

ESTIMATES COMMITTEE

1958-59

FORTY-FIFTH REPORT

(SECOND LOK SABHA)

MINISTRY OF HEALTH

MEDICAL SERVICES

PART II



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NEW DELHI

March, 1959

Chaitra, 1881 (Saka)

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C O R R I G E N D A

T O

THE FORTY-FIFTH REPORT OF THE ESTIMATES COMMITTEE ON THE MINISTRY OF HEALTH - MEDICAL SERVICES PART II

- Page (v), for "March 25, 1959/Chaitra 4, 1881 (Saka)"
Read "March 27, 1959/Chaitra 6, 1881 (Saka)"
- Page 6, line 10, for 'have' read 'had'
- Page 14, line 13, from bottom; for 'requested'
read 'requesting'
- Page 16, in the table, for 'Indore' read 'Indoor'
- Page 18, line 9, for 'evenues' read 'avenues'
- Page 26, item 8 in the table, for 'celleges'
read 'colleges'
- Page 29, line 18 from bottom, for 'Rs. 14:5 lakhs'
read 'Rs. 14.5 lakhs'
- Page 30, line 2 from bottom, for 'Rs. 39:75 lakhs'
read 'Rs. 39.75 lakhs'
- Page 32, line 13, after 'purely' insert 'a'
- Page 42, below the table in the footnote with one
asterisk, for 'procest' read 'process'
- Page 68, line 14 from bottom, for 'possibl'
read 'possible'
- Page 68, line 7 from bottom, for 'indigencu'
read 'indigenous'
- Page 68, line 6 from bottom, for 'whereb. .t'
read 'whereby it'
- Page 69, line 4 and 3 from bottom for 'herbs
having individual properties' substitute
"information regarding 'secret remedies'
in Ayurvedic practice"
- Page 43, for "The 25th March, 1959/Chaitra 4, 1881
(Saka)" read "The 27th March, 1959/
Chaitra 6, 1881 (Saka)"

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**MEMBERS OF THE ESTIMATES COMMITTEE
1958-59**

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Shri H. N. Trivedi—*Deputy Secretary.*

Shri R. P. Kaushik—*Under Secretary.*

* Elected w. e. f. 28-8-1958 *vice* Shri Mahavir Tyagi resigned.

** Elected w. e. f. 17-9-1958 *vice* Shri J. Rameshwar Rao resigned.

@ Elected w. e. f. 23-9-1958 *vice* Smt. Renuka Ray resigned.

@@ Elected w. e. f. 23-9-1958 *vice* Shri Nemi Chandra Kasliwal resigned.

£ Elected w. e. f. 17-12-1958 *vice* Shri Vijayram Raju resigned.

INTRODUCTION

1, the Chairman, Estimates Committee, having been authorised by the Committee to submit the Report on their behalf, present this Forty-fifth Report on the Ministry of Health—Medical Services Part II.

2. The Committee wish to express their thanks to the Secretary and other officers of the Ministry of Health for placing before them the material and information that they wanted in connection with the examination of the estimates. They also wish to thank the Chairman, Finance Committee and other representatives of the All India Institute of Medical Sciences, New Delhi, as also the representatives of the Indian Medical Association for giving evidence.

BALVANTRAY G. MEHTA,

*Chairman,
Estimates Committee.*

NEW DELHI-1;

March 25, 1959.

Chaitra 4, 1881 (Saka).

1. ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI

A. Introductory

The proposal to establish an All India Institute of Medical Sciences was put forward for the first time by the Bhore Committee, with the following objects:—

- (i) to bring together in one place educational facilities of the highest order for the training of all the more important types of health personnel and to emphasise the close inter-relation existing between the different branches of professional education in the field of health;
- (ii) to promote research of the highest type in all the branches of study for which the Institute will be responsible;
- (iii) to co-ordinate training and research;
- (iv) to provide post-graduate training of an advanced character in an atmosphere which will foster the true scientific outlook and a spirit of initiative; and
- (iv) to inspire all persons who undergo training, undergraduate or post-graduate with the loftiest ideals of the profession to which they belong and to promote in them a community outlook and a high degree of culture in order that they may become active apostles of progressive spirit in whatever field they may be called upon to serve, whether it be teaching, research, general health work or administration.

The Bhore Committee visualised the establishment of a few such institutions at suitable centres in different parts of the country, but realised that considerations of cost and the need to staff these institutions with the most highly qualified persons available will, in all probability, make it very difficult to start with more than one such training centre.

2. In 1947, the Government of India appointed another Committee under the chairmanship of Dr. A. Lakshmanaswamy Mudaliar to advise the Government on the establishment of the Institute on "the general lines recommended by the Bhore Committee". The Mudaliar Committee endorsed the general plan and objectives set out by the Bhore Committee and went into greater details regarding the staff, their recruitment and the accommodation required by individual departments of the Institute. In 1952, an Advisory Committee was appointed by the Government of India to assist in the planning of the Medical Institute and to promote its development through successive

stages. Dr. K. C. K. E. Raja, Secretary of the All India Medical Institute Committee, was deputed to undertake a study tour of the U.S.A., U.K. and Zurich in Switzerland to study the developments in medical education and to establish contacts with teaching centres in those countries. On his return, he submitted a report of his tour impressions to the Government of India in 1953. The original scheme of the All India Institute of Medical Sciences, contemplating an expenditure of Rs. 528.08 lakhs, was approved in 1953. The scheme was revised by a Committee consisting of eminent doctors and the revised estimated expenditure of Rs. 620.88 lakhs was approved in November, 1954.

B. Delays in framing of Rules and Regulations

3. The All India Institute of Medical Sciences is an Institution of national importance, established as an autonomous body on 15-11-1956 under the provisions of the All India Institute of Medical Sciences Act, 1956, passed by Parliament on 2-6-1956. The Rules under Section 28 of the Act came into force on 1-4-1958. The Committee on Subordinate Legislation, in their 3rd Report (Second Lok Sabha) presented to the House on 2-5-1958, commented on the delay in the training of the Rules and recommended: "When an Act requires certain matters to be regulated by rules etc. to be made thereunder, such rules should be framed immediately after the commencement of the Act."

4. The Regulations framed under Section 29 of the Act which were received by Government on 28-4-1958, were approved by Government, in consultation with the Ministries of Finance, Home Affairs and Law as late as on 14-10-1958. Pending finalisation of the Regulations, matters which did not fall within the purview of the powers exercisable by the Institute under the Act and the Rules, had to be referred to Government for approval. Various categories of staff were appointed in the Institute, before the framing of the Rules, the recruitment being made by a Selection Committee set up by the Government of India under the chairmanship of Dr. A. L. Mudaliar in the year 1955. *The Committee consider that the delay in framing of Rules and Regulations was unfortunate and suggest that suitable steps may be taken to see that such delays are avoided in future.*

C. Cost of Project

5. The Institute was originally intended to be established in association with the Irwin Hospital, New Delhi. As a result of consultations with the Delhi State Government and the Expert Advisory Committee of the All India Medical Institute, the location was changed to the Safdarjang area. This resulted in some increase of expenditure, but there was a much greater increase later on. Appendix I gives the particulars of estimates at various stages together with the increases and the main reasons thereof at each stage. These particulars indicate that there was a steady rise in the cost of the project due, mainly, to

increase in the building expenditure which rose from Rs. 166·33 lakhs in February, 1952 to Rs. 401·53 lakhs, Rs. 475·93 lakhs and Rs. 959·86 lakhs on 14-10-1953, 19-11-1954 and 23-8-1957 respectively.

