectively; and
  - (iv) the information promised in reply to supplementary question to starred question No. 89 asked by Mr. Gaya Prasad Singh on the 2nd February, 1933.
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POSITION OF ATTACHED OFFICE CLERKS FOR APPOINTMENTS IN THE LOWER  
DIVISION OF THE IMPERIAL SECRETARIAT.

\*1076. (b) Ten candidates who were holding permanent appointments in the Meteorological Department were declared qualified for the Lower Division Secretariat as a result of the Staff Selection Board's examination held in 1920. Of these five have been provided in the Government of India Secretariat in the Lower Division.

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*Statement showing the effect of retrenchment on the communal composition of the staff in the Government of India Secretariat.*

A. In the Army Department, in effecting retrenchment in the II and III Divisions though one II Division post and six III Division posts were abolished, the personnel retrenched were five II Division and two III Division clerks, resulting in the promotion of five men from the III Division to the II Division, and recruitment of one man in the III Division and two men in the II Division, in the chain of three II Division posts which were unfilled prior to retrenchment.



## CASE OF SRIMATI SAVITRI DEVI.

IN THE HIGH COURT OF JUDICATURE AT LAHORE.

REVISION SIDE. CRIMINAL.

No. 1183 of 1932.

*Present.*

Mr. Justice Jai Lal.

Petition under section 439, Criminal Procedure Code, for Revision of the order of A. Isar, Esquire, Additional District Magistrate, Delhi, dated the 8th July, 1932, convicting the petitioner Mussammat Somitran Devi, Convict-Petitioner.

*versus*

The Crown. Respondent.

Charge :—Under section 17(1), Criminal Law Amendment Act.

Sentence :—Six months' Simple Imprisonment and Rs. 50 fine or one and a half months' further simple imprisonment in default.

Petitioner :—By Mr. R. L. Anand II, Advocate.

Respondent :—By Mr. Ram Lal, Assistant Legal Remembrancer.

*Judgment.*

The petitioner has been convicted under section 17(1) of the Criminal Law Amendment Act and has been sentenced to six months' simple imprisonment and also has been ordered to pay a fine of Rs. 50 or in default to suffer further simple imprisonment for a month and a half.

I have heard counsel, but am not prepared to interfere on revision so far as the conviction of the petitioner is concerned. I consider, however, that the sentence awarded by the Magistrate is excessive and the reasons given by him for awarding a severe sentence are wholly indefensible. In fact the learned Assistant Legal Remembrancer who appeared for the Crown before me frankly stated that he could not defend the ground on which the Magistrate professes to award a severe sentence. The ground in the words of the Magistrate is as follows :

"She belongs to a family the members of which have always taken an active part against Government and it is futile to send her to jail for a shorter term."

The petitioner is entitled to be judged with regard to her guilt or otherwise as well as her sentence according to her own conduct and the antecedents of the other members of her family are wholly irrelevant to the question either of conviction or of sentence—a rule which even a layman ought to be aware of, not to speak of a Magistrate. This is said to be the first offence of the petitioner and I consider that the sentence of imprisonment already undergone by her would, under the circumstances, be ample punishment for her offence. She has been in jail for nearly 2 months. The sentence of fine was unnecessary in this case and is hereby set aside. The petitioner is discharged from her bail bond.

(Sd.) JAI LAL,

Judge.

30th November, 1932.

**The Honourable Sir George Schuster** (Finance Member): Sir, I lay on the table the information promised in reply to starred question No. 1662 asked by Mr. S. G. Jog on the 12th December, 1932.

#### RE-INSTATEMENT OF MR. DAULAT RAM, ACCOUNTANT OF THE HORTICULTURAL DIVISION, DELHI.

\*1662. Mr. Daulat Ram was discharged in the Horticultural Division case, while Mr. Edge was discharged in the Barakhamba case which has not yet been decided. Mr. Daulat Ram was selected for retrenchment with effect from 1st February, 1932, on reduction of establishment and Mr. Edge is now under notice of discharge for the same reason. The distinction in their treatment is due simply to the fact that the one was earlier found to be superfluous to establishment than the other.

**Mr. A. G. Olow** (Government of India: Nominated Official): Sir, I lay on the table the information promised in reply to supplementary question to starred question No. 1523 asked by Mr. Jagan Nath Aggarwal on the 30th November, 1932.

#### INDIANS TRAINED AS GROUND ENGINEERS IN ENGLAND.

\*1523.

*List of Ground Engineers holding Indian Licences who are employed in Flying Clubs in India.*

Name of Club.	Number of Ground Engineers employed.
*Karachi Aero Club . . . . .	1
*Bombay Flying Club . . . . .	2
*Delhi and U. P. Flying Club (Delhi Centre) . . . . .	3
Delhi and U. P. Flying Club (Lucknow Centre) . . . . .	} 2
Delhi and U. P. Flying Club (Cawnpore Centre) . . . . .	
*Bengal Flying Club . . . . .	2
*Madras Flying Club . . . . .	2
Kathiawar Flying Club . . . . .	1
Jodhpur Flying Club . . . . .	1

*Note.*—All Clubs employ, in addition, unlicensed mechanics.

It is not possible to say precisely how many Ground Engineers a Flying Club is capable of employing. Their needs vary with their activities. An average Flying Club could carry out its operations with one Ground Engineer assisted by unlicensed mechanics.

\*Subsidised Clubs.

**The Honourable Sir Joseph Bhoré** (Member for Commerce and Railways): Sir, I lay on the table:

- (i) the information promised in reply to supplementary question to starred question No. 1227 asked by Mr. B. Sitaramaraju on the 16th November, 1932; and
- (ii) the information promised in reply to starred question No. 1299 asked by Mr. Bhuput Sing on the 21st November, 1932.

#### APPOINTMENT OF INDIAN TRADE COMMISSIONERS.

\*1227. There are two posts of Indian Trade Commissioners at present and both are held by Indian Civil Service officers.

#### RETRENCHMENT IN THE OFFICE OF THE HIGH COMMISSIONER FOR INDIA.

\*1299. (a) Yes.

(b) Both by reduction of pay and by discharge.

(c) The ratio of reduction varies with the classification and salary of the officer.

Generally the following principles were applied:

Officers on deputation from India to the High Commissioner's staff suffered the usual ten per cent. cut prescribed for Indian services. The pay of other officers was reduced in accordance with the scale of reduction imposed by His Majesty's Government on similarly paid staff serving in offices under their control, namely, officers on inclusive salaries had rates of reduction applied varying from ten per cent. in the case of salaries of £1,000 and over to approximately 3 per cent. in the case of salaries or wages of less than £200 a year. Officers whose salaries included a fluctuating bonus element governed by arrangements prescribed from time to time by His Majesty's Treasury suffered a reduction by one-eleventh of the variable portion of their remuneration specifically imposed as a measure of economy.

(d) and (e).

	No. serving on 1st April, 1931, prior to retrenchment.	No. retrenched between 1st April, 1931 and 1st January, 1933.
Europeans . . . . .	576	56
Hindus . . . . .	37	6
Muslims . . . . .	4	..
Others—		
Anglo-Indians . . . . .	13	..
Burmese . . . . .	2	..
Indian Christians . . . . .	13	5
Jews . . . . .	1	1
Parsees . . . . .	2	..
Sikhs . . . . .	1	..
Total . . . . .	649	68

(f) The financial position of Government. Retrenchment was undertaken with a view to effect economy in expenditure.

(g) Yes. As a result of the voluntary offer made by the High Commissioner himself, he has suffered a cut of 10 per cent. in his salary. The Deputy High Commissioner, heads of departments in the High Commissioner's office and others have suffered reductions as indicated in reply to part (c) above.

**Mr. H. A. F. Metcalfe** (Foreign Secretary): Sir, I lay on the table the information promised in reply to starred question No. 1140 asked by Dr. Ziauddin Ahmad on the 14th November, 1932.

#### HIRING OF CONVEYANCE BY INDIAN PILGRIMS AT MECCA.

\*1140. (a) Yes. The transport of pilgrims in the Hejaz is under Government control and all arrangements for hiring conveyances must be made by the mutawwifs or their agents.

(b) The charges for the hire of all conveyances, whether motor-car, 'bus, or camel, are fixed by the Saudi Government before each Pilgrimage season and published in their official tariff. Any charges in excess of the published tariff should be reported to the authorities concerned.

(c) No intervention by the Government of India or the Haj Committee is considered necessary.

**Sir Thomas Ryan** (Director General of Posts and Telegraphs): Sir, I lay on the table the information promised in reply to starred question No. 1610 asked by Mr. M. Maswood Ahmad on the 7th December, 1932.

#### MISAPPROPRIATION CASES OF POSTAL OFFICIALS IN THE PUNJAB POSTAL CIRCLE.

\*1610. (a) (i) 115.

(ii) 103.

(iii) 77.

(iv) 19; in addition five absconded, one died while the case was under trial, and one before the case was taken up.

(b) No.

(c) and (d). Do not arise.

(e) Yes, except in a few cases in which an application for the revision of the court's judgment was filed, or criminal proceedings for other offences committed by the accused were pending, or departmental action for neglect of duty had to be taken. As regards the last part, there are no specific rules, but reinstatement normally follows an acquittal in the absence of special reasons to the contrary.

**Mr. P. R. Rau** (Financial Commissioner, Railways): Sir, I lay on the table:

(i) the information promised in reply to starred question No. 1556 asked by Bhai Parma Nand on the 5th December, 1932;

(ii) the information promised in reply to unstarred questions Nos. 166, 167 and 168 asked by Raja Bahadur G. Krishnamachariar on the 30th September, 1932; and

(iii) the information promised in reply to starred question No. 850 asked by Mr. Uppi Sahib Bahadur on the 29th September, 1932.

#### REDUCTION IN THE EMOLUMENTS AND IN THE NUMBER OF TRAFFIC INSPECTORS.

\*1556. (a) There has been no reduction in the emoluments of Traffic Inspectors but one post has been held in abeyance.

(b) No. Further reduction in number would be prejudicial to economy and efficiency. Traffic Inspectors are liable like other staff to the 10 per cent. cut in their pay.

The number of Traffic Inspectors employed on the North Western Railway is given below :

Indians.	Anglo-Indians.	Europeans.
13	10	20

#### GRADE OF STATION MASTERS ON THE NORTH WESTERN RAILWAY.

166. The Agent of the North Western Railway reports that the information asked for is as follows :

(a) Yes.

(b) 1st April, 1920.

#### PROMOTION TO HIGHER GRADES OF INDIAN GUARDS AND STATION MASTERS ON THE NORTH WESTERN RAILWAY.

167. (a) Government are informed that no particulars are available for the period from the 1st April, 1920 (when the present grades of Station Masters were introduced) to the end of 1924. From 1925 to date three Indian Station Masters have been promoted to Grade IV and one Guard. No Indian Station Masters or Guards have been promoted as Station Masters Grades V to VIII during that period. As regards vacancies in Grade V, these are filled by promotion from the Assistant Station Masters' Grade V, 23 vacancies in which grade were filled in the period named by Guards, because the duties of such Assistant Station Masters involved constant out-door work, knowledge of yard shunting, and regular night duty. Vacancies in the Grades of Station Masters VI to VIII are usually made from the next lower grade.

(b) There are no vacancies at present in any of the Station Masters' grade.

(c) There are no Station Masters of lower grade or Guards officiating at present in the IV to VIII Grade of Station Master.

(d) No. The Agent, North Western Railway, reports that many Indian Station Masters with long service are not promoted to the higher grades of Station Masters as they have not had experience of the duties of guards or a knowledge of shunting work in large yards, which knowledge is considered necessary for the posts of Station Masters at the larger stations. Government are also informed that Indian Station Masters with long experience at road side stations generally prefer to remain at road side stations rather than proceed through the normal channel of promotion to the higher ranks which, as explained in answer to part (a), is through Grade V Assistant Station Master, a grade which involves experience of shunting work in a large yard (such as a road side Station Master does not possess), constant movement about a large station for the purpose of duty, and regular night work.

# PROMOTION OF STATION MASTERS AND GUARDS TO CERTAIN SUPERIOR TRAFFIC POSTS ON THE NORTH WESTERN RAILWAY.

168. Government are informed as follows :

(a) There are at present no vacancies in any of the categories detailed in this question.

(b) Vacancies in the grade of Traffic Inspectors have been filled by Station Masters Grade III and below, and by Guards since 1926 as follows :

By Station Masters, lower grade . . . . .	7
By Guards . . . . .	1

As regards the posts of Chief Controllers and Deputy Controllers no direct promotions have been made from either lower grade Indian Station Masters or Guards. There are, however, 9 Chief Controllers, and 19 Deputy Controllers, who have put in service on the Railway as Guards.

As regards Assistant Controllers confirmed since 1926 the position is given below :

Promoted from Station Masters, lower grade . . . . .	7
From Guards . . . . .	41

The reason why appointments in a Control Office are usually given to men who have had Guards' experience, is because Controllers are required to have special knowledge of various sections of the line, shunting work, loads of trains, engine capacity, brake power, duties of Guards, and running conditions generally, items of knowledge, which a Guard must necessarily acquire during his service.

(c) The Agent of the North Western Railway reports that the holders of these posts on that railway are as follows :

	Indians.	Anglo-Indians.	Europeans.
Traffic Inspectors . . . . .	11	10	20
Chief Controllers . . . . .	..	2	3
Deputy Controllers. . . . .	..	4	12
Assistant Controllers . . . . .	17	9	29

## APPOINTMENT OF EUROPEANS TO SUPERIOR MEDICAL SERVICES IN THE MADRAS AND SOUTHERN MAHRATTA RAILWAY.

\*850. (a) Yes.

(b) Yes.

(c) Since the year 1925 two officers have been recruited to the Superior cadre of the Medical Department of the Madras and Southern Mahratta Railway of whom one is of non-Asiatic domicile, and the other a statutory native of India. The number of Europeans and Indians in the superior cadre of the Medical Department of this Railway was 4 and 2 respectively in September, 1932.

(d), (e) and (f). Government have been informed by the Agent of the Madras and Southern Mahratta Railway that the reason why the Administration has entertained another European Officer in the Medical Department, is due to the large number of Europeans and their families stationed in the Madras District. Government are, however, not satisfied that this difficulty could not have been met by suitable postings of European officers already in the Department, and a further reference in regard to this is being made to the Railway.

## THE INDIAN MEDICAL COUNCIL BILL.

**Mr. G. S. Bajpai** (Secretary, Department of Education, Health and Lands): Sir I beg to move:

"That the Bill to establish a Medical Council in India and to provide for the maintenance of a British Indian Medical Register, be referred to a Select Committee consisting of the Honourable the Law Member, the Honourable Sir Frank Noyce, Dr. R. D. Dalal, Mr. Arthur Moore, Sir Hari Singh Gour, Sirdar Harbans Singh Brar, Mr. Gaya Prasad Singh, Mr. S. C. Sen, Dr. Ziauddin Ahmad, Mr. B. Sitaramaraju, Mr. S. C. Mitra, Kunwar Hajee Ismail Ali Khan, Mr. Muhammad Yamin Khan, Sir Abdulla-al-Mámün Suhrawardy, Mr. T. N. Ramakrishna Reddi, Mr. N. N. Anklesaria and the Mover, and that the number of members whose presence shall be necessary to constitute a meeting of the Committee shall be five."

This Bill, Sir, has a short past but a crowded—I had almost said a lurid—history. Criticism—I shall not venture upon any vituperative characterisation of it, but shall merely describe it as vigorous and, perhaps, not altogether judicial-minded—criticism, Sir, has ascribed to this Bill a servile origin, if not a sinister purpose. It has been described as dictated by coercion from outside, as designed to subordinate medical education in this country to the will of the General Medical Council of Great Britain and as calculated to impose upon the medical profession in India a division into pampered patricians and unprivileged plebs. It is only natural that controversy of this kind should distort the picture and it will be my endeavour, in the observations which I propose to make, to rescue truth from the mists of prejudice. For this, Sir, I seek from the House the indulgence of a patient and an impartial hearing. I think I shall be serving the convenience of the House and the interests of clarity of presentation of the case if I were to classify my observations under three main heads—the origin of the Bill, the aim of the Bill and the scope of the Bill. Any comments that I may have to make on the detailed criticisms of the provisions of the Bill, I shall reserve to the last.

First, as regards the origin of the Bill. There are two versions that hold the field. One version, that of the critics, is that this Bill is the result of the dictation of the General Medical Council of Great Britain which, as Honourable Members are aware, withdrew recognition from British Indian medical qualifications in February, 1930. The other version, which is more, perhaps, a version of zeal than of judgment, is that this Bill has no connection whatsoever with the decision of the General Medical Council. Neither version is accurate. The idea of an all-India Medical Council historically dates back to 1910 when it was first put forward by the late Sir Pardey Lukis. In 1919, the Government of India actually discussed the matter with Local Governments, but they did not proceed with the question of establishing an All-India Medical Council, because it was expected then that under the Reforms both medical administration and medical education would be transferred provincial subjects and, quite rightly, it was felt that a matter which would so intimately concern the Provincial Ministers should be considered in consultation with them before any steps were actually taken to establish an All-India Medical Council. In 1921, after the inception of the Reforms, Local Governments were consulted again. By the end of 1922, replies had been received. The majority of them were in favour of the establishment of an All-India Medical Council, but Government were then faced with the need for drastic retrenchment in public expenditure and, therefore, the matter had to be put aside. Then, in 1925, a deceased Member of this House, the

[Mr. G. S. Bajpai.]

late Dr. Lohokare, introduced a Bill for the establishment of an All-India Medical Council as also an All-India Medical Register. Simultaneously, I think, an identical Bill was introduced in the Council of State by Dr. U. Rama Rau. That Bill, that is to say, Dr. Rama Rau's Bill, was actually circulated for the purpose of eliciting opinion. Both Bills had defects, but Government looked upon them as significant of a definite trend of opinion in favour of setting up an All-India Medical Council and they thought that they might take up the matter themselves. My Honourable friend, Mr. Neogy, will remember that, in 1927, we had a small informal conference on the subject with some Members of the Legislature and, in 1928, the Government of India actually circulated the draft of a Bill to Local Governments. The replies to this letter were considered by a Conference of Provincial representatives, Ministers and Members of Council in September, 1929, and the Bill, as circulated by the Government of India, elicited a great deal of opposition on the ground that it had infringed provincial autonomy. The result was that the Government of India came to the conclusion that any attempt to co-ordinate standards of medical education in this country could only be worked successfully if it had the willing support of the provinces and that, until such support was forthcoming, there was no point in proceeding with the matter. This recital would, I hope, satisfy the House that, at any rate, the idea of an All-India Medical Council does not date from 1930. In fact, its nativity dates back to 1910 and cannot, with any regard to facts, be post-dated to 1930.

I shall now pass, Sir, to the question of the influence exercised by the General Medical Council of Great Britain upon the Bill which is now before the House. Honourable Members are aware that a system of visitation and inspection of examinations conducted by the British Indian Universities for medical graduates and also of consultation with these Universities started in 1922. Sir Norman Walker visited India on behalf of the Council early in that year; he paid a second visit to this country in the winter of 1926-27. In the interval, and, in fact, regularly after 1922, inspections on behalf of the Council were carried out by officers serving in this country. After his second visit, Sir Norman Walker suggested to the General Medical Council of Great Britain that there should be set up in India a co-ordinating authority which could give some guarantee of uniformity of standards. But the General Medical Council recognised that it would be some time before such Council could be set up; and, until it was set up, they wanted the Government of India to appoint an Inspector of Medical Qualifications and Standards. Now, Sir, it is within the recollection of the House that the proposal to appoint such an Inspector did not commend itself to Honourable Members. The counter-proposal of the Government of India, namely, the appointment of a Board of Inspectors, did not find favour with the General Medical Council of Great Britain. The result was the decision of the General Medical Council in February, 1930, to withdraw recognition from British Indian medical qualifications. This, Sir, meant two things; first, that Indian medical graduates, who graduated after the withdrawal of recognition, might have difficulties in the pursuit of post-graduate work in England; the other result of this decision was that in countries such as Malaya and Ceylon and other places where the condition precedent to employment is the possession of a medical qualification recognised by the General Medical Council, it would be difficult for Indian medical graduates



to find employment. These two consequences of the decision gave practical urgency to the problem of what should be done in order that reciprocal recognition should be secured abroad for medical qualifications secured in this country. That, Sir, is the nature and the extent of the influence exercised by the General Medical Council upon this question. Faced with this situation, Sir, the Government of India, in 1930, took the only proper, in fact the obvious, step. They invited representatives of provinces and of Universities to meet in a Conference in Simla. They met there in June 1930; the Honourable Ministers from Madras, from the Central Provinces, from Bombay and from the Punjab were there and the representatives of every British Indian University. And they came to the conclusion that we should set up in India a body which would endeavour to co-ordinate the standards of medical education of graduates. They also came to the conclusion that this body was clearly indicated as one to which the duty of negotiating recognition of British Indian medical qualifications abroad should be entrusted. The Bill, which is now before the House, is the outcome of this Conference. This disposes of the first head under which, I said, I would group my observations, namely, the origin of the Bill.

