MEDICINE, HEALTH AND NATIONALIST DISCOURSE IN COLONIAL INDIA-1937-1947

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MASTER OF PHILOSOPHY

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CERTIFICATE

Certified that the dissertation entitled, **MEDICINE, HEALTH AND NATIONALIST DISCOURSE IN COLONIAL INDIA -- 1937-1947** submitted by **MR. MD SHAMSAD KHAN** is in partial fulfilment of six credits for the award of the degree of **MASTER OF PHILOSOPHY (M.PHIL)** of this university.

This dissertation has not been previously submitted for any other degree of this university or any other university and is his own work. We recommend that this dissertation may be placed before the examiners for evaluation.

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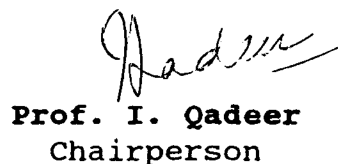

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ABBREVIATIONS

CUP	:	Cambridge University Press
NAI	:	National Archives of India
OUP	:	Oxford University Press
CSL	:	Central Secretariat Library

CHAPTER I

INTRODUCTION

Chapter I

INTRODUCTION

This study, titled 'Medicine, Health and Nationalist Discourse in Colonial India, 1937-47', has been primarily attempted because of the following reasons. The first, it was our desire to study the mainstream national politics and the nationalist agenda on medicine and health in colonial India. To be more specific, we wanted to study the perception and response of the national leaderships, to different systems of medicine in India, in particular the indigenous and the western. The purpose was to know mainly their empirical choices and future priorities as reflected through their debates, policies, and programmes, both within and outside the legislative assembly. And, above all, to understand as to how far the nationalist discourse was, as it were, really nationalist. In other words, was it a 'derivative discourse'?[1] or, a discourse based completely on an indigenous model. The issue of health remains closely related to the idea of medicine and hence it formed an integral part of the whole discourse, thus making its appearance both directly and indirectly during the course of our study.

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1. The phrase used by Partha Chatterjee, Nationalist Thought and the Colonial World, A Derivative Discourse? OUP, Delhi, 1986.

We thought, a study of this nature is extremely important, because, besides delineating the different patterns of contemporary politics in this field, the study can raise several questions regarding issues, such as, the decline of the indigenous systems of medicine, the nature of their interactions with each other in the first half of the twentieth century, and most importantly, with hindsight, their future status in the post-independence period in India.

There are three major sets of opinion, for example, that exist regarding the reasons for the decline of the indigenous systems of medicine, particularly during the colonial period.

1. One relates it to the general indifference and the discriminatory attitude of the British state.[2]
2. The second traces it to the inherent inability of the indigenous systems to grow as a scientific body of knowledge even in the midst of adequate patronage by

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2. D. Banerji, 'Place of the Indigenous and Western Systems of Medicine in the Health Service System of India', International Journal of Health Services, 1979, pp 511-519; see also, B. Gupta, 'Indigenous Medicine in Nineteenth and Twentieth century Bengal' in Charles Leslie (ed.).Asian Medical Systems. A Comporative Study, University of California Press, California, 1976, pp. 368-378, see also, K.N. Panikkar, Indigeouns Medicine and Cultural Hegemony: A Study of the, Revitalization Movement in Kerala', Studies in History, 8,2, n.s. (1992) Sage Publications, New Delhi.

the state including the Indian government.[3]

3. The third does not entertain the theory of de-cline of the indigenous systems of medicine, but holds that actually, there was a relative deterioration in the 'average social position of the elite Vaids and Hakims' mainly because of their own internal divisions and because of the decline in the clientele.[4]

All these three opinions, we hold, remain incomplete unless we assess the nationalist discourse. This is because the findings of the study of the nationalist discourse may substantiate or refute these opinions, or may add a new dimension to this area of enquiry.

Similarly, there is one dominant opinion about the positive or fruitful interaction between different systems

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3. Poonam Bala. 'The State and Indigenous Medicine: Some Explorations on the Interactions between Ayurveda and the Indian State', J.N.U., M.Phil Dissertation (Unpublished) 1982. She makes a sweeping statement, "In the twentieth century again we found that Ayurveda was given all kinds encouragement, firstly by the nationalist movement, then by provincial governments and then by the state in Independent India, but Ayurveda remained comatose". p.115.

4. Roger Jeffery, The Politics of Health in India, University of California Press, Berkeley, 1988, pp. 57-58, sec also Charles Leslie, 'The Ambiguities of Medical Revivalism in Modern India,' in Leshe (ed.) Asian Medical Systems, pp.356-67.

of medicine in India[5] particular between Ayurveda and Unani systems. Nevertheless, we feel that perhaps in the first half of the twentieth-century and especially in the thirties and forties, the nature of the interaction changed and remained frozen possibly because of the communally deteriorating environment.

The second reason why we took up this study is the near absence of any literature on the nationalist discourse on medicine and health in Colonial India. Partha Charterjee's Nationalist Thought and The Colonial World is an important contribution and, in fact, becomes a source of inspiration for us. However, his study does not relate to the area of our concern. There have been some substantial efforts made to understand the popular perceptions and response to the colonial/western medicine.[6] For example, the work of David

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5. A.L.Basham, 'Practice of Medicine in Ancient and Medieval India' in Charles Leslie (ed.). Asian Medical Systems, p.40 Also see, M.Ali, 'Ayrvedic drugs in Unani Materia Medica', Ancient Science of Life, April, 1990, pp.191-200.

6. David Arnold, 'Introduction: Disease, Medicine and Empire', also se by the some author, 'Smallpox and Colonial Medicine in Nineteenth-century India', in David Arnold (ed.) Imperial Medicine and Indegenous Societies, OUP, Delhi, 1989, pp. 1-26; p.45-65. Also see David Arnold, Colonizaing The Body : State Medicine and Epidemic Disease in Nineteenth Century India, OUP, Delhi 1993, p. 354. Also see. Rajnarayan Chandavarkar, 'Plague Panic and Epidemic Politics in India, 1896-1914' in Terence Ranger and Paul Slack (ed.) Epidemics and Ideas, Cambridge University Press (CUP), Cambridge, 1992, pp.203-240.

Arnold, Rajnarayan Chandavarkar, Radhika Ramasubhan etc. But as already alluded, they are mainly an effort in one direction, i.e. on effort to judge the interactions between the colonial medicine and the colonized people. Although in the course of these efforts some reflections of popular attitude to indigenous medicine also become apparent, they remain more or less marginal. And certainly, these are not an effort to build a discourse on sub-altern response.

Some specific studies have been carried out which, in a way are also a study of the nationalist response. But they are largely confined to the assessment of individual efforts seen in the form of revitalization movements. Thus, Barbara. D. Metcalf studies the case of Hakim Ajmal Khan;[7] Paul R. Brass evaluates the politics of Ayurvedic education from the point of view of Ayurvedic professionals;[8] and K.N. Panikkar examines the revitalization movement in Kerala initiated and led by P.S. Varier of Kottakala.[9] In other

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7. Barbara. D.Metcalfe, 'Nationalist Muslims in British India : The Case of Hakim Ajmal Kaham, Modern Asian Studies, 19,1, (1985), pp 1-28.

8. Paul R. Brass, 'The Politics of Ayurvedic Education : A Case Study of Revivalism and Modernization in India in Rudolf and Rudolf (ed.), Education and Politics in India, OUP, Delhi, 1972, pp.342-371; 452-459.

9. K.N.Panikkar, 'Indigenous Medicine and Cultural Hegemony: A Study of the Revitalization Movement in Kerlam', Studies in History, 18, 2, N.S. (1992) , Sage Publication, New Delhi.

words, these are not comprehensive studies, and in many ways reflect the opinions of the affected classes, some of them even biased, which could not always be equated with the general nationalist position. For example, Paul. R.Brass projects the revitalization movement among the Ayurvedic professionals as the instrument of political pressure in support of Ayurveda against the influence of the 'entrenched and hostile' modern medical profession. This might be partially true, when one looks at the issue from the point of view of the affected social groups, but if compared with the general nationalist position, the proposition might prove wrong or lopsided.

At best, one can test the applicability of these studies in the case of the nationalist discourse on medicine and health. And in fact, this is the third basic reason why we chose to work on the nationalist discourse, i.e., to test the validity and applicability of the findings made in the case of the study of the specific revitalization movements.

There are three basic issues that are focused on by the existing literature on the revitalization movement -- revivalism, professionalization and elitism. Charles Leslie is the most articulate advocate of the revivalist view, i.e. the view which attributes the revitalization movement to a revivalist tendency. He argues that since the protagonists

of indigenous medicine "believed literally in the authority of the classic texts and at the same time were impressed by accomplishments of modern science, they set out to demonstrate that the institutions and scientific theories of cosmopolitan medicine were anticipated in the ancient texts".[10] He further implies that it is with this revivalist tendency that a theory was constructed to show the decline of the indigenous systems.

Paul R.Brass identifies the revitalization movement with 'professionalization' under the influence of the modern (western) medical practice and calls it an attempt by the "traditionalistic interest groups to legitimize itself and achieve recognition and status".[11] The movement by implication, to him, was thus, a political instrument as already referred toabove.

The third view is held by Barbara.D.Metcalf who underlines the elitist character in the movement because it remained 'scriptural' based on the principle to "return to texts of the literate culture at the expense of customary or local practice", where the "adversaries of the reformers were practitioners of unsystematic folk medicine, often mid-

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10. Charles Leslie, 'Ambiguities of Medical Revivalism in Modern India', Leslie (ed), <u>Asian Medical Systems</u>, p.365.

11. Paul R. Brass, op.cit., pp.342-45.

wives, and other women and poorly trained Yunani practitioners".[12]

These views have already been partially questioned by K.N. Panikkar. His study has shown that though these three traits could be seen in the revitalization movement, yet neither any of them individually nor all of them collectively constitute the character of the movement.[13] These findings could further be verified or tested at a rather wider plane in terms of the nationalist discourse.

We now come to the broad hypothesis within which we have tried to pursue our study. We feel that even in the midst of the anti-imperialist agitation in India, as shown by the decades of thirties and forties, the nationalist agenda for social change was not fundamentally anti-imperialist. Not that there was no defiance against the west or that there was no quest for an alternative model -- in fact, leaders like Gandhi widely made an effort in that direction. However, the defiance against the West as well as the search for an alternative model remained more or less marginalized or suppressed, at times even weak and apologetic. On the other hand, 'modern' western science of knowledge,

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12. Barbara D. Metcalfe, op.cit., pp.1-28.

13. K.N. Panikkar, op.cit., 8, 2, n.s (1992), p.306.

widely projected as it was through colonial experiences, seemed to provide greater secular salvation to the minds of the majority of the Indian intelligentsia and hence, it is ultimately conformity to the western line of progress, if not a complete subjugation, which came to dominate the nationalist discourse. But this conformity to the western line did not simply mean an inherent acceptance of western superiority, but also a continuation of the colonial legacy of subordination and susbserviance of Indian systems of knowledge. Moreover, paradoxically, this zeal for conformity to the 'modern' western science and rationality could not completely free Indian nationalist discourse from its not-so-unusual primordial associations.

With this broad hypothesis / perspective in our mind we have chosen two major areas of study divided into two chapters. The first relates to the discourse over the systems of medicine, both indigenous and western, as well as the quest for an alternative model. The second relates to the discourse over women, maternity and family planning. Part of the reasons for choosing these two areas are that they form a major part of the nationalist discourse over medicine and health during thirties and forties. Secondly, it is in these two fields that the variety of nationalist perceptions come to the ground. We also wanted to take up a third area,

namely 'Health structure'. Under this area we wanted to assess as to how far the nationalist views on health were comprehensive, integrated and balanced in terms of preventive and promotive as opposed to curative aspects of Health; in terms of rural and urban focus, rich and poor dichotomy etc. However we could not take up this area because of the relative paucity of primary sources and their scattered nature and partly because of the lack of time.

A little more needs to be said about the two chapters we are going to deal with. In both the chapters the first attempt is to show the west versus non-west or indigenous versus western dichotomy in the realm of discourse. In other words, to show as to how there was a struggle for hegemony between the western and non-western forces, or what we call between element of conformity and that of defiance. The second attempt is to show if there were elements of contradictions or weakness as within these two major domains of thought. And thirdly, to show if out of these two domains, there was a quest for an alternative. Within these various strands of thought one can at the same time locate the specific issues that we have raised in the foregoing pages, i.e, the issue of the decline of the indigenous systems of medicine or conversely, the issue of the hegemony of the western system of medicine; the issue of the nature

of interactions between Unani and Ayurved, the issue of revivalism, professionalization and elitism etc.

What do we mean by indigenous and western system of Medicine? They are simply the categories already made both historically and historiographically. In the Indian context, western medicine is equated with the Allopathic system of medicine, while Ayurveda, Unani, Siddha and folk medicines are usually called indigenous systems of medicine. Sometimes, even Homeopathy is added to the list of indigenous systems. Perhaps, these categorizations are not without problems and they have to be understood in a larger socio-historical perspective.

The system of Allopathy in India did not have its independent origin, nor was its expansion and out-growth autonomous. Studies have shown that right from the very beginning it was an integral part of the imperial motive, a 'tool' of the empire.[14] It was a cultural force, "acting both as a cultural agency in itself and as an agency of western expansion".[15] This association of allopathy with the imperial motive kept it at loggerheads with the indige-

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14. The phrase used by Daniel Headrick, The Tools of Empire : Technology and European Imperialism in the Nineteenth Century, New York, 1981.

15. Roy Macleod, 'Introduction' in Roy Macleod and Milton Lewis (eds.), Disease, Medicine and Empire : Perspectives on Western Medicine and the Experience of European Expansion, London, 1988, p.1

nous systems of medicine, mainly Ayurveda and Unani. Even in contemporary times, some of the nationalist leaders, felt this threat, and the revitalization movements were partly the result of this perceived threat from western medicine. We are not arguing that there was possibly no positive interaction between the indigenous and western system of medicine, or that they were two monolithic categories. But elements of antagonism remained stronger than the elements of positive interaction between indigenous and western medicines, may be due to a complex of factors including the intervention of colonial state.

Why did we choose the period between 1937-1947 for this study? We found the period quite crucial for several reasons. The first, by the last part of the thirties and the early part of the forties, the chances of India becoming politically free had become quite imminent and consequently, confronted with the responsibilities of holding power, the intellectuals within the rank of Indian nationalists started greatly diversifying their interests into various other aspects of life including medicine and health. For example, the formations of National Planning Committee, with its various sub-committees is a case in point. The second, this is the period which witnessed the grant of 'provincial autonomy' and the formation of first mass elected ministries

in different provincial assemblies. Hence, both assemblies as well as ministries were the most representative bodies in colonial India, whose policies and programmes by implication, deserve scrutiny if any critical evaluation of nationalist position has to be made.

Few words about the primary sources that we have used for our study. They mainly consist of The Proceedings of The United Provinces Legislative Assembly, The Collected Works of Mahatma Gandhi, The Selected Works of Jawaharlal Nehru and the specific Sub-committee Reports of the National Planning Committee. We have also consulted few records from the Education, Health and Lands' Department. These sources have been used with the view that they would help in exploring different issues that we have raised in the foregoing pages.

In the following chapter, then, we examine nationalist discourse over indigenous and western systems of medicine. This examination, necessarily preliminary and tentative in nature, will, we hope, illumine areas for more intensive research.

CHAPTER II

DISCOURSE ON INDIGENOUS AND WESTERN SYSTEMS OF MEDICINE

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There are three sets of ideas which are reflected in the nationalist discourse on indigenous and western systems of medicine. The first falls in the category of conformity to the western system of knowledge or Allopathy and its wide application to the Indian systems of medicine as a sign of 'modernization' notwithstanding the contradictions this involved. The second consists of elements of defiance against the western system of knowledge and its wide application. The third could be termed as a quest for an alternative based on India's own experiences.

It is noteworthy that the zeal for conformity is more pronounced and emphatic. The elements of defiance, with a few exceptions, are also subsumed by western supremacy. Yet even this defiance has few votaries. The quest for an alternative, the third strand in this discourse, failed to find adequate space in the national planning for social change, to be more specific, vis-a-vis medicine and health. In the following pages, an attempt has been made to evaluate these three strands of nationalist discourse, both independently as well as in connection with each other.

Conformity And Contradiction:-

The element of conformity is best represented through 'The United Provinces Indian Medicine Bill, 1938, passed by the U.P. Legislative Assembly in the year 1939.[1] The Bill, briefly, proposed to reconstitute the Board of Indian Medicine as a statutory and representative body consisting of experts and public men with adequate funds and power to coordinate the system of medical education and training, the system of examination, grant of degrees, aids and funds. It also sought to establish teaching and research institutions and laboratories; to develop the art of surgery based on the allopathic system. It also proposed to regulate the system of appointment of Vaids and Hakims in the government services and their private practice so as to discourage quackery, considered as a 'menace' to the progress of Indian systems of medicine.

As reflected in the provisions of the Bill, followed by the spirit of debate in the assembly, it becomes clear that the attempt was to modernize the Indian systems of medicine with allopathy acting as its perfect model. It is perhaps

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1. The Bill was introduced by the Congress ministry/government. The bill in the original form is attached in Appendix-I.

noteworthy that so far the efforts for reform in Indian systems of medicine were largely private based on individual and group efforts.[2] Consequently, there could not evolve 'uniform educational and professional standards'.[3] Moreover, these efforts did not get government's recognition, which ultimately affected the pace of reform. Although in 1920s, because of the insistence within the assembly a Board of Indian Medicine was constituted, this Board on the whole remained ineffective as it did not have a statutory character and ran short of funds and powers.[4]

The United Provinces Indian Medicine Bill, thus, was remarkably important, first because it was initiated by the national government which in turn meant its legal recognition by the state (U.P.). Second, the reform was sought to be introduced on a uniform basis throughout the province with the proposed statutory Board of Indian medicine acting as the coordinating body. Its third important feature was that it proposed to bring about reform on the line of allopathy by institutionalising the system of examination, grant

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2. A mention may be made of Hakim Ajmal Khan and his efforts in the area around Delhi and western U.P.

3. Paul. R. Brass 'The Politics of Ayurvedic Education : A Case Study of Revivalism and Modernization in India, in S.H.Rudolf and L.I.Rudolf (ed.), Education and Politics in India, OUP, New Delhi, 1972, p.349.

4. This is reported in the course of debate, and is also explicit by the Bill.

of degrees, aids and funds, as well as by establishing research institutions and developing the art of surgery. An obvious implication of these reforms was the control over quackery. In fact, throughout the debate three points are raised time and again both as a tool to criticise indigenous systems of medicine , and as a need to bring about reform in the same. These are: (1) Establishment of research institutions; (2) Development of surgery based on allopathy and; (3) Control of quackery.

Thus, Kunwar Sir Maharaj Singh, a member, raises the need for research on indigenous drugs "The properties of which have not been fully subjected to research".[5] Khan Bahadur Lieutenant M. Sultan Alam Khan (member) points out "surgery as another equally important item our indigenous system has paid practically no attention to", and suggests that " avenues be explored to bring it on equal footing with Allopathy".[6] Similarly, Sahibzada Syed Hassan Ali (member) makes scathing remarks on unqualified Vaids and Hakims because of whom, he feels, grave yards have flourished and cremation ground have been illuminated.[7]

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5. The Proceedings of the Legistlative Assembly, U.P. Vol.XVI, 1939, p.49.