6. *The Committee view with concern the inordinate increase in the cost of the project. The reasons for the increases in estimates at various stages have been indicated in Appendix I. The Committee do not consider them as satisfactory. They are of the view that with proper planning and greater attention to details, the inflation of estimates due to the following four factors could, at least, have been avoided:—*

- (a) *Omissions and under-estimation in the original estimates;*
- (b) *adoption of superior specifications for buildings at a later stage;*
- (c) *extension of air-conditioning; and*
- (d) *increases in plinth area rates.*

7. *The Committee deprecate the tendency of air-conditioning huge buildings at a very high cost and recommend that the proposals to air-condition the various blocks and buildings in the Institute, which are still to be constructed, should be immediately reviewed with the object of cutting out air-conditioning and effecting substantial economies. Only those portions, wherein air-conditioning is absolutely necessary in the interests of research etc., should be air-conditioned.*

8. Apart from the transfer of site from the Irwin Hospital, New Delhi, to the Safdarjang area, there has been change of mind, from time to time, leading to additions and alterations to the proposed buildings etc. for various departments of the Institute, extension of air-conditioning, adoption of superior specifications for finishing etc. *In regard to the increase in the cost of the Project, the Committee observe as follows:—*

- (i) *The project was taken up without careful thought or proper planning resulting in delay in its execution and increase in cost.*
- (ii) *Full implications of the cost involved in the construction of a new modern teaching centre with an associated hospital, provided with all the required specialist services, were not realised in the early stages.*
- (iii) *Original specifications for the Architectural competition for construction of the Institute were later considered inadequate for a teaching hospital of the type envisaged by the Act, resulting amongst other things in huge inflation of the Architects' fees.*

- (iv) *The estimates at the earlier stages were not prepared in a comprehensive manner and did not provide for certain pre-requisites which an Institute of this character should have, such as specialist services etc. The Committee hope that the lessons learnt in the construction of this Institute will be well utilised while undertaking similar projects in future.*

D. Delay in Construction

9. The Committee understand that the Ministry of Finance has approved a sum of Rs. 468.43 lakhs for the non-recurring expenditure of the Institute upto the end of the Second Five Year Plan. The progress of non-recurring expenditure of the Institute upto 1957-58, however, is given below and is not satisfactory:—

Year	Sub-heads			Total
	Construction of buildings	Architects' fees	Stores and equipment, Books and Publications	
	Rs.	Rs.	Rs.	Rs.
1953-54	3,10,650	—	—	3,10,650
1954-55	22,73,522	—	—	22,73,522
1955-56	35,39,929	3,56,000	10,715	39,06,644
1956-57	53,96,689	1,05,034	6,22,173	61,23,896
1957-58	41,62,974	2,16,524	13,57,387	57,36,885
TOTAL	1,56,83,764	6,77,558	19,90,275	1,83,51,597

10. The Committee were told that in regard to construction in actual practice, it was found that there was considerable friction between the architects and the C.P.W.D. The representative of the Ministry admitted before the Committee that it was a mistake to have had a separate firm of architects and a separate construction agency—a sort of dual control. *The Committee feel that this could have been anticipated and Government could have accepted the design of the winner of the competition and asked their own architects to process it further. Now that the services of the architects have been dispensed with and the Institute has been given the authority to have the work completed by itself through its own agency, the Committee hope that the construction work will proceed more expeditiously and the time lag, at least, be partially, made up.*

11. The delay in construction programme resulted in the anomalous position that a large number of residential quarters (about 856 in number) were ready in advance, whereas the pre-clinical block for teaching purposes was not ready for a long period. The Committee were informed that the residential quarters had not been allowed to

remain vacant and had been given out on rent to other Government employees, as a temporary measure. This is hardly a consolation as the Institute was not established in order to solve the housing problem in Delhi.

12. The Institute authorities have started the under-graduate courses from 25-9-1956 without waiting for the construction of the pre-clinical block, by utilising certain other buildings for teaching purposes. A proper planning and scheduled programme of construction could have prevented such make-shift arrangements. *The Committee regret to note that these make-shift arrangements have resulted in the use of the Nursing College buildings for other purposes resulting in delay in shifting the Nursing College to its own building.*

E. Agreement with the Architects

13. On 11-11-1954, an Agreement was executed by the Government of India with the Architects for construction of the main building of the Institute. It provided for "termination at any time by either party upon six months' notice being given". *The Committee consider it to be unfortunate that this clause in the Agreement was not applied earlier when it was found that the work was not proceeding satisfactorily.*

14. The Agreement provided for the payment of a fee to the Architects of 5 per cent. of the cost of executed building works which included such special materials, cables and runs of pipes as are provided by the C.P.W.D. but excluded those provided by the suppliers of the equipment. The Architects' fee paid upto 15-10-1958 was stated to be Rs. 10,95,591 while a claim for Rs. 4,85,161 was under scrutiny. The Committee understand that in an Agreement of this nature, it is usual to fix the fees of the Architects on the basis of a percentage of the total cost of construction. This is likely to lead the Architects to step up the cost of construction unless a suitable ceiling is fixed. *The Committee are of the view that the question of fixing the fees of the Architects on the basis of a percentage of the total cost of construction (with some ceiling), needs a careful review in consultation with experts.*

F. Hospital Facilities

15. *The Committee are sorry to note that the progress of both under-graduate and post-graduate teaching has been hampered due to insufficient hospital facilities.* The Institute had to carry on protracted correspondence with the Ministry and the Directorate General of Health Services for getting some beds in the Safdarjang Hospital for students studying in the Institute even though the hospital was originally taken over from the Delhi Administration, specifically, for teaching purposes of the Institute.

16. The Committee learn that the following are the requirements of the Institute on the basis of a minimum of 2 beds per student:—

<i>Year</i>	<i>Total number of beds required.</i>
1958	100 beds for 50 students admitted in 1956.
1959	242 beds for 121 students admitted in 1956 and 1957.
1960	342 beds for 171 students admitted in 1956, 1957 and 1958.

The Committee were assured by the Ministry that the requirements of beds for the Institute upto 1960 have been catered for. The Committee, however, understand that the distribution of the beds made available for teaching purposes is lopsided, a very large number being Orthopaedic beds placed at the disposal of the Professor of Orthopaedics at the Institute as the Safdarjang Hospital does not have an Orthopaedic Surgeon of its own. *The Committee feel that this should be corrected as early as possible and the requisite number of medical and surgical beds made available for teaching purposes.*

17. *The Committee are of the view that the original idea of making the Safdarjang Hospital a nucleus for the development of the Institute should have been adhered to. It had the great advantage that it would have immediately supplied the Institute with the necessary beds and it would have prevented the necessity of two big hospitals coming up side by side in the same locality. It would have also reduced the cost of the Institute substantially.* The Ministry informed the Committee that the reason for not transferring the Safdarjang Hospital to the Institute was that it had been harnessed for meeting the requirements of the Contributory Health Service Scheme. *The Committee are not convinced with the reason that the same Hospital could not have served both purposes. However, in view of the fact that the Ministry is anxious to have the Safdarjang Hospital under its own control for meeting its commitments under the C.H.S. Scheme and the Institute authorities are anxious to have their own Hospital, all that the Committee can do is to reiterate their recommendation made in para 35 of Part I (36th Report) that further expansion of the Safdarjang Hospital be stopped, and its bed strength stabilised at about 652 beds, contracts for which have already been given. In view of the fact that the reasons for not transferring the Hospital to the Institute as given by the Ministry were the requirements of the Contributory Health Service Scheme, the Committee are surprised to note that no beds in the Safdarjang Hospital have been reserved for patients under the Contributory Health Service Scheme. This should be done without delay to enable the Government to fully meet their commitments under the Contributory Health Service Scheme, particularly, as regards the maternity cases.*

G. Equipment

18. The Committee understand that the provision of Rs. 90 lakhs for equipment for the departments of the Institute (other than hospital requirements) was cut down to Rs. 28·50 lakhs due to foreign exchange difficulty. In this connection, the Committee would like to draw attention to the following extract from the Report of the Institute for the period ending 31-1-1958:—

“Foreign exchange requirements of a new growing medical institution are usually high, but attempts have been made to postpone these till better times. This, however, will affect the progress of the Institute in the fields of research and post-graduate education.”