I come now to the purpose of the Bill. This, again, is to be sought in the recommendation of that Conference. The Conference said, there shall be co-operation between British Indian Universities, in order to ensure the attainment and the maintenance of a uniform standard of qualifications for graduates. For this purpose, it was clear that there must be knowledge on the part of each University of what the others were doing; and, further, that there shall be active co-operation in the levelling up of standards.

**Mr. B. Sitaramaraju** (*Ganjam cum Vizagapatam*: Non-Muhammadian Rural): Sir, may I interrupt the Honourable Member? Does he want to suggest that this Bill carries out the recommendations of the Simla Conference?

**Mr. G. S. Bajpai**: My Honourable friend must judge for himself whether the Bill carries out the recommendations of the Simla Conference or not. I am not at the present moment saying that this Bill is a complete replica of what that Conference recommended. I am merely trying to state what the purpose of this Bill is.

Sir, I was at the point of stating that the Conference came to the conclusion that there shall be co-operation amongst the Universities. They also recognised that for this purpose it was necessary to set up a body on which all the interests concerned would be represented, and which would also be vested with the power to supervise examinations and courses or study. That, Sir, was the main recommendation of the Conference. Honourable Members will ask, why is it that it has been decided or that the Conference recommended that the functions of the proposed All-India Medical Council should be limited to graduates and should not include medical licentiates. That, Sir, brings me to my third main head of observations, namely, the scope of the Bill; because, it is to that that this question logically relates. Now, let me say, Sir, at the outset that the answer to this question is not to be sought in any intention on the part of Government to inflict upon licentiates,—a very numerous and a very deserving class of medical practitioners,—any discrimination or any hardship. The Bill before the House neither seeks nor secures any such

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object. In fact, there is really no conceivable reason why Government should seek any such result. The answer is to be sought in facts which we cannot get over. The first fact is that there is a real difference between the educational standards of medical graduates and the educational standards of licentiates. No amount of aspiration by itself can convert the duality into identity. And the second fact is that if you wish the process,—whether it be one of levelling up or of levelling down,—to be undertaken, you must carry with you the provinces because, as I explained, under the constitution, both medical administration and medical education are transferred provincial subjects. Now, Sir, in the reference which we made to the Local Governments, in 1931, we definitely put to them this question: “Do you wish licentiates to be included, or do you wish them to be excluded?” Two Local Governments said, they might be included, but in a separate register; the remaining seven were definitely against their inclusion. In the circumstances, the constitutional position being what it is, the Government of India had no option but to endeavour to ensure two things. First, that in the Bill, which we put forward, there was no bar to the admission of an improved licentiates’ qualification. Clause 18 of the Bill definitely secures that object. The second objective which we had was that there should be nothing in the Bill which in any way detracted or derogated from the privileges which licentiates at the present moment enjoy. There, again, I would invite the House to consider the Bill word by word and line by line, and, I am sure, they will find that my assurance is justified, namely, that there is nothing in the Bill which either detracts from or diminishes the privileges which licentiates at the present moment enjoy.

That, Sir, completes my account of the origin, the purpose and the scope of the Bill. I said at the outset that if I had any observations to make on the criticisms of the provisions of the Bill, I would reserve them to the last. Such criticism has been directed towards two main features of the Bill: first, the composition of the Council, second, the provision that we have made in regard to reciprocity. As regards the composition of the Council, it has been urged that this should be on democratic lines, that it should consist of an elected President, and a majority of elected members. Well, Sir, what I wish to submit to the House is that the solution of this problem is not to be sought along the lines of any preconceived or political theory. This body is to be entrusted with the supervision of a definite category of education. What we want is that it should be so constituted as to perform its functions with the maximum of efficiency and harmony. For this purpose, Sir, we think that the Council should be compact, i.e., it should not be unwieldy, it should be representative of the interests concerned and its membership should be such as to command general confidence. The solution, Sir, which we have put forward in the Bill—we do not claim perfection for it—is a point which can be considered in Select Committee. More than this, I think, on the question of the composition it is unnecessary for me to say anything at this stage. I pass next to the question of reciprocity.

Now, what has been said in regard to that is that an All-India Medical Council will be at a disadvantage compared with the General Medical Council of Great Britain for the purpose of negotiating a recognition of British Indian medical qualifications on a reciprocal basis. Let me say at once that Government wish this body to be put in a position of effective

equality for the purpose which I have mentioned, namely, the purpose of negotiating recognition of British Indian medical qualifications. It is not the intention, Sir, to clothe this body merely with the trappings of authority. We wish to endow it with the reality of power, and if the formula, which we have put forward, is found to be inadequate in that respect, the Select Committee will be free to go into it and suggest amendments. Government have an open mind in regard to that point.

I see that I have already taken 25 minutes of the House. I shall not detain Honourable Members longer, but, before I resume my seat, I should like to recapitulate the intentions of the Government in this matter, because I do not wish that there shall be any doubts in the minds of Honourable Members in regard to them owing to the comparative length of my exposition. Government, Sir, recognise, in concert with Local Governments and Universities, that there shall be co-ordination of medical standards of education of the higher class. Government recognise, in concert with the same weight of authority, that this task can best and most successfully be discharged by an All-India body. They want this body to be compact, competent, representative of all the interests, which it is designed to serve, powerful, autonomous, modest perhaps in its initial activities, but only to be assured of a wide and sustained career of beneficence. If the Bill, Sir, which we have put forward, does not compass this aim with adequacy, we invite the House to co-operate with us in removing the imperfections.

**Mr. Deputy President** (Mr. R. K. Shanmukham Chetty): Motion moved:

"That the Bill to establish a Medical Council in India and to provide for the maintenance of a British Indian Medical Register, be referred to a Select Committee consisting of the Honourable the Law Member, the Honourable Sir Frank Noyce, Dr. R. D. Datta, Mr. Arthur Moore, Sir Hari Singh Gour, Sirdar Harbans Singh Brar, Mr. Gaya Prasad Singh, Mr. S. C. Sen, Dr. Ziauddin Ahmad, Mr. B. Sitaramaraju, Mr. S. C. Mitra, Kunwar Hajee Ismail Ali Khan, Mr. Muhammad Yamin Khan, Sir Abdulla-al-Mámūn Suhrawardy, Mr. T. N. Ramakrishna Reddi, Mr. N. N. Anklesaria and the Mover, and that the number of members whose presence shall be necessary to constitute a meeting of the Committee shall be five."

The Chair now proposes to ask Mr. Maswood Ahmad to move the amendment that stands in his name. The discussion will then take place both on the substantive motion moved by Mr. Bajpai as well as on the amendment of Mr. Maswood Ahmad.

**Mr. M. Maswood Ahmad** (Patna and Chota Nagpur *cum* Orissa: Muhammadan): Sir, I move:

"That the Bill be circulated for the purpose of eliciting opinion thereon by the 31st July, 1933."

Mr. Deputy President, Mr. Bajpai is rather famous for placing before the House his case very ably and he has done that today as well. He places his weakest case in such a way that it becomes a very good case and he has done the same today.

Sir, at the outset, I would like to say that, before deciding to move my motion I considered for a long time whether I should move it or not. First of all, I preferred to oppose the Bill *in toto*, but there were practical difficulties in our way, and I thought it would not be easy for us to throw

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out the Bill, but that it will be easy to convince the Government that this is a fit case for circulation or, if Government say that they have already circulated it by executive order, I would ask for re-circulation.

In this connection, Mr. Deputy President, I want to discuss the point which my Honourable friend, Mr. Bajpai, has given the first place in his speech, that this Bill has not been drafted on the dictation of the General Medical Council. I say that this is my first objection and that there are several reasons for a suspicion in the public mind about this Bill. The Bill seems to be drafted, no doubt, to please the General Medical Council. Sir, in this connection, I want to read a passage from the opinions which have been supplied. At page 50, you will find a very interesting letter. I do not know whether the letter has been printed by mistake or not, but there is a letter from the India Office, dated the 17th December, 1931, which says :

"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 the correspondence with the General Medical Council on the subject of the Revised Draft Bill for the Establishment of an All-India Medical Council."

So, Mr. Deputy President, this Bill which is before us was not the original Bill which was drafted by the Department; rather this is a revised draft Bill. Further if you will see, Sir . . .

**Mr. G. S. Bajpai:** Sir, I wish to correct my Honourable friend on a point of fact. The word "revised" is not subject to the interpretation which he is putting on the Bill which was referred to Local Governments for opinion in 1931.

**Mr. M. Maswood Ahmad:** My Honourable friend may interpret the contents of the letter in a different way, but I have read the original words of the letter as well. Every Member may interpret it in any way he likes. There are these definite words: "revised draft Bill" which can not mean an original Bill. Further, Mr. Deputy President, by reading the second paragraph of the letter on the same page 50, you will find that my interpretation is more correct than the interpretation of the Honourable the Mover of the Bill. You will find from the passage quoted below, the correctness of my interpretation :

"2. The Secretary of State has no doubt. . . that the revised draft Bill has now been accepted by the General Medical Council."

This draft Bill has now been accepted by the General Medical Council. The word now is a very significant word. Up to that time the General Medical Council did not accept the Bill and the Government did not dare to introduce it, but now they say that it has now been accepted by the General Medical Council. Further, they say :

"and he trusts that it will be possible to introduce it at the next Delhi session of the Indian Legislature".

(Applause.)

I leave this direct evidence for a moment, and take the circumstantial evidence now.

Mr. Deputy President, I want to read in this connection of the circumstantial evidence two lines from a pamphlet which has been published on the Indian Medical Council by Dr. C. P. Chaubey, M.B., B.S., Delhi. On page 66 of that pamphlet, you will find what Mr. Rafiuddin Ahmad says:

"The anxiety comes from the British Medical Council and that certainly makes me a little suspicious."

Further, if you will again go to the same letter, which I have read just now, at page 51, in para. 4, they say:

"With reference to paragraph 4 of your letter, I am to say that the Secretary of State in Council accepts the view of the Government on the question of enrolment of officers of R. A. M. C. and I. M. S. on the register of the Indian Medical Council."

Again, if you will turn to page 67 of the pamphlet mentioned above, you will find an extract from the *British Medical Journal*, which is the official organ of the General Medical Council. You will find there the following:

"The Council had however in recent years laid stress on the fact that there should be adequate opportunities for employment on the civil side and in the new proposals for the reorganisation of the service valuable concessions have been obtained from the India Office by the Association in this respect."

I shall now leave this point and I hope my Honourable friend present here will decide themselves whether the suspicion in the minds of the public is correct or not. (Applause.)

My second point is that although Government have circulated the opinions, they have circulated them very late. We received these opinions only two days ago, and if you will turn to page 174 of the opinions, you will find that they were printed on the 10th September, 1932. So, five months ago, the Government had got these opinions printed. Apart from this, if you will see when Government received these opinions, you will see that they received these opinions more than a year ago. The Bill was introduced in the Legislative Assembly more than a year ago, but they did not circulate these opinions to us to enable us to form our opinions on this matter.

Further, the Indian Medical Council Bill, which is before the House today and which proposes to establish a Medical Council in India, has received so much attention by the people and especially by the medical men of the country that it is entirely necessary that the opinions of the experts which were obtained should have been placed before the House long ago. The importance of the Bill can be judged from the comments which nearly all the leading newspapers of the country have made on it. There is not the slightest doubt that the Bill is very loosely drafted and that it requires entire overhauling.

My third point in this connection is that the opinions are very old. Just now I said that the Government received these opinions in 1931: and, since then, many changes have taken place in this country: there was a time when Local Governments were opposing entirely this All-India Medical Council; but the time came when, in 1931, they accepted this All-India Medical Council; and, after these two years, it is quite likely that the Local Governments have changed their mind and that they might agree to include the licentiates also in this Indian Medical Council. I think, therefore, a fresh referendum to the Local Governments is quite

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necessary in this case and this is a fit case for circulation or re-circulation. This will greatly facilitate the work of the Select Committee also. The Select Committee, while considering the various clauses of the Bill, will greatly appreciate the opinions of the experts on it and, in the light of these opinions, the Bill can be improved in a much better way. My contention is that in the case of such an important Bill very wide publicity ought to have been given, and so fresh opinion ought to be received by them and these should be circulated to us. I am sorry to say that the Government have hopelessly failed to do their duty in this connection and they are building a huge castle on an old rotten foundation which may be the cause for collapsing the whole structure.

My fourth point in this connection is this: that the Bill which was circulated for opinion was not entirely the same as the one which is before us now. There were alternative clauses in that Bill and, I am sorry to say, that in spite of my request I could not get that Bill which was circulated for eliciting opinion. In support of my contention that this is not that Bill which was circulated and on which the opinions were received, I want to compare the first line of the Bill which was circulated: there you find the following preamble:

"Whereas it is expedient to establish a Medical Council in India to provide for the maintenance of a register of qualified practitioners of modern scientific medicine in order to establish a uniform minimum standard of qualifications in medicine for all provinces, such that persons attaining thereto shall be acceptable as medical practitioners throughout British India . . . it is hereby enacted as follows:"

This is the preamble of the original Bill which was circulated and on which opinions have been received by the Government, and these opinions were circulated to us only two days ago. Now, compare this preamble with the preamble of the Bill which is under discussion before us. Here you find the following:

"Whereas it is expedient to establish a Medical Council in India and to provide for a Register of the *higher grade* of qualified practitioners of modern scientific medicine in order to establish a uniform minimum standard of *higher* qualifications in medicine for all provinces: it is hereby enacted as follows:"

Now, I want to ask my Honourable friend, Mr. Bajpai, on this point whether the word "higher", which occurs in two places in the present Bill, was in the preamble of the Bill which they originally circulated . . . .

**Mr. G. S. Bajpai:** No; it was not.

**Mr. M. Maswood Ahmad:** No reply to that point: so my Honourable friend accepts the point.

**Mr. G. S. Bajpai:** I said "No."

**Mr. M. Maswood Ahmad:** Thank you. Then he admits that there is a very great difference between the Bill which was circulated and the Bill which is now under discussion before us. In this connection I will say that the preamble of a Bill is the seed for the whole tree. If you change the seed, you will get another tree and you will get quite different fruits. You cannot get the same fruit if you change the seed again and again. (Laughter.) When you have changed the preamble of the Bill, then the

whole idea, the whole scope of the Bill, the whole programme, everything has been changed. By changing the preamble, the scope of the Bill has been changed; the old idea has been changed; and no opinion has been collected by the Local Governments and associations on this present Bill. Further, I oppose this idea that this thing should be for higher qualifications only, and if you will compare this preamble which is before us with the preamble before the General Medical Council, you will find that it is quite a different thing. I will discuss that point later.

My fifth point, Mr. Deputy President, in this connection is that the Conference which was summoned in Simla in 1930 was not of a sufficiently popular and representative character. No opportunity was given to the independent medical men or to the different Medical Associations of the country to be represented at that Conference. In the list of names of people who were present in that Conference, Honourable Members will find the representatives of Local Governments or of the Medical Faculties, and, so far as the Medical Faculties were concerned, the majority of the members in these Faculties were either I. M. S. men or Government servants. Besides the representatives of the Government of India, there were 11 Executive Councillors, four Ministers, three Surgeon-Generals, five Inspectors-General, and only seven representatives of the Indian Medical Faculties . . . . .

**Mr. G. S. Bajpai:** My Honourable friend has probably misread 11 for 1.

**Mr. M. Maswood Ahmad:** It might be so, because in my Note I have got the figure 1 typed twice; but anyway, that does not change my main point. One Executive Councillor, four Ministers, three Surgeon-Generals, five Inspectors-General combined with five persons from Government of India have no comparison with the seven representatives of Medical Faculties. I think at least the majority of these seven representatives as well would have been Government servants. My chief point is that there were I. M. S. men, Government servants and Ministers in an overwhelming majority. Again, these gentlemen were not beyond the control of the Government, and in this Conference the independent medical profession was totally ignored. In my humble opinion, the independent medical men were the only fit persons whose opinions should have carried weight on a matter like this. In their Statement of Objects and Reasons, Government say this:

"The Government of India have for some time past, in consultation with Local Governments, been considering the question of establishing an All-India Medical Council.....The Government of India, therefore, drafted a Bill on the subject and circulated it to Local Governments, who have accorded their approval to the principles underlying it and agree that it should be proceeded with."

Sir, it is clear that the Government of India did not circulate the draft to All-India Medical Associations. These organisations were totally ignored, otherwise it would have been mentioned in the aims and objects as it has been mentioned about Local Governments. Sir, though the Local Governments have sent in their opinions, and although some of the Medical Associations have also sent in their opinions, no attention has been paid by the Government of India to the suggestions made by local medical associations or by independent medical practitioners. All such opinions received from the members of the independent medical profession have

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been totally ignored, and they have drafted this Bill only on the recommendations of the Local Governments, and in many places even these recommendations have not properly been adhered to. This is my sixth objection, Sir.

My seventh point is this. We have now to see what was the immediate object of this Bill. I do not want to express my own opinion on this point, but I will merely read what Government themselves have admitted. This is what they say:

"But until recently there has been no consensus of opinion in favour of the establishment of such a Council. This has been partly due to the action of the General Medical Council in deciding in February, 1930, to withdraw temporarily the recognition of the Medical Degrees of Indian practitioners."

This action of the General Medical Council is evidently the immediate cause for drafting this Bill and placing it before us; and, therefore, this is the reason why the Government want to establish an Indian Medical Council. When the withdrawal of the recognition of the degrees of Indian Universities by the General Medical Council of England is the immediate cause, the proposed Indian Medical Council should have been on the lines of the General Medical Council, because our proposed body is to replace the General Medical Council for maintaining a register of Indian medical practitioners. But when we compare the provisions of this Bill with those of the General Medical Council, we find a world of difference between the two. In this connection I shall read out a few lines from the Memorandum of the General Medical Council as to the Constitution, functions and procedure. This is a copy which I have obtained from the Government Department, and so this can be said to be an authoritative document. Now, this is what they say: ,

"The Instrument which Parliament set up for the purpose of marking the distinction between qualified and unqualified persons is called the Medical Register."

"It exists in fact for the protection of the public."

"This Council is in fact neither a Parliament for making professional laws, nor a Union for protecting the professional interests. It exists in fact for the protection of the public".

Thus it will be seen that the object in view is simply to protect the interests of the public, but this object has not been kept in view by the Government of India in drafting this measure which is now before us. If they had taken into consideration this object, then they should have drafted this Bill in such a way as to protect the public both from the higher and lower grade practitioners. If the object of a Medical Council is to protect the interests of the public, then the public should be protected both from the higher as well as the lower grade of practitioners. I maintain, Sir, that protection for licentiates is more necessary than for graduates, because, after all, graduates are more educated, they have more knowledge of medical science than that possessed by the licentiates. Further, India is a poor country, and 99 per cent. of the people take medical advice from these licentiates. They should know as to who, from among these licentiates, is a qualified man and who is not, and they can find this out only if a register is maintained. I fail to understand why a register of only higher qualified graduates should be maintained, and why the lower grade practitioners should be excluded from it. In my



opinion, the proposed Medical Council should maintain a register of all qualified practitioners of modern scientific medicine, and the exclusion of lower grade practitioners from this Council will defeat the very object of the Medical Council. I have strong opinion on this point and I request the Honourable Member in charge to allow the licentiates to get them registered on the Indian Medical register. There should, under, no circumstances, be any kind of differentiation between the higher grade and lower grade of practitioners.

Mr. Deputy President, I know the Government will succeed in carrying their motion and the Bill will be referred to a Select Committee, and, as I have said at the beginning, I found some practical difficulties in opposing the whole measure *in toto*, and, as I am aware of the Government voting strength and of the absence of many elected Members, I want to suggest some very important amendments in the Bill. I am suggesting with the view that if I fail in getting the Bill circulated, and if the Bill is referred to the Select Committee, then my opinion shall be before the Select Committee so that they may be considered there.

My first suggestion is that the preamble should be drafted on the lines of the preamble of the General Medical Council. I want that such a long preamble should be omitted and a shorter one similar to that adopted by the General Medical Council should be substituted. This is the preamble of the General Medical Council:

"Whereas it is expedient that persons requiring medical aid should be enabled to distinguish qualified from unqualified practitioners, be it, therefore, enacted".

I want that this short preamble should be substituted for the one which the Government have adopted in this Bill which is before the House. If this suggestion of mine is not acceptable to the Government, then I would suggest, Mr. Deputy President, they should draft the preamble exactly on the lines of the one which they have already circulated to the Local Governments and on which they have received so many opinions. If, however, for any reasons the Government are not prepared to accept their own draft again, then I would suggest that they should at least omit the words "higher education" and "higher qualification" from the preamble.

My second suggestion is this, that you will find in the Bill in several places the mention of the words "British India". I seriously object to this, and I want that this Medical Council should be for the whole of India and not for British India alone, now that the Federation is very near and the States are coming in and joining us. I, therefore, submit that this Bill should be for the whole of India and not for British India only. (Interruptions.) May I know from the Honourable Members interrupting whether in all the Acts they find the words "British India" only? (Some Honourable Members: "Yes.") If it be so, then at the time those Acts were passed there was no Federation imminent, but now that the Federation is very near and the time is not far off when legislation passed by this House will apply to the States as well, I say that the present Bill must apply to the States as well. Further, I will ask the habitual supporters of the Government to see the first line of the first letter published on the first page of the literature supplied by Government. There they will find that Mr. A. B. Reid, Secretary to the Government of India begins with the following words: "I am directed to address you regarding the establishment of an All-India Medical Council . . . ."