6. Ibid, p.55

7. Ibid, Vol.XVIII, 1939, pp.429-30.

That by bringing about these reforms the effort was to follow in the footsteps of allopathy is greatly reflected in the statements made by the minister of Local Self-government and Health, Vijaya Lakshmi Pandit. While explaining the reasons behind the Bill, she says it is an attempt on the part of the government to "raise the Indian systems of medicine and bring it up in line with the scientific knowledge of the Western system of medicine".[8] She further says, rather emphatically, "this system as a whole must go forward along scientific lines progressively and reach the same height that other scientific systems of medicine occupy today".[9]

However, it should be noted that the reform of the indigenous systems of medicine even while basing it on allopathic lines, did not mean complete westernization of Indian medicine ; at least not to every body in the house. Because, Kunwar Sir Maharaj Singh pays great importance to the use of indigenous drugs and says.

> I look forward to a time, it may be in the distant future, when these system of medicine will be modernized to substantially the same extent as the allopathic branch of medicine subject to one difference which, I for one with my all preferences for the modern sys-

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8. Ibid., Vol.XVI, 1939, p.49.

9. Ibid, Vol.XVIII, 1939, p.444.

tem, am willing to accept, namely, the use of indigenous drugs.[10]

Its seems that the system of allopathy was being taken as a model more in terms of its scientific character like research and surgery as well as 'professionalization' as seen through the system of education, examination, grant of degrees etc. But at the same time, one also does not find any revivalist tendency in terms of the appeal for going back to the 'ancient text' as maintained by Charles Leslie. In fact there is no evidence in the house to give this impression. This view would be further clarified in the course of our study. At the moment, we hold a conclusion that the bill for the reform of the Indian systems of medicine was an attempt towards modernization based on allopathy as its model and without any apparent revivalist tendency within its womb.

It is important to note that the zeal for reform along allopathic lines was, however, not followed by any intention to replace or supersede the system of Allopathy. This view is supported at several levels namely, the attitude of the Congress ministry, its effort to evolve a uniform policy towards various systems of medicine, the system of patronage and employment given by the state in the field of medicine

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10. Ibid., Vol.XVI, 1939, p.49.

and health as well as at the level of individual leanings.

The attitude of the Congress ministry is reflected in the statement made by the Minister for Local self-government and Health, Vijayalakshmi Pandit, who, while introducing the 'United Provinces Indian Medicine Bill' explains the governments position that: "This Bill is being introduced not with any pre-conceived prejudice in favour of any particular system".[11] Further as late as July, 1950 when Jawaharlal Nehru heard from his Health Minister that some of the ministers of the Central government and those of the state governments were making statements in regard to the public use of what are called indigenous systems of medicine, he felt, uneasy about it.[12] He also wrote a 'Note to Chief Ministers on 22nd July 1950 arguing that he felt bad "when what is called modern medicine was condemned and other systems were praised."[13]

Jawaharlal Nehru directed all the Chief Ministers that it is the business of the Health Ministry to propose a uniform policy and to get the approval of the cabinet to it. He further clarifies that,

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11. Ibid., p.56.

12. Selected Works of Jawaharlal Nehru, Vol.14, Part II, April-July, 1950, p.288.

13. Ibid., p.288.

> The science of medicine would not be divided up into compartments but would be built upon solid foundations of past and present experience tested by modern scientific methods.[14]

And again that,

> The proper approach therefore should be that any system of medicine to be followed or encouraged must be modern and up-to-date and should take advantage of all the accumulated knowledge we possess.[15]

Thus, not only that there was no question of replacing or superseding the western system of medicine, but also that even to get government's encouragement indigenous system had to be 'modern' and 'up-to-date', and of course, the scale of measurement being provided by the system of Allopathy. In fact, the whole logic of uniform policy was quite unequal to the interests of the indigenous systems, because Nehru's insistence that 'modern scientific methods tested by past and present experience' should form the basis of uniform policy inevitably meant giving central or a singular position to the system of Allopathy in the policy formulation. Perhaps, Nehru was oblivious of the fact that there could not be developed uniform measures or uniform scale of measurement for two entirely different systems of medicine. It

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14. Ibid, pp.288-289.

15. Ibid.

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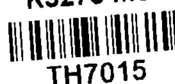

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appears that the ground for this kind of unequal uniform policy was already prepared by the National Planning Committee. (an organ of the Indian National Congress) as is apparent from its Sub-Committee's Report on National Health.[16] The chairman of the sub-committee Col. S.S. Sokhey notes:

> "There has been attempts in this country during recent years to give a semblance of science to indigenous systems of medicine by providing laboratories and dissection of human bodies etc. But the correct course should be to accept the large body of scientific knowledge in Western medicine as the nucleus round which only the scientifically tested knowledge derived from the indigenous system of medicine should grow... The scheme of training which we should adopt therefore should be un-prejudiced by considerations of Sentiment and should be based solely on scientifically tested knowledge."[17]

Coming to the question of patronage, a major chunk of the government grants went to Allopathy. For example, Raghunath Vinayak Dhulekar, a member of the house, reports that out of two and a half crore rupees spent annually on health in U.P. only five to six thousand rupees were granted to the Colleges of indigenous medicine, and fifty thousand each to

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16. The National Planning Committee was founded in 1938. With twenty-nine sub-committees, it started its work dealing with all aspects of national life, so as to come out with a general outline for future India.

17. National Planning Committee Series, Report of the Subcommittee on National Health, Vora, Bombay, 1947, Appendix II, pp.58-59.

B.H.U. and A.M.U.,[18] the rest was spent on Allopathy.[19] There might be some exaggeration in his estimate, but it certainly gives a rough idea about the major difference in monetary support to indigenous as well as western systems of medicine.

In terms of employment, the Ayurvedic and Unani graduates qualifying from Provincial Ayurvedic and Unani Colleges were hardly appointed to the posts of Medical Officer in the Provincial Medical Service and certainly not to the higher posts as that of Inspector General of Civil Hospital (I.G.C.H.).[20] Raghunath Vinayak Dhulekar further reports that Vaids and Hakims were mainly employed in rural areas, while Allopathic doctors remained mainly urban based.[21] On the occasion of demands for grants,[22] when Dhulekar raised a cut-motion expressing dissatisfaction at the discriminatory policy of the government in appointments to higher jobs, Vijay Lakshmi Pandit, stated that Vaids and Hakims do not have 'background' and sufficient 'fundamental education' and

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18. Perhaps, B.H.U and A.M.U. had separate Department of Ayurveda and Unani respectively.

19. The Proceedings of the Legislative Assembly, U.P., Vol.XXXI, 1947, pp.481-82,

20. Ibid.

21. Ibid.

22. It was a part of the budget discussion. Please see, Ibid., pp.449-511.

that unless they fulfill these conditions, only Allopathic doctors would be appointed to the higher posts like that of I.G.C.H. [23] However, she does not clarify what she means by 'background' and 'fundamental education'.

Thus, from the attitude of the congress ministry, from its efforts to evolve the so-called uniform policy, and from its system of medical grants and employment, it becomes quite obvious that there was no question of replacing or superseding the western system of medicine. The system of allopathy rather occupied the central position in the nationalist choice, while the indigenous systems of medicine remained only as a subordinate partner.

This view is also supported by the individual leanings or bias of several key figures within the assembly, who personally felt that Allopathy was superior to the indigenous systems of medicine, and therefore should be given more priority by the government. For example. Atmaram Govind Kher, Parliament Secretary to the local self-government, believed that Allopathy was more advanced and superior because it had new ways of diagnosis like radiology, new art of surgery and modern surgical instrument as well as Bacteriology which was absent from the indigenous system of

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23. The proceedings of the Legislative Assembly, U.P. Vol.XXXI, 1947, pp.487-488.

medicine.[24] He added that Allopathy should not be discriminated against on the ground of being foreign because, to him, knowledge does not belong to any particular country, it is and should be treated as universal science irrespective of its place of origin.[25] Begum Abdul Wajid (member) is even more emphatic in granting superiority to western medicine when she suggests that money being spent on Ayurvedic and Unani colleges should be diverted to Allopathic medical Colleges.[26] Sir Kunwar Maharaj Singh (quite a vocal member in the assembly) though has a moderate view and wants indigenous systems to be modernized while he does not conceal his feeling for allopathic system, when he says "personally I am in favour of the modern or Allopathic systems of medicine,"[27]

It seems perhaps pertinent to examine Poonam Bala's opinion regarding the reasons for the decline of the indigenous Systems of medicine. She argues that Indian medicine, especially Ayurveda, declined because of its own inherent inability to grow as a scientific body of knowledge and not

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24. Ibid., p.96.

25. Ibid.

26. Ibid., pp.486-87.

27. Ibid., Vol.XVI, 1939, p.49.

because of the lack of adequate patronage by the state. She states, for example, that.

> In the twentieth century again we found that Ayurveda was given all kinds of encouragement, firstly by the nationalist movement, then by provincial governments and then by the state in independent India but Ayurveda remained comatose.[28] (sic)

This seems quite a sweeping statement and particularly unjustified in case of the nationalist discourse because our study suggests that there was no adequate support given to the indigenous systems of medicine as compared with the system of allopathy. The provincial government and the Congress ministry in U.P. gave all priority to the western system of medicine. That the Bill was passed to modernize the Indian systems of medicine and that the indigenous systems of medicine were now recognized by the provincial government did not mean giving it adequate support or 'all kinds of encouragement'. The adequacy of support has to be seen in totality and in relation with other systems of medicine. In fact, the attitude and the policy adopted by the Congress ministry, meant ultimately a continuation of the colonial legacy of subordination and sub-servience of

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28. Poonam Bala, 'The State and Indigenous Medicine : Some Explorations on interactions between Ayurveda and The Indian State', J.N.U., M.Phil. Dissertation (Un-published) 1982, p.115.

indigenous systems of knowledge, and thus a case of conformity to the western line of progress.

An important question that still remains to be answered is that after all what made the Congress ministry seek to modernize the Indian system of medicine? It seems that perhaps the first and the most important reason was the pressure from below, i.e., the rural areas. Because in the very beginning of the debate over the United Provinces Indian Medicine Bill, Vijaya Lakshmi Pandit reports that in the rural areas the morbidity and mortality levels were high and the rural population was without any adequate provision of health services, the allopathic system of medicine remaining mainly confined to the urban areas.[29] Her statement seems objectively true in the light of the Report of the Health Survey and Development Committee, 1946, (Also called Bhore Committee Report) The Committee points out that in terms of the provision of medical practitioners, medical institutions and the number of beds for the average population, U.P. ranked lowest among the provinces[30] and especially in terms of the provision of general health services to

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29. <u>The Proceedings of the Legislative Assembly</u>, U.P. Vol.XVI, 1939, p.49.

30. <u>Report of the Health Survey and development Committee</u> Govt. of India Report, Manager of Publication, Delhi, 1946, pp.35-38.

rural population, the state of rural areas was abysmally poor.[31] The average rural population served by one medical institution in U.P. was 105,626. And the average number of villages to be served in this province by a medical institution was 224.[32]

Secondly, the minister of Local self-government reports that the allopathic system was too expensive and beyond the reach of the rural population, while on the other hand indigenous systems of medicine were sufficiently popular, culturally integrated and above all cheap which could be easily made available without much expenses.[33] It should be noted that throughout the debate on the Bill, Indian medicine is praised more for being cheap than as a system of knowledge. In other words, it was perhaps the compulsion in terms of the urgency and demands from the rural area, and in terms of the monetary constraint which made the Congress ministry think on the line of modernizing the indigenous systems of medicine. The cheapness of Indian medicine was so much emphasised that once Nehru felt compelled to comment:

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31. Ibid.

32. Ibid.

33. The Proceedings of the Legislative Assembly, U.P., Vol.XVI, 1939, p.49.

> It is said that some systems of medicine are cheaper and therefore more suitable. That is hardly an argument. We shoudl make prevention and treatment of disease cheap. But we can not do so regardless of its efficacy or utility. [34]

It should, however, be kept in mind that Nehru's comment comes as an outsider, as he himself was not the part of U.P. congress ministry in 1937-39.

We do not over look the possible role of the popularity of the indigenous systems of medicine, and their being culturally integrated in Indian society as a factor behind the modernization of Indian Medicine. But these at best acted as facilitating factor in helping the Congress ministry to go ahead with the programme.

The efforts for the modernization of Indian medicine could possibly also be linked to the political environment of the Nineteen-thirties and forties - the phase of the climax of the Indian National movement - and the historical precedents set by the nationalist leaders like Hakim Ajmal Khan who had already set the agenda for the revitalization of the Indian systems of medicine. Paul R.Brass argued that modernisation of Indian medicine was a political instrument in support of Ayurveda against the "entrenched and hostile"

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34. Selected Works of Jawaharlal Nehru, Vol. 14, Part-II, Apirl-July 1950, p.289.

western medical profession.[35] The nationalist discourse falsifies this argument for we find that the reform of Indian medicine occurred due to the empirical compulsions facing the Congress Ministry as it strove to provide mdedical care in rural areas; western medicine was considered too expensive for the common man. Secondly, the Congress Ministry tried to evolve a uniform policy which was more in favour of the Western medicine than the indigenous medicine, and thirdly we have already seen that both in terms of medical grants and employment Western medicine got priority over Indian Medicine. There only two members in the U.P. Assembly Raghunath Vinayak Dhulekar and Tahir Hussain, who consistently champion the cause of indigenous systems of medicine. This was perhaps because both had a family tradition of practicing Ayurveda and Unani respectively.[36] Their views then are similar to those of the affected social group, i.e., Vaids and Hakims. But even their views do not go against the interest of the 'entrenched and hostile' modern medical profession as maintained by Paul R.Brass.

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35. Paul. R. Brass, 'The Politics of Ayurvedic Education : A Case Study of Revivalism and Modernization in India, in S.H.Rudolf and L.I.Rudolf (ed), Education and Politics in India, OUP, New Delhi, 1972, p.343.

36. The Proceedings of the Legislative Assembly U.P., vol.XVI, 1939, p.51.

We find that the zeal for conformity to the 'modern', western, 'scientific' system of medicine however, paradoxically, could not free the nationalist discourse from other primordial linkages. Thus, even in the midst of debate over modernization of Indian systems of medicine, they were frequently being reduced to communal questions.

These communal questions are first seen in the form of the demands for equal representation and separate electorate to the Board of Indian Medicine. The United Provinces Indian Medicine Bill proposed that the Board of Indian Medicine be reconstituted. The Board was now to consist of twenty five members of whom six were to be elected by registered practitioners. These seats were to be distributed among Ayurvedic and Unani registered practitioners in proportion to their numbers in the register of the Board.[37] The method of election was proposed to be joint electorate. As against these provisions, many of the Muslim members who were obviously also in favour of modernization, expressed their fear and apprehensions asking for equal representation and separate electorate which were very much on communal lines. To give some examples, Mr. Zahiruddin farooqui

37. For details, please see Appendix I, p.436, clause 5, section 11.

(member, perhaps from opposition) whose views are most representative says, the question involved is :

> Whether the government is going to allot seats on the basis that both systems are treated as science or on the basis of number of Vaids and Hakims, or the number of Hindus and Muslims in the province. Now I put to the government that even if all the Muslims in this province became Hakims, they will at the most command only 15%... If the Board is composed on the basis of population, it would not be fair.[38]

Again he says,

> In this matter at least the government should not be guided by the number of any community or any section, but should deal fairly and treat both systems as science.[39]

Thus, Mr. Farooqui fails to disassociate Unani and Ayurveda from Muslims and Hindus.

Refuting the issue of joint electorate Mr. Farooqui says, "Hakims should elect Hakims and Vaids should elect Vaids separately.[40] He is quite frank in expressing his fear that because of the joint electorate Hakims would be outnumbered. Moreover, it would not be a true representation because most of the Hakims would not be acquainted with

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38. The Proceedings of the Legislative Assembly, U.P., 1939, vol. XVIII, p.439.

39. Ibid, pp.439-40.

40. Ibid, p.441.

Vaids and vice-versa.[41] Muhammad Ishaque Khan (member, opposition) also suggests that the government maintain equality between the two systems so that the Board may command universal confidence[42]. He also cautions that proportional representation may open the gate of corruption through bogus registration for acquiring seats in the Board. Joint electorate on the other hand, would not be proper because it would be very difficult for a Vaid, even if he is on the register, to know about the representative qualifications of Hakims while, on the other hand, it is possible for a Hakim to know the representative qualification of another Hakim.[43] These advocacies have an inherent tendency to polarize Vaids and Hakims on communal lines. However, this amendment was withdrawn on the assurance by the minister of local self-government, that with the experience of the first term of nomination, if there was any case of disparity, the government would look into the matter.[44]

The second communal scene within the assembly, is experienced in terms of voting over the fate of 'Jarrah'. 'Jarrahs', as it becomes apparent in the house, were tradi-

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41. Ibid.

42. Ibid, p.442.

43. Ibid.

44. Ibid., pp.450-51, also see, pp.443-444.

tionally Muslim surgeons who were predominantly found in the districts of western U.P. As a consequence of the modernization of Indian medicine, the moves to control quackery, 'Jarrahs' were to be very badly affected, because in the eyes of the newly formulated rules, they were found unqualified to practice their profession. As against this regulation Mr. Zahiruddin Faruqui moved an amendment under clause 54 where by he wanted Jarrahs to be excluded from the rule of the law. However this amendment was defeated. The pattern of the votes cast shows that out of 83 votes against the amendment only three were Muslim votes while out of 23 votes in favour of the amendment suggested by Faruqi, all were Muslim votes.[45] Similarly, the 'United Provinces Mela Bill,[46] introduced for handing over the management of a religious fair or other religious gathering to the hands of the government, so as to provide better arrangement including health, sanitation and public safety, kept out the Muslim religious gatherings held in connection with a Daragah or Shrine. Except for Dr. Syed Hussain Zaheer (a

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45. Ibid., pp.484-88.

46. The bill was mainly introduced in regard to Allahabad Magh Mela, but it could also be extended to other religious gatherings and fair with a prior notice. Mela was defined as religious fair or other religious gathering, probably because generally Melas were associated with religion, especially the big Melas.

member), other Muslim representatives were not in favour of this bill. Dr. Syed Hussain Zaheer proposed an amendment to the bill asking for its application also to the Muslim religious gatherings on the ground of sanitation, hygiene and public safety.[47] However, the amendment was withdrawn because Mr. Zahiruddin Faruqui, whose views are shared by many, argued that the Muslim religions gatherings connected with Dargah or Shrine were managed by private committees which were quite efficient, and that sanitary arrangement were well maintained by them. More importantly, he argued, that overseeing these gathering even if in the interests of public health, should not rest in the hands of non-Muslims.[48] Khan Bahadur Haji Muhammad Ubaidur Rehman Khan (member) added that in this country the confidence was not yet generated to the extent where, without any fear people of one religion could place their faith in people of another religion.[49] Thus, primordial considerations did come to influence the question of uniform policy on sanitation, hygiene and public safety.

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47. The Proceedings of the Legislative Assembly, U.P., Vol.VIII, 1938, pp.122-123.