In order to avoid any adverse effect on the progress of the Institute in the fields of research and post-graduate education, the Committee consider that the minimum requirements of foreign exchange for importing scientific equipment should be carefully assessed and suitable provision made for the same, with international assistance, if necessary.

H. Pattern of Education

19. The Committee understand from the Director of the Institute that the important features of the Institute which distinguish it from others are:—

- (i) integration of medical teaching;
- (ii) doing of more practicals by the students;
- (iii) use of audio-visual aids; and
- (iv) seminars.

The Committee understand that efforts were being made to attain and maintain a high standard of medical education by the staff of the Institute who maintained a close touch with medical education in India and abroad. The Director, however, agreed that it would take some time for the Institute to develop fully and show tangible results. *Since the Institute has been charged with the development of patterns of teaching in under-graduate and post-graduate medical education in all its branches so as to be able to demonstrate a high standard of medical education to all medical colleges and other allied institutions in the country, the Committee are of the opinion that it is desirable to consider the sufficiency or otherwise of the existing machinery, and equipment and facilities available to the Institute to enable it to discharge its functions in a co-ordinated and realistic manner, keeping in view the objectives of the Institute.*

I. Post-graduate Courses

20. The Committee were informed that post-graduate medical education had been started in the following subjects:—

- (a) Physiology, Biochemistry, Pathology, Bacteriology, Anatomy and Pharmacology. The medical graduates

working in the Institute as Demonstrators, 19 in all, were permitted in October, 1957 to register themselves for degrees in these subjects.

(b) Orthopaedic Surgery with two students per year since 1956.

The progress in this direction which is considered most important, has been hampered as the construction work is in progress, and teaching in clinical subjects could not commence due to inadequate hospital facilities. The full stage of development is expected to be reached by the end of the Third Plan, when the annual output of post-graduates is expected to reach 120 to 150 approximately. The present arrangement of admitting only 19 demonstrators of the Institute itself for the post-graduate courses, cannot be regarded as satisfactory. *As the Institute has been planned to meet the requirements of teaching personnel in Medical Colleges and specialists for the various hospitals in the country, the Committee suggest that special measures may be taken to increase the annual output of post-graduates as early as possible.*

21. It has been stated that the method of admission to the post-graduate classes has not yet been finalised. *The Committee recommend that the procedure of selection of candidates should be so evolved as to enable all qualified persons in the country to get equal opportunities for competition and entry into the Institute.*

J. Under-graduate Courses

22. The students for the under-graduate courses are selected through a competitive entrance examination held on or about 25th June of each year at 5 centres—Delhi, Bombay, Calcutta, Madras and Nagpur. All students who have passed I.Sc. with a minimum of 50 per cent. in medical group of subjects are eligible to sit for the entrance examination. The following is the number of students who have been admitted so far:—

	Month	Year
50 students	September	1956
50 students	August	1957
21 students	September	1957
50 students	August	1958

23. The State-wise distribution of students admitted during 1956 and 1957 is given in Appendix II. From this statement, it would be seen that 38 and 48 out of 50 and 71 students were from Delhi during 1956 and 1957 respectively which works out to 76 per cent and 68 per cent for the respective years. *The Committee are of the opinion that admissions do not reflect the all-India character of the Institute. In order to attract bright students from all over the country and to make the Institute really of an all-India character, the Committee suggest that—*

(a) *the standard of teaching be raised so as to attract students from outside Delhi;*

- (b) *suitable publicity be given to the facilities offered by the Institute;*
- (c) *the question of ineligibility of the Calcutta University students due to non-inclusion of Organic Chemistry in I.Sc. syllabus be solved by taking up the matter in the Inter-University Board or by making special arrangements for their training to make up for the deficiency and*
- (d) *the number of freeships for more promising students be increased.*

K. Rural aspect of Medical Training

24. To an enquiry from the Committee, as to how far the *curriculum* and the methods of teaching adopted in the Institute laid emphasis on the rural aspect of the health problem in India so as to inculcate the essential quality of rural adaptability in the students, **the** Director stated that the objective of keeping rural bias in the forefront in the course of training was before the Institute but they were experiencing some difficulties due to want of a Rural Health Centre of their own. *The Committee regret to observe that rural bias in the training of students has been lacking so far although it is one of the objectives of the Institute.*

25. In February, 1957, the Government of India proposed to transfer the administration and responsibility for all the health activities at the Najafgarh Thana, including the Primary Health Centre, the Reorientation Training Centre and the Research-cum-Action Project, from the Delhi Administration to the Institute. The Institute was not then in a position to take it over for want of a suitable officer and staff. The Rural Centre was taken over by the Government of India under the administrative control of the Director General of Health Services with effect from 1-12-1957, and it has still not been transferred to the All India Institute of Medical Sciences. The representative of the Ministry stated before the Committee that they had already agreed to hand over the Najafgarh Centre, as soon as the Institute authorities were in a position to take over the same. *As the Institute has appointed an Associate Professor of Preventive and Social Medicine more than a year ago, to be mainly in charge of this type of work, the Committee recommend that the Najafgarh Centre should be handed over to the Institute without further delay so that this aspect of training does not suffer any longer.*

L. Research

26. The Committee understand that the subject of medical research is subsidised and co-ordinated to a certain extent by the Indian Council of Medical Research which gives grants and fellowships to research workers attached to various institutions and universities, including this Institute. The subjects cover a wide field ranging from those of the

nature of fundamental research, to those which directly or indirectly may be beneficial from the point of view of public health problems facing the country to-day. The progress report of research work as furnished by the Institute authorities is at Appendix III. *This would indicate that not much progress has been made in the field of research. While it is understandable in view of the fact that the Institute is still in its formative stage, the Committee would like to stress that the two-fold objective of advanced post-graduate training and research should be kept in the forefront all the time. The achievements of the Institute would not be judged by the number of medical graduates it turns out but by the contribution it makes to (i) medical research (ii) evolving high standards of post-graduate training and (iii) developing new patterns of medical education and teaching.*

M. Yoga

27. *The Committee note that the study of the Physiology of Yoga is being made at the Institute and suggest that the Institute may get into touch with experts in Yoga, specially those, who can explain the technique scientifically so that advanced research can be carried on in the subject with their help and guidance. The feasibility of maintaining close collaboration with other organisations in the country actually conducting or interested in undertaking similar research may also be examined.*