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My next point is about the composition of the Indian Medical Council, which is the most objectionable clause. You will find in clause 8 that they want to have an elected President. (*An Honourable Member*: "Who wants elected President?") Government have provided so in this Bill. (*An Honourable Member*: "Where is it?") I will ask my friend to read the Bill and then to open his lips. Please see sub-clause (a) (1) of clause 8. (Applause.) Government have provided in the Bill that the President should be nominated by the Governor General in Council. So it means that Government want the President of the Indian Medical Council to be nominated. You will find other provisions in the Bill to the effect "one member from each Governor's province, to be nominated by the Local Government of the province", "one member from each Governor's province, to be elected from amongst themselves by the members of the Medical Faculties of British Indian Universities within the province". Sub-clause (1) (a) provides for a nominated President, and, under (b), there are other nominees of the Local Governments who, I believe, will be 9 or 10 in number. Now, Sind and Orissa and the North-West Frontier Province are Governor's Provinces and they will nominate and so the number will increase from 9 to 10 or 12, or God knows how many afterwards. Under (c), there will be three nominees of the Governor General in Council. Under (c), there will be six representatives of the Medical Faculties. You will find in the list there are six Universities only having Medical Faculties, namely, the Allahabad University, the Bombay University, the Calcutta University, the Lucknow University, the Madras University, and the last one is the Punjab University.

**Sir Muhammad Yakub** (Rohilkund and Kumaon Divisions: Muhammadan Rural): Allahabad has got no Medical Faculty.

**Mr. M. Maswood Ahmad**: Then the number of elected members will decrease. I said six; it will be five, which only strengthens my argument. I do not understand why in a Council of 28 or 34, there should be so many nominated members, and if you compare this with the composition of the General Medical Council in England, you will be surprised, Mr. President, to hear . . . . .

**Sir Muhammad Yakub**: Mr. President will not be surprised.

**Mr. M. Maswood Ahmad**: Mr. President will not be surprised, but several habitual supporters of the Government will be surprised. The Council was established under the Medical Act, 1858, and its composition was somewhat altered by the Act of 1886. It now consists of eighteen members appointed by the Universities in the United Kingdom having Medical Faculties; of nine members appointed by the Medical Corporations, such as the Royal Colleges of Physicians and Surgeons; of five members appointed by His Majesty-in-Council; and of six members directly elected by members of the profession as a whole—a total of 38. In a House of 38, the Government nominees on the General Medical Council are only five; and, here, in a House of 28 or 34, there will be a nominated element to the extent of more than 60 or 70 per cent. In the General Medical Council, there are also added three dentists who are members of the Dental Board and are appointed for dental business. The Universities

may appoint either medical men or laymen. There is, therefore, a clear provision in the General Medical Council that laymen as well can be elected by the Universities. But what has been done in this Bill? The election has been restricted to the members of the Medical Faculties :

"One member from each Governor's Province, to be elected from amongst themselves by the members of the Medical Faculties of British Indian Universities within the province."

Again, in Cambridge, for example, the representative is elected by the Members of the Senate, in the same way as the representatives in Parliament. Therefore, you will find that they are selected by the Senate; they are not selected by the Medical Faculties. This is the great difference between that election and the proposed election in this country. As regards nominations, you will find that the representatives nominated by His Majesty-in-Council are generally appointed for special reasons. In this Bill there is no such provision. I will appeal to the Member-in-charge of the Department to keep in mind that these nominations are for some special reasons.

**The Honourable Khan Bahadur Mian Sir Fazl-i-Husain** (Member for Education, Health and Lands): What special reasons?

**Mr. M. Maswood Ahmad:** That may be considered in the Select Committee. That is not a point to be considered here. There are many special reasons why nominations should be made in that way.

**The Honourable Khan Bahadur Mian Sir Fazl-i-Husain:** Kindly tell us a few.

**Mr. M. Maswood Ahmad:** I will not be in the Select Committee. This point is to be considered by the Committee, and so I am pressing my views before you here.

**The Honourable Khan Bahadur Mian Sir Fazl-i-Husain:** Why not quote them here?

**Mr. M. Maswood Ahmad:** Again, in England, the direct representatives are practitioners, elected four from England, one from Scotland, and one from Ireland, by ballot from among the members of the profession having registered addresses in these countries, respectively. That is the composition of the General Medical Council, and if the Government want to have an All-India Medical Council in this country, it should be on the same lines as the General Medical Council in that country. I further suggest that this Council should be on popular lines and, for that purpose, sub-clause (1) (b) of clause 3 should be entirely omitted. But if Government insist on giving the power of nomination to Local Governments, it should be for special reasons.

Now comes the question of the nomination of the President. In this connection I have already stated and I again say that the main wirepuller is the President and, therefore, he should not be nominated, but only elected by the Committee.

The Bill is altogether silent on the privileges and status of the members of the proposed Medical Council and this, I consider, to be a very serious omission. In my opinion, some definite privileges ought to be given to

[Mr. M. Maswood Ahmad.],

those who get themselves registered. In other countries medical practitioners, who do not get themselves registered, are not allowed to enter any Government or semi-Government service; their certificates are not accepted as valid; their opinion on medical matters is not accepted in a Court of law, and dangerous drugs are not allowed to be administered by them. So there must be some clause in this Bill for the privileges of those men who want to be registered in that register.

Mr. Deputy President, I come to reciprocity now. This is the other most important point. This has been mentioned in clause 19. You will find here that "the medical qualifications granted by medical institutions outside British India which are included in the Second Schedule shall be recognised medical qualifications for the purposes of this Act." So Government want the certificates from outside India to be recognised automatically and this is very objectionable. There must be some provision in the Bill that these certificates will not be accepted in India unless those countries are prepared to accept our qualifications in their country. I would suggest that the medical qualifications, now granted to medical institutions in countries outside India, shall be declared recognised medical qualifications under the Act as soon as the Governor General in Council is satisfied on the report of the Indian Medical Council that the registering authorities of such countries are prepared to enter into the scheme of reciprocity as regards enrolment and registration of medical practitioners with the All-India Medical Council. A list of such medical qualifications shall, by notification in the Gazette of India, be included in the Second Schedule. Such notification may also direct that any entry shall be made in the Second Schedule declaring that such be recognised medical qualifications only when granted after a specified date. This is of vital importance. The provision of reciprocity in clause 19 is a farce at present. It is injurious in its present form.

Further, I will say that there is one great objection in the Schedules. In Schedule I, you will find that two very important Universities have been omitted. In the Schedule I find Lahore, Bombay, Calcutta, Lucknow, Madras and Allahabad. If the Moradabad Knight is correct, there is no Medical Faculty at Allahabad, though I am not sure of that. Even that has been recognised. But inspite of there being a Medical Faculty at Patna, inspite of having such a good College there, inspite of the fact that the Bihar Government is spending a lot of money on medical education at Patna, inspite of good remarks of the inspecting authorities, inspite of it being highly appraised by Inspectors of the General Medical Council, inspite of it being the best of all these Universities, Government have not mentioned the Patna University in this list. I would request the Honourable Member to include the Patna University. The Andhra University has also not been mentioned and I think that University is in no way inferior to those I find in the list. Burma is going to be separated. So I leave that. If Burma is not separated and it is a part of the federal India, then Government must include the Burma University also in this list.

Now, Mr. Deputy President, I will suggest there should be a third Schedule for the licentiates. The degrees of licentiates are called differently in different provinces. I will not go into a long list of that. That also should be included in this Third Schedule, and if the Bill will be referred

to the Select Committee I will send those lists for being considered on that occasion. There is only one other point I want to touch. That is provincial autonomy. My Honourable friend, the Mover, has said that, and many other Members may say that as provincial autonomy is coming, we should not include the licentiates in this list and that it will be a kind of interference with provincial autonomy. This is the last point on which I want to satisfy the House. It is strange that up to the time when there was no talk of provincial autonomy, Local Governments were insisting that they were not ready to give their medical education under the all-India system, but, after these Round Table Conferences, when it became clear that provincial autonomy was coming, the Local Governments say: "take away this medical education in the hand of the Central Body" and that they are satisfied with licentiates only. May I ask is it not surprising? This is an astonishing fact. I think the main reason is that these I. M. S. officers are afraid of provincial autonomy and that they want to come under the control of the Central Body because they think that their fate is not safe in the provinces, while there is less or no responsibility in the centre. The only course for those Members who do not want these licentiates to be included, on account of provincial autonomy, is to throw out the whole Bill. (Applause.)

**Mr. Deputy President** (Mr. R. K. Shanmukham Chetty): Amendment moved:

"That the Bill be circulated for the purpose of eliciting opinion thereon by the 31st July, 1933."

**Mr. O. S. Ranga Iyer** (Rohilkund and Kumaon Divisions: Non-Muhammadan Rural): Sir, I listened with a certain amount of delight to the speech that has just been concluded. As the length of our grievances is greater than the depth of the Government's information (Laughter), I am not surprised that the previous speaker should have taken a longer time than the Mover of this Bill. The crux of the Honourable gentlemen's case was this: "The Bill is loosely drafted and requires entire overhauling". That being so, I was a little taken aback when he stated "circulate and re-circulate". If the Bill is loosely drafted and requires entire overhauling, the proper place to overhaul it is in the Select Committee and, therefore, I believe that in the Select Committee the Bill can be carefully examined and the objectionable features of the Bill wholly removed. The Bill has certainly many objectionable features and, I am certain, that when Mr. K. C. Neogy and Mr. Raju, who have made a special study of some of the features of this Bill, work in the Select Committee, they will make out a case by threshing out many of these points there. Even the preamble, which, according to the Honourable gentleman who has just concluded his speech, is open to objection, can be changed in the Select Committee. If equality should be secured—and if the Select Committee is unanimous on that point—between the licentiates and men of higher qualifications, the proper place to get that equality established is in the Select Committee by altering among other things, the preamble of the Bill. In the Select Committee, the gentlemen who have agreed to serve on it will have to see to it that the Andhra University, the Patna University and the Rangoon University,—for Burma has not been separated yet from India,—get the same status, the same advantages and the same privileges as the Universities in other parts of India. (Hear, hear.)

[Mr. C. S. Ranga Iyer.]

Then there is the question of the composition of the Medical Council. I am sure, Honourable Members will like to approximate as closely as possible the position of the Council to the position of the Council in England and they will try to acquire the same status for the Council in this country that the Councils in other parts of the Empire have got and the question that evolves from this is the question of reciprocity which, if occasion requires, will have to be interpreted as retaliation. (Hear, hear.) If our Council does not get what it wants, if our Council does not have the authority that the other Councils have, we at any rate would strongly oppose the Bill. Sir, the question of reciprocity is one on which there cannot be much difference between Honourable Members opposite and ourselves and, I hope, that on this point a very explicit statement will be made by the Government, for it is an important consideration before the House agrees to refer the Bill to the Select Committee.

There is a good deal of misapprehension in the country, a very just misapprehension and there is a good deal of feeling that India has been most shabbily treated by the British Medical Council. There is a good deal of legitimate suspicion which cannot be altogether ignored. Sir, the Member in charge of this Bill is Mr. Bajpai, who is an Indian himself . . . . .

**Mr. Lalchand Navalrai** (Sind: Non-Muhammadan Urban): Will that suspicion and misapprehension be removed by the Select Committee?

**Mr. C. S. Ranga Iyer:** That is a matter which has got to be considered in the Select Committee. I do not know whether it will be removed by the Select Committee. I am not on that Committee. But these things will have to be taken up and we must try our best to get them removed in the Select Committee, because I find that a large number of Honourable gentlemen have been put on the Select Committee and they have all probably agreed to serve on that Committee. Not being on the Select Committee myself, I can only urge from here that these matters will have to be taken up by the Select Committee.

**Mr. Lalchand Navalrai:** That will be no guarantee to us,—when the Honourable gentleman himself is not there.

**An Honourable Member:** Our other friends are there.

**Mr. C. S. Ranga Iyer:** I quite realize what my friend from Karachi says and I am perfectly certain that when he stands up and makes out his case, he will make out a strong case for the views that he holds. I perfectly share his misapprehension in many matters, and, therefore, it is up to us to speak out our mind on these matters; but in view of the story that has been narrated by my Honourable friend, Mr. Bajpai, in view of the fact that he has stated that this matter has been before the House for a very long time and that some form of circulation has already taken place, I find it very difficult to associate myself with the motion for re-circulation; but if I do not associate myself with the motion for re-circulation, I must make it perfectly clear that I do not associate myself with the Bill that has been presented to us. (Hear, hear.) It contains many unhappy features and those features will have to be

altered if the Bill is to get the acceptance of this side of the House. (Cheers.) Otherwise we will reserve to ourselves the fullest right of altering the Bill on the lines the Opposition would like to have it altered.

**Mr. Gaya Prasad Singh** (Muzaffarpur *cum* Champaran: Non-Muhammadan): Or of rejecting the Bill.

**Mr. C. S. Ranga Iyer**: Or, as Mr. Gaya Prasad Singh truly says, even of rejecting the Bill altogether. (Hear, hear.) These are matters which will have to be considered at a later stage, but I must tell the Government, in the first place, to make their position clear in regard to the electors, the composition of the Council, etc., etc. The Universities have a right to be electors. I cannot understand how the University in the Province of Bihar and Orissa or in the Andhra Province could have been left out. Then, again, we have a right to prevent and make provision against something like the development of a medical tyranny in this country by our completely handing over the Medical Council to professional men. (Cheers.)

**Mr. G. S. Bajpai**: I simply wish to state, Sir, that my Honourable friend is not quite correct in stating that the University of Patna is excluded from the electorate. It is the qualifications of the Patna University which are not included in the Schedule. The University of Patna is in the electorate.

**Mr. C. S. Ranga Iyer**: Patna is definitely in the electorate, but, at the same time, its inclusion in the Schedule would give Patna the same status that the other Universities have got, and this is a matter on which, I am sure, the Government will bestow the due consideration that the matter deserves.

**Sir Muhammad Yakub**: What about the Benares and Aligarh Universities?

**An Honourable Member**: The British Medical Council have not considered this.

**Mr. C. S. Ranga Iyer**: My Honourable friend, Mr. Jagan Nath Aggarwal, tells me that the British Medical Council have not considered this aspect. I am quite certain that when he presents his case and dwells on this question, he will emphasize it and that the Honourable gentlemen who propose to serve on the Select Committee will give that point every consideration. Sir, the Honourable Member in charge of this Department happened to be an esteemed Member of the Punjab Government and, if one were to go into the past history of this Bill and the attitude which the Government of the Punjab had taken, it would perhaps become clear as to why the Punjab Government at one time entertained considerable apprehensions on this matter. Sir, in view of the agitation in the country and in view of the great suspicions prevailing in the public mind, it is for the Government to make it perfectly clear, when the Government spokesman replies to this debate, that all the suspicions that are entertained on this side will be removed and that the Bill will emerge from the Select Committee very different from the Bill that goes into it. (Applause.)

**Dr. R. D. Dalal** (Nominated Non-Official): Sir, let me assure the House at the outset that I do not speak on the Medical Council Bill as an uncertified adventurer in the street. Perhaps I may state my credentials. Even at the risk of appearing egotistic, I may state that I possess both Indian and English medical qualifications—the highest qualifications in medicine and public health (Ironical Cheers from the Opposition Benches), and that my standing in the medical profession extends over 35 years. Sir, to my mind . . . .

**Mr. Lalchand Navarai**: Not under a democratic Government.

**Dr. R. D. Dalal**: Sir, to my mind the membership of the Legislative Assembly presents three aspects (Hear, hear): a duty, a responsibility, and an honour. I have been invited to serve on the Select Committee proposed to consider and to amend this Bill; and, I think, the man, who is not imbued with a sense, not of foolish vanity, but of grave responsibility, is not fit to be a Member of this great Central Legislature (Ironical Cries of "Hear, hear" from the Opposition Benches)—much less if he misleads this Honourable House in any way. Sir, I feel peculiar pleasure in giving vent to expressions of congratulation to my Honourable friends—Sir Fazl-i-Husain, Sir Frank Noyce, and General Sir John Megaw. All three of them have taken a deep interest in this Bill, and have all along striven hard to settle this difficult and long-vexed question, and, in my opinion, they have earned the grateful thanks of the medical profession in India.

Now, Sir, with your permission, I shall proceed to recall very briefly the history of the controversy with regard to the relations between the General Medical Council and the Indian Universities. Under the Medical Act of 1886, it is the statutory duty of the General Medical Council to satisfy itself that all qualifications recognized by the Council should guarantee a standard of proficiency sufficient for practice in Great Britain. Accordingly, various Indian medical degrees received recognition. In 1920, the first difficulty arose. The attention of the General Medical Council was called to the inadequacy of training in midwifery, which was given at some of the medical colleges in India. The shortcomings were frankly admitted by all. The defaulting Universities were warned that unless satisfactory arrangements could be made for the teaching of midwifery, the recognition of their degrees would terminate. The Universities asked for time to comply with the requirements. In 1922, it was arranged that, on behalf of the General Medical Council, Sir Norman Walker should visit India to see what was actually being done. The Universities showed a genuine desire to rectify their shortcomings, not only in midwifery, but also in various matters which were brought to their notice by Sir Norman Walker. No machinery existed in India for the inspection of the Universities and their medical examinations. It was proposed that the Government of India should appoint a special Inspector. This was agreed to by the Government of India and by all Universities except the Calcutta University, which objected on the ground that the inspection was an unusual procedure; so the medical degrees of the Calcutta University were not recognised by the General Medical Council for four years from 1924 to 1928. In 1928, the Calcutta University applied for a resumption of recognition by the General Medical Council. This was agreed to after an inspection. In 1926, Sir Norman Walker paid a second visit to India, and he submitted



a most comprehensive report on the conditions of medical education in India. He reported that great progress had been made in the removal of previous defects, but he pointed out various matters in which further improvement was needed to ensure uniformity in the standards of the examinations. He suggested the establishment of a Medical Council in India; and, pending the formation of the Medical Council, it was proposed that a Commissioner of Medical Qualifications and Standards should be appointed as a temporary measure. This proposal was objected to by this Honourable House. As the period of temporary recognition by the General Medical Council of the medical degrees of the Indian Universities was fast drawing to a close, the Government of India proposed that a Board, consisting of the representatives of the Government of India and of the Medical Faculties of the Universities, should be set up as a temporary measure for the inspection of the medical examinations. But the General Medical Council regarded this proposal as an unsatisfactory makeshift, and it decided in February, 1930, that, in the absence of authoritative information as regards the medical qualifications and standards of the Universities of Bombay, Calcutta, Madras, Lucknow, and Punjab, it was unable for the time being to continue to recognise the medical degrees of the Indian Universities as furnishing a sufficient guarantee of the possession of the requisite knowledge and skill for the efficient practice of medicine, surgery and midwifery in Great Britain. Consequent upon this decision, the Committee of Management of the Conjoint Examining Board in England have decided that if, by the 1st June, 1933, the Indian Medical Council Bill has not been passed into law and approved by the General Medical Council, the existing recognition of the Indian Universities by that Board also would cease.

**Diwan Bahadur A. Ramaswami Mudaliar** (Madras City: Non-Muhammadan Urban): Does the Honourable Member say that the decision of the Board was that the Indian Medical Council Bill to be passed by the Assembly should have the positive approval of the General Medical Council?

**Dr. R. D. Dalal:** That is what I understand.

**Diwan Bahadur A. Ramaswami Mudaliar:** Thanks for the information.

**Dr. R. D. Dalal:** Sir, it has been said that the General Medical Council has forced the Government of India to establish a Medical Council in India. To get at the truth of this allegation has been my great object. I have made a thorough investigation, but I can discover no ground for this allegation. Nay, I regard this allegation as a mischievous delusion. So, Sir, with your permission, I shall take this opportunity to clear away the misconception which seems to prevail amongst the medical practitioners in India. The General Medical Council has played a very important part in bringing the medical education in India to its present high standard. The General Medical Council was asked to recognise the medical degrees of the Indian Universities as being equivalent to British qualifications for purposes of registration in Great Britain; so, consistently with its statutory duty, the General Medical Council was compelled to play an active part. What is more, the General Medical Council itself recommended that India should set up its own organisation for the co-ordination of medical education and standards so that it might escape from the invidious and

[Dr. R. D. Dalal.]

unsatisfactory position of having to meddle in the affairs of the Indian Universities. If the General Medical Council did not keep the Indian Universities up to the mark, it would be tantamount to the General Medical Council not doing its duty. In that case, the Privy Council would step in, and would put the General Medical Council in default. Sir, I can assure the House that I have made a close study of this Bill, and I have arrived at certain definite conclusions. There is much virtue in the closed mind, for an open mind like an open drain is apt to be the receptacle of much filth and rubbish.