48. Ibid., pp.124-125.

49. Ibid, pp.134-135.

Many individual questions were also raised. For example, Prof. A.B.A. Haleem (member) protests against the low number of Muslim students and teachers in Medical College, Agra and wanted to know what steps the government proposed to secure a fair allocation for Muslims in the matter of admission and representation on the staff of the college. Mr.Ishaque Khan adds that there was a universal dissatisfaction against the procedures for selection by the Agra Medical College so far as Muslims are concerned[50]. He also enquired about the number and names of the male nurses engaged in the civil Sadar Hospital, Basti, during the last three years, and sought to know why no Muslim was taken in 1936-37, and what were the reasons for the paucity of Muslim compounders and male nurses.[51] In 1939, twelve Indian dispensaries were opened in rural areas, in connection with the village Reform Department. Accordingly, vacancies were announced for the following number of seats -

For Vaids - 146

For Hakims - 46.

Mr. Tahir Hussain enquired about the reason behind the considerable difference in the number of vacancies for Vaids and Hakims, Of course, as expected Atma Ram Govind were

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50. Ibid., Vol.XXVI, 1947, p.26; also page 3-4.

51. Ibid, Vol.IV, 1938, p.366.

said that it was according to the ratio in the register maintained by the Board of Indian Medicine.[52] Similarly, S.M. Rizwan Allah (member) wants to know the community-wise list of the number of students who been admitted and qualified through King George Medical College, Lucknow since its inception.[53] Similar questions were also raised on caste lines although they are significantly low in number.[54] Thus, although on the one hand there was a general enthusiasm to use modern western scientific standards to Indian systems of medicine, on the other hand, this enthusiasm was quite often influenced by religious and communal issues. They were very much a part of the same discourse.

This is not to suggest that all the Muslim members within the assembly participated in the communal discourse. In fact, there were many who did not participate in the discourse at all and remained silent.[55] And there were some who even opposed it. Moreover, communal discourse over medicine cannot be delinked from the general communal environment of the country and especially that of the United

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52. Ibid., Vol.XII, 1939, pp.82-83.

53. Ibid, Vol.XIII, 1939, pp.97-98.

54. Ibid, Vol.XI, 1939, p.783, Also see, Vol.VIII, 1938, p.236.

55. The total number of Muslims within the Assembly was about sixty-five.

Provinces where communal organizations like the Muslim League and the Hindu Mahasabha were quite active. However the point of relevance here is not who lead the communal discourse or how many Hindus or Muslims participated in it. The point of relevance is that even an area like medicine was getting communalized in this period. In other words, the communal discourse over medicine, perhaps, leaves some space for doubt that the actual interactions between Ayurveda and Unani during this period were not that fruitful and positive as they might have been in the past. However, this remains a field for further enquiry.

Elements Of Defiance:-

As against the zeal for conformity to the western system of medicine, the voice of dissent within the nationalist rank, as shown by the Legislative Assembly debates, could not evolve a tenacious base. It represented a thin voice and was quite often defeated in the arithmetic of votes. Moreover, the voice of dissent in itself was, perhaps, caught in the dilemma of tradition versus modernity. Because, it appears that those who raised the voice of dissent were actually not against the spirit of reform or modernization of Indian systems of medicine on western line, but against the problems associated with it. Probably,

there was a fear that under the banner of professionalisation and control over quackery, the modernisation process might lead to the marginalisation of the so-called 'unqualified section' of Indian doctors and surgeons and ultimately, might provide a larger space to an already hegemonic system of medicine i.e, Allopathy. This is best substantiated by a scene in the Bihar Legislative Assembly debate where against the introduction of a resolution for Drugs Regulation Bill, similar voices were raised. The resolution was moved by Mr. Branjandan Prasad (private member) asking the Assembly to pass a resolution for seeking the formulation of government of India's federal act (a uniform legislation) throughout the country so as to control the spurious drugs being imposed upon people. He said

> in order to have really a national industry for proper drugs and medicine, it is extremely desirable that there should be an uniform legislation throughout the country, and in order that so much of spurious drugs which are being really forced upon mainly people of this country should not find place in our market, there should be some legislation of uniform character which will prevent the abuse which is so rampant and of which we are aware.[56]

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56. Education, Health and Lands, Health Branch, NAI, File No. 54-4/38-H. part I, 1938, p.18.

Several members opposed the resolution on the ground that there cannot be a uniform standard of drugs for the different systems of medicine and they feared that the bill might lead to the marginalisation of the indigenous systems of medicine. For example Mr. Gur Sahai Lal opposed the bill by saying that:

> we must not lose sight of the fact that in a province like ours a large number of people depend upon indigenous medicines and if for the preparation of indigenous medicines some sort of licence will be required, then I am sure indigenous drugs and medicines will be in a way wiped out. There will be a small number of persons who will get licence, because the majority, though prepare very good medicine, have small industry and that would be checked and hampered.[57]

Sayed Muhammad Hafeez (member) also opposes the resolution on the ground that "this will affect indigenous drugs and indigenous medicine because even now the Hakims and Vaids who prepare medicines at home in village, will labour under considerable difficulties if such measure is passed.[58] Mr. Syed Mubarak Ali says that

> my apprehension is that this enactment, which is asking the central legislature to undertake legislation, might go to help the western manufacture of medicine at the cost of our old system of medicine.[59]

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57. Ibid, pp.22-23.

58. Ibid., pp.20-22.

59. Ibid. p.36.

He also adds a new dimension that no uniform standard of drugs can be fixed in case of Unani, Ayurveda and Allopathic system. The example he gives is that both Hakims and Vaids prescribed several kinds of jams (Morabhas) and for them no standard can be laid down. Similarly, for preparing indigenous medicines herbs are used for which there can not be any fixed standard and so, this would lead to abuse and allow indigenous practioners to indulge in preparing patent medicine.[60] Thus, on the whole, it is basically a fear of marginalisation which dominated the voice of dissent and, this perhaps happened because of the presence of an already hegemonic system i.e, Allopathy. However, despite this fear and opposition the resolution was finally passed as those who were in favour of the resolution were in a majority.[61]

Sometimes the fear of marginalisation has a sectarian meaning and involved a communal response. For example, in U.P. Legislative Assembly debates the issue of the fate of Jarrah, when the 'United Provinces Indian Medicine Bill 1938' was being considered, was raised only by the Muslim members, and had no response from other fellow members and

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60. Education, Health, and Lands, Health Branch, NAI, File No. 54-4/38-H, Part I, 1938, p.36.

61. Ibid. pp.41-42.

this too ultimately was defeated.[62] We have discussed this issue in the previous section.

Another feature of the voice of dissent, as shown by the Assembly debates was that it was never directed at replacing the western system of medicine by the indigenous systems of medicine, nor was it against its alleged superiority, though, at times, some stray questions were raised. In fact, by now western medicine had already come to acquire a hegemonic position, and many of the dissidents had already accepted its superiority by supporting the United Provinces Indian Medicine Bill - 1938. For example, Raghunath Vinayak Dhulekar was in the opposition group, but he was also a great supporter of U.P. Indian Medicine Bill which elaborately planned to establish research institutes and educational institution on western lines, to incorporate surgery from Allopathy etc. Thus, the dissonance in fact was for better treatment to Indian systems of medicine, or at best for an equal treatment from the part of the government (National govt) so that Indian systems too could grow and flourish on the same lines. In the course of the arguments for equal treatment, the voice of dissent sometimes became emphatic, but sometimes remained very weak and apologetic.

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62. This has already been referred in the previous page, please see, The Proceedings of the Legislative Assembly, U.P., Vol.XVIII, 1939, pp.484-488.

During the discussion on demands for grants to Medical, Raghunath Vinayak Dhulekar introduced a cut motion to express dissatisfaction at the policy of the government in not appointing Ayurvedic and Unani graduates qualifying from provincial Ayurvedic and Unani college to the post of Medical officers in Provincial Medical Services. He argued that despite the fact that Allopathy is a foreign system of medicine, and that the Allopathic doctors serve hardly ten per cent of the total population (of U.P.), the government's expenditure on Allopathy remains the highest and the Allopathic doctors capture the highest post in the government services. On the other hand, although Unani and Ayurveda are centuries old indigenous systems and the Indian doctors (Hakims and Vaids) serve about 90 percent of the total population, the government's expenditure on indigenous systems remain the lowest, and the Indian doctors got subordinate positions in the government services and remained mainly confined to rural areas.[63] He seriously questioned the view that Ayurvedic and Unani doctors are less efficient or less capable than the Allopathic doctors and proposed that to test it the government can introduce competition for Provincial Medical Services where, he is certain, the stu-

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63. The Proceedings of the Legislative Assembly, U.P., Vol.XXXI, 1947, p.481.

dents from Ayurvedic and Unani colleges would compete well with the students of Lucknow and Agra Medical colleges.[64] However, he continued, that even if the students of Ayurvedic and Unani Medicine do not do well or are not first class students that is because of the discriminatory treatment given by the government, because, he says while the government spends lakhs on Agra and Lucknow Medical Colleges, it spends only (few) thousands on Unani and Ayurvedic Colleges.[65] Thus while pleading for equality of treatment Raghunath Vinayak Dhulakar makes emphatic and powerful argument where the reasons for the backwardness of Indian systems of medicine are associated with the discriminatory approach of the government (be it Indian or British).

Quite contrary to this position Raja Jagannath Baksh Singh (member of the House) sounds apologetic when he says "however much effort may be made for its progress, the Indian systems of medicine can not be a match to the western system".[66] Yet he wants Unani and Ayurveda to be assisted more monetarily by the government so that, being cheap, they can provide medical relief to much larger number of people

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64. Ibid., p.482.

65. Ibid.

66. Ibid., pp.489-91.

and so can reduce the rate of mortality so wide spread in the rural areas. His argument is that because of the absence of any system of treatment to people even a minor disease gets complicated; the chances of this can be reduced if Unani and Ayurveda are available as an alternative.[67] Thus he already accepts the subordination of the indigenous system and agrees with its subsurvient role.

Raghunath Vinayak Dhulekar is not alone in this argument. His views are also shared by Krishna Chandra (member) who too seems to understand that the backwardness of Indian systems of medicine was mainly because of the lack of proper patronage by the government. He pleads that the Indian system of medicine should be provided with the same amount of resources and with similar facilities so that their real worthiness could be judged on an equal footing with Allopathy.[68] Nevertheless, as mentioned earlier, these voices remain very subdued in the debate.

The voice of dissent is also reflected in the protests raised against the Resolution regarding the introduction of compulsory vaccination in rural areas. However, while only two or three members in the Assembly are completely against vaccination, the majority agree to it so long as it was not

67. Ibid.

68. Ibid., pp.503-504.

made compulsory in the rural areas and remained a voluntary exercise based on people's choice. This resolution was introduced by a private member, Qazi Muhammad Adil Abbasi, who informed the House that smallpox, though a preventable disease, affected about five lakhs of Indians every year, and caused immense losses. He proposed that since vaccination was already effective and popular in India, the government should initiate steps for the compulsory vaccination of the people as it would not entail any extra expenditure.[69] Those who were completely against vaccination included Indra Deo Tripathi, Keshar Gupta and Shiv Ram Dwivedi Vaid (All Private members). Shri Indra Deo Tripathi stated that going in for vaccination was not only anti-swaraj but also an act of deception of people because "to them we have always promised that we want to establish Ram Raj". Secondly, it was also a humiliation of Indian doctors. Though he agrees that Vaids were not now that efficient and in a phase of decay, he still maintains that Allopathic doctors could not be a match to many of our Vaids. Perhaps, he implies, the solution to smallpox should

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69. Ibid., Vol.VII, 1938, pp.346-350. It should be noted that compulsory vaccination was already being practiced in urban areas.

be left in the Vaid's hand.[70] Shri Shiv Ram Vaid thinks that vaccination would weaken the children and it was anti-Hindu as it was prepared with the fluid from the cow. He therefore suggests that the government should not interfere in this matter.[71] Keshav Gupta gives a rather more secular reason, when he says that vaccination is not the proper solution to small-pox, because more than preventing small-pox it creates many other diseases; and therefore, he suggests that we should rather concentrate on removing poverty, improving our standard of living, and sanitation.[72]

Those who agreed to vaccination provided it would not be made compulsory were led by Lal Bahadur Shastri. Lal Bahadur Shastri argued that popular opinion in rural areas was not as favourable as mentioned by Qazi Muhammad Adil Abbasi. He refers to Gandhi's campaign against vaccination and the general popular tendency to take help of 'Sadhus' and 'Fakirs'. He also questions the absolute efficiency of vaccination by citing examples where despite vaccination, small-pox cases had occurred and the patients had died. He adds that good health provides greater immunity than vacci-

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70. The Proceedings of the Legislative Assembly, U.P., Vol.VII, 1938, pp.415-416.

71. Ibid, pp.393-396.

72. Ibid., pp.403-405.

nation and also refers to the popular protest in England, (the place of its origin) where, he observes, after the passage of this act in 1853, there was a general upsurge and ultimately in 1898 followed by 1907 the act was made voluntary.[73]

Khub Singh argues that whatever be its efficacy and necessity, vaccination should not be imposed in rural areas because people were still not aware of its significance, as the majority of them were still illiterate. He suggests that it should be based on persuasion and public mobilisation.[74]

Shri Ram Swarup Gupta is also not in favour of compulsory vaccination and says that many of the diseases are spreading because of the modern system of treatment as it weakens the natural vitality of the body. He suggests nature cure as the best solution.[75]

Shri Jagan Prasad Rawat says that instead of making vaccination compulsory, the government should make it incumbent on itself that food, health and sanitation are provided to everybody.[76]

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73. Ibid., pp.350-351.
74. Ibid., pp.362-363.
75. Ibid., pp.363-364.
76. Ibid., pp.366-367.

Thus, we find that the issue of compulsory vaccination evokes diverse responses ranging from the religions to secular, medical to more primary issues including even the search for alternative. However, the fact remains that the voice of dissent finally could not stop the resolution from being adopted although an amendment was made that the government would introduce compulsory vaccination as far as practicable in the rural areas of the province and would adopt necessary effective methods for the purpose.[77] However, this amendment too was perhaps necessitated more by monetary considerations, because Atma Ram Govind Kher, the Parliament Secretary to the local self government expressed the government's inability to bear the cost of compulsory vaccination which would, according to him, entail heavy expenditure on infrastructure and management.[78]

Thus, we feel that unlike the voice of conformity, the voice of defiance remained weak, apologetic and unable to transcend the Western hegemony, and hence could hardly be a force to exercise any effective control on the nationalist discourse.

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77. Ibid., p.422.

78. Ibid, pp.387-390.

The Quest For An Alternative:-

Gandhi was the figure who in the midst of this discourse adopted a third path, one that could be termed as the quest for an alternative. His quest in medicine and health was a part of his over-all civilisational quests and evolved from his general critique of modern civilisation. Since the West remained the birth place of modern civilisation (the system of Allopathy being a part of it), Gandhi's critique, in a way, was the defiance against the West as well and, perhaps, at a deeper level than the one represented by the elements of defiance within the Assembly. Nandy and Visvanathan emphasise this point by seeing Gandhi as the one who "linked his theory of the body to the theory of politics on the one hand, and the politics of culture on the other".[79] Let us, therefore, start with Gandhi's critique of modern doctors and hospital for this forms a background to his search for an alternative medicine.

Modern doctors and hospitals are seen as a sign of progress by modernisers, but to Gandhi they were the sign of civilisational decay. The reasons that he gives are many.

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79. Ashis Nandhy and Shiv Visvanathan 'Modern Medicine and its Non-modern Critics : A study in Discourse' in F.A. Marglin and S.A. Margalin (ed) Dominating Knowledge: Development, Culture and Resistance, Clarendon Press, Oxford, 1994, p.175.

One, he believes that doctors and hospitals deprive humanity of its self-control by increasing its dependency on the system of cure or treatment. He states:

> I overeat. I have indigestion. I go to a doctor. He gives me medicine. I am cured. I overeat again. I take his pills again. Had I not taken the pills in the first instance , I would not have suffered the punishment deserved by me and I would not have over eaten again. The doctor intervened and helped me to indulge myself. My body thereby, certainly felt more at ease, but my mind became weakened ... the fact remains that the doctors induce us to indulge and the result is that we have become deprived of self-control and have become effeminate.[80]

This erosion of self-control, according to Gandhi, was the major precursor of immorality in society which ultimately meant the ruination of the whole civilisation in his scheme of thought. It should be noted that morality, ethics, soul, religion -- these remain the mainstay in his civilizational quest and these are all different words that Gandhi uses inter-changeably to mean almost the same thing. He believed above all that they are all inter-linked and one was not possible without the existence of another.

Gandhi's second critique of doctors and hospitals is linked with his first argument where-in he believes that they only concentrate on the treatment of body and practi-

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80. Gandhi, M.K., Hind Swaraj or Indian Home Rule, Navajivan Trust, Ahmadabad, 1938, pp.58-60.

cally ignore the importance of the soul or the spirit within. In other words, he holds two opinions. The first, that while treating the body, the doctor should take care that the soul or spirit within is not impaired, or that the treatment does not lead to the demoralisation of the patient. And the second, that in fact the treatment of the body can be done or initiated with the purification of soul, or, with what he later on calls in his Nature Cure as 'Ramnama', i.e. taking God's name with a pure heart. If one extends the logic of arguments, Gandhi was actually against the secularisation of treatment in terms of its disjunction from religion. He calls western medicine 'black-magic' because "it tempts people to put an undue importance on the body and practically ignores the spirit within".[81]

His third critique is based on his view that doctors and hospitals concentrate more on cure than prevention. To Gandhi, cure was a temporary measure, and the actual solution of health problem lay in prevention, the science of sanitation and hygiene. For example, when he went to inaugurate the opening of Tibbi college, Delhi, in Feb, 1921, he stated.

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81. The Collected Works of Mahatma Gandhi, Vol.XIX, 1920-1921, p.357.

"I hope ... this college will be concerned chiefly with the prevention of diseases rather than with their cure. The science of sanitation is infinitely more ennobling, though more difficult of execution, than the science of healing".

Gandhi was also against the use of excessive drugs; to him the "best physician is one who administers the least number of drugs".[82] He urged all social workers in the field, whether urban or rural, to treat their medical activity as the least important item of service. He says:

> It would be better to avoid all mention of such relief. Workers would do well to adopt measures that would prevent disease in their localities. Their stock of medicines should be as small as possible.[83]

Gandhi's other important criticism of modern doctors was their practice of vivisection of animals for the sake of the treatment of the human body. This was, perhaps, against his principle of non-violence which modern science was violating under its 'legitimate' practices,. Because vivi-section has been defined as the 'justified infliction of pain on animals in the pursuit of science'. As a scientific ritual it includes starving, baking, crushing, beating with mallets, fracturing bones, varnishing with pitch, subjecting to

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82. Ibid., p.389.

83. Ibid., p.105.

varying atmospheric pressures to none, blowing up the body by forcible inflation, poisoning, amputing, burning and irradiating.[84] He calls the western doctors as the worst of all because for the sake of a mistaken care of the human body, they annually kill thousands of animals.[85]

However, Gandhi also appreciates the spirit of research that, according to him, fires the modern western scientist. He appreciates their 'humility' and commitment to their work. While inaugurating the Tibbi College, Delhi, he even commends the college for having its 'Western Wing' on this ground and expresses his views as follows: "It is too much to hope that a union of three systems will result in a harmonious blending and in purging each of its special defects."[86]

From, Gandhi's critiques it appears that his alternative science was certainly going to be one where more emphasis was given on prevention than cure, where least number of drugs were used on human body, where the treatment of body went along with the purification of heart and soul and where

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84. Ashis Nandy and Shiv Vishvanathan, Modern Medicine and its Non-Modern critics: A study in Discourse,' in Marglin and Marglin (ed), op.cit., pp.163-164.