28. The Study Group of the Committee that visited the Institute were given to understand that during the months of February-March, 1957, Doctors Wenger and Bagchi had carried out their work in the Institute to study if there were any physiological changes produced under the effect of yogic practices. The Study Group were informed that the research scholars had completed their research and left India, but had left their equipment in the Institute for continuing similar studies. The authorities of the Institute had no knowledge about the results of the research carried out by the foreign scholars. *The Committee suggest that efforts may be made to obtain a report about the experiments conducted by them for the benefit of research scholars working in the line.*

N. Co-ordination

29. In regard to the nature of co-ordination in respect of the standards of medical education maintained by the Institute with the Indian Medical Council, the Committee understand that there is no direct contact between the Indian Medical Council and the All India Institute of Medical Sciences. It was stated that the Institute was staffed by expert medical educationists, most of whom had their medical degrees from Indian Universities which followed standards prescribed by the Medical Council of India and also had their post-graduate degrees from foreign Universities. In addition, the Institute had, *inter alia*, four representatives of medical faculties of Indian Universities nominated by the Central Government. *The Committee do not consider this to be*

adequate and are of the opinion that the Institute should have close and intimate co-ordination with the Indian Medical Council, and its Post-graduate Medical Education Committee and the Universities, besides the Indian Council of Medical Research. The Committee suggest that the President of the Indian Medical Council may be a member of the Governing Body of the Institute and the Director of the Institute may be a member of the Indian Medical Council, so that the researches of the Institute in evolving new patterns of medical education can be made use of by the Medical Council of India for improving medical education all over the country.

O. Nursing College

30. The Committee were informed that the Nursing College was expected to be accommodated in the Institute campus in March, 1959 when the Pre-clinical Block would be ready. The College was expected to start functioning under the All India Institute of Medical Sciences from July, 1959, by which time the negotiations for the disaffiliation of the College from the Delhi University were expected to be completed. *The Committee hope that this target date would be adhered to and necessary arrangements with the Delhi University finalised well in time.**

*At the stage of factual verification of the Report the Ministry of Health intimated as under:—

"This was the position when the Committee took the evidence in December, 1958. The position has changed since then. The All India Institute of Medical Sciences do not wish that the Nursing College should be amalgamated with the Institute."

The Committee regret to note that the reasons for the proposed change have not been given.

II. OTHER TRAINING INSTITUTIONS

A. Lady Hardinge Medical College and Hospital, New Delhi

31. Lady Hardinge Medical College was established in 1916 with the efforts of the Association of Medical Women in India. Lady Hardinge took personal interest in the scheme and enlisted wide sympathy from philanthropists and Indian princes. It is a residential Medical College for women, staffed largely by women. In view of the existing shortage of lady doctors in the country, the Committee appreciate the present character of the institution which has been instrumental in encouraging lady students in taking up medical studies.

32. The Committee understand that a major source of income of the College is from the amounts received as Grants-in-aid from the Government of India. The following table gives the amounts of Grants-in-aid received by the College and the actual expenditure incurred during 1955-56 to 1957-58:

Year.	Amount	
	Grants-in-aid Rs.	Actual Expenditure Rs.
1955-56	18,50,000	20,27,233
1956-57	20,80,692	23,72,456
1957-58	24,00,000	27,43,693

Besides, the Government of India has earmarked an amount of Rs. 55 lakhs in the Second Plan for the development of the College.

33. The management of the College is entrusted to a Board of Administration consisting of eleven members appointed by the Government of India. The Director General of Health Services is the Chairman of the Board. The constitution and the present composition of the Board are given in Appendix IV. The Board enjoys powers similar to those of a Head of a Department under the Government of India. The Study Group of the Committee that visited the College in September, 1958, gathered an impression that for all practical purposes it was being run as a subordinate office of the Ministry. *This tendency to run medical institutions from the Ministry or the D.G.H.S. Office requires to be revised. The Committee recommend that the Board of Administration of the Lady Hardinge Medical College and Hospital should be reconstituted, preferably, under the chairmanship of a capable woman, so as to invest it with a larger degree of autonomy consistent with the academic and financial requirements of the institution.*

34. The Study Group of the Committee were informed that the Board of Administration of the College and Hospital, generally, meets three times in a year. *The Committee suggest that it may meet more frequently and be actively associated with the activities of the College and Hospital to ensure maintenance of the minimum standards required of an all-India institution of this type.* The Committee are glad to note that the representative of the Ministry agreed to this suggestion. *The Committee hope that the Board of Administration will be strengthened and made more effective without delay.*

35. The Lady Hardinge Medical College and Hospital, and the Kalawati Saran Children's Hospital, are located in the same campus and are required to function in close association with each other. The latter institution is merely a paediatric wing of the former for all practical purposes and its running expenditure is entirely met out of the funds provided by the Government of India. The Study Group of the Committee that visited these two institutions observed that there was not enough co-ordination between the two institutions in the matter of sharing specialised facilities such as those offered by the Radiology and E.N.T. departments. In fact, the management of the Kalawati Saran Children's Hospital was thinking in terms of having a separate Radiology Department of its own, although, it should be possible to utilise the existing Radiology department of the Lady Hardinge Medical College and Hospital by suitably adjusting the hours of work. *The Committee suggest that steps may be taken to ensure utilisation of the Radiology Department of the Lady Hardinge Medical College and Hospital also for the Kalawati Saran Children's Hospital in an effective manner. Regarding the specialist staff working in these two hospitals, the Committee are of the view that the appointment of a double set of specialists in these two hospitals should be avoided. The Committee suggest that the specialist staff working in the Lady Hardinge Medical College and Hospital may be strengthened, if necessary, and their services be utilised for the Kalawati Saran Children's Hospital also.*

36. *With a view to achieve a greater measure of economy and efficiency in the day-to-day working of the Lady Hardinge Medical College and Hospital and the Kalawati Saran Children's Hospital, the Committee consider it desirable to have either a common Advisory Committee or a Co-ordination Committee which can take an overall view of the common problems and strengthen the outlook of considering the two as one integrated unit.*

37. The Study Group of the Committee that visited the institution in September, 1958, observed that there was acute overcrowding in all wards of the Hospital, particularly, in the Obstetric department where every inch of space on the floor was being used to accommodate extra cases. On the day of the visit of the Study Group, there were 150 maternity cases against the normal capacity of about 47 beds. Much of the overcrowding in the Maternity Ward was due to the Contributory, Health Service cases. *The Committee are distressed to observe that the situation of overcrowding, particularly, in the maternity wards, resulting*

in placing of patients on the floor without any space in between the patients should have been permitted to develop in a teaching hospital. The Committee suggest that steps may be taken for providing 25 beds for the C.H.S. cases at the Willingdon Hospital and another 25 to 50 beds at the Safdarjang Hospital as early as possible. This will relieve to a large extent the existing pressure of the C.H.S. cases on this hospital. In view of the acute overall shortage of maternity beds in the hospitals in Delhi and New Delhi, the Committee also suggest that some maternity beds may also be added to the Maternity and Child Welfare Centres in Delhi and New Delhi.