**Mr. C. C. Biswas** (Calcutta: Non-Muhammadan Urban): Under-ground sewers generate gases.

**Dr. R. D. Dalal:** But, I am not one of those who make it their boast that when once they have made up their minds, nothing can alter them. This is a Bill of great importance to the medical profession and to the public generally; so it would be a great blunder—a blunder worse than crime,—to have a mind closed by blind prejudice, or stupid obstinacy, or unreasoning pre-conception. The necessity for this legislation is universally admitted. The Council should be established in such a manner as to ensure an honourable International status for the medical degrees of the Indian Universities. The object of this Bill is to establish a register of those medical practitioners who possess medical qualifications which are likely to be accepted in other countries as conforming to International standards. Reciprocity depends upon the possibility of satisfying the authorities responsible for maintaining the standards of medical practice in a country that the standards of medical qualifications in another country seeking reciprocity do not fall below those which they themselves require. Therefore, the main object of this Bill is to restore and to maintain that reciprocity between India and Great Britain which has been interrupted by the refusal of the General Medical Council since February, 1930, to recognise the medical degrees of the Indian Universities. Sir, I may state in passing that in Japan there are several standards of medical qualifications, but only the highest standard of medical qualification is recognised for reciprocity in other countries. If the medical graduates and the licentiates of the medical schools are given equal rights, the candidates might prefer the easiest examination instead of that in the highest repute. The Bill provides that eventually we should be able to raise to a sufficient and uniform standard the medical education of all persons who would enter the medical profession; so it will benefit the public at large by securing an improved class of medical practitioners. There is nothing in the Bill which will prevent the licentiates being recognised when the courses of training and examinations are considered sufficient by the Medical Council of India. The licentiates have not been included in the scope of the Bill, because at the present time they have not the slightest chance of being recognised in other countries. It is true that the licentiates compose a very large section of the Indian medical profession; I admit that the licentiates have rendered conspicuous services to the Government and to the people of India; and I firmly believe that the medical facilities in the vast rural areas of India can be provided only through the instrumentality of the licentiates. But, Sir, so far as India is concerned, their recognition will remain exactly the same as before, and when the courses of training and examinations are brought up to the requisite standards, they will automatically come within the scope of the Bill. The

door has been left open for them by the Government of India; medical schools will, therefore, have an incentive to work up to the higher standards. Any adequate Bill must recognise the clear distinction between the medical schools and the medical colleges in the present circumstances. The medical schools do not maintain such a standard of proficiency as obtaining in the medical colleges; the system of education given in the medical schools is quite different to that in the medical colleges; the preliminary education of the licentiates is quite inferior. That the licentiates have been put on the provincial registers is due to the peculiar conditions and circumstances of India, and to discriminate them from unqualified practitioners for Government and local board service of a subordinate grade, and to bring them under the disciplinary jurisdiction and control of the medical councils for unprofessional conduct. If the licentiates will insist on recognition of equality of status in the present circumstances with the medical graduates, what will be the result? The practical outcome of it will be that no medical qualifications of India are likely to receive recognition for reciprocity. Sir, I am convinced that eventually the licentiates are bound to come within the scope of the Bill; I, therefore, see no necessity for legislation for the lower qualification. But if such legislation be considered desirable, this question should be thoroughly investigated. I respectfully submit that a beginning should be made by securing recognition of higher qualifications for reciprocity in other countries.

Sir, much has been said about Patna, Andhra, and Rangoon Universities. These Universities have not been included in the first Schedule of the Bill. They had not been recognised under the arrangements which were in existence before the withdrawal of recognition by the General Medical Council; but there will be no difficulty in placing them on the list if they will satisfy the Medical Council of India as to the sufficiency of the standards of training and the efficiency of their examinations.

**Mr. M. Maewood Ahmad:** Why not the same for other Universities?

**Dr. R. D. Dalal:** I see no objection to British, Colonial, and Foreign medical practitioners being admitted on the register on payment of fees without examination, provided that they were duly qualified and provided that there was full reciprocity between India and Great Britain, Colonies, and Foreign countries.

The Bill gives the Council power to send Inspectors to see that the examinations are sufficient and efficient; and if they find any body not doing its duty and not giving the examinations in a fit and proper manner, that body would be put in default by the Council subject to the sanction of the Governor General in Council.

Now, Sir, I shall pass to a very important point which will give the House food for reflection. A great many Indian medical men are earning their livelihood in the United Kingdom; so it is a matter of great importance that there should be reciprocity between India and Great Britain.

**Mr. Lalchand Navalrai:** What is the number of such practitioners, please?

**Dr. R. D. Dalal:** I do not know the exact number.

**Mr. C. C. Biswas:** Why not have an examination for them there, if necessary?

**Dr. R. D. Dalal:** Then, Sir, there are other countries, to which Indian medical men look for honourable careers, such as Ceylon, Cyprus, Fiji, Malta, Gibraltar, South Africa, Uganda, Straits Settlements, and so on. These countries contain enormous populations of Indians, who lay great stress on provision for themselves and their families of medical treatment by Indian medical men; and the welfare of these Indian populations the Government of India are in duty bound to subserve. But these countries regard recognition by the General Medical Council as an essential condition, which must be complied with before they are allowed to practise in their Territories.

Now, Sir, with your permission, I shall just say one word as regards the President of the Council. The President of the Council should be a man qualified by experience; he should have a knowledge of the procedure, precedents, and conventions of the Medical Councils in Great Britain and other parts of Europe; he should be the guide and adviser of the Presidents of the Provincial Medical Councils; he should be a man who is debarred from private and consultation practice; he should be a person who has a powerful influence on the whole history of medical education in India; and, in view of the close association which should exist between the Central Government and the Medical Council of India, I think it is highly desirable that the President should be nominated by the Governor General-in-Council.

**Diwan Bahadur A. Ramaswami Mudaliar:** Does your profession in India bear out that suggestion?

**An Honourable Member:** An I. M. S. man?

**Dr. R. D. Dalal:** Now, Sir, I shall bring my remarks to a close; and I hope that the length of my remarks will perhaps be held to have been justified by the singular importance of the Bill. Sir, it is a welcome and remarkable development that the Provincial Ministers and others, who could not be induced three years ago to consider favourably the proposals for a Medical Council in India, are now eager to see it established as early as possible. The idea of this legislation was mooted as far back as 1926; and since then this question has been on and off before the Central Legislature and before the public. The Bill has been prepared in accordance with the views of a Conference which was fully representative of the Provincial Governments; the Bill has been prepared in deference to a universal demand of the medical graduates themselves. The Bill has received the approval of the Medical Faculties of the Universities and of the Provincial Medical Councils.

**Diwan Bahadur A. Ramaswami Mudaliar:** Most certainly not.

**Dr. R. D. Dalal:** The action of Government has not been flustered or precipitate. The Bill has been for the last two years and a half in course of incubation, and has been drawn up after full consultation with all parties who are best able to give sound advice on the subject; and, with a view to conciliate all reasonable opposition, certain changes have already been made in the Bill. The Bill bears the impress of an anxious desire on the part of Government to meet the criticisms of both expert and public opinion, and it represents a genuine attempt to secure a sound and dignified status for the medical degrees of the Indian

Universities. I am not surprised at want of unanimity of opinion amongst medical men, because doctors, like sanitarians, engineers and theologians, will always disagree amongst themselves; but the objections will be critically examined by the Select Committee, and I doubt not that the objections will be minimised by the modifications which the Select Committee may introduce into the Bill, and that, as a result of the labours of the Select Committee, the Bill will emerge a useful and efficient measure. I am strongly of opinion that no useful purpose will be served by circulating the Bill for eliciting further opinion. Sir, it is with as forcible and overpowering a ground of appeal as any pleader for a good cause ever possessed that I have ventured to lay the whole case before the House—I have extenuated nothing and I have exaggerated nothing; and I earnestly hope that nothing will happen to mar the progress of this Bill, and that it will receive the support of this Honourable House, as it will settle a long-vexed question, and as it will conduce to the good of the public generally and to the benefit of the whole medical profession in India.

**Dr. Ziauddin Ahmad:** (United Provinces Southern Divisions: Muhammadan Rural): With your permission, Sir, I request the Honourable gentleman before he sits down to explain how he proposes to deal with the case of licentiates in the Bill as he mentioned.

**Mr. Deputy President** (Mr. R. K. Shanmukham Chetty): The Honourable Member has just finished his speech. I cannot ask him to make another speech just now.

**Mr. B. Sitaramaraju:** Sir, the Honourable gentleman, who has just now resumed his seat, is accustomed to take the views of the Government always on trust. That has become almost a second nature with him. If he were to find today that there was nothing in the provisions of this Bill which he could have taken exception to, it is easy to understand him, because, I think, according to him, there is even no necessity of the Bill going to the Select Committee, and what modifications can he expect to be made by the Select Committee in the Bill if he already approves of each and every one of the clauses mentioned in the Bill? Sir, the Honourable gentleman is evidently misled. He is thinking that a great opportunity has been given to us under the provisions of this Bill by providing for reciprocity. I am afraid that the Honourable gentleman will be very much surprised to find that, before I have finished with the few remarks that I should like to offer, there is no such provision for reciprocity in the Bill. If the Honourable gentleman is misled by the word "reciprocity" occurring in the provisions of the proposed measure, I am inclined to say again, Sir, that he has been grossly misled, and it would require all his powers and abilities for vaccination or injection to instil in this Bill the principle of reciprocity which we do not find here, and I will deal with that a little later.

Sir, notwithstanding the remark which was made by my Honourable friend, Mr. Ranga Iyer, I confess that I claim no greater knowledge than he or any one of us to possess on this matter, but I would like that a measure of this importance should be given a fair consideration before motives are attributed and implications are understood. At the very outset, I would like to ask one question. As has been remarked by the Honourable the Mover of the motion for circulation, we are on the eve

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of constitutional changes. We should like to know what overriding necessity there is to push on a measure of this importance now. The Surgeon General to the Government of Madras, when this Bill was circulated, expressed the opinion that it was not fair to constitute a Council purely for British India alone, and leave out the Indian States which had Universities of their own. Sir, it is but suspicious that the Government should consider that there is urgent necessity to proceed with this measure at the present moment. The Honourable the Mover of the motion to refer the Bill forthwith to Select Committee, in giving us the past history of this idea to establish an All-India Medical Council, strengthened the suspicion. There does not appear to be any very great necessity for introducing a measure just when we are on the eve of constitutional changes. Why should the Government want to rush through this Bill when they could have waited for the last 20 years? Sir, there must be some reason, and as an Honourable gentleman said, this is undoubtedly the Medical Ottawa. It gives one the impression that the Government are afraid of the future Legislature. Unless we are convinced that there is an overriding necessity for introducing and pushing through this Bill, we cannot reject the motion for circulation or accept the motion to refer it to Select Committee.

**Mr. C. S. Ranga Iyer:** What I said was that if we accede to the motion for a Select Committee, we accept the principle of the Bill. I hope my Honourable friend, if he does not accept the principle of the Bill, will be true to his own convictions and abstain from serving on the Select Committee, and withdraw his name.

**Mr. B. Sitaramaraju:** I will certainly. That is exactly what I was going to say. If we go into the Select Committee, we accept the principle of the Bill. Now, I would like to ask, what exactly is the principle underlying this Bill? If Honourable Members will care to read the Statement of Objects and Reasons of this Bill, they would find a statement made by the Government of India that the Local Governments have accepted the principles underlying the Bill. That is to say, there are more than one principle underlying it. I would like to ask, what are all those principles which are underlying the Bill and which the Provincial Governments are said to have accepted. We know, Sir, from past experience that when we go to a Select Committee, as my Honourable friends on this side of the House will bear me out, that many material points in the Bill are taken as the principles underlying it and it is not open to the members of the Select Committee to object to any one of them. We have had that unpleasant experience in the Select Committee on the Ordinance Bill. Sir, I am, therefore, anxious to know what exactly is the principle I am supposed to accept, if I accept the motion for Select Committee. If Government can make that position clear, that will determine my attitude whether I should like to serve in the Select Committee or not. Sir, it is with that purpose that I want to know as to what is the principle underlying the Bill. Sir, before dealing with these principles, I would like to conclude my remarks on the point as to what is the overriding necessity. What is the overriding necessity for proceeding with this measure at this stage? One statement was made and that was to the effect that the action of the General Medical Council was responsible for giving a flip to the idea of establishing a Medical Council of an all-India character. But we have

had the Honourable the Mover of the motion for Select Committee saying that although that is there, that is not exactly the reason why they are constituting the Medical Council.

According to the Government of India, the idea was as old as 1910, but it was still an idea and the General Medical Council merely accelerated the idea to take this shape. However, when my Honourable friend, Mr. Maswood Ahmad, read passages after passages showing that it was to placate the General Medical Council that this legislation has been brought about, I could find no satisfactory answer to that charge. Whether this Bill owes its origin to the General Medical Council or not, there is no doubt that the most important part of it appears to have originated from the action of the General Medical Council. I would like to mention here what is the constitutional right of the Indian degree holders of the Indian Universities with regard to the action of the General Medical Council. If the General Medical Council has withdrawn recognition of those degrees, was there no remedy available to them? I say that there is a remedy, but the Government of India, in their step-motherly treatment of the Universities of this country, have not availed themselves of that provision. In the British Act of 1886, Section 13 (2) runs as follows . . . . .

**An Honourable Member:** What is the point?

**Mr. B. Sitaramaraju:** .....I am coming to that. The point is this. There is a passage here under the British Act containing a provision giving a right of appeal to the Privy Council if our degrees should unjustly not be recognised: it says:

"Where the General Medical Council have refused to recognise as aforesaid any colonial or foreign medical diploma, the Privy Council, on application being made to them, may, if they think fit, after considering such application and after communication with the General Council, order the General Council to recognise the said diplomas, and such order shall be duly obeyed."

If the General Medical Council in London refuses to recognise any degrees of India, then the remedy available to India is this: we can immediately file an appeal before the Privy Council and get that order of the General Medical Council reversed and get our degrees recognised . . . . .

**The Honourable Khan Bahadur Mian Sir Fazl-i-Husain:** That is the litigious spirit.

**Mr. B. Sitaramaraju:** I am very sorry to find that when a legitimate right is denied to an Indian degree holder and when it is pointed out that there is a right of appeal to a higher tribunal where he can get redress, my Honourable friend, Sir Fazl-i-Husain, should say that it is the litigious spirit. If one seeks to protect a right by availing himself of an existing remedy, is that to be called a litigious spirit? According to the Honourable Mian Sir Fazl-i-Husain, all Courts must be abolished. No wonder, the Government of India have not been pleased to give us the benefit of that course as managers of these institutions . . . . .

**Mr. K. P. Thampan** (West Coast and Nilgiris: Non-Muhammadian Rural): May I know whether it was open to the University of Madras, for instance, to appeal to the Privy Council to have its medical degrees declared as recognisable by the General Medical Council, instead of leaving it to the Government of India to do so?

**Mr. B. Sitaramaraju:** That is quite possible.

**Mr. G. S. Bajpai:** That is the position.

**Mr. B. Sitaramaraju:** But the Government of India can do it for the whole of India, though it does not legally prevent the University from doing so. As I say, that provision is available to us and so far it has not been availed of. Before we constitute an Indian Medical Council as a remedy for this purpose, we must try the alternative which is already available to us before we can say we are dissatisfied with the provision already in existence and would desire a Council as a remedy. I venture to submit that I have great confidence in the Privy Council and its justice. It is a far greater remedy than the remedy which would be available to us if this Bill were to be passed into law in its present form.

**An Honourable Member:** It is not the Judicial Committee of the Privy Council.

**Mr. B. Sitaramaraju:** The action which was taken by the General Medical Council in London was as old as, I believe, 1929. Since 1929, we have not been on speaking terms even, and, therefore, . . . .

**The Honourable Khan Bahadur Mian Sir Fazl-i-Husain:** You are speaking for yourself.

**Mr. B. Sitaramaraju:** I am speaking not only for myself: if the Honourable Member can say that I have got a wrong information, then I stand corrected. The history of this idea of forming an All-India Medical Council has been engaging the attention of this country for some considerable time. Sir, ever since 1919, when we had the reforms, the  
1 P.M. European element of the medical profession, mostly the I.M.S., and also the General Medical Council got frightened of the disabilities that the I.M.S. people were likely to suffer from a regime of popular control in the Provincial Governments. An extract from a British Medical Journal, the official organ of the General Medical Council, makes this point quite clear. This is what it says:

"The Council had, however, in recent years laid stress on the fact that there should be adequate opportunities for employment on the civil side, and, in the new proposals for the re-organization of the services, valuable concessions have been obtained from the India Office by the Association in this respect. Hitherto it had been one of the aspirations of any one serving in the I. M. S. to obtain a civil employment, because this meant more opportunities of practice and a corresponding measure of comfort. Now, however, the civil side had a completely different aspect, because it involved service not under the Government of India, but under one of the Provincial Governments, and this meant service under an Indian political chief".

Therefore, Sir, the motive behind the whole thing is quite clear. The General Medical Council got frightened of Indian Ministers, but fortunately for us we had in those days great Ministers,—a Panagal from Madras, a Fazl-i-Husain from Punjab,—and these gentlemen were too strong for the General Medical Council . . . .

**Sir Abdulla-al-Mamin Suhrawardy** (Burdwan and Presidency Divisions. Muhammadan Rural): Sir Surendra Nath Banerjee from Bengal.



**Mr. B. Sitaramaraju:** And as my friend has just said, Sir Surendra Nath Banerjea from Bengal. So, these three stalwarts,—the Rajah of Panagal in the South, Sir Fazl-i-Husain in the North and Sir Surendra Nath Banerjea in Bengal were found to be too strong even for the General Medical Council, and, therefore, a decent burial was given to the idea of the establishment of this Council. We thought it was dead and gone, but Sir Fazl-i-Husain is no longer a Minister in the Punjab,—he is a Member of the Government of India . . . .

**An Honourable Member:** Oh! What a fall!

**Mr. B. Sitaramaraju:** If today he has undertaken to constitute that very Medical Council, which he would not look at, a few years ago, when he was Minister in the Punjab, I would only say that inscrutable are the ways of the great . . . .

**Mr. Gaya Prasad Singh:** Like those of the Providence.

**Mr. B. Sitaramaraju:** Yes, Sir. When Sir Fazl-i-Husain took up this subject, he first summoned, as was pointed out by Mr. Bajpai, a Conference of all the provincial satraps and some medical men. That Conference, when it met in 1930, was perfectly aware of the action which was taken by the General Medical Council, but, in spite of that knowledge, they wanted a Council to be constituted entirely independent of the General Medical Council of London and irrespective of the consideration whether the General Medical Council would recognise our degrees or not. Sir, there are prominent medical men who have expressed the view that the withdrawal of recognition of Indian degrees by the General Medical Council of London is even a blessing in disguise, because it gave an opening for our medical students in the Continental clinics. Nevertheless, what do we find? We find that the Government of India are doing nothing but thinking of the General Medical Council alone all the time. Last year, Sir Fazl-i-Husain issued a communiqué in which he said that unless the General Medical Council recognised our degrees, several Indians, who were practising in London, would suffer very much by the want of such recognition. There appears to be some misapprehension, because it is incorrect to say that if practitioners are not registered on the General Medical Council of London, they will be deprived of the privilege of practising in London, because, Sir, they are entitled, under the amended provisions of the Medical Acts, to practise in London even if they are not on the register . . . .

**Mr. G. S. Bajpai:** I am not aware of any such communiqué .

**Mr. B. Sitaramaraju:** I read it in newspapers. I did not receive the communiqué myself, but I have no objection to modifying my remarks if my friend, Mr. Bajpai, says that no such communiqué was issued.

Now, Sir, it is not very difficult to see that the one aim and the one end in view of the Government of India to constitute this All-India Council appear to be to placate the General Medical Council of London; otherwise, what possible explanation can they give to exclude, say, for instance, the Andhra University, the Rangoon University and the Patna University? The Government of Madras themselves have stated that it is unjust to exclude the Andhra University from the Schedule, because the Andhra

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University happens to have, just as the Madras University, the same conjoint examining Board. When both the Andhra University and the Madras University have the same conjoint Board, it will be seen that the exclusion of the Andhra University is absolutely unjustified when Madras is recognised. What is the reason? I may even mention here that Surgeon General Megaw examined the Andhra University . . . .

**An Honourable Member:** He has not, he says.

**Mr. Gaya Prasad Singh:** He has, I believe, examined the Patna University Faculty.

**Mr. B. Sitaramaraju:** If not this General, some other General did it. I remember, it was examined.

**Mr. N. M. Joshi (Nominated Non-Official):** What special grudge has the General Medical Council got against the Andhra University?

**Mr. B. Sitaramaraju:** It is absurd to exclude one University when they have the same conjoint University Board. That was my point, and if it is a fact that the Government of India had not to placate the General Medical Council of London, why should they have excluded the Andhra University?

**Mr. N. M. Joshi:** How is the General Medical Council interested in excluding the Andhra University?

**Mr. B. Sitaramaraju:** I will explain this to my friend. A perusal of some of the speeches delivered by the Ministers at the Conference held in 1925 will show that the one aim of the General Medical Council is to protect the European interests, I mean the I.M.S., and the Andhra University has not got more than one I.M.S. officer. That appears to be the only reason for excluding the Andhra University, otherwise there can be no meaning in denying recognition . . . .

**The Honourable Khan Bahadur Mian Sir Fazl-i-Husain:** But they have not denied recognition.

**Mr. B. Sitaramaraju:** They have withdrawn recognition, and you have withdrawn its name from the Schedule to this Bill to satisfy them.