85. Gandhi, M.K. Hind Swaraj or Indian Home Rule, Navjivan, 1938, p.59

86. The Collected Works for Mahatma Gandhi, Vol. XIX, Nov. 1920-April, 1921, p.538.

religion played an important role. And, of course, vivisection would be foreign to his quest for alternative. These components in Gandhi's quests are very well expressed in his own words when at the time of his speech at Ashtanga Ayurveda Vidyalaya, he says,

> I belong to that noble, growing but still small school of thought which considers that the less interference there is on the part of doctors, on the part of physicians and surgeons, the better it is for humanity and its morals. I belong to that school of thought among medical men who are fast coming to the conclusion that it is not their duty merely to subserve the needs of th body, but it is their bounden religious duty to consider the resident within that body, which is after all imperishable. And I belong to that school of thought among medical men who consider that they will do nothing in connection with that body if whatever they do is going to impair, in the slightest degree, the soul, the spirit within.[87]

Based on these perspectives, Gandhi developed his science of nature cure. First, It was based on preventive and sanitary measures Sanitation and hygiene formed the two most important strands of Gandhian preventive science. Mirabehn[88] was especially deputed to give lesson to the

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87. The Collected Works of Mahatma Gandhi, Vol. XXVII, 1925, p.44

88. The Collected Works of Mahatma Gandhi Vol.LXII, p.104, Mirabehn was Gandhian follower and a social worker.

patients, who flocked to her, in sanitation and hygiene.[89] During his course of stay in South Africa Gandhi widely practiced broad measures of sanitation against the out break of diseases and epidemics like plague, cholera and smallpox. He also suggested sanitation as one of the measures against vaccination to prevent smallpox.[90]

Secondly, his system of Nature cure was based on the use of earth, water, light, air and the great void, perhaps,Akaash. These five simple things according to him were easily accessible to the poor villagers. The central feature to Nature Cure, according to Gandhi, however, was the prayer, 'Ramnama' or taking God's name. But it must come from the heart, if it had to be a remedy for all one's ailments. Gandhi emphasized its role more than any thing else in his science of Nature Cure, and hence, any deviation from the prayer 'Ramnama' meant a deviation from the science of Nature Cure. For example he says.

> All I want to say is that any thing more than Ramnama is really contrary to true nature cure. The more one recedes from this central principle the farther away one goes from Nature cure.[91]

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89. Ibid.

90. Ibid, Vol.XLI(41), 1929, p.141.

91. The Collected Workers of Mahatma Gandhi, Vol.LXXXIV, p.203.

Individual remains very important in Gandhi's scheme of treatment. While pointing out the importance of Nature cure, he explains that his effort was to "make every body his own doctor" who could find out his own limitations. Moreover, the philosophy behind Nature Cure was to make it available to every body, and that, it should be cheap.

Other than Nature Cure, Gandhi also tried to show the importance of un-cooked and unfried food,the role of physical exercises, as well as the importance of some common Indian products, which could be very useful from health point of view.

'However, despite these varied experiments and quests for alternative, Gandhi's views could not receive much applaud from liberal western educated Indian intelligentsia. It also did not receive more than a passing reference in the sub-committee's report on National Health. As already referred above, the sub-committee's chairman, Col.S.S.Sokhey suggested western system of medicine to form a nucleus in the methods of treatment in Independent India.

One of the reasons for non-representation of Gandhi's views in the Nationalist agenda could be a bias to the western science of medicine, or what could be termed strong elements of conformity within the nationalist's rank. But Gandhi's views too were not free from weaknesses. In his

scheme of thought individual is given under importance both in the cause and the cure of disease. He feels that illness occurs because of the personal negligence of individual, because of his lack of self-control. But he fails to realize that the occurrence and spread of disease are also influenced by many other factors like environment where a person as an individual entity has no control and that it needs community or state's efforts. In a stage of civilization where life has become more complex, Gandhi's simple method of treatment was perhaps taken as unfit/misfit. His method of treatment would have probably been workable in an equally simple society or a village society that he had thought of.

Soul/spirit/morality/religion stands very important and forms the central part in Gandhian method of treatment. But Gandhi's insistence on 'Ramanama' perhaps restricted its appeal in a plural society like India. Of course, 'Ramanama' was symbolic in his expression and needed to be decodified by every person according to his or her own religion/faith, but perhaps Gandhi took people for granted. Even a village society was not all that religious and was quite plural in its socio-cultural composition.

Thus, a study of the nationalist discourse reflects that while the elements of conformity remain more pronounced

and emphatic, those of defiance and the quest for an alternative more or less marginalized or suppressed, may be partly because of the their own weaknesses and hence it is the West which came to have its sway not only in the mind but also in the future agenda of social change.

CHAPTER III

WOMAN, MATERNAL & CHILD HEALTH AND THE ISSUE OF FAMILY PLANNING

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In India, unlike the West, the nationalist discourse on women's rights, as revealed by literature in the thirties and forties was without any significant opposition. Issues like women's identity, inheritance, education, economic independence, marriage and divorce were discussed and debated across all class, sex and party lines. Indeed, the 1930s witnessed a more organized and sustained efforts to raise radical demands regarding women.[1] However, despite this general concern for ameliorating women's status, differences exist regarding the nature and form of intervention reflecting both the strengths and weaknesses of the discourse. Secondly, the general concern about women remained mainly confined to socio-economic and political questions, and the health aspects, especially, maternity questions were left in the hands of experts/officials. This consequently could not generate much debate on general health status. The issue of

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1. Panjani, Manoj, "Women's participation in the National Movement. Some perceptions and implications", Unpublished paper, presented at the CSSS/SSS J.N.U., 1992, p.10.

Family Planning - although still in its infancy - did attract nationalist attention in a big way.

In the following pages an attempt has been made to analyse the nationalist discourse vis-a-vis the general status of women, maternity questions and the issue of family planning.

Status of Women

The concerns over the status of women in Indian society were frequently raised & included on the line of sexual equality including all civic, economic, property, educational, marital and family rights. It would not be probably wrong to say that the argument for sexual equality were, in fact, outlined by the Indian National Congress through its eloquent expression in Karachi Resolution of 1991. The Resolution noted:

a. "All citizens are equal before the law, irrespective of religion, caste, creed or sex;

b. No disability attaches to any citizen by reason of his or her religion, caste, creed or sex in regard to public employment, office of power or honour and in the exercise of any trade or calling;

c. The franchise shall be on the basis of universal adult suffrage".[2]

However, in the quests for sexual equality, there were two major and discrete sets of ideas that are reflected through the Nationalist discourse:

The first that apparently derived inspiration from the west, conceived of India as a modern industrialized nation. It conceived of a society where citizens would be equals, governed by uniform laws and norms, with the gradual but continuous removal of its "clumsy and deterrent" traditional institutions like joint family, sacramental forms of marriage, personal inheritance laws, etc.

The second, instead of treating the West as a reference point, tried to evolve its model of Indian society without making any obvious break with its traditional past.

The first set of ideas were represented by the National Planning Committee under Jawahar Lal Nehru and its efforts through the sub-committee's reports on 'Woman's Role in Planned Economy'. These ideas are also echoed in the U.P. Legislative Assembly debates. The second set of ideas were represented mainly by Gandhi and found resonance within the U.P. Legislative Assembly.

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2. National Planning Committee Series, Report of the Sub-Committee on Women's Role in Planned Economy, Vohra, Bombay, 1947, p.206.

It was in 1939 that the National Planning Committee of Indian National Congress appointed a sub-committee to study Woman's Role in Planned Economy.[3] The sub-committee was headed by Rani Laxmibai Rajwade as chairperson, and Mridula Sarabhai as secretary. It consisted of more than a dozen other members, significantly, all of them women. The object of the sub-committee was to consider the role of women in the planned economy of India in the future. It included consideration of her social, economic and legal status, her right to hold property, carry on any trade, profession or occupation, and it sought to remove all obstacles or handicaps in the way of realising an equal status and opportunity for women.[4] The sub-committee aimed at the rational application of scientific thought and experience to all vital problems. Laxmi Bai Rajwade notes that "it is in this spirit, desirous of finding practical solution, that we have

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3. The National Planning Committee appointed in 1938 began its work early in 1939. Twenty nine sub - committees, formed into eight groups, were set up with special items of reference to deal with all parts and aspects of national life and work in accordance with a predetermined plan. The purpose was to have a general outline ready for development of India in the future.

4. National Planning Committee Series, Report of the Sub-Committee on Woman's Role in Planned Economy, Vohra, Bombay, 1947, p.27.

tried to approach each subject".[5] She further outlines the vision of the sub-committee:

> We would like to displace the picture so deeply impressed upon the racial imagination of man striving forward to conquer new worlds, woman following wearily behind with a baby in her arms. The picture which we now envisage is that of man and woman, comrades of the road, going forward together, the child joyously shared by both. Such a reality we feel cannot but raise the manhood and womanhood of any nation.[6]

A summary statement of policies propounded by the sub-committee broadly reflects its attitude towards women. It says:

> Whatever be the form of society as emerges out of the plan, woman shall have an equal status and equal opportunities with man. The state while planning shall consider the individual as the unit. Marriage shall not be a condition precedent to the enjoyment of full and equal civic status, social rights and economic privileges.[7]

The state, therefore, must ensure:

1. The right to franchise based on adult suffrage,[8] the right to represent and hold public office.

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5. Ibid., p.32.
6. Ibid., p.33.
7. Ibid., p.196.
8. Ibid.

2. Equal opportunities by throwing open all avenues of employment and removing any impediments which might, in effect, prevent her from taking a full share in the economic life of the community and by making her eligible in the same way as man and on the same conditions for all grades and branches of public service, employment and in the pursuit of trades and profession.[9]

3. The practical recognition of the principles of equal wage for equal work.

4. Protection from various evils and dangers that threaten the woman as a worker by so organizing the various economic activities and providing such safeguards, that while leaving her free to take part in the economic life of the nation, it does not injure her health nor does it indirectly result in her unemployment.[10]

5. A great many women will confine their activities to the home. This home work, though not recognized in terms of money value, is an essential contribution to social wealth of the state and should be recognized as such.[11]

6. Woman shall have the same rights as man to hold, ac-

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9. Ibid., 179-200.

10. Ibid., p.200.

11. Ibid.

quire, inherit and dispose of property. The diversity of laws as it exists today is in itself an anomaly since the state has to differentiate between one person and another within the same state. A common civil code, therefore, should be evolved including inheritance laws to be based on the Indian Succession Act. At the same time, immediate changes are necessary in existing laws to remove injustice done to women. They would be on the following principles:

> Daughter will be entitled to the same rights to succession or inheritance and acquiring property as if she is a son;
>
> All properties belonging to husband and wife respectively at the date of marriage shall thereafter remain their separate property;
>
> The income or acquisition from any source whatever made or acquired during overture will be owned by husband and wife jointly.[12]

7. Education is vital to both man and woman; hence it is essential that no branch of knowledge shall be considered the special preserve of either sex. Whatever facilities are given to man for educating himself shall also be given to woman.[13]

8. In the interest of social equality, mutual understand-

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12. Ibid., p.201.

13. Ibid.

ing and better cooperation between sexes as well as in the interest of planned economy, the ideal of the system of coeducation in all stages must be kept in view.[14]

9. Marriage in some form will always be necessary. But today, the forms of marriage differ in India according to the various religious laws. The sacramental aspect of marriage exists where religion still dominates. This domination of doctrinal religion has done harm to the individual, specially, in cases where the sacramental bond of marriage is considered undissoluble.[15]

   From the rational point of view marriage is a voluntary association of two individuals with rights and obligations attached to it. It is the duty of the state to protect these rights and enforce obligations. Marriage, therefore, must be a civil contract, as far as the state is concerned. It should be monogamous and dissoluble at the will of either party.[16]

10. Woman must have the same status as man in family life and all its relationships.

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14. Ibid., p.202.

15. Ibid., pp.202-203.

16. Ibid.

The present position of woman in the Joint Hindu Family has stunted the growth of the individual and the system is incompatible with the emancipation and free development of woman.

Both the parents are natural guardian of the child, and so, the law of guardianship must be amended so as to recognize this fact.[17]

11. Widowhood should not be considered as a perpetual condition and efforts should be made by education and by remoulding social outlook to put an end to the evil attached with this institution. Facilities for training should be provided so that a widow could become economically independent.[18]

A survey of the statement of policies propounded by the sub-committee reflects a comprehensive design for improvement in the status of woman including all civic, economic, property, educational, marital and family rights. This was a clear shift from the traditional past and called for a western outlook based on modern industrial society, where the traditional Indian institutions (like Joint family, sacramental marriage, religious personal laws of inheritance and property and widowhood etc.) are questioned and thought

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17. Ibid., p.203.

18. Ibid., p.204.

to be incompatible to the modern notion of equality and freedom.[19]

However it is noteworthy that these questions are not raised directly or they do not appear in the form of direct criticism, rather they are implicit. Moreover, many other problems like child marriage are given passing reference. In other words, the sub-committee apparently did not evolve a critique of Indian Society. It proposed changes which were otherwise quite radical in terms of its future plan.

One of the reasons for not evolving a critique was perhaps that the sub-committee's terms of reference provided only for an outline for the future. Secondly, it was perhaps the policy not to evoke any controversy and make the report acceptable to all. This is substantiated by Nehru's correspondence with Rani Laxmibai Rajwade on March 30, 1940. Nehru cautions her:

> It is right that those prejudices and injurious customs should go and we should work to that end. But the way to remove them is not always the way to merely denouncing them. One has to approach the subject in a manner which is the least offensive to large sections of people and which does not irritate them to such an extent as to blind their reasoning capacity. Otherwise there is a great danger of the whole report being condemned off-hand as fantastic utopian and airy

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19. These views were broadly endorsed by the resolution passed by National Planning Committee.

document which has no relation to fact.[20]

Nehru's views were not different from that reflected in the sub-committee's report. In fact, in many ways, Nehru's ideas were represented by the Report because of his obvious influence as the Chairman of the National Planning Committee.

Nehru felt that women play an important role in the development of a country. He observes, "I have long been of opinion that a nation's progress depends on the position of women there".[21] He was of the opinion that the status of woman is the best criterion to judge the achievements, the civilization and the culture of a country.[22] He also felt that the decline of India from her high civilisational status in the past was partly, at least, due to the deterioration of the status and position of women.[23] He was against the confinement of Indian women to the kitchen or the household. He felt that they must equip themselves with all that is necessary to make better homes, better families and a better society. Particularly, he felt that Indian women

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20. Selected works of Jawaharlal Nehru, Vol.XI, 1940, pp.284-285.

21. Ibid., vol.XIV, 1945, p.224.

22. Ibid., vol.XV, Part-II, Second series, Oct.1950-Feb.1951, p.205.

23. Ibid., vol.XIV, 1945, p.244.

have a responsibility to improve social and aesthetic levels, in which according to him, Indians show a 'great sloppiness' unlike the West or even many Asian countries.[24]

Nehru's ideas about marriage and divorce were similar to that of the sub-committee. He was in favour of a uniform civil code for he notes, "For my part, I am entirely in favour of some kind of general provision for civil marriages.[25] However, he also felt that the sacramental forms of marriage should continue for all those who wanted them, as long as it was followed by civil registration. This perhaps, reflects his deliberately cautious approach to social change. He further felt that divorce laws were a crying need, especially for the Hindus.[26]

Nehru echoed the suffragists when he incited Indian women to organize themselves and fight for their own cause. He reacted positively when he received several complaints from women about a woman not being selected as a member of the Congress Working Committee during his Chairmanship in 1936. He noted that this "was a healthy sign of the growing

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24. Ibid., Vol.XV, part II, Second series, Oct. 1950-Feb.1951, p.205.

25. Selected works of Jawaharlal Nehru, 1946-47, vol.I, second series, 1946-47, p.613.

26. Ibid., Vol. XI, 1940. pp.316-18; please also see vol.I, Second series, 1941-47, pp.613-614.

political life among our womenfolk".[27] In his address to women at Bombay, 18th May, 1936, Nehru says,

> It would be wrong to imagine that your rights will be given to you or that they will drop down from somewhere, if you simply sit at home. Whether inside or outside the Indian National Congress, Indian women should learn to fight for their rights. Merely putting up your demands will not do. You should organise yourselves. But let not the organization be merely for holding tea parties, but for putting up struggle for woman's rights.[28]

He added,

> During the suffragist movement in England many women entered jails in the cause of their movement. A girl entered the race course at Derby and tried to stop one of the race horses while it was running towards the winning post and on doing so she died. She knew she would die. Though it appeared to be a futile act, all England began to talk about it. People began seriously to consider the question of women's rights and their demands.[29]

The second set of ideas are represented by Gandhi. Gandhi also wanted equal role and status of woman. He felt that "the swaraj of my dream is an impossibility unless the women of India play their full part side by side with

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27. Ibid., vol.VII, 1935-36, p.312.

28. Ibid., p.313.

29. Ibid.

men".[30] He also stressed employment for women as a necessity to "save India from paralysis".[31] He was against any legal disqualification of women and wanted that women and men were equal treated even in terms of property inheritance.[32] He wanted girls to be educated and given equal right to franchise.[33] More importantly, he was also against male dominance. He wrote:

> Women must have voting rights by all means; but what will women, who do not understand what rights are, or, if they understand them do not have the strength to secure them, do with voting rights? Let them have these rights. There is no harm in that ... but the foremost duty of women is to save themselves from the intentional or unintentional tyranny of men and make India glorious and strong.[34]

However, unlike Nehru's ideas and the views expressed in the Sub-committee Report on women, Gandhi had a different approach to the nature and form of equality of women. For example, 'Swaraj' to him means 'Ram Raj' or 'Dharma Raj', while 'Sita' is the model of an ideal Indian woman. He

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30. The collected works of Mahatma Gandhi, Vol.XXVI, 1925, p.367.

31. Ibid., vol.VII, 1907, p.51. he believed that women covered almost half of the population. If they do not get employed, half of India would remain without any work, and hence in a state of paralysis.

32. Ibid., Vol.XLII, Oct.1929 - Feb.1930, pp.4-5.

33. Ibid., Vol.XVII, 1920, p.424.

34. Ibid., pp.424-25.

says, "I have described 'Swaraj' as 'Ram Rajya' and Ram rajya is an impossibility unless we have thousands of 'Sitas'.[35] While making a speech at women's conference, Sojitra, in Petland District, Gujarat, he assigns four different kinds of role, to women who wanted to be virtuous like 'Sita'. These are: wearing Khadi, spreading the message of charkha, serving Antyaja (untouchables) and furthering friendship with Muslims. These four roles if properly performed, according to Gandhi, would be tantamount to the full participation of women in public life. He says;

> In the days of Sita every household had its charkha just as they (women) find a hearth in every home. Sita also spun on her own charkha which might have been bedecked with jewels and probably ornamented with gold but all the same it was still a charkha.[36]

In his speech at woman's meeting, Purulia around the same time he says:

"In the time of Sita no woman or as a matter of fact, no man used to put on foreign cloth. Just as there was a hearth in every house, there was atleast one spinning wheel in it and the female members used to spin".[37]

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35. Ibid., Vol.XXVI, 1925, p.367.