38. The Committee are surprised to note that a new Out-patient Department Block constructed in the Lady Hardinge Medical College and Hospital, which was ready for occupation in October, 1957, remained vacant till 7th November, 1958. At the same time, the maternity patients had to be placed on the floor due to want of space. The Committee were informed that the work was executed through the Central Public Works Department. The following factual details were furnished by the Ministry regarding the progress of construction of the building:—

	Commence- ment	Period of com- pletion as per contract	Actual date of completion
Building portion	17-1-1956	9 months	14-3-57
Water Supply & Sanitary Instal- lations.	24-4-1957	1 month	7-10-57
Electrical works	12-2-1957	1 month	31-7-57

From the facts stated above, the Committee observe that in accordance with the terms of the contract, the building ought to have been completed after a period of eleven months from the date of its commencement. It, however, took nearly 21 months to complete, and thereafter remained idle for nearly 12 months, before it was actually handed over to the hospital authorities for use. The Committee were informed that a D.O. letter written by the Director General of Health Services on 10-2-1958 to the Chief Engineer, C.P.W.D. requested him to expedite the handing over of the building, had remained unreplyed. It was only the personal discussion at the Ministers' level that made it possible to put the vacant building into use. *The Committee regret to observe that there is lack of co-ordination between the various departments of the Government of India. The Committee consider that the reason for delay in construction of and in handing over of this building to the hospital authorities should be properly investigated and suitable action taken against the defaulters. Steps should also be taken to avoid recurrence of cases of this nature in future.*

39. The Study Group of the Committee that visited the institution were informed that the average proportion of work discharged by the Principal in respect of administrative and academic matters was 2:1.

In view of the shortage of qualified medical teachers in the country, at present, the Committee recommend that the Principal should be assisted by a non-medical administrative officer, under her supervision, to deal with routine administrative work in order to enable her to devote more time to teaching and research work. The Study Group also observed that the Deputy Medical Superintendent in charge of the Hospital, though an experienced obstetrician and gynaecologist devoted her time entirely to administrative work. The Committee do not consider this advisable and suggest that the matter may be examined in the light of their earlier recommendation contained in paragraph 14 of their 36th Report.

40. The Committee were informed that the College and Hospital have been recognised by the University of Delhi for giving training in courses leading to the following post-graduate degrees:—

- (i) M.Sc. in Anatomy, Physiology and Pharmacology;
- (ii) M.D. in Medicine, Obstetrics, and
- (iii) M. S. in Surgery.

The Study Group of the Committee were informed that the graduates of the College were, generally admitted to post-graduate courses and that students from other colleges were not normally taken for those courses. *The feasibility of holding an open competitive examination for this purpose may be examined.*

41. The Committee were informed that 20 per cent of the number of seats in the institution were reserved for candidates belonging to Scheduled Castes, Scheduled Tribes and Other Backward Classes. The following table gives the number of seats filled in by such students during the last three years:—

	Year		
	1956-57	1957-58	1958-59
Scheduled Castes	2
Scheduled Tribes
Backward Classes	..	2	..

The Study Group of the Committee were informed that the Scheduled Castes and Scheduled Tribes candidates, in whose case the admission standards were relaxed, generally, remained below the average standard. *The Committee suggest that the feasibility of arranging a few extra classes for coaching such students, during holidays, with a view to bring them up to the average standard of the class, may be examined.*

42. The College has a modern hospital with Medical, Surgical, Obstetrical and Gynaecological, and Eye, Ear, Nose and Throat departments. The total number of beds in the Hospital was 367 in

1958. The following table shows the number of patients treated by the Hospital during 1955—57:

Year	Indore	Outdoor
1955	14,239	1,04,758
1956	16,536	1,07,558
1957	18,500	1,00,492

The Study Group of the Committee were informed that the system of appointing an Advisory Committee to the Hospital was not in vogue. *In this connection the Committee reiterate their earlier recommendation contained in para 13 of their 36th report and suggest that an Advisory Committee may be set up for the Hospital.*

B. The College of Nursing, New Delhi

43. The College of Nursing, New Delhi is a subordinate organisation under the Ministry of Health. The Director General of Health Services exercises day-to-day control over the activities of the College. The entire expenditure on the College is borne by the Central Government and its accounts are audited by the Accountant General, Central Revenues, New Delhi. The College is affiliated to the Delhi University for the B.Sc. (Hons.) degree in Nursing. Besides, it conducts post-certificate diploma courses in Nursing which are recognised by the Indian Nursing Council. The following table gives the amounts of expenditure incurred on the institution and the out-turn of students during each of the last three years:—

Year	Expenditure	Out-turn of students	
		Degree	Post-certificate Diploma
1955-56	3,20,696	18	18
1956-57	3,75,716	10	25
1957-58	3,80,591	25	80

The Committee feel that the purpose of the College of Nursing as an institution run by the Central Government should ultimately be to develop the standards of patterns of teaching for Nursing Colleges and nursing education in all its branches so as to demonstrate a high standard of nursing education to all training institutions in India. This purpose would be better served if closer co-ordination is maintained with the Council of Nursing.

44. The College has a Technical Advisory Committee, consisting of ten members, out of which seven members are officials. The committee renders advice on purely technical matters considered necessary in connection with the development of the College. This committee does not have any administrative functions. The composition of the

committee is given in Appendix V. The Committee were informed that the Technical Advisory Committee has met only twice during 1956 and 1957. *The Committee consider that the Advisory Committee of the College should more actively be associated with the activities of the institution and that some non-officials interested in the subject should also be included in the committee to make it more representative. The Committee also suggest that the scope of the Advisory Committee may be widened to include not only the technical but also the administrative problems of the College.*

45. The Committee were informed that the College is required to maintain a fleet of buses for the transportation of students to the various hospitals and to the Delhi University for receiving practical training for which facilities do not exist, at present, in the College. The annual average recurring expenditure on petrol and maintenance of the buses amounts to Rs. 20,000. The average time spent by the students in transit in buses comes to about 2 hours a day. *Looking to the expenditure incurred annually by the College on transportation of students from one place to another and the loss of time involved daily by students in covering long distances, the Committee suggest that it would be desirable to provide all facilities like the laboratory, lecture hall, clinical, medical and surgical and midwifery beds in close proximity of the College at an early date.*

46. The following table gives the number of applicants seeking admission to the College from different parts of the country and the number of students actually admitted during 1956-57 to 1958-59:—

Year	Degree courses		Post-Certificate Diploma	
	applied	admitted	applied	admitted
1956-57	61	26	52	33
1957-58	68	27	45	45
1958-59	77	30	99	64

The Study Group of the Committee were informed that the College could take up an additional number of 50 per cent of the total number of students provided it could secure more accommodation. *Looking to the number of candidates applying for admission to the College and the pressing requirements of the country for trained nurses, and of teachers for training nurses, the Committee consider it desirable to expand the present capacity of the College to the maximum possible extent.*

47. The Committee were informed that the diploma in post-certificate course is awarded by the Government of India, and is recognised by the Indian Nursing Council. The diploma holders are eligible for teaching posts and for employment in the nursing profession and in teaching institutions. Regarding the feasibility of devising the post-certificate courses in such a manner as would permit the students to appear for the degree course, the Committee were informed that the

Universities insisted on having the minimum qualification of the Intermediate examination before any candidate was permitted to take up the degree course. *The Committee consider that it should be possible for the rank and file of the nursing profession to attain the highest academic qualification by hard work and extra study, and that there should not be any technical bar to its realisation, provided a candidate fulfilled certain minimum requirements and passed a test examination for the purpose. The Committee, therefore, suggest that the feasibility of providing avenues for post-certificate diploma holders to appear for the degree course after getting due credit for the studies already completed, may be examined.*

48. The Committee were informed that the College has in its charge a Mobile Nursing Van with the following staff:—

One Assistant Surgeon,
Two Nursing Sisters,
One Compounder,
One Driver.