Now, Sir, coming to the question of these drafts, we have the draft Bill of 1928, of 1931 and we have also the draft Bill before us of 1932, and a perusal of these three draft Bills will show that, every time the Government drafted a new Bill, there has been a change, and the change has always been for the worse. Mr. Bajpai stated that the idea of constituting the Medical Council in India is nearly 20 years old. That reminds one of the mountain in labour producing the mouse. The scope of the Bill from 1928 to 1932 has exactly taken the shape of the tail of that little animal, because, gradually, the scope has been narrowed and narrowed down till we find today that it has reached to the point of inconsistency when it is called a Bill to provide higher minimum standards. The Statement of Objects and Reasons has stated, and my Honourable friend, Mr. Bajpai, has reiterated that statement, that they have drafted this Bill

in accordance with the decisions of the Simla Conference and the opinions of Local Governments. A perusal of the Statement of Objects and Reasons would remind us of the old English saying that half truths, owing to their tendency to mislead, are much more dangerous than deliberate falsehoods. I asked, when Mr. Bajpai was speaking, whether he would assert that this Bill was drawn up in accordance with the decisions of the Simla Conference, and he replied by asking me to judge that for myself. I have judged and I find that the provisions of this Bill are neither in accordance with the decisions of the Simla Conference, nor are they in accordance with the opinions expressed by Local Governments. The Simla Conference state as follows, at page 77 of this book:

"This Conference recommends that a Bill, on the lines indicated in the resolution passed by it already, be drafted and circulated to Local Governments for opinion with the direction that the opinions of Medical Faculties, local Medical Councils and leading Medical Unions be obtained and considered when making the report, and further that the Bill be published in the public press."

They wanted the Bill to be drafted on the lines indicated by their resolution. That resolution Honourable Members will find at page 31 of this book. I wish to draw the attention of Honourable Members to clause 2. It states that the All-India Medical Council should be an independent body and that it should not be subservient to the General Medical Council in London, deriving its powers and functions from an Act of the Indian Legislature. Clause 5 says that only graduates should be eligible to be on the register of the Indian Medical Council, but the inclusion of those who have received diplomas from recognised Universities is a point for detailed consideration. They did not definitely exclude the question of the diploma holders and the licentiates. They kept that question open and said that that must be a matter for detailed consideration.

**Mr. G. S. Bajpai:** I do not wish to interrupt my Honourable friend, but may I say that the phrase used is "diplomas of Universities". Licentiates do not hold diplomas from Universities.

**Mr. B. Sitaramaraju:** That is how it is understood by the members of the Simla Conference who were signatories to this report. When I read the opinion of Dr. Lakshmanaswami Mudaliar, brother of my Honourable friend, Diwan Bahadur A. Ramaswami Mudaliar—that is exactly how they understood when they drafted it. The members who were on that Conference understood it only in that way and in no other way. My Honourable friend, Mr. Bajpai, must himself admit that the diplomas are not degrees. Then, what, according to my Honourable friend, does this word "diploma" cover?

**The Honourable Khan Bahadur Mian Sir Fazl-i-Husain:** L. M. S.

**Mr. B. Sitaramaraju:** Only L. M. S.?

**The Honourable Khan Bahadur Mian Fazl-i-Husain:** Why say only? This is one.

**Mr. B. Sitaramaraju:** Is it or is it not a fact that the Government of India themselves asked at this Conference that the question of graduates only should be considered? Did they put to the Conference the point whether the licentiates should be included or not? No, they did not.

**Mr. G. S. Bajpai:** I am very reluctant to interrupt the Honourable Member again. The Conference was definitely for excluding the licentiate. In the Government of India letter, which went out in 1931, the question whether licentiate should be included was referred to Local Governments, and, as I explained in the speech which I made a little while ago, a majority of Local Governments were against it. That is the point.

The Assembly then adjourned for Lunch till Half Past Two of the Clock.

The Assembly re-assembled after Lunch at Half Past Two of the Clock, Mr. Deputy President (Mr. R. K. Shanmukham Chetty) in the Chair.

**Mr. B. Sitaramaraju:** When the House adjourned for Lunch, I was stating that the decisions of the Simla Conference were such that the provisions of this Bill could not be said to have been drafted in accordance with them. With regard to the Simla decisions, I would like to invite the attention of the House to clause 2. It should be an independent body not subservient to the General Medical Council in London. This statement was well brought out during the proceedings of that Conference by Mr. Vyas which I find on page 20. The whole idea would appear to be how to safeguard our degrees and how to provide for our services duly qualified men. Mr. Vyas says:

"As the General Medical Council refuses to recognise the qualifications conferred by our Universities, it follows that we should have a minimum standard of our own which, when recognised by the proposed Indian Medical Council, shall be sufficient for entry into All-India Services and other purposes."

This is what he stated and the Conference considered. From the point of view of India's requirements, if a Council is to be formed, it should be entirely independent of the General Medical Council. Secondly, with regard to the question of reciprocity again, I would like to say that the Bill has not been drawn in accordance with the decisions of that Conference, because in clauses 7 and 8 they state as follows. Clause 7 says:

"Europeans who have degrees which entitled them to be registered on the General Medical Council up to this time should also *ipso facto* come on the Register. Secondly, as regards non-Indian degrees and diplomas, the Indian Medical Council, may recognise such degrees and diplomas after satisfying itself about the standard and on conditions of reciprocity on the lines of the South African Medical Council".

One important point we have to notice is this. In the present Bill they have substituted for persons, which is found in clause 7, qualifications and then they have omitted "up to the passing of this Act", that is, up to this time. These two important omissions have rendered the provisions of the present Bill something entirely different from what was contemplated by the Conference. I would strengthen my position by a reference to the views expressed by the Government of Madras on this provision, because this provision about reciprocity is the basic principle on which a Council

of this description can be hoped to be established. The Government of Madras state as follows:

"The provision in clause 19 (1) of the Bill is not in conformity with the conclusions of the Conference held in June, 1930, on the question of reciprocal recognition. This obviously implies that Indians, with qualifications which entitle them to be registered on the General Medical Council, should *ipso facto* come on the Indian register, and that Europeans, who have degrees which entitle them to be registered on the General Medical Council, should also *ipso facto* come into the register. Clause 19(1) of the draft Bill requires that the medical qualifications granted by medical institutions outside British India which are included in Schedule II should be recognised medical qualifications for the purposes of this Act. This obviously implies that while no medical qualifications in India may be recognised by the General Medical Council, the All-India Medical Council will, from its very inception, be bound by an Act of the Indian Legislature to recognise not merely the qualifications granted in Great Britain and Ireland, but the qualifications granted in all the dominions as well as the medical qualifications of such places as Nova Scotia, Prince Edward Island, Malta, the Straits Settlements, etc., thus defeating the very object of this Act."

This is what the Madras Government say. Therefore, they would suggest that the conclusions of the Conference held in 1930 should be given effect to in their entirety, as reciprocity is the most vital point of the Bill. There is another fundamental point on which the provisions of this Bill entirely differ from the conclusions arrived at by the Simla Conference. The Simla Conference states that the faculties of any University, not being recognised by the Council for any reason, an appeal should lie to a tribunal consisting of one High Court Judge, one nominee of the Governor General and one representative of the Indian Medical Council. That is the provision they have given for appeals against this body. This has also not been embodied in the Bill. They wanted that powers of the General Medical Council, under sections 18, 20 and 21 of the British Medical Act, should also be powers for the Indian Council. Thus it would seem that the provisions of this Bill cannot be said to be in accordance with the decisions of the Simla Conference.

With regard to the claim of the Government that they have framed the provisions of this Bill in accordance with the opinion expressed by the Local Governments on these points, I venture to submit that the opinions of the Local Governments are at variance with the provisions of this Bill. I have carefully perused the opinions received on the draft that was circulated by the Government of India and, without going into details, I would like broadly to mention the fact that the general conclusions which the various Provincial Governments have come to on all the five broad points referred to them in the draft are not in accordance with the provisions of this Bill. A perusal of the letter of the Government of India to the Local Governments and a perusal of the draft of 1931, which was circulated to the Local Governments for eliciting their opinion, would show that the Government of India have definitely formed certain opinions themselves as regards the constitution and composition of this Council. They wanted that the Local Governments should give expression to their opinions not in any way they liked, but in a way in which the Government of India would present the case before them. They stated in their letter,—take for instance, by way of illustration, clause 3,—that under clause 3, the President of the Medical Council should be perpetually nominated, and then the Government gave an alternative to clause 3 as clause 3A under which he could be elected after five years. The Local Governments were asked as to whether they would be agreeable to the President being perpetually nominated, or whether the President should be elected after the first period of five years. The question of election from the start was

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not put to them. Then, again, we find that the Government of India desire the Local Governments to express their opinion on the point whether the University should form a unit of representation, or whether the province should form a unit of representation. Thirdly, they were asked for their opinion as to whether the election to this body should be direct or indirect. I have tried to classify the opinions received and I have before me a tabular statement. From this I find that the Government of Madras have expressed their willingness to accept clause 3A, that is, election of the President after the first five years. Then they say that each University should have representation, and that the election by the graduates should be direct election; and, then, on the question of reciprocity and on the exclusion of the Andhra University, they specifically and strongly bring out the point that there is no justification for excluding the Andhra University. On the question of reciprocity, I have already stated that the view of the Madras Government was that the Government of India's position was not taken in accordance with the Simla Conference, but which ought to have been the case.

The United Provinces were likewise for election of the President after five years and for each University being represented, and not merely each province; they were also for direct election. The Central Provinces Government consider that the President should be elected after the first five years. The Government of Bihar and Orissa, ditto. Bombay also are for election of the President and also for two representatives from each province, and so on. Bengal, of course, is the only province among the major provinces which agree with the Government of India that the President should be perpetually nominated and that the unit should be the province, and that the election should be indirect election. Excepting for the province of Bengal, all the major provinces in India, as I have just now stated, even including Burma, are for the election of the President. There are, of course, provincial units like Ajmer-Merwara and the North-West Frontier Province which could not express any opinions on these points; they merely adopted the opinions which were expressed by some of the Civil Surgeons.

Therefore, to say, in the face of these expressions of opinions from the Local Governments, that the latter express their approval of the principles underlying the Bill, as is stated in the Statement of Objects and Reasons, is, I venture to submit, not correct, because the replies to the references to the Local Governments show that their opinions are not in accord with the provisions as embodied in the Bill.

Then, again, there is the point that the Government have chosen to call every one of these things as the principles of the Bill. The Government have stated in the Statement of Objects and Reasons that the Local Governments approve the principles underlying the Bill, and when the replies were to references on these points to the Local Governments, I must necessarily come to the conclusion that the Government of India look upon these aspects of composition as principles underlying the Bill. Sir, if these are the principles underlying the Bill, I venture to submit that I cannot accept them. Sir, one is, therefore, in great doubt as to what exactly are the principles underlying the Bill. Ordinarily, it is the preamble which sets out the principles underlying a Bill. But, in view of the statement that appeared in the Statement of Objects and Reasons,

and in view of the antecedents of the Government on Select Committees, I would venture to ask the Government, before I commit myself to the principles of the Bill, to give us a statement as to what exactly they consider the principles to be underlying this Bill. Sir, that is very important for us to know. Sir, as you know, we might like to change any of these points in Select Committee, but they might be refused by my Honourable friend, Sir Brojendra Mitter, as the President of the Select Committee, on the ground that they go against the root of the Bill or that they are the principles of the Bill. Sir, I would ask for a very clear statement as to what exactly they mean by "the principles underlying the Bill".

Sir, we know that all civilized countries have established Medical Councils of their own. We ourselves have established Provincial Medical Councils in this country, and we know generally what these Medical Councils stand for. Medical Councils are generally established with a view to bringing under control the education and activities of medical men with a view to ensuring their proper conduct and rectitude. It cannot be gainsaid that some sort of supervision over them is necessary, when such an important thing as life is handled by them. To use the well-known phrase, the "supervision, direction and control of medical education and conduct" would appear to be the legitimate purpose for which Medical Councils are constituted. Sir, if that is the purpose and if that is all that I am asked to commit myself to, I have no hesitation in saying at the very outset that I entirely agree with the principle that medical education should be supervised, and that superintendence, direction and control of medical education and profession, as also inspection, prescription and correction, are the legitimate purposes of such a Council. I am entirely agreeable to promote such a legitimate purpose. But the preamble here does not aim at so wide an object. The preamble here provides for a register for the higher-grade men in the profession, the higher minimum as they call it. In other words, they state that a register is to be opened for the medical graduates in this country and that is to be called the minimum.

Now, if the object of this Bill is merely to provide a register for the medical graduates of this country and if the object of this Bill is merely to take that register as the basis for schemes of reciprocity to be arranged by the Government of India with other Governments, I should consider that that cannot be the only purpose of a Medical Council. The purposes of a Medical Council are much wider than that. If it is only for this purpose that you want a Council, then why do you call it a Medical Council? Medical Councils have a meaning of their own. You can call it an examining Board if you like. It was stated, Sir, that sometime ago the Government of India also had that in mind, but the General Medical Council in England would not agree to it. It was remarked this morning that a Board of Inspectors was contemplated by the Government of India, but that Board did not find any favour with the General Medical Council in London. I may remark in parenthesis that the Government yet say that they had nothing to do with the General Medical Council. However, that may be, a Board of Inspectors would not meet the approval of the General Medical Council in London. Would an examining Board meet their approval when it is constituted for a limited purpose like that?

[Mr. B. Sitaramaraju.]

Although it is not desirable that I should try to offer any detailed criticism on this Bill, I would like to point out four or five material points in order to show how I would like some of these matters to be cleared up if the Government would enable us to appreciate their view point. On the merits of these provisions the composition of this Medical Council or the examining Board, by whatever term you may choose to call it, is very important for our consideration, because the usefulness of that body can only be judged by the way in which it is constituted and by the class of people with whom it is composed. Sir, according to this Bill a Medical Council is to be constituted with about 28 members of which 12 members are to be nominated by the Government. I find from the letter of the Government of India to His Majesty's Under-Secretary of State for India, dated the 3rd September, 1931, that these nominated members are to be the I. M. S. officers. I will read to the House the relevant passage, because it is useful not only for this purpose, but also it will be useful for some other purpose to which I will refer later on. This is what the letter says:

"As the new Bill contains no clause corresponding to clause 12 of the previous Bill, under which practitioners who did not enrol themselves on the Council and were not specially exempted would have been denied certain important privileges, the only disability from which R. A. M. C. and I. M. S. officers will suffer, if they do not enrol themselves on the Council, is that, under clause 5(1) of the Bill, they will be debarred from membership of the Council. This scarcely concerns R. A. M. C. officers, who are not employed on civil duties and would not be likely to be elected or nominated to the Council. The position of I. M. S. officers, at least those in civil employ, is different, as they at present hold the highest medical appointments under Local Governments and it is probable that Local Governments would desire to nominate the holders of such posts to represent them on the Council. If, however, it should be found that they or any officer of the R. A. M. C. should be appointed to the Council, the Government of India see no reason why they should not be required to enrol themselves on it, if it is decided that registration fees should be charged, themselves to pay those fees, which are not likely to be large unless their Local Governments agree to pay the cost on their behalf."

It is quite clear from this letter what class of persons the Government of India desire to be nominated by the Local Governments to serve on these Councils and how they would even pay for their registration. It is common knowledge that nominations, which are reserved generally to the Government in England, are to enable the Government to find also places for non-official non-medical men on these Councils. I understand the practice obtaining in England is that nominations are used even in a matter like the Medical Council with this end in view as it is highly desirable to associate the public, as represented by non-medical non-officials, with them at least by one or two. But, Sir, the position here is entirely different. They want to find these 12 nominated places under this constitution for the I. M. S. officers as is stated in the letter I have just quoted. The next group for this Council comes from the Universities. There are to be eight representatives from these Universities. Each University is not to have a representation, but each province is to be a unit for the purpose of sending these representatives and this work is to be done by the Medical Faculties. The number of members on the Medical Faculties in India comes to about 125. They are divided between different Universities as follows:

Madras 6, Bombay 25, Calcutta 17, Lucknow 17, Punjab 18,  
Patna 10, Rangoon 19 and Andhra 8.



That comes to about 110. These few men are to select the other eight representatives to this Council. Out of these 110 or 120 men, nearly three-fourths of them are gazetted officers of the Government, of which, again, a large majority are I. M. S. officers themselves. In other words, 20 persons so nominated will, in all probability, be either I. M. S. officers or will be persons who are likely to promote the interests of the I. M. S. officers. Such being the case, it will be seen that out of 28, 20 members will practically be in the hands of the Government. I would ask the Government, if that is to be the constitution of the Medical Council, how can the Government of India ask us to lend our support for the formation of a Council which is to be constituted primarily and presumably in the interests of a service about whom we are suspicious. Sir, in these days, it is very surprising that the Government should ask for a body which is to consist of mostly nominated members. It is also very surprising that the Government themselves should have chosen to make a recommendation for the composition of an official body.

Then, Sir, the next important question is, as has been remarked by the Government of Madras, the basic principle on which  
**S.P.M.** the Medical Council is to function, that is the principle of reciprocity. Reciprocity is understood to mean that medical degrees of no country will be registrable in India unless countries whose nationals who would practise in India are allowed recognition of Indian degrees and diplomas in their own countries. That is how reciprocity is understood. Reciprocity, as I have stated, is the basic principle on which the Medical Council, if it is to be created, has to function. The Simla Conference laid that down as the basis. The Government of India altered their recommendation in two important and material particulars, namely, they substituted "qualifications" for "persons" and they have also omitted the words "up to the passing of the Act". These are two material points which entirely alter the whole basis of reciprocity under the provisions of this Bill. What is the explanation of the Government of India? They say that reciprocity is provided under this Bill. They have used the word "reciprocity" and that has evidently misled my Honourable friend, Dr. Dalal. Sir, if you turn to that aspect, you would find that powers to arrange schemes of reciprocity are provided in this Bill; that is to say, we recognise foreign degrees forthwith, while they do not recognise ours. Then, we beg them for a fair treatment. Supposing our prayers are not heeded by them, what is the remedy we have from the Government of India? They say, "All right, if they do not agree to your prayers, you have got the right of appeal to the Governor General in Council provided. You go to the Governor General and appeal to him." What does the Governor General do? He will intercede on their behalf and then ask the General Medical Council or some other foreign body which has refused recognition of our degrees to be fair to our men. Then they may agree to it or they may not agree. If they agree, well and good; if not, what will the Governor General do? If he agrees with the All-India Medical Council and if he is displeased with the General Medical Council for instance, he will say, "We have the right to amend the Schedule and we will omit some of their degrees from our Schedules". That is the remedy. That is some sort of a remedy, there can be no doubt, but do Government say that that is reciprocity? That is not reciprocity, whatever may be the merits of the remedy that they have provided

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on this question. Even the Government of India cannot say that this is reciprocity. Sir, the Government of India have been pleased to state that the Local Governments have been consulted in the matter and they have agreed to these principles underlying this Bill. I would invite the House to the opinions expressed by the Governments of Madras, United Provinces, Bihar and Orissa, Bombay and, even the Government of Bengal, on the question of reciprocity. They all demanded that absolute reciprocity should be the basis of this Council and they do not approve of clause 19 (1). I have already stated in another connection the opinions expressed by the Government of Madras on reciprocity when they said that clause 19 (1) of the Bill was not in conformity with the conclusions arrived at in Simla, and that Government said that the conclusions reached at the Conference should be given effect to in their entirety. But clause 19 (1), of course, is opposed to the decision of the Simla Conference. Thus, the Government of India want to constitute a Medical Council with a predominantly official element and presumably to be in large numbers manned by the Indian Medical Service. Would such a body, in all probability, take the Indian view if it is a question between them and the General Medical Council in England? Suppose, the matter is referred to the Governor General-in-Council. What does the Governor General-in-Council do? The Governor General also must have a strong idea of protecting Indian interests as against English interests.

**The Honourable Khan Bahadur Mian Sir Fazl-i-Husain:** That is very unfair. The subject of medicine has never been said to be one of the subjects which needs the protection of the Governor General specially.

**Mr. B. Sitaramaraju:** What I was saying is this. When I was dealing with the composition, I stated that 12 are to be nominated by the Local Governments. In the letter which was written to His Majesty's Government they stated clearly that presumably I. M. S. officers will be nominated for these 12 posts; and, therefore, 12 will be purely I. M. S. officers. Then, again, I took the members to be represented by the Universities, and when I calculated the strength of the Medical Faculties, I calculated that three out of four of them were gazetted officers, which also would mean I. M. S. officers. Therefore, I concluded that the majority of the Council, as proposed now, would be purely a body of I.M.S. men or a purely official body. I have made no charge against Government or the Governor General-in-Council. We have to depend first upon a purely official body according to the proposal here and then we have to depend upon the Governor General-in-Council to protect Indian interests, because the Medical Council itself has not got the power. Their power is only to recommend the action to be taken.

**The Honourable Khan Bahadur Mian Sir Fazl-i-Husain:** By you. The Governor General-in-Council acts on the advice of the Minister responsible to the Legislature, which, I assume, is you.