36. Ibid., vol.XXVIII, 1947, p.295.

37. Ibid., p.177.

Thus, he exhorts women that if they wanted to enter public life and render public service, they should spin on the charkha and wear Khadi. Similarly he wanted their service to 'Antyaja' and furtherance of friendship with Muslims as a sign of their virtuousness. In other words, though he believes in equal participation of women in public life (including public service) his concept of participation has its own limit which has to be seen only in the context of his overall agenda for social change. In any way, it was much different from the concept of a 'modern' industrialised society. West does not act as the model for Gandhi. He suggests woman "not to ape the manner of the west which may be suited to its environment".[38]

In a similar fashion, he is in favour of equality between the sexes even in terms of inheritance. But what was more important to him was that there should not be any ancestral property hence obviating the need for a Law of Inheritance. According to him, ancestral property lead to the idleness and luxury of the progeny. This killed enterprise and merely fed the basest of passions.[39] Parents should instead give attention to other questions like education and health of their children.

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38. Ibid., Vol.XLII, 1930, p.6.

39. Ibid., pp.4-6.

Marriage to Gandhi, in sharp distinction from Nehru and the Rajwade sub-committee, was a sacramental institution and the ideal of widowhood, as one of the glories of Hindu religion. His view in this regard can be measured when he relates an incident at the time of his meeting with the widow, Ramabai Ranade at her house.

> "In her room I saw a couch with a portrait of late Justice "Ranade placed in it... I asked why the portrait was kept there. She replied: Well, this was his couch on which he generally sat, so, I have reserved it for his portrait. I pass my day and also sleep at night under its shadow. I was filled with joy by her holy words and I understood the glory of widowhood the better".[40]

Gandhi feels uncomfortable with the Idea of widow remarriage, because the real remedy to him is for men to take pledge not to remarry.[41]

Similarly, he was not in favour of co-education and thought that the system of mixed schools should come to an end, specially for adolescent boys and girls. Just because West is opting for coeducation, India should not follow suit. He wryly notes: "This is essentially an age of innovation and rash experiment. Movement is mistaken for progress. So long as you move, it does not matter whether

40. Ibid., Vol. XVII, 1920, p.423.

41. Ibid., p.398.

you are moving backward or forward.[42] He went on to add, "We must be most careful before we uproot systems or customs that have been handed down for generations, unless we know them to be immoral".[43]

In other words, in the whole discourse, for Gandhi the reference point is not the west or the so-called modern industrial society. He tries to find the solution to the questions of women within the confines of Hindu patriarchal tradition. This did not mean a sign of backwardness to him. It fitted well in his over-all agenda for social change.

But Gandhi also decries the evil customs and traditions of Indian society. For example, he relentlessly criticises child marriage and what he reffered to as ill matched union. An ill matched marriage wherein an an old man took a young bride, represented to him irreligion and not religion. To give religious sanction to a brutal custom like child marriage is a moral as well as a physical evil. He felt it not only undermined our morals but also induced physical degeneration. He says that it should be held a sin to marry a girl for several years after menarchy. Ordinarily, a girl

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42. Ibid., vol.XI, April 1911 - March 1913, p.196.

43. Ibid.

under 18 years should never be given in marriage.[44] As regards the manner in which this change is brought about, he emphasizes building public opinion rather than legislation. He also felt that there should be local agitation launched by bands of virtuous, patient and non-violent young men.[45] Regarding "ill matched unions", he says that although the husband may be living, it is a kind of widowhood for the girl. Society, he felt, is least likely to be harmed if old men who cannot control their passions, or who for some other reason wish to marry, do so with old or mature women prepared to enter into such a relationship with them.[46]

Similarly, though he calls widowhood as one of the glories of Hindu religion, he is against enforced widowhood which he felt ought to be condemned as it lead to promiscuity. He saw it as the duty of the father to marry off his young widowed daughter. "A child widow of nine years does not understand the meaning of marriage nor of widowhood. She is as far as she is concerned, unmarried".[47] He further says that a child widow who on growing to womanhood, wishes to marry, should have complete freedom and be encouraged to

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44. Ibid., Vol.XXXI, 1926, pp.329-30.
45. Ibid., Vol.XXXIV, 1927, pp.428-29.
46. Ibid., vol.XXXVI, 1928, p.139
47. Ibid., Vol.XXX, 1926, p.35.

do so. Indeed it behoves on her parents that they should make every effort to get her suitably married.[48]

Gandhi is extremely critical of what he calls polygamy. He notes with despair:

> But where shall we find men with the ideal of devotion to one wife?... I have seen many of a youngman generally considered to have good character and to all appearances bearing great love for his wife, getting engaged and marrying soon after his wife dies... The nobility of Indian husband, however, does not last beyond the cremation ground.[49] He adds, as long as men do not mind being thus brazen faced to praise widowhood seems to me sheer hypocracy and very height of selfishness in their part. "I see men's selfishness, conscious or otherwise,even in the movement for encouraging widows to remarry. By helping them to do so men want to forget their own shame. If men believe that widows really suffer, they can help the latter to forget that suffering by themselves following uncompromisingly the ideal of taking only one wife.[50]

He is against thousands of widows, mostly among Hindus, spending their lives to no purpose. He wanted them usefully employed. He appreciated the work of Prof. D.K. Karve who was running an institution at Pune for the education of widows and their training in mid-wifing.[51]

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48. Ibid., p.36.

49. Ibid., vol.xvii, 1920, pp.423-24.

50. Ibid., p.424.

51. Ibid., Vol.VII, 1907, p.186.

The Nationalists within the U.P. legislative Assembly unanimously show their concern for the fate of women in India. Almost every member of the house felt that there should be amelioration of women's status. They frequently raise the issue of the right to education, work and property. Shri Malkhan Singh, a member, even goes to the extent of suggesting that daughters should get preferences over sons in education and general socio-economic status. On the question of marriage, however, there was a varied response. Shri Jagmohan Singh Negi, Shri Algu Rai Shastri, Shri Rameshwar Sahai, among others, felt that marriage as a sacrosanct institution was the best in the world, while Shri E.M.Phillips, Smt. Vijayalaxmi Pandit and others call for a civil registration system and a uniform marriage act.[52]

Similarly, every member was against dowry and the evils attached to it, but on the question of legislation against the dowry system opinions remain divided. For example, Shri Jai Ram Verma, a private member, introduced an unofficial bill called 'the United Provinces Hindu Marriage Reform and Dowry Restraint Bill, 1947'. He pleaded that dowry was a curse to Hinduism. Because of a heavy dowry, many parents

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52. See 'United Provinces Hindu Marriage Reform and Poverty restraint Bill 1947'. The Proceedings of the Legislative Assembly, U.P. Vol.XXVIII, 1947, pp.779-872, 962-974.

turned poor; and many poor parents were left with their daughters unmarried which ultimately is linked with many social problems. He is supported by Smt. Vijayalaxmi Pandit, the Minister of Local self-government who also adds that the status of women should be central to the discourse and not poverty, savings etc. However, Shri. Indra Deo Tripathi, member, feels along with others that the Bill would not serve any purpose; it would neither prevent dowry nor give any status to woman. According to him, the root of the problem lay elsewhere. If daughters are given equal rights and status, with equal education and equal right to property, the problem of dowry would automatically disappear.[53] He implies that what is required is that a woman become an independent and self reliant individual. In a different vein, Shri Mahavir Tyagi argued that any legislation against dowry should not be made passed until there was an alternative arrangement made for the provision of property rights to a woman either in her husband's property or father's property. He argued that in Hindu society a woman did not have the right to property. In the absence of this right, it is the dowry given at the time of her marriage that qualifies as her own property.[54]

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53. Ibid., pp.813-16.

54. Ibid., Vol.XXVIII, 1947, pp.785-94.

Since there was no consensus in the house on the bill, it was finally withdrawn by the member.

Thus, though there is a general, concern for the improvement of women's status, there are differences about the nature and scope of reform. These differences are seen mainly in the form of tensions between the west and the non-west. But at times, tensions appear even within these two domains of thought. Moreover, the discourse on the status of women is not apparently linked with their health status, although it seems that the whole discourse on women in itself was partly in view of the prevelance of high rate of maternal and child mortality in India.

Maternal & Child Health

As alluded above, questions of maternal and child health do not evoke the concern that could have been expected. Gandhi contributes just one note on child mortality. In the U.P. Legislative Assembly, The United Provinces Maternity Benefit Bill only pertains to maternity leave to a factory worker. Nehru individually does not seem to have expressed any view on it. In 1939, the National Planning

Committee appointed a sub-committee on National Health.[55] Among various responsibilities, maternity questions were given in the hands of Rani Laxmibai Rajwade to deal with.[56]

Since her efforts were the part of the National Planning Committee to evolve an outline of future plan, she has basically tried to provide a guideline. Thus, in an attempt to make her report more objective, feasible and acceptable to all, the elements of individual subjectivity have been reduced to minimum, difficult enough to build a discourse. However, major issues that are reflected through her work are: prevalence, and causes of maternal and child mortality. Including the problem of the absence of exact data base, she points out the abysmal state of India as compared with England and Wales and projects anaemia linked with poverty and malnutrition as the most important factor. This gives some reflections about the role of the colonial state and the whole social formation. In the suggestions made by her one finds a comprehensive design including community, voluntary and state efforts. There are also eugenic concerns reflected through her work which become more pronounced in

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55. This sub-committee was headed by Col. S.S.Sokhey; Dr. J.S. Nerunkor was the secreatry, There were dozen other members.

56. Laxmi Bai Rajwade was a member the sub-committee

the case of family planning. This will be dealt with in the Third section.

The first problem she raised was the lack of any kind of exact information regarding the extent and the nature of maternal and infant mortality in India. This was partly because of the lack of medical certification and the inefficient registration of vital statistics. It was also because in some areas there was a tendency to omit registration of female births and deaths.[57]

Basing herself on special committee report, she estimates maternal mortality for the country as a whole as probably somewhere near 20 per 1000 live births as compared with 4.9 per 1000 in England and Wales. The average female expectancy of life at birth in India was 26.56 years. Based on these figures, she calls it "a terrible waste and appalling human suffering involved in the phenomenon and a damage to the future of the race; a continual loss in national or social efficiency".[58]

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57. National Planning Committee series, Report of The Sub-Committee on 'National Health', Vora, Bombay, 1947, p.121.

58. Ibid., pp.121-122.

She points out that the real abnormal factor in our maternal death rate is the prevalence of anemia[59]. "The anemia as a fatal incident of pregnancy is almost non-existent in England and Wales whereas it is the second largest factor in maternal mortality in Calcutta".[60] Further, more than 30 percent of Indian mothers, according to the Special Committee Report, suffer from many forms of invalidism or even temporary serious disability incidental to pregnancy.

Regarding infant mortality Rajwade observes that the decrease in infant mortality since 1911 is certainly striking, but that nonetheless the problem remained extremely formidable. Infant mortality in India was three times as that in England. Moreover, the decline since 1918 could not be attributed to the welfare measures in India, as these were yet to make much headway. Nor could it be due to the slight increase in the standard of living in the rural areas. It was partly because of the improvements made by the Public Health Committee in the registration of births.[61]

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59. Among the causes she counts are: Puerperal sepsis, anemia, eclampsia and other toxaemias.

60. National Planning Committee series, Report of the Sub-Committee on National Health, vora, Bombay, 1947, pp.122-23.

61. Ibid., p.123.

Giving details of many other factors, she divides the casualty behind maternal and infant mortality into two categeries, pre-natal conditions and environment. They embrace malnutrition in both mother and children, lack of facilities for pre-natal care, lack of trained midwives, and lack of health services especially in rural areas. The weight of customs, traditions and religion, alongwith bad sanitation, bad housing, bad birth rates is also pointed out. The inability of the statutory authorities in reducing maternal and infant mortality calls for a more positive role of the state, she opined.[62]

The indifference of the state is further emphasized by Rajwade when she points out that expenditure of public funds on maternity and child welfare is still very limited,[63] and its initiative, whether in actual service or research, very stingy.[64] While she recognises the role of voluntary local and charitable efforts, she is nonetheless aware of the limitations of such efforts as she notes:

"Experience has shown that voluntary and local effort has

62. Ibid., p. 124.

63. Ibid., p.119.

64. Ibid., p.124.

been ineffective because it tends to lack in resources, drive, permanence and informal guidance".[65]

For planning she suggests following conditions necessarily to be fulfilled:

1. A central Institute attached as a permanent statutory body to the health ministry or the Central Advisory Board for the protection of motherhood and childhood.
2. Adequate resources attached to it.
3. Consider parts of the Central body in the provinces under the general direction of the centre but immediately under the Minister of Health with autonomy and initiative sufficient for driving the work on supervision of all agencies of maternity work.
4. Adequate resources from the Provincial budget with per haps a central grant for provincial institutes.

Adequate provision for,

a. The maternity and child welfare, services in the form of consultation facilities and training facilities, maternity homes and hospitals,health visitors, creches, rest houses, sanitaria and museums;
b. research (which is also urgently needed);

65. Ibid.

c. General direction and supervision by the Institute in regard to all legislative, executive and departmental measures relating to mothers and children;

d. propaganda;

e. educating the mothers.

5. Recognition, coordination and encouragement of voluntary organization working on the same line; all voluntary efforts, however, to be subject to control and supervision by the institute.

6. The state, i.e. the institute might have to impose certain uniformities throughout the area under its jurisdiction, as to training of nurses and health visitors, midwives and dais, inspection of maternity services and such other matters as will need to be uniform. It even be necessary to make part of the maternity service compulsory like primary education.[66]

Other than these specific recommendations, she also points out the role of general health policy and programme, removal of poverty, the superstitions and evil customs of society.[67]

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66. Ibid., p.125.

67. Ibid., pp.125-126.

Her recommendations are quite comprehensive, but on the whole they remain more centre oriented in terms of planning and guidelines as also in terms of funds allocation. Moreover, they imply devising uniform measures which in the post-independence period have proved negligent of the local conditions and impeded popular initiatives.

Gandhi's note on Child mortality begins with the report sent to him by Mr. Kanchanlal Khandwala. The report points out that "In New Zealand, 51 children out of one thousand die in a year. In Bombay 320, and in the United Provinces 352.[68] Gandhi's reactions to these comparative figures are somewhat similar to those of Rani Laxmi Bai Rajwade; they differ in terms of emphases. Gandhi agrees, that malnutrition was an important factor underlying the problem of infant and child mortality. He says a child should be brought up on mother's milk and when that is no longer available, should be fed cow's milk. Instead, he says, in India the child is switched on to cooked food even before it has cut teeth or even before its stomach is ready for it. Consequently the child is attacked by disease, grows weak

68. The Collected works of Mahatma Gandhi, Vol.XVI, Aug. 1919 - Jan 1920, p.468. The source of the figures is not given.

and often dies an untimely death.[69] The reasons why mother's or cow's milk are not available is mainly because of 'poverty' and 'ignorance'.[70] Gandhi however does not link poverty with the nature of state as much does Rani Laxmibai Rajwade. He holds the state responsible only for excessive rise in prices which leads to unavailability of wheat (food) and, ultimately, affecting the quality and quantity of mothers's milk.[71] But poverty and rise in prices are two different phenomena and do not completely explain each other. On the other hand Gandhi attaches more importance to other reasons like climate, child-marriage and ill-matched union, self-indulgence, ignorance, and poor sanitation. These arguments form the part of the general causation suggested by Imperialist historians for India's backwardness and is also near to Weberian understanding about Indian social institutions acting as impediment behind modernization. To make his ideas more transparent he can be quoted as follows:

> Of all the factors, the government can be held responsible at present for the last one (excessively high prices) only;[72] the reason for making this distinction is that, for our

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69. Ibid., p.469.

70. Ibid.

71. Ibid., p.470.

72. He gives six factors: (1) Climate (2) Diet (3) Child marriage and ill matched unions (4) Self-indulgence (5) Ignorance about sanitation (6) Excessively high prices.

> innumerable ailments and short comings, we blame the government. I t has become a habit with us to argue that, if we get swaraj, all our maladies, even the heavy rate of child mortality will vanish instantly. It is true in a general way that starvation, which is becoming wide spread in the country will probably decrease after we get Swaraj. Even then many of our ailments will persist despite Swaraj, if we do not adopt remedial measures.[73]

Gandhi's ideas represent a spirit of self-criticism without losing sight of the external factors, and therefore, the emphasis too changes.

Explaining the role of climate he says,

> We can not change the climate of the country. New Zealand is among the countries with the best climate. Relatively, the climate of India is generally believed to be enervating. It is difficult to develop a good constitution in intense heat. It is the general experience that most air is even more injurious than heat.[74]

The implications of child marriage and ill matched union are pointed out when he says,

> A girl of fifteen can never be fit for delivery. A child born of such a girl is deficient in vitality. Our children are so sickly that bringing them up becomes a veritable job indeed.....Along with child-marriage, we should hold ill-matched unions responsible for the deaths of a great many

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73. The Collected Works of Mahatma Gandhi, Vol.XVI, 1919-1920, p.469.

74. Ibid.

> infants. It is not at all surprising that the children of men who marry when they are no longer fit for marriage do not survive.[75]

Regarding self-indulgence he says

> It is also certain that excessive indulgence increases the rate of infant mortality. People in the west limit births, not with any religious ideas, to be sure, but for reasons of health and for fear of having to bring up too many children. For us such fear is not enough of check on self indulgence. However, we in India lay great claim to being more religious in our lives than people in the west, and yet we ignore the restraints imposed by religion. Hence it is that many parents, regardless of both dharma and worldly considerations, remain steeped in pleasures and bring forth children regardless of circumstances. In the result, we want them or not diseased children are born and die in their infancy.[76]

Ignorance of the rule of health both in case of mother and mid-wife is also pointed.[77]

The Issue of Family Planning:

During the period between the 1930s and the 40s the issue of family planning appears to be in the stage of

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75. Ibid.

76. Ibid, pp.469-470.

77. Ibid., p.470.

infancy. The U. P. Legislative Assembly, for example, witnessed no debate on this issue during this period. Nehru, individually does not seem to have given a public view in this regard. Gandhi gave wide circulation to his ideas in this field, but that too were concerned more with the methods of birth control. Gandhi was not against family planning, but it was more his fears regarding the social consequences of the use of contraceptives which perhaps, made him address this issue. Even the colonial state was quite hesitant about the it. When in March, 1935 a resolution was moved by Mr. Hussain Imam (Member) in the Council of State, Delhi asking the government to address itself to the issue of birth control, the Home Department showed a lukewarm attitude to it.[78] Similarly, in March 1940, a resolution moved by Mr. P.N.Sapru, urging the Council of State to recommend that the government take steps to popularize methods of birth control and establish birth control clinics in Centrally administered areas, was passed only by a slim

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78. The attitude adopted towards it was that the Government could not take any practical step in the matter, The subject was one for voluntary workers, please see Education, Health and Lands, Health branch, NAI, File No.53-4/40-14, 1940.

majority - nine votes to eight.[79] Sardar Bahadur Sobha Singh (nominated unofficial member) reports that "in New Delhi, not officially but unofficially, the Chief Medical Office for Health had directed (all) the Lady doctors in charge of hospitals and clinics in New Delhi to give free advice in birth control".[80] This report is later on confirmed by the Chief Commissioner Delhi in his letter to the Deputy Secretary to the Government of India, Department of Education, Health and Lands.[81]

Perhaps one of the reasons why the issue of family planning did not receive more widespread attention was a wider base the fear of popular protest. Secondly, such an issued laden with controversy, might have affected the spirit of mass mobilization - a fear of division within the nationalist ranks as Gandhi had from the mid 1920s started campaigning against the use of contraceptives.[82]

K.T. Shah, General Secretary of National Planning Committee in his introduction to the sub-committee report on

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79. Education, Health and Lands, Health Branch, NAI, File No.53-4/40-14, 1940, p.14.