The Van operates in the rural area of Najafgarh and visits every village in that area twice a week, providing both medical and nursing services. It also serves the purpose of imparting field training to students. *The Committee understand that the Najafgarh area is already being served by the Pilot Health projects scheme, and therefore, they consider it advisable that the Mobile Nursing Van, in charge of the College, should serve some other areas where health services do not exist.*

49. The Committee were informed that the College had within its organisation a Child Guidance Clinic, which was established in 1955. The Clinic gives guidance to children and parents, Nurses, Doctors and Social Workers. Besides, it undertakes research in allied subjects. The Clinic has undertaken the following research projects so far:—

- (i) Fears of pregnancy.
- (ii) Relations of child rearing practices to behaviour problems of children.

The Study Group of the Committee that visited the institution were informed that the Clinic did not have any machinery to maintain co-ordination with similar institutions in Delhi, and other parts of the country for making selection of the subjects for research. *The Committee consider that the activities of the Child Guidance Clinic should be co-ordinated with at least similar clinics in the city.*

50. The Committee understand that about 13 Child Guidance Clinics have been established in different parts of the country under a Centrally aided scheme of Establishment in Teaching Hospitals of Child Guidance Clinics and Psychiatric Departments' for which a provision of Rs. 20 lakhs has been made in the Second Plan. In the absence of any authoritative evaluation of the achievements of these Clinics, the Committee are not in a position to know whether they have met the objectives for which the scheme was started. The Committee quote below a relevant extract from an article, written by

Shri M. V. Govindaswamy, Director, All India Institute of Mental Health, Bangalore:

"We hear a great deal about the Child guidance movement. There is no doubt that children suffering from behaviour disorders of various kinds such as lying, stealing and pathological truancy of various kinds, do benefit by an investigation in a Child Guidance Clinic which comprises a psychiatrist, psychologist, social worker and a public health worker. But, unfortunately, there is no evidence that with this increase in the Child Guidance Clinics, the number of mental patients has in any way decreased. While it is true that distresses of children, in many cases of children who suffer almost entirely from neglect or broken homes or lack of sense of security, can benefit by these Child Guidance Clinics, no large claims can be made in their behalf."

The Committee are of the view that some sort of evaluation and re-orientation of the Child Guidance Clinics established in the country is necessary before undertaking further expansion plans of such projects. The Committee suggest that proper evaluation of the working of such clinics by an independent agency like the Programme Evaluation Organisation of the Planning Commission may be undertaken to see (i) whether the results achieved so far are commensurate with the expenditure incurred on the scheme; and (ii) whether the number of child delinquents has decreased with the establishment of such clinics in teaching hospitals in different parts of the country.

C. Lady Reading Health School, Delhi

51. The Lady Reading Health School, Delhi was established in the year 1918, under the auspices of the Delhi Health Association and was under the administration of Lady Chelmsford League. In 1931, the administration was transferred to the Indian Red Cross Society. In 1952, the institution was taken over by the Government of India. Since then, it is being administered as a subordinate organisation of the Ministry of Health. The institution trains Health Visitors and Maternity Supervisors. Apart from the Health Visitors' course of 18 months' duration, an integrated course of 30 months' duration was also introduced in May, 1954 for meeting the needs of the Primary Health Centres for Midwifery-cum-Health Visitors. The following table gives the figures of expenditure incurred and the number of students trained by the School during 1955-56 to 1957-58:—

Year	Expenditure	No. of Health Visitors Trained
1955-56	1,56,690	15
1956-57	2,18,792	34
1957-58	1,85,156	54

The Committee were informed that the annual expenditure *per capita* was Rs. 3,000 for the regular Health Visitors' course and Rs. 5,000 for the Integrated Health Visitors' course. This appears to be on the high side. The Study Group of the Committee were informed that the number of trainees could be increased without any appreciable addition of staff, if more accommodation was made available. *The Committee, therefore suggest that the cost of training may be brought down by increasing the training capacity of the School by providing more accommodation.*

D. The Central Institute of Research in Indigenous Systems of Medicine, and the Post-graduate Training Centre in Ayurveda, Jamnagar.

52. The Committee on Indigenous Systems of Medicine, appointed by the Government of India in 1946, and presided over by Col. Sir R. N. Chopra, recommended that a Central Research Institute in Indian Medicine should be set up to supervise, conduct and co-ordinate research into the various aspects of Indigenous Systems of Medicine. In 1949, another Committee under the Chairmanship of Dr. C. G. Pandit was appointed to follow up the recommendations of the previous Committee. After reviewing the facilities available in various institutions in the country, the Committee came to the conclusion that the proposed Institute should be set up in Jamnagar in association with the Gulabkunverba Ayurvedic Society. In accordance with the recommendations of the Committee, the Government of India established the Central Institute of Research in Indigenous Systems of Medicine at Jamnagar in 1953. The Institute is responsible for promoting research in Indigenous Systems of Medicine and providing training of workers in the methods of such research. The administrative control of the Institute vests in a Governing Body consisting of 16 members and presided over by the Minister of Health, Government of Bombay. The day-to-day work of the Institute is in charge of a Director. Another institution, the Post-graduate Training Centre in Ayurveda, established in Jamnagar by the Government of India in collaboration with the erstwhile Government of Saurashtra (now the Government of Bombay) and the Gulabkunverba Ayurvedic Society, is also administered by a Governing Body whose constitution is the same as that of the Central Institute of Research in Indigenous Systems of Medicine. The day-to-day administration of this institution is in charge of a Principal. The following table gives the figures of expenditure incurred by the Government of India on these two institutions during 1955-56 to 1957-58:

Name	Recurring Expenditure in Rs.		
	1955-56	1956-57	1957-58
The Central Institute of Research in Indigenous Systems of Medicine, Jamnagar	3,28,763	4,17,027	3,46,076
The Post-graduate Training Centre in Ayurveda, Jamnagar	—	1,00,000	2,79,500*

*Revised estimates.

The Study Group of the Committee that visited these institutions felt that it was desirable to have closer co-ordination between the two institutions in their day-to-day working both in regard to the academic and administrative matters. *The Committee, therefore, suggest that the feasibility of having a common person to act both as the Principal of the Post-Graduate Training Centre in Ayurveda and as the Director of the Central Institute of Indigenous Systems of Medicine may be examined.*

53. The Committee understand that the Gulabkunverba Ayurvedic Society, Jamnagar is carrying on important educational and research activities in the development of Ayurveda in Jamnagar. Although, the society has been associated with the management of the Central Institute of Research in Indigenous Systems of Medicine and the Post-graduate Training Centre in Ayurveda, *the Committee consider that the Society and the other two institutions should work in close co-ordination, if possible by having a common head to direct their various activities, and maintain a link with similar other units in the country in order to avoid any possible overlapping of functions and activities.*