**Mr. B. Sitaramaraju:** That is not the position in the present constitution.

**The Honourable Khan Bahadur Mian Sir Fazl-i-Husain:** I thought we were talking of the reforms in the near future.

**Mr. B. Sitaramaraju:** You cannot have it both ways. If you are considering the future reformed constitution, where is the hurry? You can very well leave this matter to be decided by the future reformed Legislature.

Then comes another question—whether this register would include the licentiates or not? Sir, that question brings us to the question, what is the purpose of this Bill? Is it the purpose of this Bill to provide a register for qualified men, so that the public may judge who are qualified and who are not qualified. If a register is to be opened only for the qualified men, then all men, acknowledged to be qualified, must be there. I should like to invite the attention of Honourable Members of this House to the opinion expressed by the Member in charge of the Government of Bombay, Medical Department, where he says:

"I am to add that the views held by the Honourable the General Member of the Government of Bombay, who is in charge of the subject of 'Regulation of medical and other professional qualifications and standards', differ from those (above) on the following important point:

"The Honourable Member considers that the preamble should be amplified to show one object of the Bill to be the enabling of persons requiring medical aid to distinguish qualified from unqualified practitioners."

That is the opinion expressed by the Member-in-charge of the Bill. Sir, it is unnecessary for me to refer to opinions expressed by members of the medical profession, because all the Members are fully aware that the present Bill has created a storm in their ranks, and the medical profession today is against the provisions of the Bill from top to bottom. Sir, is it intended to open a register with a view to making a distinction between the qualified and the unqualified? Originally, in the draft Bill of 1928, the Government of India had stated this wider aspect of the Medical Council and they had given the purposes for which a Medical Council was to be constituted. The purpose of the 1928 Bill was to establish a Medical Council to promote and effect the establishment of a uniform standard of qualifications such that the holders thereof should be acceptable and empowered to practise in India. This principle actually found a place in the draft Bill of 1931 which the Government of India had circulated to Local Governments. The preamble in the 1931 draft provided for the establishment of uniform minimum standards, such that persons attaining thereto shall be acceptable as medical practitioners throughout British India. These words 'such that persons attaining thereto shall be acceptable as medical practitioners' are omitted in the Bill before us.

**The Honourable Khan Bahadur Mian Sir Fazi-i-Husain:** Why?

**Mr. B. Sitaramaraju:** The reason is that when that is the main principle on which the Medical Council Bill was drafted and circulated by the Government of India in 1931, the Local Governments found that a large body of licentiates had been excluded and that they pointed out to the Government of India that it was absurd to exclude them. They said, your principle is to provide a register for qualified persons. The preamble says so, and yet you exclude a large body of qualified men. They said the draft was inconsistent. What did they do to rectify the blunder? Did they include the licentiates? No. But they removed the principle of the Bill instead and provided this Bill for higher standards. Sir, I can very well understand the point that if the licentiates are not qualified men,

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they must be excluded. If the Bill, as it is framed now, is to open a register only for medical graduates, the licentiates cannot reasonably complain if they are excluded, because they are not graduates. But the question is whether the principle of the Bill should be to distinguish the qualified from the unqualified or merely to provide a register for graduates. That the question of the inclusion of the licentiates in a register of this kind has brought the Government to a fix, I do admit. Whatever Government may say now about the object of the Bill, the purpose of this Bill, according to them, is primarily to secure some recognition from the General Medical Council, London, for Indian qualifications. It is very difficult for the licentiates to obtain recognition from Great Britain at this stage when our graduates' qualifications are in question. That being so, it is no doubt difficult to get recognition now for licentiates also. There is no meaning in excluding a large body of licentiates who are accepted in this country as qualified men in responsible positions. The Government of Madras have stated, so also have the Government of the United Provinces, that it is quite possible for us to include these licentiates in a separate Schedule in the register and, though, for the purpose of reciprocal treatment, they may be treated as ineligible now, they can be still there as a separate group in Schedule 3 for purposes of registration as qualified men. That is what the Madras Government say and that is what the Government of the United Provinces say.

**Mr. G. S. Bajpai:** Not the Government of the United Provinces, but the Government of Burma.

**Mr. B. Sitaramaraju:** I accept the correction. Sir, therefore, it would appear that to satisfy a large body of public opinion in this country a place for licentiates could be found as a separate group in the register and that, at the same time, it cannot create any difficulties for the Government to arrange for any scheme of reciprocity. That is a point for the Government to consider. This morning Mr. Bajpai made a remark that so far as the inclusion of the licentiates was concerned, only two Governments have expressed a view and the other Governments have not expressed any view. Moreover the reason why . . . . .

**Mr. G. S. Bajpai:** I am sorry to have to interrupt my Honourable friend again. I did not say that only two Governments had expressed a view. I said two Governments had expressed a view in favour of inclusion and the others have expressed a view against their inclusion.

**Mr. B. Sitaramaraju:** I am afraid I cannot take that statement, because either my understanding is wrong or my study of this subject has been wrong, as I find some Governments have not expressed any opinion either way on this point.

**An Honourable Member:** They have.

**Mr. B. Sitaramaraju:** That is not a very material point for the purpose of my argument. The Government have been taking the view that the licentiates should be excluded and the Provincial Governments were asked to say what they had to say on those five specific points I have already

mentioned. The narrow limitations, under which the Provincial Governments were expected to express their opinions, were such that it was very difficult for many provinces in India to hold a view opposite to and against the Government of India when the Government of India themselves had definitely expressed their opinion in their circular letter on the question of licentiates.

Before I conclude, I would like to offer one remark and that is, that this Bill is defective in one important way. This Bill has not made any provision by which medical practitioners in this country can be compelled to register themselves on this register. If they have not made any provision to compel people to register themselves, they have not equally provided any privileges for those having registered themselves there. In other words, . . . .

**Mr. N. M. Joshi:** Do you want that to be done?

**Mr. B. Sitaramaraju:** You will just listen to me to the end and then you will know what I want to be done. Here the Government of India ask us to incur a large expenditure of money for the establishment of this Council and, then, they do not provide either privileges for the medical practitioners who wish to be there, nor do they compel persons to register on it. In the 1928 draft, they provided for those privileges which they have removed under the present Bill. Why did they do it? They did so, because it will be seen from the Government letter that the I. M. S. were not satisfied with it.

These privileges were provided in the 1928 Bill and these privileges are now removed to placate them. The letter says:

"As the new Bill contains no clause corresponding to clause 12 of the previous Bill, under which practitioners, who did not enrol themselves on the Council and were not specially exempted, would have been denied certain important privileges, the only disability from which R. A. M. C. and I. M. S. officers will suffer if they do not enrol themselves on the Council is that, under clause 5 (1) of the Bill, they will be debarred from membership of the Council."

Here, the Government of India say that they have omitted clause 12 from the present Bill and so there will not be any serious difficulties for the R. A. M. C. and I. M. S. officers, because they need not be compelled to be registered here. Now, I would like to observe that responsibilities must have corresponding privileges. You cannot have responsibility without corresponding privileges. If this Council is to be useful and if it should induce persons to enter the register, there must be privileges. What guarantee is there that anybody will come in and put himself into this register if he does not get any privileges? Why should a man put himself to so much expenditure and get on the register if the fact of his being on that register does not confer any advantages on him? In England, where they have got the Medical Council Acts, they have got certain privileges. Unless a person is registered, he is not qualified to be employed in the civil, military or naval service; nor will he be afforded the protection of the law; for instance, just like any other man he will be liable for manslaughter, but cannot claim immunity as a doctor and be protected. No certificate which he gives would be valid and he will not be allowed to handle dangerous drugs and so forth. These are the privileges which are conferred and these were the penalties if they did not register themselves. The only privilege, which I consider is to be found in this Bill,

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is that a person, if he is on the register, cannot be convicted of any improper conduct merely for the reason that he did not follow an up-to-date method. Therefore, the only privilege which this Bill provides is, that a person need not follow the latest methods of his science if he is on this list! If this Bill is to be useful, it must necessarily provide some inducement for members to join; otherwise, we will be wasting so much public funds for no useful purpose. Under these circumstances, before I resume my seat, I would ask Government to consider the various difficulties we are feeling. On the attitude, that the Government take with regard to these matters, will depend our attitude also. With these remarks, I close.

**Mr. F. E. James** (Madras: European): Mr. President, if I intervene in this debate at all, it is only to express the hope that the House, without any further considerable delay, will remit this Bill to a Select Committee. I have no particular qualification for speaking on a Bill of this character, as I am not a doctor, and I have not been, fortunately, particularly closely associated with the medical profession in this country. But I am definitely interested in the whole question of education generally and particularly of medical education and, therefore, I felt impelled to add my voice to those who are anxious to send this Bill to Select Committee. I was somewhat surprised to find that the burden of the opposition to this Bill came from the spokesmen of the Independent Party. No doubt that is partly because of the new orientation of politics which has taken place in this House and, I have no doubt, that it is because that particular party is desirous of moving a little higher in the ranks of the opposition . . . .

**Sir Cowasji Jehangir** (Bombay City: Non-Muhammadan Urban): What authority have you for making that statement?

**Sir Muhammad Yakub**: The authority of the *Hindustan Times*.

**Sir Cowasji Jehangir**: Does my Honourable friend always believe any statements made in the press?

**Sir Muhammad Yakub**: Do you consider that the paper is not worthy of belief or confidence?

**Mr. F. E. James**: . . . and I would like to congratulate the Deputy Leader of the Opposition on his exceedingly sensible and practical speech in support of the general provisions of this Bill; and I am glad to find--I do not know whether his star is declining--that, at any rate in this matter, I can hitch my wagon to his star. Now, if one does support a reference of this Bill to Select Committee and joins issue with the Independent Party, which apparently is determined to obstruct the passage of this Bill and make it impossible for it to be referred to a Select Committee in this Session, one does not do so entirely blindly.

I wish to put forward for the consideration of the members of the Select Committee one or two points which they might consider. In the first place, reference has already been made to the necessity of amending the clause which refers to the appointment of the official Chairman. I would suggest to the Select Committee that it is not necessary,

indeed it is not desirable, that the Chairman of this Council should permanently be one nominated by the Governor General, and I trust,—I am speaking in my own personal capacity,—that it will be found possible to reach an agreement in the Select Committee as to the election of a Chairman after a preliminary period of five or three years, as the case may be.

In the second place, with regard to the exclusion of licentiates from Schedule I, that, Sir, it seems to me at the present stage, is inevitable and is only right; but I do trust that some means will be found of not perpetuating a division between one class of the medical profession and another class. I have had some knowledge of the work of licentiates in many parts of the country, and I know that their work has been of a very high order, and that in many parts of the country it has been their work which has done a great deal to keep the health statistics down, and, therefore, while I admit that under present conditions their inclusion in Schedule I would be unwise and undesirable . . . .

**An Honourable Member:** Why?

**Mr. F. E. James:** . . . . I trust that it will be possible in some way or other to recognise them either in the first instance by some form of registration in a separate Schedule or, as has been suggested by one or two Governments, by pressing upon Local Governments the importance of increasing the actual standard of education for the diploma of licentiates.

Now, Sir, there is one other point in regard to this Bill, and that is the question of the composition of the Council. I would suggest that three points particularly should be considered, and, in passing, I may say that, much has been said in criticism of the actual composition of the Council on the lines that it will be mainly an official body, particularly in its representatives from Provincial Councils. I might suggest that the best remedy for that is that possibly the constitution of some of the Provincial Councils should be amended so that actually in practice you would secure from Provincial Councils members who are not necessarily official members. But the three points, I wish to put forward, are these. First of all, ~~some~~ provision should be made at the very outset,—there may be constitutional difficulties, and I am not aware of them,—some provision should be made at the outset for the representation of Universities in Indian States. I feel that that is an important matter. It surely is important that the medical profession throughout India, not in British India alone, should reach the highest possible standard and should be uniform in its registration.

The second point is that, in considering the representatives of the medical practitioners, I fail to see why the qualifications should be laid down of five years' teaching experience. I would much prefer to see a qualification of ten years' actual practice as a medical practitioner, and possibly those, who will speak after me on behalf of Government, might explain why that provision has been made.

And the third point which I wish to put before the Select Committee is the suggestion that has already come from certain quarters, namely, that there should be representation of all Universities throughout the country on the Council, and not simply of those Universities which possess only medical faculties. I should like again to have that point referred to by subsequent speakers on the Government side, as I have

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not been clear in my own mind why the same principles, which are followed in England, should not be followed here in regard to the composition of the Council from the University end.

There is only one final point I should like to make, and it is this. The inauguration of this Medical Council on the showing of Government itself is to involve expenditure. I find it is estimated that between Rs. 80,000 and Rs. 90,000 per annum will be the probable expenditure of this Council. I hope that certainly a portion of this money will be recovered in the form of registration fees. I believe that the General Medical Council in England is no charge whatsoever upon the general revenues of the country. While that may not be possible in this country at the present stage, inasmuch as the Council is bound to be at the beginning to involve some charge upon general revenues, I hope the organization of the Council will be as economical as possible. With these brief suggestions, Sir, I strongly support the motion for Select Committee, and I believe that those who are obstructing its passage are doing a great disservice to the medical services in this country.

**Diwan Bahadur A. Ramaswami Mudaliar:** Mr. Deputy President, I wish to remove at once a misapprehension into which my friend, Mr. James, has fallen as regards the attitude of those who sit on this side of the House. I do not think it is quite fair to say that we are trying to obstruct the passage of this Bill, but we do want a very critical examination to be brought to bear on the substance of this Bill, and to that extent, I congratulate my friend, Mr. James, on the speech that he has just made, though he has confined himself to very narrow limits in his criticism.

Mr. Deputy President, as I was listening to the speech of the Honourable the Mover of the Bill, I felt terribly tempted to accept all that he said, because he put it in such persuasive terms, but, I think, bereft of that glamour that one feels when one is actually listening to the eloquence of the spoken word, it will not be acceptable in reality. My friend was a little vigorous, though he was perfectly within his right, in his condemnation of those who had criticised the principles of this Bill in the Press and of those associations which had come forward and said that the Bill did not embody correct principles. I believe,—if I am quoting him aright,—he said that their criticism was vigorous and not altogether judicious, that they ascribed a certain amount of servility on the part of the Government of India to the General Medical Council. I believe that my friend will be the first to recognise that, while he is deprecating criticism which is unbounded and unmeasured, he ought also to be fair to those who are criticising him. I ask my friend whether he has not given just a little bit of justification for that criticism in the country. There is no doubt—and I have been going through these papers for the last two days—there is no doubt that responsible public men, responsible associations, responsible groups of medical men are entirely of that opinion, namely, that somehow or other the Government of India have succumbed to the magnificent authority of the General Medical Council, that they have approached it with bated breath and whispering humbleness, that they find themselves overawed by that great body which sits in supreme judgment over questions relating to medical education or the medical profession. Let my Honourable friend



turn to the letter which, not he perhaps, but his Department addressed to the Under-Secretary of State, and let us see whether that letter gives any justification for the impression that the members of the medical profession generally have formed about the attitude of the Government in this matter. The last paragraph of that letter says:

"The Government of India would be glad if *the Bill with connected papers could now be referred to the General Medical Council* with the request that they will be good enough to offer their detailed opinion on it."

I ask my Honourable friend whether he can give a single precedent of a whole Bill being referred by a responsible Legislature or a Department working on behalf of a responsible Legislature to an outside body, sending it in with connected papers in a golden tray on behalf of the Government of India, asking them to give their opinion on that matter, waiting with bated breath again to see what that criticism is and what that opinion is? What was the necessity for sending them the whole Bill? Was it justified? Would it not have been sufficient if you had merely entered into correspondence with them? My Honourable friend in charge of the Department is not on non-speaking terms with them as one of my friends put it. You are certainly on speaking terms with them, and it was quite open to you to address a letter to them asking them what proposals they would like to make with reference to the constitution of an All-India Medical Council. It was open to you to have suggested to them: "We propose to constitute an All-India Medical Council. Would that be sufficient for arranging reciprocity?"; never mind what their opinion is on that. But you tell them: "This is the composition of our Council. We are going to have eight nominated members, we are going to have faculties to elect representatives and not medical graduates, we are going to have three men nominated by the Government of India, we are going to give this function to the Council and we are going to charge fees to this extent"—send the whole Bill to the General Medical Council with connected papers forsooth, and ask for their opinion; you then come round here and find fault with those people who say that the Government of India are servile, that they have cowed to the General Medical Council! Surely the Government of India ought to have at least not published this particular letter to the Under Secretary of State if they wanted to keep up the pretence that they have been as fair, as independent, as dignified in their dealings with the General Medical Council as they want the public to believe. That is, however, a very small matter. I am not here to make debating points, because I am so interested in this Bill, I feel that this Bill is so vitally important that I should not allow myself to make any debating point whatsoever. But when my Honourable friend, castigates the whole body of critics by the phrase that they are not judicious, I feel bound on their behalf,—after all they cannot give an answer on the floor of the House—I feel bound on their behalf to enter a gentle caveat against that aspersion.

Let me turn to one very small point and dispose of it as a preliminary. My Honourable friend who moved for the circulation of the Bill said that it might be taken up afterwards when the federation is formed. And my friend, Mr. James, also fell into the error of suggesting that Indian States may be brought into this Bill and that medical institutions in Indian States may be covered by this measure. They have entirely forgotten that under our present constitution we cannot enact a law which will be in operation beyond the limits of British India, and, in the future constitution, to which

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reference was made, we cannot do this either; because, in this particular respect, the States have not come into the Federation. We made a suggestion, you will find it in the Schedules that are annexed to the Federal Structure Committee.

**Mr. F. E. James:** May I say that some of the Indian States are represented on the Council of Agricultural Research, and in the same way, I suggested that the Indian States might be represented on the All-India Medical Council.

**Diwan Bahadur A. Ramaswami Mudaliar:** But not by a Statute of the Indian Legislature. You can form any number of *ad hoc* bodies by executive order, but when you bring in a Bill before the Legislature and ask the Legislature to legislate on it, you have no power to legislate for something outside British India. Neither can you do it under the new constitution, because, as I was pointing out, the States have not agreed to make this a federal subject. We threw out a suggestion to them that so far as higher education and university education was concerned, it might be necessary for certain purposes to bring them under the control of the Federal Legislature, but they were not agreeable to it. You will find that suggestion thrown out in the Sub-Committee's report which sat over this subject in connection with the Federal Structure Committee, and, in spite of that suggestion, the States have kept to their own opinion that they will not come in. Mysore and Hyderabad are the States which are concerned with this subject, and if they do not want to come in, we cannot surely help them. That is the short answer I can give to that point. They will not come into the scheme of supervision, they will not come into the scheme of contribution, they will not subject themselves to any of these things, and I do not see how we can help them at all until they revise their opinion and agree to come into this scheme.

Let me come to the Bill direct. My Honourable friend, Mr. Maswood Ahmad, complained that this Bill was changed, and one of the grounds which he put forward for the circulation of the Bill was that it was so vitally changed that it ought to go back to public opinion. My complaint is just the reverse. I complain that this Bill has not been changed. My complaint is that this Bill is virtually the same, except for a substantial modification of the preamble, as that which was circulated in August, 1931, to the Local Governments and local bodies for opinion. I complain that it is playing with these bodies if, after getting their opinions, you introduce this Bill substantially in the same terms in which you circulated it. Did you intend to benefit by their opinions or not? I can understand opinions being got after the Bill is introduced in the Assembly in which case, of course, you can only change the Bill in the Select Committee. But here you go out of your way, you frame a Bill, you circulate it for public opinion before you think of introducing it in the Legislative Assembly, presumably, willing to modify the Bill in the light of that opinion, and, as I shall show presently, even when that opinion is unanimous in several respects, you come to this House with that Bill absolutely unchanged except for very minor purposes and except in one essential—the preamble which I cannot understand how you possibly put into your original Bill at all—you come to this Assembly with the identical Bill and say you have done your duty. My complaint, therefore, is, you ought to have taken into

consideration the opinions that were given by these bodies, which you yourself asked for, specially the opinions of the Local Governments which you invited by putting alternatives before them, and that you should have modified the Bill in the light of those opinions. There may be very good technical reasons, I was about to say tactical reasons, why that has not been done. But I can only go by the face of the record, and I say it is not fair to those whose opinion you have called for and who have taken considerable pains in giving those opinions.

As regards the measure itself, my Honourable friend, Dr. Dalal, went into ecstasies over this Bill. He was not able to find any single defect in it,—every comma, every semi-colon, every full stop he whole-heartedly supported. I do not possess any of the qualifications that he has; perhaps in his opinion I come under that designation, an “uncertified adventurer in the street.” He holds a more exalted rank, but I should have thought that he would be at least fair to his own profession. He typified three qualities in a Member of the Legislative Assembly. The first is a sense of duty. He feels that he is bound by his sense of duty, as a Member of the Legislative Assembly, to support this law, even in respect of colons and semi-colons. I shall only ask him wait and see. This Government may not stand by you through thick and thin, as you are standing by this Government and by this measure. And you will find that your support, so generously, so enthusiastically and so overwhelmingly given to this Bill, may not be received in the same spirit by Government when the measure is before the Select Committee. When it comes back from the Select Committee, my Honourable friend will get up and stand in his place and bless the Bill as it has emerged, amended, from the Select Committee, in the same way as he has now blessed the Bill which is going to the Select Committee. (Laughter.) My Honourable friend has done his duty. We, some of us, have to do our duty. My Honourable friend then said that a Member of the Legislative Assembly should exercise a sense of responsibility. I would not be catching up the words and phrases of any Honourable Member in this House were I not convinced—whether it was his intention or not I cannot say, but at least the House must have so understood it—that there was an underlying implication that some other Honourable Member is an uncertified adventurer in the street, that he does not know how to do his duty, and that he does not have a sense of responsibility—that is how I understood Dr. Dalal’s speech.