80. Ibid., p.27.

81. Ibid., p.5.

82. Gandhi wrote a series of article titled 'Towards Moral Bankruptcy' in 1926.

Population broadly substantiates these causes, as an impediment. He notes:

> "The Indian people are deeply religious, and limitation of family is earnestly believed to be in contravention of Divine Commands. Mahatma Gandhi, also has thrown his weight in the same scale, making a formidable obstacle to the adoption of any programme of eugenics, organically devised and systematically applied throughout the country. If at all any such practice is adopted, it would be a matter of individual choice or necessity; but not part of a planned national programme of eugenics.[83]

As alluded above, the main driving force behind family planning was eugenic, i.e., strengthening the race by improving the quality of the people. The other concerns included improving the health status of mother and children by reducing mortality and morbidity.

The sub-committee on population observed:

> "Man who has come to the stage of development where he is anxious to breed carefully such species of the lower animals as dogs or horses to obtain very specific qualities in particular specimens of the species, has not yet, realized apparently the possibilities inherent in carefully scientific breeding of the human race.[84]

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83. National Planning Committee Series, Report of the sub-committee on population, vora, Bombay, 1947, pp.6-7.

84. Ibid., p.7.

The sub-committee shows its concern about the lack of India's control over fertility resulting in heavy population pressure and a terrible waste of life, as well as disparity in the natural increase of population leading to what it calls 'mis-population':

> "Not only have we not reached any adaptive fertility in the country which, therefore, suffers from the effects of heavy population pressure and terrible waste of life spilling on all sides, but also that the disparity in the natural increase of different social strata (population) shows a distinct trend of mis-population.[85]

The sub-committee reveals that in India backward sections are less long-lived than others and that the adult population is proportionately more among the advanced castes and communities. The sub-committee argues, citing no evidence, that the general increase of population is more in evidence among the more fertile but less intellectual strata of society.[86] It also remarks that the outstanding features in the Indian population are the heavier piling up of the base and the relatively common violent fluctuations.[87] For example, there was remarkable proportionate increase in the

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85. Ibid., p.129.

86. Ibid.

87. Ibid., p.114.

minor age group (0-5) between 1921-31 while a decrease in age group of 5-10 year old children[88]:

AGE	1921	1931
0-5	3.96 million	5.34 million
5-10	4.67 million	4.55 million

On the other hand, there was decrease in ratio of the old age class (above 50) from 105.2 to 94.5 between 1891-1931. Similarly the ratio of the upper middle-aged (40-50) had declined from 100.4 in 1891 to 96.8 in 1931. Thus the committee concludes that though population was on the whole progressive, there was a decline in the survival value of the population[89]. To remove disparity and fluctuations in population growth, and to increase the survival, the sub-committee recommended various measures including birth control.

In the Sub-committee on National Health, Laxmi Bai Rajwade suggests birth control as a essential to reduce high mortality among mothers and children . Birth control, she argued,

> "is obviously a very important function in view of the fact that the high mortality among mothers and children in this country is in part due to too frequent pregnancies involving a terrific strain on the nerves and

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88. Ibid.

89. Ibid., pp.114-115.

> on a vitality already abnormally low. Children are born not as a creative evolutionary response to the vital urge, but as brittle standardised products of a tired reproductive machinery automatically set in motion by the sexual act. The reproductive system has to be kept fresh and vitalised to respond creatively and must not therefore be subjected to that strain. That can only be done by controlling pregnancy by contraceptive methods.[90]

It should however be noted that of the causes of morbidity and mortality among women in the reproductive age group reproductive causes, in fact, formed a very small proportion. Even within the reproductive age group, the major causes of disease and death are infectious diseases and other diseases of poverty, such as malnutrition and anemia. These are obviously unresponsive to contraceptive technology. By focussing on a small proportion of the overall problem, the perspective here is one wherein birth control is not a democratic right of a woman but a tool to control what is called the reproductive profligacy of the poor.

The Sub-Committee on Woman's role in Planned Economy, conceives birth control not only a necessity for the health of woman, but also for upgrading her socio-economic status,

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90. National Planning Committee Series, Report of the Sub-Committee on National Health, Vora, Bombay, 1947, p.133.

for freedom and for economic independence,[91] echoing neo-Malthusian concerns.

Thus, while the sub-committee on Population has a general approach to improve the quality of population, the other two sub-committees confine to the health and socio economic status of women alongwith children.

Gandhi too seems to have shared the view of limiting the uncontrolled population growth, especially from the point of view of maternal health. He cautions against self-indulgence, which, he thinks, results into frequent birth of weak children. For example,

> "It is (also) certain that excessive indulgence increases 'the rate of infant mortality. People in the West limit births, not with any religious idea, to be sure, but for reasons of health and for fear of having to bring up too many children. For us such is not enough of check on self-indulgence. However, we in India lay great claim to being more religious in our lives than people in the West, and yet we ignore the restraints imposed by religion. Hence it is that many parents, regardless of both dharma and worldly considerations, remain steeped in carnal pleasure and bring forth children regardless of circumstances. In the result, we want them or not diseased children are born and die in their infancy.[92]

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91. Ibid., p.126.

92. The collected works of Mahatma Gandhi, vol.XVI, Aug. 1919-Jan 1920, pp.469-70.

Gandhi was specifically concerned with birth control only through self-control and by avoiding what he called self-indulgence. Otherwise, he felt there loomed a bigger threat to the race or Indian community.

The choice over methods of birth control was in fact the most controversial. There were two major views in this regard.

1. That though self-control was the best method, it could not be prescribed to average human being, and that therefore, more scientific and safe external methods of contraception should be tried and made available.
2. That the self-control was the only method which was effective and harmless and if India had to survive as a human race, it was the only way it could choose.

The first view is unanimously held by the Sub-Committee reports without any differences within. For example, the sub-committee on 'Woman's Role in planned Economy' mentions that

> Self control is the best method for those who can exercise it without ill effects to their health. But this is a method which we can not offer to the average man and woman and hence knowledge of scientific methods of birth control must be made available to those who desire it. Birth control clinics should be established by the state for the purpose and these clinics should be staffed with

medical men and women.[93]

Similarly, the sub-committee on population comments:

> It is desirable to lay stress on self-control as well as to spread knowledge of cheap and safe methods of birth control. Birth control clinics should be established and other necessary measures taken in this behalf.[94]

This sub-committee also suggested the inclusion in all medical colleges in India, courses on contraception; the training of nurses and woman doctors in birth control; the encouragement of local manufacture of materials for contraceptives, and propaganda among the nurses through Municipalities, District Boards, and Panchayats etc.[95]

Thus, though the sub-committee do not oppose the method of self control, they find it impractical. If other external methods were scientifically proven and safe, they did not find it immoral or physiologically harmful to recomend them.

Gandhi was opposed to this view and initiated a public a campaign. Gandhi had his ideas based on both religious Shastras like the smritis and his own experiences both

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93. National Planning Committee Series, Report of the Sub-Committee on Woman's Role in Planned Economy, Vora, Bombay, Nov. 1947, pp.203-204.

94. National Planning Committee series, Report of the Sub-Committee on Population, Vora, Bombay, July 1947, p.145.

95. Ibid., p.131.

within and outside the country. He felt that sex and sex organs had meaning only in terms of reproduction and that there was nothing sexual that was beyond human control. He wrote "He who does not want a child need not marry at all. Marriage for the satisfaction of sexual appetite is no marriage. It is Vyabichara - concupiscence".[96] While talking to newly married couples.[97] he suggests:

> You must unlearn the lesson if you have learnt it before, that marriage is for the satisfaction of animal appetite. It is a superstition. The whole ceremony is performed in the presence of the sacred fire. Let the fire make ashes of all the lust in you.[98]

Moreover, as it is also reflected above, marriage to Gandhi meant a sacrament - a religiously sanctioned institution with permanent bond of emotional and physical relationship. Human being again was not simply an individual with physical existence, but an individual with a soul and a mind. Based on these basic principles, Gandhi's ideas developed a critique of contraceptive both on biological, physical as well moral/ethical/religious grounds. He also

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96. The collected works of Mahatma Gandhi, Vol.LXV, 1937, p.109.

97. These couples were Manu and Surendra Mashruwala and Nirmala and Ishwar Das. They were married on the same day without outward show or ceremony. See Ibid., p.109.

98. Ibid., p.109.

tried to show the importance and relevance of self-control.

His first reservation against contraceptives was that it was against the logic of self-control; that it contended the principle that it is not necessary for man or woman to satisfy the sexual instinct except when the act is meant for race production.[99] Conversely, it meant that it would increase self-indulgence. Responding to a letter sent to him against the Birth Control League in Ahmadabad, Gandhi expressed the fear that its activities will definitely result in an increase in sexual indulgence. He wrote,

> "Water when thrown on the ground is bound to follow a downward course; similarly if means are invented to facilitate sexual indulgence it is bound to increase".[100]

Increase in self-indulgence meant to him the cessation of marriage as a sacrament. It also meant that a woman became an instrument of animal pleasure and not the mother to man and trustee of the virtue of her progeny.[101] It also meant gradual disappearance of the marriage as an institution. He cited example from the survey done by M. Paul Bureau, a French author, titled 'Towards Moral Bankruptcy',

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99. Ibid., Vol.XXXI, 1926, p.78.

100. Ibid., Vol.LXIV, p.90.

101. Ibid., Vol.LXII, 1936, pp.278-279.

Bureau, looking into the implications of contraception in French society had come to the conclusion that promiscuity was on the rise and that marriage as an institution was not considered seriously.[102] The view that contraceptives would lead to a decrease in abortion is also questioned by Gandhi which he cites M. Paul Bureau mentioning that:

"During the twenty five years that have especially seen the increase in France of anti-conceptionalist methods, the number of criminal abortions has become not less.[103]

Thus Gandhi raises moral/ethical questions against the use of contraceptive. He is very unequivocal when he says: "It is my innermost conviction that if the method under discussion gains universal acceptance, mankind will suffer moral deterioration".[104]

He also has physical/biological reasons to oppose the use of contraceptives. To him use of contraceptive meant increase in self-indulgence which indirectly meant more exhaustion with deleterious effects on one's work. Cautioning against self-indulgence he says:

> I am not aware of any of us having derived any benefit mental, spiritual, or physical. Momentary excitement and satisfaction there

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102. Ibid. vol.XXXI, 1926, pp.103-105.

103. Ibid., pp.78-79.

104. Ibid.

> certainly was. But it was invariably followed by exhaustion. And the desire for union returned immediately the effect of exhaustion had worn out..... I can recall the fact that this indulgence interfered with my work.... The self restraint is responsible for the comparative freedom from illness that I have enjoyed for long periods.[105]

Advocating the method of self-control, he says birth control through self restraint is the most desirable and sensible and totally harmless method.

> Truth is not truth merely because it is ancient. Nor is it necessarily to be regarded with suspicion because it is ancient. There are some fundamentals of life which may not be hightly given up because they are difficult of enforcement in one's life.[106]

Thus though Gandhi agrees with the view that self control was difficult to exercise, at the same time he holds it to be superior to the use of contraceptives, the efficacy of which, according to him, has not yet been seriously proven.[107] Even the difficulties with self control are experienced only due to our ignorance about the laws of Brahmacharya. He wants complete restraint both physical and mental and argues "the practice of seemingly difficult rules (law) would become easy if we keep purifying our thoughts

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105. Ibid., p.310.

106. Ibid., p.263.

107. Ibid.

and practicing them".[108] He suggests that married couples not be hypocrites and that what ruins one's health is not restraint but outward suppression[109].

To married couples he suggests the rule of Married Brahmacharya, whereby sexual union would take place only when there is a desire for an offspring. In other words, a person who observes this rule, though leading a married life, attains the same state as, and is equal in merit to, one who completely abstains from the sexual act.[110]

Further, he argues that abstinence saves one from criminal waste of precious energy. "The scientists of old have put great value upon the vital fluid and have insisted upon its strong transmutation into the highest form of energy for the benefit of society.[111]

However, Gandhi himself sensed the problems involved in the popular acceptance of his method. He says:

> There is nothing in our society today which would conduce to self-control. Our very up bringing is against it. The primary concern of parents is to marry their children any how so that they may breed like rabbits.... Holidays and social enjoyments are so arranged as to allow one the greatest latitude

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108. Ibid., vol.LXV, 1937, p.111.

109. Ibid., p.109.

110. Ibid., p.444.

111. Ibid., Vol.LXII, 1936, p.279.

> for sensuous living. The literature that is thrust on one generally panders to the animal passion. The most modern literature almost teaches that indulgence in it is a duty and total abstinence a sin".[112]

He says 'we must change the social, ideal, and environment'.[113]

Thus, the nationalist discourse over the issue of family planning did succeed in generating a debate, about the efficacy of the contraceptives, not only on biological and physical lines but also on moral and ethical lines and hence forms a good background to the present day dilemma of the third world countries, especially India.

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112. Ibid., p.278.

113. Ibid.

CHAPTER IV

CONCLUSION

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A study of the nationalist discourse on medicine and health in colonial India (1937-47) reflects a plurality of ideas ranging from conformity to defiance to the quest for an alternative. While the elements of conformity, notwithstanding their inner-contradictions, remain more pronounced and emphatic, those of defiance are conversely weak and, at times, even apologetic. The mutedness of defiance is not only seen in the realm of arguments - their ambiguities and inability of transcendence, but also in terms of what could be called the thinness of voice. It was a fact which led to its obvious marginalization in the arithmetics of vote, a *sine qua non* of the so-called democratic culture. The quest for alternatives, though significantly unequivocal and crystallised in expression/manifestation, with its all possible potential to transcend the western hegemony, remained actually confined to the ancient wisdom. It was so, not only in its suppositions but also in articulations and that perhaps became one of its weaknesses in terms of the lack of appeal or general acceptance in an otherwise plural

society like India. Moreover, the conflict among the nationalists between West and non-West is not only found in terms of the systems of medicine, but also percolates down to issues like the improvement of the general status of women, the issue of family planning and the methods of birth control.

The first sign of conformity to the western ideas of progress is seen in an attempt to modernize Indian systems of medicine along allopathic lines. For example, the United Provinces Indian Medicine Bill - 1938, introduced in the U.P. Legislative Assembly followed by its endorsement by the house (Assembly), broadly proposed to institutionalise the system of medical education and training, the system of examination, grant of degrees, aids and funds on a uniform basis, supposedly unknown or hitherto undeveloped in Indian systems of medicine. It also sought to establish teaching and research institutions and laboratories, and to develop the art of surgery based on the allopathic system - these were also found lacking in Indian systems of medicine. Thirdly, the Bill also proposed to discourage quackery, considered as a great menace to Indian systems of madicine, by regulating the system of appointment of Vaids and Hakims into the government services as well as by regulating their private practice. To coordinate these efforts, a Board of

Indian Medicine as a statutory and representative body consisting of elected experts and public men was also proposed to be constituted. Thus, all these components of change on a uniform basis were suggested with allopathic medicine as the perfect model.

But this effort for modernization did not mean complete westernization or allopathisation of Indian medicine, at least, not to everybody, nor did it mean complete revivalism as held by Leslie. Infact, the attempt was to follow in the footsteps of allopathy mainly in terms of its scientific components like, research and surgery, while on the other hand there was no reference or an appeal to go back to 'ancient texts'.

However, it is important to note that this effort for modernization of Indian Medicine was not followed by any intention on the part of the Congress ministry to replace or supersede the system of allopathy. Infact, conversely, the system of allopathy came to hold a central position in the nationalist choice while the indigenous systems, namely Unani and Ayurveda, seem to have obtained only a subservient and subordinate role. This fact is confirmed not only from the efforts of the Congress ministry, to evolve the so-called 'Uniform Policy' based on 'modern scientific methods' but also from the patronage given to the two different

systems of medicine - both indigenous and western. In view of this fact, Poonam Bala's argument that Indian medicine declined despite 'adequate support' and 'all kinds of encouragements' seems quite questionable.

Then what made the Congress ministry to modernize the Indian systems of medicine?

It seems that it was perhaps the compulsion in terms of the urgency and demands from the rural areas, what, could be termed as 'the pressure from below' as well as the monetary constraint on the part of the government which made the Congress ministry to think on this line. That the morbidity and mortality levels were high in rural areas and that the rural population was without adequate provision of health services system, the allopathic system of medicine remaining mainly confined to the Urban areas, are the facts which not only occur in the course of debate in the assembly, but are also substantiated by the Health Survey And Development Committee report (also called The Bhore Committee report). Moved by the urgency of demands in the rural areas, and on the other hand compelled by its own monetary constraint (also reported in the house) the Congress ministry had no option but to fall back on the indigenous system to fill in the gap, as the allopathic system of medicine was reportedly too expensive and beyond the reach of the population. Paul

R.Brass' opinion that the modernization of Indian medicine was sought as a political instrument in favour of Ayurveda and against the "entrenched and hostile" western medical profession is, thus, falsified.

Paradoxically, the zeal for conformity to the 'modern' western 'scientific' system of medicine could not free the nationalist discourse from other primordial linkages, especially that of communalism. Even in the midst of the debate on modernization, Indian systems of medicine were being reduced to communal questions. Communal questions were raised even with reference to the so-called modern western systems of medicine in terms of admission to medical colleges and appointments of staff. However, Roger Jeffery rather exaggerates the point when he argues that the deterioration in the 'average social position of the elite Vaids and Hakims' was mainly because of their internal divisions. Because, this way, he obviates the role of the state - both British and Indian - in the decline of the indigenous systems of medicine.

Yet, the communal polarization of Indian medicine, as revealed through the nationalist discourse in the Thirties and Forties, leave some space for further enquiry. We feel that the actual interactions between Ayurveda and Unani,

especially during this period were not that fruitful and positive as they might have been in the past.

As against the zeal for conformity, the voice of dissent within the Assembly remained more or less marginalized or suppressed perhaps partly because of its own weaknesses. The first sign of its weakness is seen in terms of the thinness of voice. There are very few members within the Assembly who raised the voice of dissent against the voice of conformity. And those who did so were marginalized because of the lack of numerical strength. It is important that during the whole discourse on the United Provinces Indian Medicine Bill, there was no significant protest raised, and one that was raised concerned sectarian issue, i.e., the issue of the fate of 'Jerrah', which was, infact, another weakness of the voice of opposition because it could never unite the different sections together. There were also ambiguities in the voice of opposition or a dilemma of choice over tradition versus modernity which certainly weakened its unity of perception and rendered it ineffective compared to the voice of conformity.