54. The Committee understand that one of the functions of the Institute as visualised by the committee presided over by Dr. C. G. Pandit was to conduct literary research in Indigenous Systems of Medicine side by side with Clinical and Dietetics research by a team of competent experts consisting of scholars and clinicians working in closest possible cooperation. The Committee feel that literary research would not only help in the collection, collation, revision, translation and critical appraisal of all available texts on Ayurveda, including old and rare manuscripts, but also facilitate the compilation of the practical achievements of the various treatments advocated in Ayurveda. The Committee believe that old manuscripts in Ayurveda containing valuable information about the ancient science may be still available in different parts of the country, but no organised attempts have been made so far, to collect them. There may be some documents in some of the foreign countries like the U.K., Germany, Russia, China and Tibet which could be microfilmed or procured by conducting negotiations at appropriate levels. *The Committee, therefore, recommend that the Ministry of Health, in collaboration with the Central Institute of Research in Indigenous Systems of Medicine, should evolve a scheme whereby it may be possible to trace and acquire old manuscripts in Ayurveda and other systems of medicine from various sources, including Museums, Libraries and Records in India and abroad which may subsequently be catalogued, translated and published. With a view to ensure an expeditious and effective handling of this important work, the Committee suggest that the scheme may envisage proper assignment of work to different institutions working in the field on a regional basis.*

55. Regarding the Clinical and Dietetics Research, the Study Group of the Committee were informed that the Institute had under-

taken research in various matters such as the study of "Pandu Roga" (Anaemia), "Grahani", (Chronic Diarrhoea), "Jalodar" (Ascites), and "Amavata" (Rheumatic conditions) cases, and identification of crude Ayurvedic drugs, plants and herbs, cultivation of medicinal herbs etc. *The Committee consider that there is scope for accelerating the pace of research by having a well laid-out plan. They consider that the Institute should have a well knit comprehensive plan of the research programme, drawn up on a long term basis in consultation with the Indian Council of Medical Research and the Council of Scientific and Industrial Research, which may enable it to have a clear picture of the magnitude of the work and the relative importance of the various items of the research problems, included in the programme. It should then concentrate on such items of the programme which may need its attention the most, the rest being distributed to other research centres in the country, according to their capacity.*

56. The Ministry informed the Committee that there was no scientific data to show the contribution made by Indigenous Systems of Medicine to the solution of various problems posed by Tuberculosis. It is said that some of the claims made by Indigenous Systems of Medicine have been tested but they have not been found to be convincing. The Committee are of the view that the matter needs further investigation. However, a large number of claims still remain untested. *The Committee suggest that research may be undertaken by Government in collaboration with the Central Institute of Research in Indigenous Systems of Medicine, Jamnagar to work out a systematic plan so that the various methods suggested for the cure of the disease may be scientifically tested and the claims verified or rejected.*

57. The Committee believe that knowledge about some specific remedies for certain diseases may be still available with some individuals in this country. Some of the useful knowledge might have already disappeared because the people who knew it kept it exclusively within their families. In this connection, the Committee understand that a Committee appointed by the Government is going round the various parts of the country and collecting information regarding "Secret remedies" in Ayurvedic Practice. The Committee also understand that the Central Institute of Research in Indigenous Systems of Medicine Jamnagar, have discovered a herb with antibiotic properties which has been found to be efficacious even in the form of a leaf-paste on wounds. *The Committee consider that proper arrangements should be made to gather this valuable knowledge from those who are known to be experts in herbal remedies, bone setting processes etc. with a view to undertake further research by analysis and scientific testing of such remedies. The persons who may have furnished such information, should be suitably rewarded, if their remedies prove successful. The Committee also suggest that proper publicity may be given to the work of that Committee so that persons who may have such useful information can come forward and place it before the Committee.*

E. The All India Institute of Mental Health, Bangalore

58. The All India Institute of Mental Health, Bangalore, was established by the Government of India in 1955 for the purpose of post-graduate training and research in various fields of Mental Health Education. The Institute has been affiliated to the University of Mysore and functions directly under the administrative control of the Ministry of Health. It has a Governing Body consisting of 7 members and is presided over by the Secretary of the Union Ministry of Health. The Committee were informed that the Governing Body considers all problems of the Institute and puts up proposals to the Ministry of Health for final sanction. *In view of the fact that the Ministry of Health is required to scrutinise all such proposals objectively and independently and is also responsible for enunciating policies in the matter of Mental Health Services, the Committee suggest that the officials of the Ministry of Health may not be associated with the management of this and similar other subordinate institutions, as far as possible.*

59. The Committee were informed that the aims and objects of the Institute are to promote post-graduate and special studies and research in Mental Health and also to give advice to the Government of India and the State Governments in matters relating to the organisation of Mental Health Services and to act in co-ordination with International and other agencies in those fields. In view of the importance of Mental Health Education which deserves special consideration under the existing conditions in the country, the Committee feel that there is a need to make a co-ordinated approach to this problem. *The Committee, therefore, recommend that for the proper development of Mental Health Education in the country and for co-ordination of various activities of the State Governments in the field of Mental Health Services, a Central Council of Mental Health should be established with its constitution and functions analogous to similar Councils under the Ministry of Education.*

60. The Committee were informed that the Mysore Government Hospital was serving as the teaching hospital for the purposes of this Institute. Although the Hospital is administered by the Mysore Government as a departmental institution, the representative of the Ministry considered that the arrangement was working satisfactorily because the Director of the Institute was also the Superintendent of the Hospital. *The Committee consider that it would be desirable to forge a better link for effecting a close liaison in the overall working of these two institutions. The Committee, therefore, suggest that the feasibility of having a Joint Board of Management for both these institutions may be explored.*

61. In regard to the development scheme of this Institute, the Committee understand that out of the total Plan provision of Rs. 26 lakhs, an amount of Rs. 2.85 lakhs has been spent during the first two years of the Plan and an amount of Rs. 3.70 lakhs has been provided in

the budget during the current year. Thus, a balance of Rs. 19·45 lakhs will have to be spent during the last two years of the Plan, provided the entire amount is made available by the Planning Commission. *The Committee suggest that Government may review the position and assess the actual requirements of the Institute during the last two years of the Plan and take measures from now onwards to ensure that the budgeted expenditure is fully and effectively spent on the Institute or on the development of Mental Health facilities elsewhere, keeping in view the deplorable lack of such facilities in the country, during the remaining period of the Second Five Year Plan.*

III. ASSISTANCE FOR DEVELOPMENT OF MEDICAL EDUCATION AND INDIGENOUS SYSTEMS OF MEDICINE

A. Introduction

62. According to the Health Survey and Development Committee (1945), there was only one qualified doctor to serve the needs of 6,300 of the population in India. After Independence, the training of health personnel has been accorded a high priority in the programme of development of health services during both the Five Year Plans. The following table shows the development of Medical Colleges in India from 1948 to 1957:—

	Year		
	1948	1952	1957
No. of Medical Colleges	29	30	44
No. of admissions	2,400	2,500	3,638
No. of Medical Graduates turned out every year	1,114	1,956	2,995*

*Provisional

In 1958, the number of Medical Colleges has increased to 49 with the total number of annual admissions to 4,160. At the beginning of the Second Plan, there were 70,000 qualified doctors in the country. It is anticipated that about 12,500 doctors would qualify during the Second Plan. As computed by the Planning Commission, at the rate of one doctor for 5,000 of the population, the total requirement for an estimated population of 400 million in 1960-61 will be 90,000 qualified doctors, including 10,000 doctors needed for supervisory duties. The Committee feel that the training facilities will have to be suitably augmented if the modest target laid down in the Second Plan is to be achieved. The Committee were informed that the following schemes,* providing assistance for development of medical education have been formulated by the Central Government during the Second Plan:—

Particulars	(Rs. in crores)
	Plan provision
<i>Centrally aided Schemes</i>	
1. Opening of new Medical Colleges and expansion of existing Medical Colleges	6.50
2. Subsidy for full time teaching units in Medical Colleges	2.00 (revised).
3. Upgrading of certain departments in Medical Colleges	0.25

*excluding Dental Education.