[At this stage Mr. Deputy President (Mr. R. K. Shanmukham Chetty) vacated the Chair which was occupied by Sir Hari Singh Gour.]

That is why I am at pains to show that, after all, there may not be the same aspect of affairs presented to every one of us with reference to these matters. What is the sense of responsibility that my Honourable friend, Dr. Dalal, has shown. He said that this Bill has been approved by the medical profession and that it has been approved by the public. I ventured to interrupt him and ask him whether his own medical profession stands by the recommendations of this Bill. He was pleased not to answer that question. If he had discharged his responsibility as a Member of the Legislative Assembly and if he had gone through these records as some of us have done, he would have seen . . . . .

**Dr. R. D. Dalal:** What I meant was that I should be the last man to mislead the House.

**Diwan Bahadur A. Ramaswami Mudaliar:** My Honourable friend was a very early speaker. He was not even the last speaker and, as I am going to show, he did mislead the House. The records are there. He was the very first man to mislead the House, not even the last. That is my complaint. He told us that this Bill had been approved by the public, that it had been approved by the various associations and that public opinion was behind this Bill. If I were given the time, I would show that not one of the vital principles of this Bill had been supported by any public opinion of any considerable nature. Let me go on to the Bill itself and show how the Bill merely reproduces what was circulated for opinion and has not taken into consideration the various suggestions that have been made by the public. Let me take up the question of the constitution of the Medical Council. Now, the constitution of this body is one of the vital things with reference to this Bill. My Honourable friend enthused over the nominated President. He said that the nominated President must be there if this Bill was to function satisfactorily, a nominated President with a sense of responsibility as all nominated members have, a nominated President nominated by the Government of India, who alone can discharge the duties satisfactorily, who will not be a practising member of the profession, who will pull up the various medical institutions all over the country and who will do this, that and the other thing. I was wondering whether the safeguards and the special powers proposed to be given to the Governor General were not a little less onerous than the wonderful powers that this President is going to have under this Bill. If the Executive Committee functions, you will find that the President will only do what the Executive Committee asks him to do and if my Honourable friend thinks that this President is going to be a super man and that nomination is the only badge of superiority, my friend will have to traverse a very very long ground indeed before he gets over his misgiving about nomination and nominated members. I am not one of those who in this House have at any time decried the value which this House gets from Nominated Members. I never tried to make any distinction between Nominated and Elected Members. There have been occasions when Nominated Members have been run down, but I venture to put forward my record that I have not been one of those who have done so; but if my friend finds new virtues in nomination and thinks that nomination alone can secure the best and the most efficient men, I wish again to enter a very humble caveat against that proposition. Now, are the Local Governments less responsible than my friend, Dr. Dalal? Are the Faculties of Medicine less responsible than my friend, Dr. Dalal? Are the various Universities, that have been consulted, less responsible? My Honourable friend, the Member in charge, and my friend, the Mover of the Bill, have gone through these opinions. Do you not find that Government after Government have said that for the first five years, if you like, you may have a nominated President, but that afterwards there must be an elected President? Does Dr. Dalal think that these Governments are not responsible and, if they are not responsible in his opinion, does he think that these irresponsible Governments, that have made this absurd suggestion about an elected President, are going to nominate a better President? The Government tomorrow in the Select Committee may accept it. Does Dr. Dalal think that that indicates any lack of responsibility?

**Dr. E. D. Dalal:** I did not say that the President should be nominated perpetually.

**Diwan Bahadur A. Ramaswami Mudaliar:** I am very glad to hear that, and I hope that, as I proceed with my remarks, Dr. Dalal will try to remove some other misconceptions which we on this side of the House have formed about his speech and the exact meaning and connotation of what he said this morning. Therefore, let me proceed on that assumption, and I want the Honourable Member in charge to note, that even Dr. Dalal wants after five years the President to be elected. Now, let me come to the section relating to constitution. My Honourable friend, the Mover, said that in drafting this Bill he has closely followed the Conference resolutions of 1930 and the gentleman, who drafted the circular letter to various Governments and local bodies with a naivete, which I appreciate but cannot understand, has also suggested that in the draft Bill they have closely followed the resolutions of the Conference. Now, I can tell you in two short words how they have closely followed it with reference to the constitution. The Conference recommended that the President should be elected after five years. It said that one member should be nominated by Local Governments, that three members should be nominated by the Government of India. Then it made two other vital proposals for election by certain bodies. Now, the proposals about the President being nominated, about one member being nominated by each provincial Government and about three members being nominated by the Government of India—these are the things that have been accepted by this Bill and this is the extent to which the Bill has closely followed the opinion of the Conference of 1930. Surely, Sir, even the English language, which is liable to be interpreted in various ways, cannot stand the interpretation which Mr. Reid has put upon it when he says that the Bill has closely followed the provisions or the resolutions of the Conference of 1930. The Bill has not followed the conclusions of the Conference in any other respect. Is that complying with the resolutions of the Conference in letter or in spirit? It is these facts that make us suspect that there is something rotten in the provisions of this Bill.

Sir, there are two other questions which I should like to raise. There is only one province where there are two Faculties of Medicine. That is the province of Madras. I am aware that Madras is the Cinderella of all the provinces, so far as the Government of India is concerned. In spite of its present representation on the Treasury Benches, Madras has not made any headway at all. It stands where it was. The Director General of the Indian Medical Service has served in Madras at least for two or three years. The Honourable Member who had put his name to the Bill originally had had a whole career in the Madras Presidency. They are Honourable Members who have some knowledge of Madras. Am I to understand that in spite of that, the Honourable Member in charge of the Bill has been so hard hearted as to make a single exception in the case of the Madras Presidency? All over what—over one single member for the Andhra University. The skies will not come down, the whole fabric of this legislation will not go to pieces, even the General Medical Council will not raise its eyes in holy horror if the Andhra University were asked to send one little bit of a man to this All-India Medical Council. It stands to reason where there are two Faculties of Medicine as in Madras. It has got a wide area. Its population is extensive. Its educational standards are advanced.

**The Honourable Khan Bahadur Mian Sir Fazl-i-Husain:** And membership of the Faculty is also very extensive.

**Diwan Bahadur A. Ramaswami Mudaliar:** I shall take up that observation almost immediately. The number is four and I was myself going to suggest that the number is ridiculously small. I was taking up the point of my Honourable friend that he wants the Faculties to be represented. I have not the slightest objection to altering that provision. It was not my point that the Faculty alone should elect. The Honourable Member had made his own choice. But whether it is the Faculty or the Senate, all I ask is, "give the Andhra University the representation that it rightly deserves, because it has got a College of its own, a Faculty of its own, a Syndicate of its own, and a Senate of its own. My Honourable friend, Mr. Sitaramaraju, read out a list of members of the various Faculties. Now, the reason why the Andhra University has only four and Madras University six is this . . . . .

**The Honourable Khan Bahadur Mian Sir Fazl-i-Husain:** Has it only six?

**Diwan Bahadur A. Ramaswami Mudaliar:** Yes. Let me explain quite briefly the history of the Universities Act in this Presidency. Madras has gone ahead. The Sadler Commission was appointed to overhaul the Calcutta University. It reported about fifteen years ago. The province of Bengal stands where it did 15 years ago and no improvement has been possible with reference to the University of Calcutta. The Senate of the Calcutta University is an unreformed body. No other province has changed it in that way. Madras has gone ahead and the result is this. In the old University, every member of the Senate was assigned to a Faculty.

**Mr. N. M. Joshi:** Is it reform or reaction?

**Diwan Bahadur A. Ramaswami Mudaliar:** In the case of the older Universities my Honourable friend, Mr. Joshi, will find that it is reform if he will only follow my argument. In the older Universities, every member of the Senate was assigned to a Faculty, and gentlemen who had no academic qualifications at all and who were nominated by the Government were conveniently assigned to the Faculty of Arts as the most artistic thing to do under the circumstances. That is why those Faculties, as was the case with the Faculties in the Punjab, had 17 or 16 or 13 members. In Madras, there was reform. It was a different Senate. The latter is a governing body in which all kinds of people like myself are on. We constituted an academic Council to control the standards of education. Each of the Faculties is constituted not of the members of the Senate, but of the members of the academic Council, of persons with special knowledge: so that your 13 members of the Punjab cannot hold the candle to our six men,—not even to the four members of the Andhra University. We must consider the history of these things and not be confused by names apparently identical, but in reality vastly different—like the licentiates of the College of Physicians and Surgeons and the licentiates of the sub-assistant surgeon class. My Honourable friend has been in charge of education and, of course, I may be conveying coals to Newcastle—to use that old and vulgar metaphor—but I have tried to explain the position of the province of Madras. Sir, the Andhra University, having a Medical College of its own, a Faculty of its own, and discharging its own duties, does require representation by itself.

**The Honourable Khan Bahadur Mian Sir Fazl-i-Husain:** It requires representation, but I do not see why by itself. It is better to co-operate with others.

**Diwan Bahadur A. Ramaswami Mudaliar:** Supposing you ask that the Medical College of Vizianagram under the Andhra University should improve its course of training or should have better clinical instruction given to it. Well, whom are you going to rely upon for its being carried out? If the Faculty had representation, you could ask for that representative; but out of the six and four, that is ten men of both Faculties, supposing Madras men alone are elected? What is the *raison d'être* of giving representation to the Faculties? You have said that the reason for that is that when a medical institute is sought to be pulled up, the member of the Faculty who is on the Governing Body here will know exactly the reasons why this thing is necessitated and will go back to that Faculty, to that institution and try to use his influence. If you put these two Faculties together and if Madras gentlemen were elected, what are you going to do in the matter of the informing the Andhra Faculty of Medicine and the Andhra University and, lastly, the Medical College at Vizianagram? The second point is, is it absolutely necessary to have representatives of the Faculties? I was having an open mind on the subject. Now that the Honourable Member in charge of this subject says that the Faculties are too small, I think I am becoming a convert to the idea that it should be enlarged and that the Senate of the University should be asked to send representatives, limited to medical men, rather than the Faculties.

**The Honourable Khan Bahadur Mian Sir Fazl-i-Husain:** Just for personal gain?

**Diwan Bahadur A. Ramaswami Mudaliar:** That is an even more mysterious observation than "personal game" as I thought I heard the Honourable Member say at first. I do not see what the personal gain is, and I do not know what the Honourable Member is referring to.

**The Honourable Khan Bahadur Mian Sir Fazl-i-Husain:** Personal to the province—not to you.

**Diwan Bahadur A. Ramaswami Mudaliar:** Certainly. Let me come to the next subject:

"One member from each provincial committee or Council, as constituted under section 11, to be elected from amongst these by the members of such committees."

Now, what is this Provincial Committee? It is the old Provincial Council, constituted under the various provisions of the Medical Councils Act, with the exception of those who are called the sub-assistant surgeon class and who are not holders of recognized medical qualifications. What is the composition of this Medical Council? Take one illustration—that of the Madras Medical Council. The latter consists of one nominated President, eight members nominated by the Local Government, and one member elected by those who possess British qualifications. That makes ten altogether. Then three members are elected by medical graduates and two members are elected by the licentiates. If the two members elected by the licentiates are left out, there is a strength of thirteen, of which nine members are nominated, one is a representative of the British

[Diwan Bahadur A. Ramaswami Mudaliar.]

medical profession and only three are representatives of the local graduates. I go back again to the point that these small bodies should not elect representatives. This is the body which is called upon to send representatives. What becomes of the whole profession? What becomes of the numerous graduates scattered all over the province? What right or voice have they in the matter and what is the recommendation of the 1930 Conference again? Did anybody at the Conference suggest that the Provincial Committee should send in their representative? The Honourable Sir Ghulam Hidayatullah was a member of the Conference—a very respectable and very respected gentleman. His opinion was that it should be left to the medical graduates. You sent the Bill to him, but he reiterates that opinion. So it is also from Province to Province, from Minister to Minister and from Member to Member. Let me take the opinion of the Punjab which, at least, I hope, will carry some weight with the Honourable Member.

**The Honourable Khan Bahadur Mian Sir Fazl-i-Husain:** But they must say something sensible.

**Diwan Bahadur A. Ramaswami Mudaliar:** Yes, I am going to rely on the sense of the Punjab rather than on the sense of Madras; Madras stands so low today, and none to do it reverence.

**The Honourable Khan Bahadur Mian Sir Fazl-i-Husain:** Oh, no, no.

**Diwan Bahadur A. Ramaswami Mudaliar:** Now, the Inspector General of Civil Hospitals of the Punjab writes to say that: "the Punjab Medical Council has suggested the following changes in the Bill which have my full support". (Page 35 of the Opinions.) "The President of the All-India Medical Council should be nominated by the Governor General in Council for the first five years"—Secondly, after the word "provinces"—it is a question of nomination by provinces, add "not necessarily a Government official". The Punjab Medical Council says so, and an official, the Inspector General of Hospitals in the Punjab, says: "if you are going to give this power of nomination to the Government, at least make this possible, namely, that he need not be a Government official." It is not we who are singular in showing hesitation in accepting Government officials on this body. I have got the very high and influential authority of the Inspector General of Civil Hospitals—who tomorrow may be sitting in the distinguished place occupied by my Honourable friend, General Sir John Megaw—and he says: "please make it possible for the Local Governments to nominate a non-official". Then comes this section:

"One member from each province in which a provincial medical register is maintained elected from amongst themselves by persons enrolled on such register and holding qualifications in medicine granted or recognized by any British Indian University, etc."

They do not accept the proposal of the Provincial Medical Committee sending up a representative. They say it ought to be done by medical graduates on the roll, and the Inspector General of Civil Hospitals in the Punjab, one of the sensible people there, puts forward this recommendation that the suggestion of the Punjab Medical Council should be accepted.

**An Honourable Member:** Does he belong to the Punjab?



**Diwan Bahadur A. Ramaswami Mudaliar:** In any case he has been long enough in the Punjab, to become sensible.

Take, again, another opinion from the Punjab itself. I refer to page 28. It is that of an eminent body, a very sensible body, composing the Faculty of Medicine of the Punjab University. The following were present:

"Lieut.-Colonel J. J. Harper Nelson, Dean, in the Chair, Doctor Edith Brown, Lieut.-Colonel A. M. Dick, Lieut.-Colonel T. A. Hughes, Lieut.-Colonel P. B. Bharucha, Major S. N. Hayes, Doctor K. A. Rahman."

I hope Dr. Dalal will be sufficiently impressed by my reading out the names of the members of this Faculty. They want an elected President and not a nominated one. They have no faith in nominations. They want the elected graduates to elect one member.

**The Honourable Khan Bahadur Mian Sir Fazi-i-Husain:** I thought you were going to tell us who is going to be returned—whether the graduates or the Provincial Medical Council?

**Diwan Bahadur A. Ramaswami Mudaliar:** That is just what I had been talking about?

**The Honourable Khan Bahadur Mian Sir Fazi-i-Husain:** I thought you were going to tell us about the Punjab Government.

**Diwan Bahadur A. Ramaswami Mudaliar:** I was referring to the medical men in the Punjab and not the Government. But the Punjab Government, I mean my friend, the Honourable Sir Firoz Khan Noon, as he is today, puts in a plea for a perpetually nominated President.

**The Honourable Khan Bahadur Mian Sir Fazi-i-Husain:** Does he?

**Diwan Bahadur A. Ramaswami Mudaliar:** I believe so. That is the Punjab Government's view. I should be very glad if I am proved to be wrong in this particular respect. The Government of the Punjab says:

"With regard to clause (a) of sub-section (1) of section 3, it is considered desirable that the President of the Council should be nominated by the Governor General in Council."

But they also say that every Faculty should have the right of electing one member. The Punjab Government extends its support to the far off Andhra University in this respect.

Then, they say:

"It is preferable that one member should be elected not by the medical graduates of each Province where there is a medical register, but that in such Provinces there should be Provincial Committees and they should elect."

But mark the second paragraph:

"I am to add that the draft Bill was circulated as requested, and that the above views are those of the majority of the individuals and associations consulted, except that the various medical associations of this Province are in favour of the President of the Council being nominated by the Governor General for five years and, after that, elected, and that direct election by medical graduates with experience in the teaching of medicine is preferable to election by Provincial Committees."

[Diwan Bahadur A. Ramaswami Mudaliar.]

Now, Sir, I am not really going to depend far too much on mere opinions. After all, we have to decide this question by using our common-sense. What is the advantage of having a Provincial Committee under this constitution? It may be that when the Medical Councils in the various Provinces are reconstituted, as I hope they will be, there will not be quite the same objection. But, in the present circumstances, this proposal will find very little support. You are not going to get the co-operation of the medical profession and, mark my words, it is on the co-operation of the medical profession that the success of this Bill depends. What are you going to give them for getting registered? Absolutely nothing. What are the benefits that they are going to have by getting registered, because nothing else is going to be done under this Bill? Therefore, if you want the co-operation and the goodwill of these various bodies, the Universities, the medical institutions and the medical public, you must try to see that your Council is constituted in such a way that it can command the confidence of these bodies. But, by this constitution, I venture to submit respectfully, you are not going to achieve that object.

Let me now come to the second question which is equally vital, namely, the question of reciprocity. Now, I feel that this Bill does not provide for reciprocity at all. To speak of reciprocity under clause 19 is to evade the issue and, as Dr. Dalal put it very rightly, to mislead this House and the public on that very important question. My Honourable friend, Mr. Raju, was perfectly right when he said, where was the reciprocity under clause 19? You provide a schedule in which you say that all the qualifications registered in the Medical Register up to 1931 shall be recognised. You start with that. What are the new qualifications that the various British Medical Faculties or the various conjoint Boards may hereafter bring into existence; I do not know. The framers of the Bill seem to have a sort of idea that some new qualifications were going to be brought into existence hereafter, otherwise what is the meaning of it? We do not know whether there are any new qualifications to be brought into existence at all. You may take it for granted that no such qualifications will come into existence because there are a sufficient number of diplomas and degrees already in existence. Therefore, to start with, you give legislative and statutory sanction to the recognition of everybody for all time to come who possess these qualifications. Now, we have a provision that later, by some sort of means, this All-India Medical Council can ask the Governor General-in-Council to remove some particular qualifications. But the question for consideration is this and I would very respectfully ask the Honourable Member to consider it, that we are faced with a crisis today. He comes forward with this Bill, because we are faced with a crisis; we have altogether come to a deadlock in this matter. In 1930, the General Medical Council withdrew recognition. I can understand a provision like this if the General Medical Council had not moved in the matter. I could have understood it if there was a *status quo*, but the General Medical Council has taken the action. Our degrees are not recognised there and you come and say: "You recognise their degrees now". Is this reciprocity? Is this how you are going to arrange your affairs? You are giving away the authority to the General Medical Council. I wish that Sir John Megaw, who has spent his life in this country and has taken care of Indian medical education, will get up for once as an Indian officer and protest against this provision in the Bill. You are giving the

General Medical Council all the powers that they want. Where is the opportunity for such a successful handling of the matter that you may be thinking of? What is it that you have got up your sleeve? What is the threat that you can give back? What is the retaliation that you can offer for that is after all the essence of reciprocity? Of course, after the Council has been constituted, the Governor General-in-Council has certain powers: but he may or may not exercise them. Is that how you arrange your affairs? If this Bill is an urgent measure, as I believe it is, and if what Dr. Dalal said is going to happen in June, 1933, when even the conjoint Board will refuse admission to our boys, how are you going to solve this question by asking the Assembly to give legislative sanction to every diploma that has been given by the General Medical Council for all time to come and for all members of that body? That is relying on a possible power which may at some future time be given to the Governor General-in-Council. My Honourable friend says that the future Governor General-in-Council will be a responsible body. It may be or it may not be. At any rate, it is not going to be for the next two years. Are you going to sit quiet for two years without moving in the matter? Then, what is the justification for your bringing this Bill at all? Your clause about reciprocity is a delusion and a snare, and it will not do. I want to tell the public and to every Member in this House that if we pass this Bill with the Schedule, then we should give up all hope of reciprocity. Let it not be a fraud on the Statute-book. Let it not be said that we have some power to retaliate when, as a matter of fact, we have none whatsoever. Go back to your Conference of 1930 and ask the advice of the Ministers who then assembled: ask them what they had in their mind then. Their position was perfectly simple, perfectly natural and perfectly logical. They said that they accepted our degrees up to 1930. They put a certain number of men on their rolls and have recognised individuals and not degrees. We shall also recognise individuals. So, the names of persons on the General Medical Council register shall also automatically come here. For the rest let us leave it open. We do not bang the door as the General Medical Council banged the door against us unceremoniously. Why, Sir, I have the authority of one of the most honoured and honourable politicians of Great Britain to say that the General Medical Council acted stupidly in this matter. What their own countrymen are saying about them, what they have got the courage to say about them, you and I have not the courage to say about the General Medical Council. We think somehow or other the whole scheme of things will break to pieces and medical education in this country will break down. Nothing of the sort. If you mean reciprocity, you must amend that Schedule so that the decisions of the Conference of 1930 may be incorporated there, so that the members who were qualified till 1930 should alone get into the Council, and, as regards others, let us keep the door open. Let an All-India Medical Council be constituted immediately by July or August of this year. Let it open negotiations with the General Medical Council and, on the basis of reciprocity, let all those who have been since registered by the General Medical Council be placed automatically in the all-India register, provided those qualifications and degrees which are recognised by the All-India Medical Council in this country are equally recognised by the General Medical Council.