Most importantly, the voice of dissent was never directed at replacing the western system of medicine nor was it against its alleged 'superiority' though at times some stray questions were raised. The fight always remained

confined to the demand for better treatment of Indian medicine, or at best, better treatment from the part of the government. But here too during the course of arguments for better treatment, the voice sometimes became emphatic but sometimes remained very weak and apologetic.

Gandhi's quests in the field of medicine and health were part of his overall civilization quests and evolved from his general critique of modern civilization.

The transcendence in his ideas against "modernization" as pioneered by the West are seen when he treats modern doctor or hospital as the sign of civilizational decay and not of progress. He views that the increase in the number of doctors and hospitals would mean an increase in dependency on the system of cure, and a concomitant erosion of self-control followed by immorality in society. He also feels that vivisection of thousands of animals for the sake of the treatment of body was a 'legitimate' practice of violence, and that a mere concentration on the treatment of body without taking into account the importance of soul and spirit within was half treatment or no treatment. These opinion of Gandhi put a question mark to the idea of 'progress'. Gandhi also criticises insistence on cure than prevention, as well as the excessive use of drugs.

Gandhi comes out with an alternative called Nature cure based on the use of earth water, light, air and the great void (Aakaash). These five simple things, according to Gandhi, were easily available and especially accessible to the poor villagers. The philosophy behind this alternative was to make everybody his own doctor. It should be noted that prayer 'Ramnama' was quite central to Gandhi's science of Nature cure. Gandhi also emphasized on preventive and sanitary measures, and on the lesser use of drugs. Moreover, he experimented with the uncooked and unfried food, science of vegetarianism, and also showed the physical and ethical importance of fast.

However, these quests of Gandhi could not generate much appeal. One of the reasons could be the western bias of the modern educated intelligentsia. But, on the other hand, Gandhi's ideas were themselves not free from weaknesses. Gandhi, perhaps, failed to realize that India was no more a village society that he had in his mind. It was already an integral part of the world capitalism, though as a subordinate partner, and was already passing through a stage of transition with all indicators of relative change even in the nature of villages.

His insistence on the use of 'Ramnama' or God's name with pure heart as a necessary and most important principle

of nature cure could not be decoded in the same spirit by everybody. Moreover, it possibly restricted its appeal in a plural society like India, because Ramnama though a symbolic expression, reflected an ancient wisdom, and could not be so acceptable to all.

Gandhi also over-emphasized the role of individual in both occurrence as well as control of disease. He failed to realize that the occurrence and spread of disease are also influenced by many other factors including environment where a person as an individual entity has no control and that its control needs community or state's involvement.

In other words, though Gandhi's civilizational questions remained all transcendent, unequivocal and crystallized in expression, his quests for alternative were not so powerful as to capture the centre stage of the Nationalist discourse, and hence, the zeal for conformity amongst the nationalist to the west could not be finally broken.

The conflict of choice among the Nationalists between West and non-West is also seen in terms of the issues like the improvement of woman's status and the methods of birth control, and here too it was ultimately the West which dominated Nationalist discourse. For example, the voice of conformity conceived of India as a modern industrialized nation. It conceived of a society where citizens would be

equals, governed by uniform laws and norms, with the gradual but continuous removal of its "clumsy and deterrent" traditional institutions like joint family, sacramental forms of marriage, personal inheritance law etc. It also advocated the use of scientifically tested contraceptives as the best method of birth control. Gandhi's ideas on both woman's status and the methods of birth control could not get much representation in the nationalist agenda for social change, because, although trying to evolve his alternative from India's own experiences, Gandhi remained more or less confined to Brahmanical tradition, his source of inspiration remained ancient 'shastras' especially 'Smritis'. For him Sita stood as an ideal woman, 'swaraja' meant 'Rama Rajya' or 'Dhrma Raj' and the ideal form of birth control, rather the only form that he suggested was celibacy or 'Married Brahamcharya'. Many of his ideas did not completely conform to the existing realities. For example, widow-remarriage was widely prevalent especially among the low-caste people in India, and, the Muslim society already had a long standing tradition of widow remarriage, marriage as a contract; child marriage too was not widely prevalent.

However, many of the questions that he posed to the problems of inheritance, of coeducation, and of the use of contraceptives remain quite important.

The nationalist discourse also witnessed enquiry in the field of maternal and child health. Anemia was considered as the most important factor behind the abysmal state of the health of mother and children and behind the high rate of maternal and child mortality. Gandhi, however, slightly differed from this view. He emphasized more on the role of climate, child marriage, ill-matched union, self-indulgence and the ignorance of mother and mid-wives. The issue of family planning despite the debate over the use of contraceptives remained in stage of infancy and formed only a part of the eugenic concerns that the nationalist had on population.

Why the West dominated the nationalist discourse, the way it did, in the case of medicine and health and why the voice of defiance or the quest for an alternative remained marginalized or suppressed remain an important field of further enquiry. We feel that one has to locate these questions in the complexity of all historical factors working together. But then this is beyond the scope of our study. We can make brief tentative remark that, perhaps, nationalists failed to evolve a model which would remain a non-west or indigenous and at the same time all encompassing and composite in frame work. In the absence of such an alternative construct, the West was taken as an obvious rescue.

Thus, a major implication that comes out of whole discourse is that nationalist discourse remained a 'derivative discourse'. Although the dominance of West was being countered through anti-imperialist struggle, the same West was being taken as model in the field of medicine and health. This did not mean a pro-imperialist stance obviously, because the same nationalists were a part of an anti-imperialist struggle. But objectively it did mean that the nationalist, except for few, were not able to make a final or total break with colonialism.

This failure to make a break, and the adoption of the West as a model which could be called a conformity meant that the indigenous systems of knowledge, particularly, medicine were not going to have an autonomous position, and would remain in state of subordination - a condition not fundamentally different from the colonial past.

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APPENDIX I

(See page 49 supra)

THE UNITED PROVINCES INDIAN MEDICINE BILL, 1938

A

BILL

To provide for the development of the Indian systems of medicine and to regulate their practice in the United Provinces

Preamble.

WHEREAS it is expedient to provide for the development of the Indian systems of medicine and to regulate the practice thereof, it is hereby enacted as follows:

PART I

Preliminary

Short title, extent, and commencement.

1. (i) This Act may be called the United Provinces Indian Medicine Act, 1938.

(ii) It extends to the whole of the United Provinces.

(iii) Parts I and II of this Act shall come into force on such date as the Provincial Government may, by notification in the *Gazette*, appoint. Part III shall come into force on such date after the expiry of one year from the date on which Parts I and II come into force, as the Local Government may notify under section 51.

PART II

Definitions.

2. In this Act and in the Schedule attached hereto, unless there is anything repugnant in the subject or context.

(i) "Board" means the Board of Indian Medicine, United Provinces, constituted under section 3 of this Act.

(ii) "Indian system of medicine" means the Ayurvedic (including the Siddha) and the Unani Tibbi system of medicine, whether supplemented or not by such modern advances as the Board may, from time to time, have determined.

(iii) "Chairman" means the Chairman of the Board.

(iv) "Member" means a member of the Board.

(v) "Practitioner" means a practitioner of one or more Indian systems of medicine.

(vi) "Prescribed" means prescribed by rules framed by the Provincial Government in accordance with the provisions of this Act.

(vii) "Register" means the register of Vaids and Hakims maintained under section 25.

(viii) "Registered Practitioner" means a practitioner whose name is for the time being entered in the register.

(ix) "Registrar" means the Registrar appointed under section 24.

(x) "Vaidya" means a practitioner of Ayurvedic (including the Siddha) system of medicine.

(xi) "Hakim" means a practitioner of Unani Tibbi system of medicine.

Establishment of the Board of Indian Medicine, United Provinces.

3. The Provincial Government shall, by notification in the *Gazette*, establish in the manner provided in section 5, a Board to be called the Board of Indian Medicine, United Provinces, for the purpose of carrying out the provisions of this Act. Such Board shall be a body corporate and have perpetual succession and a common seal and may, by the said name, sue or be sued.

Savings for acts done by the existing Board and its dissolution.

4. (1) All acts already begun or completed by the Board now in existence with the approval of the Provincial Government shall, in so far as they relate to the functions allotted to the Board constituted under this Act, be deemed to have been begun or performed by the Board under this Act.

(2) As soon as the Board is constituted under the provisions of this Act, the existing Board shall cease to exist and all its assets and liabilities will devolve upon the Board so constituted.

Constitution of the Board.

5. The Board shall consist of twenty-one members, including the Chairman, appointed in the following manner, namely:

(1) A Chairman nominated by the Provincial Government.

(2) Five members nominated by the Provincial Government of whom one shall belong to a scheduled caste, one shall be a vaidya and one a hakim, who have attained high distinction in the practice of their profession and the remaining two shall so far as possible be medical practitioners who have received adequate training in allopathy as well as in one or more of the Indian systems.

(3) Two members elected by the United Provinces Legislative Assembly from amongst its members.

(4) One member elected by the United Provinces Legislative Council from amongst its members.

(5) Three members elected by all the members of the District Boards of the United Provinces in the manner prescribed by rules.

(6) One member elected by all the members of the Municipal Boards of the United Provinces in the manner prescribed by rules.

(7) One member elected by the Executive Council of the Benares Hindu University.

(8) One member elected by the Executive Council of the Aligarh Muslim University.

(9) One member representing Ayurvedic Educational Institutions of the United Provinces to be elected by the teachers of recognized educational institutions.

(10) One member representing Unani educational institutions of the United Provinces to be elected by the teachers of recognized educational institutions.

(11) Four members elected by the Registered Practitioners :

Provided that the four seats of members under this clause shall be so apportioned to the Ayurvedic and Unani registered practitioners as to be in the proportion of their respective numbers in the register on the date of the election :

Provided further that in determining the said proportion a fraction of one-half and less shall be neglected and a fraction of more than one-half shall be counted as one.

(12) Notwithstanding anything contained in clause (9) of section 5, in the case of first election to the Board, the Provincial Government may allot the seats for election by the Ayurvedic and Unani practitioners in such proportion as they may deem fit.

Nomination of members in default of election.

6. If any electoral body referred to in section 5, fails, by such date as may be prescribed by rule, to elect the requisite number of members which it is entitled to elect, the Provincial Government shall fill up the vacancy or vacancies by nomination and a person or persons so nominated shall be deemed to be duly elected by such body.

Disqualifications for membership.

7. No person shall be qualified to be elected or nominated as a member of the Board—

(a) Who is an undischarged insolvent ;

(b) Who has been adjudicated by a competent court to be insane or of unsound mind ;

(c) Who has been convicted of an offence involving moral turpitude ; or

(d) Whose name has been removed from the register.

Notifications of elections, nominations and vacancies.

8. Every election or nomination of a member or Chairman of the Board, and every vacancy in the office of member or Chairman shall be notified in the *Gazette*.

General elections.

9. In the year 1939 and thereafter in every fifth year, there shall be a general election of ~~the members~~ of the Board.

Disabilities for continuing as member.

10. (1) If any member, during the period for which he has been nominated or elected—

(a) absents himself without sufficient cause from three consecutive ordinary meetings of the Board, or

(b) Becomes subject to any of the disqualifications mentioned in section 7, or

(c) Being a legal practitioner, appears in any suit or proceeding, civil or criminal, against the Board, the Board may remove him from membership ;

Provided that before removing a member under this sub-section the Board shall call for his explanation and record its finding thereon.

(2) Notwithstanding anything contained in sub-section (1), a chairman shall be removable by the Provincial Government only.

Power of the Provincial Government to remove a member and Chairman of the Board.

11. Any member removed by the Board under the provisions of section 10, shall have a right of appeal to the Provincial Government and the order of the Provincial Government on any such appeal shall be final.

Resignation of a member or Chairman.

12. (1) Any member may at any time resign his office by letter addressed to the Chairman. Such resignation shall take effect from the date on which it is accepted by the Board.

(2) A Chairman of the Board wishing to resign may tender his resignation to the Provincial Government. Such resignation, when accepted, shall be published in the *Gazette* and shall take effect from the date notified therein.

Filling of casual vacancies in the office of a member or Chairman.

13. (1) If a member or Chairman of the Board dies or resigns or from any cause whatsoever ceases to be a member or Chairman, as the case may be, the vacancy so created shall be filled by a fresh election or nomination as the case may be within such period as may be prescribed by rules.

(2) The term of office of a member or Chairman elected or nominated to fill up the vacancy mentioned in sub-section (1) shall be the remainder of term of office of the member or Chairman in whose place he has been so elected or appointed.

Term of office of a member.

14. Save as otherwise provided in this part, the term of office of a member of the Board shall be five years :

Provided that an outgoing member shall continue in office until the election or nomination of his successor as the case may be :

Provided also that members elected by the United Provinces Legislature, the Universities, and the local bodies, shall hold office for so long only as they continue to be members of those electoral bodies.

Eligibility for re-election of outgoing members.

15. A member shall, on the expiry of his term of office be eligible for re-nomination or re-election :

Provided that no person shall hold office as Chairman of the Board consecutively for more than two terms.

Validity of proceedings.

16. No disqualification of, or defect in the election or nomination of, any person acting as a member of the Board or as the Chairman or presiding authority of a meeting shall be deemed to vitiate any act or proceedings of

the Board, in which such person has taken part, if the majority of persons who took part in such act or proceedings were duly qualified members of the Board.

Establishment of advisory committees.

17. (1) The Board may by a resolution in that behalf, appoint an advisory committee for any purpose it deems fit, and may appoint its convener, who shall preside over the meetings of such committee. In the absence of the convener, the committee may elect any of its members to preside over its meetings.

(2) All questions at a meeting of the committee shall be decided by the votes of the majority of the members present and voting at the meeting. In case of equality of votes, the person presiding shall have a casting vote.

(3) No business shall be transacted at any meeting of a committee when either less than two members or less than one-fourth of the members constituting the committee are present:

18. It shall be necessary for the transaction of any business that not less than one-third of the total number of members of the Board for the time being shall be present.

Provided that in an adjourned meeting, all business postponed for want of quorum at the original meeting, may be transacted if not less than three members attend such meeting.

Procedure at meetings of Board.

19. (1) The Chairman shall preside at every meeting of the Board. In his absence the members present shall elect any other member to preside.

(2) All questions at a meeting of the Board shall be decided by the votes of the majoity of the members present and voting at the meeting. In case of equality of votes the member presiding shall have in addition to his voto as a member of the Board, a second or casting vote.

Time and place of meeting of the Board.

20. The Board shall meet at such time and place and every meeting of the Board shall be summoned in such manner as may be prescribed by the regulations:

Provided that until such regulations are made, it shall be lawful for the Chairman to summon a meeting of the Board at such time and place as he may deem expedient by letter addressed to each member.

Allotment of funds by Local Government and their control.

21. (1) The Provincial Government may place a lump sum allotment at the disposal of the Board every year for distribution to the Ayurvedic and Unani dispensaries and educational institutions in the United Provinces.

(2) The Provincial Government may likewise place at the disposal of the Board any sum or sums earmarked for specific purposes, and the Board shall administer them for those purposes only and subject to the conditions, if any, laid down by the Government.

Payment of expenses.

22. (1) There shall be paid to the members of the Board such travelling and other expenses as may from time to time, be prescribed by Government under section 42.

(2) No member, other than the Chairman, shall receive any pay or special pay. The pay, allowances, or emoluments of the Chairman, shall

be subject to the sanction of the Government and shall be determined according to rules prescribed in that behalf.

Chairman's power of control.

23. All officers and servants of the Board shall be under the direct control and supervision of the Chairman and shall abide by orders issued by the latter.

Registrar and other officers and servants of the Board.

24. (1) The Board shall, with the previous approval of Government, appoint a Registrar. The Registrar shall receive such salary and allowances as may be prescribed by rules. The Board may, from time to time, grant him leave and may appoint a person to act in his place. Any person duly appointed to act as Registrar shall be deemed to be the Registrar for all purposes of this Act:

(2) Any order of the Board, appointing, granting leave to, punishing and removing a Registrar from office, shall not be passed without the previous approval of the Provincial Government:

(3) The Board may appoint such other officers and servants as may be necessary for the purposes of this Act:

Provided that the number and designations of such officers and servants, their salaries and allowances shall be subject to the previous approval of the Provincial Government:

Provided also that the powers of the Board to punish dismiss, discharge and remove any officer or servant of the Board shall be subject to any rules framed by the Local Government in this behalf.

(4) All questions of pay, allowances, promotions, leave, pension and provident fund relating to the staff shall be governed by rules ordinarily applicable to government servants of similar status.

(5) The Registrar or any other officer or servant appointed under this section shall be deemed to be a public servant within the meaning of section 21 of the Indian Penal Code.

Maintenance of register.

25. With the previous sanction of the Provincial Government the Board shall maintain a register of Vaidyas and Hakims in such form as may be prescribed by rules made under section 42.

Duties of Registrar.

26. (1) Subject to the provisions of this Act and subject to any general and special orders of the Board, it shall be the duty of the Registrar to keep the register and discharge such other functions as are required to be discharged by him under this Act or by any rules framed by the Provincial Government.

(2) The Registrar shall so far as practicable keep the register correct and up to date and may, from time to time, enter therein any material alteration in the addresses or qualifications of the practitioners. The names of registered practitioners who die or who cease to be qualified as registered practitioners shall be removed from the register.

(3) The Provincial Government may direct that no alteration in the entries in respect of additional qualifications shall be made unless on payment of such fee as may be prescribed by rules.

(4) For the purposes of this section the Registrar may write to any registered practitioner at the address which is entered in the register to inquire whether he has ceased to practise or has changed his residence, and

if no answer is received to the said letter within three months, the Registrar may issue a reminder, and in case no reply is received to the reminder within one month from the date of its issue, he may remove the name of the said practitioner from the register :

Provided that the Board may, if it thinks fit, direct that the name of the said practitioner be re-entered in the register.

Persons entitled to be registered.

27. (1) Every person referred to in the Schedule annexed to this Act shall, subject of the provisions contained in the Act, and on payment of such fees as may be prescribed in this behalf by rules made under section 42, be entitled to have his name entered in the register subject to such conditions as the Board may prescribe :

Provided that an application for entry in the register made by a person whose case is not clearly governed by the provisions of this Act or by the rules and regulations made thereunder, shall be referred to the Board for such decision as it may deem fit.

(2) Any person aggrieved by the decision of the Registrar regarding the registration of any person or the making of any entry in the register, may appeal to the Board.

(3). Such appeal shall be heard and decided by the Board in the manner prescribed by rules.

(4) The Board may, on its own motion or on the application of any person, cancel or alter any entry in the register if in the opinion of the Board, such entry was fraudulently or incorrectly made.

Amendment of schedule.

28. If the Board is satisfied—

(a) that a title or degree granted or qualification certified by a University, Medical Corporation, Examining Body or other institution in India is a sufficient guarantee that persons holding such a title or degree or qualification possess the knowledge or skill requisite for the efficient practice of medicine, surgery or midwifery, or

(b) that such a *title*, degree, or qualification is not a sufficient guarantee as aforesaid, it may direct—

(i) in case (a), that the possession of such title, degree or qualification shall, subject to the provisions contained in this Act, and on payment of such fee as may be prescribed in this behalf by rules made under section 42, entitle a person to have his name entered in the register of Vaids and Hakims, or

(ii) in case (b) that the possession of such *title*, degree or qualification shall not entitle a person to have his name entered in the said register ;

and the Schedule annexed hereto shall thereupon be deemed to be altered accordingly.

Power of Board to call for information from medical institutions.

29. The Board shall have power to call up on the governing body or authorities of a Medical Corporation, examining body or other institutions included in or desirous of being included in the Schedule—

(a) to furnish such reports, returns or other information as the Board may require to enable it to judge of the efficiency of the instruction given therein in medicine, surgery and midwifery ; and

(b) to provide facilities to enable a member of the Board deputed by the Board in this behalf to be present at the examinations held by such Medical Corporation, examining body, or other institutions.

Information required of applicant for registration.

30. Every person who applies to have his name entered in the register of Vaidyas and Hakims, must satisfy the Board that he is possessed of some degree, *title*, or qualification referred to in the Schedule, as altered by notifications (if any) issued from time to time ; he must inform the Registrar of the date on which he obtained the degree, *title* or qualification which entitles him to claim registration under this Act, and shall furnish any other information required by the Registrar in order to discharge his duties under the Act.

Powers of Board to prohibit entry in, or to direct removal from the register, etc.

31. (1) The Board may prohibit the entry in, or order the removal from, the register of the name of any Vaidya or Hakim—

(a) who has been sentenced by a Criminal court in British India to imprisonment for an offence involving, in the opinion of the Board, such moral turpitude as would render the entry or continuance of his name in the register undesirable, or

(b) whom the Board after inquiry (at which an opportunity has been given to him to be heard in his defence and to appeal either in person or by counsel, vakil, pleader or attorney, and which may, in the discretion of the Board, be held *in camera*) has found guilty of professional misconduct or other infamous conduct by a majority of two-thirds of the members present and voting at the meeting.

(2) The Board may direct that the name of any person against whom an order has been made under sub-section (1) shall be entered, or re-entered, as the case may be, after having satisfied itself that due to lapse of time or otherwise the disability mentioned in sub-section (1) above has ceased to have any force.

Notice of deaths, and erasure of names from register.

32. (1) Every Registrar of deaths who receives notice of the death of a person whose name he knows to be entered in the register of Vaidyas and Hakims, shall forthwith transmit by post or otherwise to the Registrar of the Board a certificate of such death, signed by him and stating particulars of the time and place of death.

(2) On receipt of such certificate, or other reliable information regarding such death, the Board shall remove the name of the deceased person from the register.

Penalty on unregistered person representing that he is registered.

33. If a person whose name is not entered in the register of Vaidyas and Hakims falsely pretends that it is so entered or uses in connexion with his name or title any words or letters representing that his name is so entered, he shall whether any person is actually deceived by such representation or not, be punishable, on conviction by a Magistrate of the first class, with fine which may extend to two hundred rupees.

Procedure in inquiries and appeals.

34. For the purpose of any inquiry held under section 31, the Board shall be deemed to be a Court within the meaning of the Indian Evidence Act (I of 1872), and shall exercise the powers of a Commissioner appointed under the Public Servants (Inquiries) Act (XXXVII of 1850), and every such inquiry and appeal shall be conducted as far as may be in accordance with the provisions of section 5 and sections 8 to 10 of the said Public Servants (Inquiries) Act.

Publication of names entered in the register of Vaidyas and Hakims.

35. (1) The Registrar shall, in every year and from time to time as occasion may require, on or before a date to be fixed in this behalf by the Board, cause to be published in the *Gazette* as well as in such other manner as the Board may prescribe a correct list of the names for the time being entered in the register and setting forth—

(*a*) all names entered in the register arranged in alphabetical order ;

(*b*) the registered address and appointment held by or actual employment of, each person whose name is entered in the register ; and

(*c*) the registered titles and qualifications of each such person :

Provided that the Registrar shall, from time to time, get published in the *Gazette* the names of such practitioners whose names have been duly removed under any of the provisions of this Act

(2) In any proceeding it shall be presumed that every person entered in such list is a registered practitioner and that any person not so entered is not a registered practitioner :

Provided that in the case of a person whose name has been entered in the register after the last publication of the list, a certified copy signed by the Registrar, of the entry of the name of such person in the register shall be evidence that such person is registered under this Act. Such certificate shall be issued free of charge.

Powers of the Board.

36. The Board shall have the following powers, namely,—

(1) to establish or recognize educational or instructional institutions of Indian system of medicines for purposes of affiliation ;

(2) to prescribe courses of study and curricula to provide for instruction in such branches of the medical science as the Board may think fit ;

(3) to hold examinations and to grant and confer certificates, diplomas, or degrees to and on persons who shall have pursued a course of study in the institutions affiliated to the Board ;

(4) to conduct exhibitions and award medals thereat and also to the successful candidates who obtain high positions in the Board's examinations ;

(5) to demand and receive from students such fees as may be prescribed for admission to the Board's examination ;

(6) to supervise or control the residence and discipline of students of the educational institutions affiliated to the Board and to make arrangements for promoting their health and general welfare ;

(7) to appoint examiners, and publish the results of the examinations held by it ;

(8) to suspend or withdraw the recognition of any institution which is not conducted in accordance with the conditions prescribed by this Act :

Provided that no such action shall be taken without affording the Committee of Management of such institution an opportunity of making such representation as it may deem fit ;

(9) to do all such other acts and things, whether incidental to the powers aforesaid or not, as may be requisite in order to further the objects of the Board as a teaching or examining body ;

(10) to appoint, with the previous sanction of the Provincial Government, inspectors for the inspection of Ayurvedic and Unani dispensaries and educational institutions giving training in Indian systems of medicine in the United Provinces ;

(11) to establish and finance new dispensaries and educational institutions of Indian systems of medicine and to distribute grants placed by the Local Government at the disposal of the Board to such dispensaries and educational institutions in the United Provinces ;

(12) to suspend or withdraw the grant to a dispensary or educational institution of Indian system of medicine ;

(13) to establish institutions of Indian system of medicine for research and pharmaceutical laboratories in respect of Indian medicine and medicinal herbs ;

(14) to devise and carry out a consolidated scheme of public health in the province on lines of Indian system of medicine.

Making of regulations.

37. Subject to the provisions of this Act and to the rules framed by the Provincial Government thereunder, the Board may frame regulations for regulating the following matters, namely,—

(*a*) the admission of students to the educational or instructional institutions affiliated to the Board ;

(*b*) the conditions under which students shall be admitted to the degree or diploma or certificate course and to the examinations of the Board, and shall be eligible for degrees, diplomas and certificates ;

(*c*) the conditions of residence of the students in the educational or instructional institutions affiliated to the Board and the levying of fees for such residence ;

(*d*) the number, qualifications and emoluments of teachers of the educational or instructional institutions affiliated to the Board ;

(e) the fees to be charged for courses of study in such institutions and for admission to the examinations, degrees, diplomas and certificates of the Board;

(f) the conditions and mode of appointment and duties of examiners and the conduct of examinations; and

(g) all other matters connected with the duties of a teaching or examining body generally.

Disposal of fees.

38. All fees received by the Board on account of registration of Vaidyas and Hakims and admission to the Board's examinations under this Act shall be credited to the Board and shall be applied for the purposes of this Act in accordance with the rules.

Qualified practitioners' certificates.

39. Notwithstanding anything contained in any law for the time being in force—

(1) The expression "legally qualified medical practitioner" or "duly qualified medical practitioner" or any word importing that a person is recognized by law as a medical practitioner or member of medical profession shall, in all Acts in force in the United Provinces and in all Acts of the Central Legislature (in their application to the Province of United Provinces) in so far as such Acts relate to any of the matters specified in List II or List III in the Seventh Schedule to the Government of India Act, 1935, be deemed to include a registered practitioner.

(2) A certificate required under any law or rule having the force of law from any medical practitioner or medical officer shall be valid, if such certificate has been granted by a registered practitioner.

(3) A registered practitioner shall be eligible to hold any appointment as a physician, surgeon or other medical officer in any Ayurvedic or Unani dispensary, hospital, infirmary or lying-in-hospital supported by or receiving a grant from the Provincial Government or in any public establishment, body or institution dealing with such systems of medicine.

(4) A registered practitioner shall be entitled to—

(a) sign or authenticate a birth or death certificate required by any law or rule to be signed or authenticated by a duly qualified medical practitioner;

(b) sign or authenticate a medical or physical fitness certificate required by any law or rule to be signed or authenticated by a duly qualified medical practitioner;

(c) give evidence at any inquest or in any Court of Law as an expert under section 45 of the Indian Evidence Act, 1872, on any matter relating to medicine, surgery or midwifery.

Reservation of certain appointments to Vaidyas and Hakims who have qualified themselves from educational institutions affiliated to the Board.

40. Except with the special sanction of the Provincial Government, no person other than a Vaidya or Hakim who has qualified himself from an institution affiliated to the Board shall be competent to hold an appointment as medical officer of health, or as physician, or other medical officer in an Ayurvedic or Unani hospital, infirmary, dispensary or lying-in-hospital maintained by or under the control of the Provincial Government or a local body such as a District or Municipal Board or Notified Area or Town Area Committee in the United Provinces:

Provided that Vaidyas and Hakims in the employ of the Provincial Government or a local body referred to above on the date on which this Act comes into force shall continue to hold the said appointments.

Exemption from serving on inquests.

41. Notwithstanding anything in any other law for the time being in force, every registered practitioner shall be exempt, if he so desires, from serving on any inquest or as a juror or assessor under the Code of Criminal Procedure, 1898.

Rules.

42. (1) The Provincial Government may, after previous publication, from time to time make rules consistent with this Act to carry out the purposes of this Act.

(2) In particular, and without prejudice to generality of the foregoing power, the Provincial Government may make rules for any of the following matters:

(a) The time at which and the place and manner in which election shall be held under section 5.

(b) Regulation of elections under this Act.

(c) The conduct of and the maintenance of correct minutes of meetings of the Board.

(d) The manner in which vacancies shall be filled under section 13.

(e) The salary and allowances and other conditions of service of the Registrar under section 24.

(f) The form of the register of Vaidyas and Hakims to be maintained under this Act and the classification of practitioners into two or more classes according to their qualifications.

(g) Fees chargeable under this Act and their application.

(h) The manner in which appeals against the decision of the Registrar shall be heard by the Board under section 27.

(i) Expenses payable to members of the Board and its Chairman.

(j) Remuneration to be paid to the Chairman.

(k) The furtherance of any objects of the Board as a teaching or examining body.

(l) The furtherance of any other objects of the Board.

(3) All such rules shall be published in the *Gazette*.

Regulations made by the Board.

43. (1) Subject to the provisions of this Act and of any rules made by the Provincial Government under this Act, the Board may make regulations in respect of—

(a) the time and place at which the meetings shall be held;

(b) the issue of notices convening such meetings;

(c) the conduct of business thereat;

(d) the salary, allowances and other conditions of service of officers and servants of the Board other than the Registrar;

(e) all other matters which may be necessary for the purposes of carrying out the objects of this Act.

(2) All such regulations shall be published in the *Gazette*.

(3) The Provincial Government may, by notification in the *Gazette*, cancel any regulation.

Appeal to Provincial Government from decision of Board.

44. (1) An appeal shall lie to the Provincial Government from every decision of the Board under this Act passed in its orginal jurisdiction. No appeal shall lie from an order of the Board passed in appeal.

(2) Every appeal under sub-section (1) shall be preferred within three months of the date of such decision.

Bar to suit and other legal proceedings.

45. (1) No suit or other legal proceeding shall lie in respect of an act done in the exercise of the powers conferred by this Act on the Provincial Government.

(2) No suit or other legal proceeding shall be maintainable against the Board or any member or any officer or servant of the Board or any person acting under the direction of the Board or of the Chairman, or of any officer or servant of the Board in respect of anything done under this Act, lawfully and in good faith and with reasonable care and attention.

Mode of proof of Board's records.

46. A copy of any proceeding, receipt, application, plan, notice, order, entry in a register, or other document in the possession of the Board shall, if duly certified by the Registrar or other person authorized by the Board in this behalf, be received as *prima facie* evidence of the existence of the entry or document and shall be admitted as evidence of the entry or document and of the matters therein recorded in every case where, and to the same extent as, the original entry or document would, if produced, have been admissible to prove such matters.

Restriction on the summoning of Board's servants to produce documents.

47. No member or officer or servant of the Board shall in any legal proceeding to which the Board is not a party be required to produce any register or document or to appear as a witness to prove the matters recorded therein, unless by order of the Court made for special reasons.

Control of Board by Provincial Government.

48. If at any time it shall appear to the Provincial Government that the Board has failed to exercise or has exceeded or abused a power conferred upon it under this Act or has failed to perform a duty imposed upon it by this Act, the Provincial Government may, if it considers such failure, excess, or abuse to be of a serious character, notify the particulars thereof to the Board; and if the Board fails to remedy such default, excess or abuse within such time as may be fixed by the Provincial Government in this behalf, the Provincial Government may dissolve the Board and cause all or any of the powers and duties of the Board to be exercised and performed by such agency and for such period as it may think fit:

Provided that it shall take steps within six months to constitute a new Board under the provisions of this Act.

Saving.

49. Unless otherwise expressly provided, no provisions of this Act shall affect a medical practitioner other than a Vaid or Hakim registered under this Act.

Court competent to try offences under this Act and cognizance of offences.

50. (1) No Court other than the Court of a Magistrate of the first class shall take cognizance of, or try an offence under this Act.

(2) No Court shall take cognizance of any offence under this Act except on a complaint in writing of an officer empowered under this Act.

PART III

Power of the local Government to enforce the provisions of Part III.

51. The local Government may at any time after the expiry of one year from the date on which Parts I and II come into force, by notification published in the *Gazette*, apply the provisions of this Part or any portion thereof to the whole or any part of the Province from such date as is notified therein.

List of practitioners.

52. (1) After the publication of the notification mentioned in section 51 the Registrar shall prepare and keep a "list called a list of persons in practice belonging to the indigenous system", on such date as is mentioned in the said notification.

(2) Every person not being a person qualified for registration under this Act, who within a period of one year from the date from which this Part comes into force proves to the satisfaction of the Registrar that he has been in regular practice in this Province, on the date mentioned in the notification referred to in sub-section (1) of the Indian system of medicine or surgery or midwifery or any of their branches, shall be entitled to have his name entered in the aforesaid list on payment of Rs.5.

(3) The provisions of sub-sections (2) and (4) of section 26, sub-sections (2), (3) and (4) of section 27, and sub-section (1) of section 31, shall *mutatis mutandis* apply to this list.

Prohibition to practise or persons not listed.

53. No person other than a practitioner registered under Part II of the Act or a person whose name is entered in the list mentioned in section 52 shall practise or hold himself out, whether directly or by implication, as practising or as being prepared to practise the Indian system of medicine, surgery or midwifery:

Provided that the Provincial Government may by notification in the official *Gazette* direct that the provisions of this section shall not apply to any class of persons or in a specified area.

Penalty.

54. Any person who acts in contravention of the provisions of section 53 shall on conviction for each offence be punishable with fine, which may extend to Rs.200.

Examination before registration.

55. Notwithstanding anything contained in any section of this Act, on and after the expiry of one year from the date from which Part III of the Act comes into force, a person shall not be entered in the register as a registered practitioner unless he has passed a qualifying examination recognized by the Board.

56. Nothing in sections 53 and 54 shall apply to any person—

Saving.

(a) who limits his practice to the art of dentistry, or

(b) who being a nurse, midwife or health visitor registered under the United Provinces Nurses, Midwives, Assistant Midwives and Health Visitors Registration Act (XV of 1934) or a dai, attends on a case of labour, or

(c) who is entitled to registration under section 55 of this Act.

Conferring, granting or issuing diploma, licence, etc. by unauthorised person or institution.

57. (1) No person other than the bodies or institutions recognized or authorized by the Board under this Act shall confer, grant or issue or hold himself out as entitled to confer, grant or issue any degree, diploma, licence, certificate or other document stating or implying that the holder, grantee, or recipient is qualified to practise the Indian systems of medicine.

(2) Whoever contravenes the provisions of this section shall on conviction be punishable with fine, which may extend to Rs.500, and if the person so contravening is an Association, every member of such association who knowingly and wilfully authorizes or permits the contravention, shall on conviction be punishable with fine, which may extend to Rs.200.

False assumption of degree, diploma or certificate to be an offence.

58. Whoever voluntarily and falsely assumes or uses any title or description or any addition to his name implying that he holds a degree, diploma, licence or certificate conferred, granted or issued by any of the institutions recognized or authorized by the Board under this Act or that he is qualified to practise the Indian system of medicine under the provisions of this Act, shall on conviction be punishable with fine which may extend to Rs.50 for the first offence under this section, and to fine which may extend to Rs.200 for every subsequent offence.

THE SCHEDULE

Persons who are entitled to have their names entered in the register of Vaidyas and Hakims.

(*See sections* 27, 28, 29 *and* 30)

1. Vaidyas or Hakims who hold a degree or certificate of any State Ayurvedic or Unani colleges and schools within the United Provinces or outside it or a degree in Indian medicine or surgery or midwifery of any University established by law in India.

2. Vaidyas and Hakims who have passed the final examinations held by the Board of Indian Medicine, United Provinces.

3. Vaidyas or Hakims who have passed an examination from an Ayurvedic or Unani Institution in the Province or outside it; provided that for purposes of registration such an institution is recognized by the Board subject to any conditions that the Board may prescribe.

4. Vaidyas or Hakims who in the opinion of the Board are of sufficient standing, reputation and ability and are known for their skill in their profession and who fulfil any of the conditions imposed by rules as to the length of their practice.

STATEMENT OF OBJECTS AND REASONS

THERE has of late been a persistent demand for recognition, development and expansion of the two provincial systems of Indian medicine by the Provincial Government. Under none too encouraging conditions hitherto they have not only managed to remain popular, but have supplied medical relief to the bulk of the population in the Province on account of the cheapness of their drugs and their suitability to Indian conditions. Some assistance was given to these systems in the past few years by way of grants and a Board of Indian Medicine was constituted to encourage and develop them along modern lines. The activities of the Board resulted in the establishment and development of some institutions and in improving the quality of their work and the out-look of indigenous medical practitioners. It is now generally recognized that no scheme of public health or medical relief can rest on sure foundations and embrace every village in the Province unless it fits in with the culture and outlook of the people and suits their physical, mental and economic conditions. At the same time it is also felt that no systems of medicine, howsoever popular they might be, can survive for long or prove beneficial unless they keep pace with the times and are capable of meeting the needs of changing conditions.

The funds placed at the disposal of the Board of Indian Medicine, and the latter's constitution and powers are not adequate to achieve the objectives in view, while the status given to qualified medical practitioners, even after registration, is not sufficient either to attract talented persons or to exercise effective control over quackery.

The object of the Bill is to reconstitute the Board of Indian Medicine, to give it a statutory constitution representative of experts and responsible public men and to invest it with wider powers and funds for the development of the systems along progressive lines, to register qualified Vaidyas and Hakims conferring on them due status, and to regulate the practice of Indian medicine with a view to arrest the growth of quackery.

V. L. PANDIT,

Minister, Local Self-Government.

The 15*th November*, 1938.