[At this stage Mr. Deputy President (Mr. R. K. Shanmukham Chetty resumed the Chair.]

[Diwan Bahadur A. Ramaswami Mudaliar.]

I ask Sir John Megaw in particular if he is going to make a speech, as I hope he will, whether he considers that this is an unreasonable proposition that I have put forward. I hope the House will have, if I do not have, the privilege of a straight answer to that question.

Now, Sir, let me dispose of a small point. There has been criticism about the Patna University, the Andhra University and the Rangoon University,—their degrees not being included in the Schedule. If my scheme of things is correct, there may be some reason for their exclusion from the Schedule at the present moment. I disagree with my friend so far. The reason may be this. The Government of India may say: "who are we to include them now in the Schedule? We are not the Medical Board; we are not the All-India Medical Council; we are not an expert body. We start where we left off in 1930 degrees and diplomas recognised by the General Medical Council for itself, individually of persons and the degrees of our Universities which were recognised then. After that there has been a gap; and what I expect the All-India Medical Council to do is. as soon as it is constituted, to go into the question of the Patna, Andhra and Rangoon Universities, get authoritative opinion from that Board and then immediately apply to the Governor General-in-Council and see that the Schedule is amended and these degrees are included. I feel that it may not be the reasonable position, that it may be logical position, provided of course that you accept the logic of my other contention that the Conference Resolution relating to persons only till 1930 be incorporated in the Schedule and not this provision of qualifications. Now, Sir, look at the absurdity to which we are driven by this measure. These qualifications refer, as many opinions have pointed out, not only to the United Kingdom, but to all the British possessions also; you have put them automatically there on the register and you say that they are there for all time to come till it is changed by the Government of India. I wonder whether those who drafted this Bill carefully went through the various Medical Council Acts of the various provinces. I wonder whether Dr. Dalal has done himself the duty and discharged the responsibility of going through not merely this Bill which he has blessed, but also the Medical Council Acts which were passed by various provincial Councils from the year 1912, to start with in Bombay right down to 1914 or 1917, etc. I take it that he has done so. Now, the Provincial Medical Councils Acts have provisions which, in some respects, conflict with the provisions of this Bill. What have you done to see that that conflict does not arise? Take this very question of reciprocity. I take section 20 of the Provincial Medical Councils Act, Madras:

"It shall be lawful for the Governor-in-Council by notification in the Fort St. George Gazette, to alter the Schedule provided, that no medical degree, diploma or certificate granted in any British colony or foreign country which does not recognise the medical degrees, diplomas or certificates of a British Indian Government or University shall be included in the Schedule."

The Provincial Act gave us the principle of reciprocity, at least so far as the British Dominions and foreign countries are concerned. You have taken it away by the Schedule. You have included all that in the Schedule; you have included all the diplomas that are to be found in that table of the Medical Council register. Did you think of its reaction on the Provincial Medical Councils Act? A local Act sanctioned by the Governor General of the day at the time has this power of retaliation and reciprocity at least with reference to British Dominions and foreign countries. And you come

forward and put specifically a section which you say deals with the principle of retaliation and reciprocity. It does nothing of the kind; it takes away even that protection of reciprocity which the local Council had.

Now, there are only one or two minor points which I should like to refer to. Take the question of the right of appeal. If a member is not registered, he has got a right of appeal. If he is convicted of some offence which contravenes the etiquette of the medical profession, he has got the right of appeal to your All-India Medical Council, but, under the Provincial Act, he has got the right of appeal to the Governor-in-Council. Therefore, it comes to this, that a gentleman, who has been convicted of an offence against the medical professional etiquette, may appeal to the Governor-in-Council so far as the Province is concerned. He may uphold the appeal; he may appeal to the All-India Medical Council who may not uphold the appeal. So you have got two distinct authorities settling this question by way of appeal, one including him in the All-India register, because it thinks that an offence has not been committed, and another excluding him from the Provincial register, because it thinks that the offence has been committed. Under clause 15(2) of the Bill:

"A person, whose name has been erased from the register in pursuance of a report of a Provincial Committee under sub-section (1), may appeal to the Council against the erasure."

Now, the Provincial Committee in the case of a graduate acts on the report of the Provincial Medical Council. It does not carry on an investigation by itself. The Provincial Medical Council has, for instance, condemned a man for covering. That is the sort of case which has arisen in my province at any rate. The Provincial Committee immediately reports to the All-India Council. His name is erased from the All-India register and he appeals to the All-India Council. The Council recognises the validity of the appeal and restores his name. Then, what happens, so far as the Provincial register is concerned? Is it binding on the Provincial register? Can he be removed or can he be kept on the Provincial register? The Provincial Medical Council will say, the right of appeal is governed by the Provincial Medical Act and the right of appeal is to the Governor-in-Council under section 18 of the Provincial Act:

"An appeal shall lie to the Governor-in-Council against every decision of the Council under section 13 or 16. Such appeal shall be preferred within three months from the date of the Council's decision."

So an anomaly would arise then, the Provincial medical register not having his name, the All-India medical register having his name or *vice versa* again. Therefore, it seems to me that although these may be minor points, they require looking into at the stage of the Select Committee so that these anomalies may be removed.

Sir, I do not want to go into the details of the Bill, but in clause 20 it is provided that:

"Every medical institution in British India which grants a recognised medical qualification shall furnish such information," etc.

Now, no medical institution grants a diploma or degree. I should like to draw the attention of the House to the definition of "medical institution":

"'medical institution' means any institution within or without British India which grants degrees, diplomas, etc."

[Diwan Bahadur A. Ramaswami Mudaliar.]

So that, according to your definition, a University is part of a medical institution instead of the medical institution being part of a University.

Now, Sir, I am afraid I have trespassed on the patience of the House much longer than I had intended to. There is only one small point which my friend, Mr. Raju, raised that I should like to make an observation upon. My Honourable friend read section 4 of the Medical Act, 1896, where there is provided a right of appeal to the Privy Council. It is perfectly true that the Privy Council does not mean the Judicial Committee of the Privy Council, but the Privy Council, as it is properly understood, that is to say, His Majesty's Councillors, His Majesty's Government of the day. Now, I take it that the Government of India have made an appeal to the Privy Council, or at any rate that they have appealed to the Secretary of State. If they have not, then my friend's criticism is perfectly right. If you understand the Privy Council to mean His Majesty's Government, then it is obvious that no local University can really appeal to that body, and that the most proper, the most authoritative and the most successful appellant can only be the Government of India. My friend was perfectly right, therefore, in asking whether you had exhausted that power. It is not a litigious propensity on my part to apply to the Secretary of State or to His Majesty's Government specifically under section 4 of the Medical Act, and say that we have been debarred by the General Medical Council of this right, and, therefore, please see that this right is restored to us, and I have got further proof as to why you should have done that and that it was a grave omission on your part.

Very recently at the Round Table Conference, the question of reciprocity, with reference to medical degrees, came up for consideration. In the report on commercial discriminations which dealt with this question, a paragraph appeared wherein it was said that pending an agreement with the All-India Medical Council the practitioners, registered by the General Medical Council, will have the right to practise in India. On that some of us raised the question whether, if you put the phrase "pending an agreement", you are not there—by removing the very power which the All-India Medical Council can possibly think of in successfully negotiating such an agreement. We suggested that the proper words should be "pending the institution or the constitution of an All-India Medical Council." The right to practise may be given to those who are registered in the British medical register. I have got here a cutting from the *British Medical Journal*, the January issue, which gives fairly clearly the debate on the point, and as it is not a very long extract, I should like to read it. The Journal begins by saying that both Britishers and Indians suffer under a delusion or a mistake and confuse very often the British Medical Association with the General Medical Council. So long as I am there in the distinguished company of Britishers, I do not mind:

"It is evident that some speakers, both British and Indian, were talking of the British Medical Association when the General Medical Council was what they had in mind. One British delegate said he desired to put it on record that in his opinion the British Medical Association had not been altogether wise in its handling of the Indian question, and another holding a still more important official position declared that Indians could rely on him not to take the side of the British Medical Association against India."

The first speaker was Lord Winterton, who was for a long time Parliamentary Under Secretary of State, and, if I may repeat his language, he said:

"I feel that the decision of the General Medical Council was quite stupid."

The second gentleman who held a very distinguished and responsible position was no less than the Right Honourable Sir Samuel Hoare. He said:

"On this point I will make myself an advocate of the Indian side, of India and of the Government of India and try to see that there was an agreement reached on reasonable terms with the General Medical Council."

These were statements made openly at the Conference. What goes on behind the screens, what happens in the green room we are unable to say or know.

**The Honourable Khan Bahadur Mian Sir Fazl-i-Husain:** You will by and by.

**Diwan Bahadur A. Ramaswami Mudaliar:** I hope so. But that is exactly my point. If only the Honourable Member will come forward, place all his cards on the table here and say "I am bound, I cannot proceed further, I feel myself helpless. Look at the communication I have received from the Secretary of State hauling me over the coals, because I have ventured to suggest that the right of reciprocity should inhere in the All-India Medical Council", then I would be the first man to say: "Perfectly right. You are clear of all blame. You are not a free agent in the matter, and I am bound to support you", but my Honourable friend would not do that. They (the Government) will not disclose their cards. They have got some code of official etiquette. What happens between them and the India Office is not disclosed to any of us. That is my complaint with reference to the Government of India. We get a certain impression when we are in England and we get whispers of a different impression at Delhi and Simla which is fair neither to the one authority nor the other, but let me proceed with this extract:

"The question of the conflict between the General Medical Council and the Indian Universities was raised by a prominent Indian, who took up a remark in one of the Committee reports that pending agreement between a Medical Council in India and the General Medical Council some special provision might be required regarding the right of practitioners registered in the United Kingdom to practise in India. A Bill is shortly to come before the Indian Legislative Council for the constitution of an Indian Medical Council and it is anticipated that it will lay down certain safeguards for medical education and regulate medical degrees in such a way that the constant disputes which have arisen with the General Medical Council in this country will be obviated. The demand of the Indians, as put forward by this speaker, was that if Medical education was to be standardised, this should be done through the Indian Medical Council, and he wanted to know what would happen supposing agreement between such a Council and the General Medical Council were not reached. He thought that it must be left to the good sense of the two bodies, the one in India and the other in England, to regulate the rights of practitioners on a basis of reciprocity. On the British side, from more than one quarter, it was pointed that nothing must be done legislatively which would give countenance to any suggestion that it was open to the Government of India so to discriminate against British Doctors that none would be available to deal with persons of British birth in India. The Indian Delegate who had spoken replied that he fully realised that Indian Graduates must come to British Universities for higher Medical Education and he disclaimed any desire on the part of India to penalise the British Practitioner; all that India desires in this matter was

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power to negotiate on a basis of reciprocity. Another Indian delegate expressed a strong view that the two bodies, in England and in India, should come to terms before the new Act, reached the Statute-book. He added that this medical question had reached considerable dimensions in India, and was becoming a first rate practical issue. The speeches on the British side were persuasive, begging the Indians to appreciate the British point of view even as their own was appreciated, and not to suggest that because India had failed to arrive at agreement with the General Medical Council, even though the fault might be with that body, therefore British residents or travellers in India were to be penalised and not allowed to have British Doctors. The short debate concluded with a promise on behalf of the India Office that it would do its best to secure a reasonable agreement before any new Act came into force."

This was re-inforced by Lord Irwin who said that if he were an Indian, he would give expression to the identical ideas that were given expression to by the Indian delegate on this question. That is the position, so far as the outside public is concerned.

Now, on that basis it seems to me that there is a reasonable chance of coming to an agreement with the General Medical Council. Do not spoil this chance, by having this statutory enactment now, for ever unalterable in practice, put on the Book—take it, that in this matter we, who are on this side of the House, and you, on the other side, are one. I know, if I have been harsh in my criticism, I never intended to be personal, I know that the Department is now being controlled by an Indian who, as my friend said, was quite recently a Minister in the Punjab, and we know how he has fought for the Indian cause all along. I have had expressions of opinion of those who attended the 1930 Conference and I venture to state that those expressions of opinions were in the highest laudatory terms of the manner in which Sir Fazl-i-Husain conducted the Conference and of the ideas that he gave to that Conference. I have no quarrel with you at all. I know that in your heart of hearts you would have said in stronger terms all that I have said this evening, and, therefore, I venture to think that you should arm yourself in any correspondence that you may carry on with the India Office and through the India Office with the General Medical Council, with the united opinion of this House on these matters. I venture to make one short appeal to that little but very distinguished group that sits on my left. This is not a racial question. This is not a question concerning England and India either. This is a question which concerns the good name of the Legislative Assembly first, and then the interests of thousands of medical graduates, and the prestige of our Universities. You and we work on those Universities; you and we have charge of the Faculties of Medicine. Many a distinguished member of the Indian Medical Service has devoted his life to education and has successfully trained scores and scores of medical graduates. Are you not proud of the products that have come through your hands and taken the degrees of those Universities and established a name and fame for themselves, even as some distinguished medical men in this House have done? If you have pride in them, you will fight for them. This is an Indian issue—an Indian issue in the sense that it submerges all distinctions of race, of colour and of creed, makes every one who is resident in India feel proud that this prerogative must be given to the country. They talk of medical Swaraj—I do not want to use terms which may be anathema to some of my distinguished friends on the other side; but I venture to think that in this small matter at least we must have our way—and that way is a respected and a respectable way. We are not asking that equality should be given or the distinction



should be recognised for all and sundry: we are going to put them through a sieve in as hard a manner as we can conceive that it should be done; your All-India Medical Council is not going to be a mere paper constitution, putting forward paper ideas, but is going to pull up the standards, and I say that it is time that you and we pulled together in this matter and tried to see that on this question at least the Indian Legislative Assembly, the Parliament of India, is one united whole, that there is no distinction between the Treasury Benches and the Opposition, but that we are all united in opposition to grave wrongs that have been done to our Universities and to our University graduates, and that we are determined to see that our rights are restored in the matter. Sir, I have done. (Cheers.)

**Mr. T. N. Ramakrishna Reddi** (Madras ceded Districts and Chittoor: Non-Muhammadan Rural): Sir, I suffer from considerable disadvantage having to follow closely on the previous speaker who has inundated us by his flood of eloquence. But, as I have chosen to speak on the Bill, I speak not as an "uncertified adventurer" in the streets, as Dr. Dalal would think some of us to be, but with all the prestige and authority of being a Member of this august Assembly. I approach this question with an open mind and I consider that it is better to look at it with an open mind, because I can afford to brush up cobwebs and the dust that might gather as we proceed with the progress of the Bill, rather than look at it with a closed pit mentality, an official mind which is impervious to fresh air and light to be thrown in it. My friend, Dr. Dalal, said that he has had experience of 34 years of official life; and it is just the reason why it is impossible for him to come out of that official rut and official mentality when approaching this question and has agreed to the passage of this Bill *in toto* without any modification at all.

The Honourable Member, who introduced this Bill has delivered a speech which is very clear and which appeared to be very convincing. He has stated that this Bill is not the outcome of the action taken by the General Medical Council of Great Britain, but this Bill had its origin and growth ever since the year 1910, and hence it is not such a precipitate measure as it has been reputed to be. By stating the chronology of the Bill, he has only side-tracked the issue. Of course in India medical education is a provincial subject and it has attained various degrees of efficiency in various provinces of India according as the province is more advanced or less advanced or according as it could spend money on medical education. In each province medical institutions have sprung up and medical faculties have been created. After the Montford reforms, the medical portfolio has become a transferred subject as well. Thanks to the forward policy pursued by the Ministers in various provinces, the Medical Department has been to a great extent Indianised. Now the time has arrived when it is essential and desirable that we should take stock, collect and collate all information and bring about uniformity in the educational standard and proficiency: hence it is no wonder that now and again a non-official Member of this House as well as a Member of the Council of State have brought forward legislation for the establishment of the Indian Medical Council and, for one reason or another, they were not able to see it through.

Apart from what the Honourable Member, who introduced this Bill, has said, there is no gainsaying the fact that this Bill has been hastened owing

[Mrs T. N. Ramakrishna Reddi.]

to the precipitate action of the General Medical Council of Great Britain. This is clear from the Statement of Objects and Reasons wherein it says :

"This has been partly due to the action of the General Medical Council in deciding in February, 1930, to withdraw temporarily the recognition of medical degrees of Indian Universities. By this action the international status of those degrees has been endangered; therefore, to safeguard this status and to provide for the maintenance of uniform minimum standards of medical education in the country, it became imperative to resume the consideration of the proposal for the establishment of an All-India Medical Council."

This idea of object submission to the General Medical Council runs through the whole Bill and through every section of the Bill. This General Medical Council, under the British Act, is invested with the authority of refusing to grant any recognition to medical degrees obtained in India if they find that these degrees do not come up to sufficient standard of medical education entitling the holders thereof to prosecute any post-graduate study in Great Britain. For a long time in India medical education was in the hands of I.M.S. officers and so the General Medical Council was not taking so much interest in inspecting as it has been doing subsequently. But, after the Montford reforms, medical education became a transferred subject in the provinces and, as I said, the teaching profession has gone into the hands of Indians and hence they began to have a more thorough inspection by means of *ad hoc* committees and commissioners. A proposal to have a permanent Commissioner appointed to examine the Indian Universities was turned down by the Assembly and hence the General Medical Council of Great Britain refused recognition of the Indian degrees. The non-recognition of these degrees of the Indian Universities would not have affected us very much except with regard to certain medical graduates who have been practising in England and other Dominions. Even among them there are many Indians who have taken western degrees, and this disqualification would not have affected them also. On the other hand, if India had been a self-governing country, she would easily have retaliated and she would not have recognised the degrees of British Universities; but, as it is not to be, we have to meekly submit to the present conditions. But the Government have unfortunately pocketted that insult instead of taking the matter up to the Privy Council, and they are now trying to further humiliate the country by introducing this Bill. I shall, Sir, during the course of my speech, prove how the present Bill, which ought to have been acceptable to the House and to the country, has certain objectionable features about it which make us hesitate to give our assent to it. The principal object of a Bill of this character, the principal object of an All-India Medical Council Bill which is to affect the whole of India, ought to be to control and supervise the standard of medical education and the professional qualifications with a view to assuring that the medical practitioners possess the necessary knowledge and skill to do their professional work satisfactorily. That should be the principal object of the Bill, because the medical education is in the hands of the Universities and of the Local Governments, and so, as I said, the object of this All-India Bill should be to supervise and control the standard of instruction and also to establish a certain minimum standard of qualification for all the provinces, so that persons attaining such standard may be acceptable as medical practitioners throughout India. The second object should be the granting of reciprocities to other countries of the privileges of the profession when those countries grant similar privileges to the graduates of our Universities. That

should have been the chief object of this Bill. In the preamble of the original Bill, which was introduced in 1931, the object was stated thus:

"for the maintenance of a register of a qualified practitioner of modern scientific medicine, in order to establish a uniform minimum standard of qualification in medicine for all provinces such that persons attaining thereto, shall be acceptable as medical practitioners throughout British India."

and, so on. But, they have omitted in the Schedule the inclusion of degrees of certain Universities, namely, Andhra, Patna and Rangoon and the licentiate courses that are obtainable in India. That shows that the chief object is to placate the General Medical Council by not including any other degrees or licentiates except those medical degrees given by certain Universities which may be acceptable to the General Medical Council. There are a large number of licentiates, I believe there are about 20,000 licentiates or over, all over India. At present the Provincial Medical Councils have been given the statutory powers to direct medical instruction and conduct examinations and grant licences to practitioners. But, by this Bill, will have to disqualify such licentiates from admission to this register.

That means that when there are so many doctors who have obtained the licentiate diplomas and they have been recognised by the Provincial Medical Councils as fit to practise, as having the necessary minimum qualifications to practise, this Bill refuses to recognise them. Why should they not be recognised? Do the Government feel that, by recognising such degrees, there will be danger to the international recognition of the medical degrees of the Indian Universities? These licentiate diplomas and other degrees granted by various Universities, such as the Andhra, Patna and Rangoon Universities, have been treated to a much worse position than the licentiates of British Universities. In Great Britain, the L.S.A. courses or the L.R.C.P. courses, which are not regular degrees of Universities, have been accepted as fit for recognition by the General Medical Council, and our Government, in order to placate the General Medical Council, do not even bring the graduates of certain Universities such as Andhra, Patna and Rangoon, in line with them. That shows that the real object is not to have a minimum qualification of medical degrees as the preamble of the Bill seems to indicate, but to satisfy the General Medical Council of Great Britain.

The Assembly then adjourned till Eleven of the Clock on Tuesday, the 14th February, 1933.