Particulars	(Rs. in crores)
Plan Provisions	
<i>Centrally aided Schemes—contd.</i>	
4. Establishment of Departments of Social and Preventive Medicine in certain Medical Colleges ..	0.25
5. Indigenous and other systems of Medicine—Assistance for establishment and upgrading of teaching institutions	1.00
6. Establishment in teaching Hospitals of Child Guidance Clinics and Psychiatric Departments ..	0.20
7. Paediatric Centres	0.35
<i>Purely Central Scheme</i>	
8. Supply of Equipment to Medical Colleges and Research and other Institutions	0.50
	(revised)
TOTAL	11.05

B. Opening of New Medical Colleges and expansion of existing Medical Colleges

63. A Committee presided over by Dr. C. S. Patel, President, Medical Council of India was set up by the Government of India to advise the Government as to the cost of setting up of Medical Colleges in India. On the recommendations of this Committee, it was decided to fix a ceiling of Rs. 80,000 as non-recurring expenditure per student, and Rs. 8,000 as recurring expenditure per seat per annum for the establishment of New Medical Colleges and of Rs. 60,000 as non-recurring expenditure and Rs. 8,000 as recurring expenditure per seat per annum for the expansion of the existing Colleges. Central assistance to the State Governments is made available at the rate of 75% for non-recurring expenditure and 50% for recurring expenditure subject to the ceilings mentioned above during the Plan period. The entire expenditure on Hospitals attached to the Medical Colleges has to be borne by the respective State Governments. *The Committee feel that the estimated non-recurring expenditure of Rs. 80 lakhs for establishing a new Medical College, having 100 seats, is on the high side. Efforts should be made to make these buildings as economical as possible by laying more stress on utility than on grandeur. With a view to find out ways and means of reducing the unit cost of establishing a Medical College by the adoption of simpler standards with regard to the construction of buildings, without in any way affecting the minimum academic requirements laid down for the purpose, the Committee recommend that Government should appropriately seek the counsel of eminent men in public life and other experts who might have put up such buildings at much lesser cost.*

64. Referring to the principles followed in sanctioning the establishment of new Medical Colleges, the representative of the Ministry stated that they took into account the competing claims of the various States, their population and the ratio of admission to a million of the population in each State. The decision about the actual location of a College is, however, left to the discretion of the respective State Governments. *In the matter of opening new Medical Colleges in the country, irrespective of the fact whether Central assistance is sought or not, the Committee suggest that a uniform policy may be evolved to ensure their geographical distribution all over the country so as to afford more or less equal facilities to students residing in different parts of the country.*

C. Subsidy for full time teaching units in Medical Colleges

65. The promotion of adequate standards of under-graduate and post-graduate medical education in the country is of fundamental importance to the well being of the nation. It has been recognised by eminent medical educationists in India and abroad that each department of a Medical College should have a nucleus of full time staff who are not allowed to carry on private practice. The Committee quote below the following extract from the Memorandum received by them from Dr. A. Lakshmanaswamy Mudaliar:—

“The conditions of service of those who are appointed as teachers in medical institutions are such that no effective progress in medical education is possible. It has been repeatedly emphasised by successive Commissions in different countries that it is very essential that there should be a steel frame of persons recruited on the basis of full time professors and teachers in the subjects concerned in all Medical Colleges. This aspect has been repeatedly brought to the notice of the Central Government but so far little or no steps have been taken.”

The Committee understand that this question has been fully discussed in the third meeting of the Central Council of Health where the following Resolution was adopted:—

“The Central Council of Health recognising the urgent need of improving and maintaining high standards of medical education in the country recommends that as a first step an all-India cadre for teachers on the basis of the Indian Administrative Service should be formed in the non-clinical departments of all Medical Colleges. The Council further recommends that in order to enable the State Governments to increase the scales of pay of their teachers in all subjects, the Government of India should explore the possibility of granting a subsidy. The Council, therefore, requests

the Union Health Ministry to draw up a scheme along these lines and circulate the same for the consideration of the States."

This aspect of the question has also been emphasised in the Second Five Year Plan, wherein an amount of Rs. 3.5 crores, subsequently revised to Rs. 2.0 crores, has been provided for the purpose. *The Committee are surprised to observe that the scheme of granting subsidy for full time teaching units in Medical Colleges has remained unimplemented as yet.* The representative of the Ministry stated that the scheme had been finalised and circulated to the State Governments but a majority of them had not sent their replies as they were reluctant to upgrade the pay of their teachers in Medical Colleges. The Committee are not convinced. From the proceedings of the Conference of Health Ministers, Health Secretaries and Administrative Medical Officers of the States held in New Delhi from the 29th June to 1st July, 1957, the Committee observe that the State Governments have some genuine difficulties in its unconditional acceptance. The Conference has made the following suggestions regarding the scheme:

- (i) it should include the clinical as well as the non-clinical Departments;
- (ii) the Central aid should cover the entire gap between the existing and the proposed scales of pay; and
- (iii) the Central aid should not be limited to the Plan period but should be continued thereafter.

The Committee recommend that the difficulties expressed by the State Governments should be examined and met with as far as possible in order to implement this important scheme as early as possible. In the mean time, it would be desirable to make an assessment of the teaching and research work done by wholtime professors and by those who are allowed private practice to bring out the relative merits of the two systems.

D. Grants for upgrading of certain Departments in Medical Colleges

66. As a part of the scheme of the All India Medical Institute, the Government of India appointed a Committee in 1948 presided over by Dr. A. Lakshmanaswamy Mudaliar, to consider the question of upgrading certain departments of some of the then existing Medical Colleges in India. That Committee, while submitting their report to the Government of India, recommended the upgrading of 8 departments of different institutions in India in the first instance and the remaining 12 departments on fulfilment of certain conditions. During the First Five Year Plan, 7 departments of different medical institutions were upgraded and the scheme was continued in the Second Plan, where an amount of Rs. 25 lakhs has been provided. According to the scheme, the expenditure on the upgraded departments is

shared between the Government of India and the respective State Governments on the basis of 50:50 of the actual expenditure, subject to certain ceilings. The expenditure on buildings etc. is entirely borne by the State Governments concerned. A monthly stipend of Rs. 150 or Rs. 250 is payable to students admitted to these departments according to their qualifications. Since the primary object of the scheme is to have teachers and research workers for Medical Colleges in India, the representative of the Ministry was asked to state whether there was proper evaluation of the scheme to assess its utility in terms of the expenditure incurred and the out-turn of teachers and research workers. He stated that there was no evaluation machinery as such but the Ministry received half-yearly reports from the upgraded departments in regard to the quantity and quality of work done. *The Committee consider that the working of the upgraded departments of Medical Colleges in regard to their general standard and out-turn should continuously and effectively be watched by the Ministry of Health to ensure proper utilisation of money allotted for the purpose. The Committee suggest that a suitable independent evaluation machinery may be set up for this purpose.*

67. As regards the follow-up of trainees coming out of the upgraded departments, the Committee were informed that there was no machinery to maintain the follow-up of trainees, but in the opinion of the Ministry, 90 per cent of the trainees continued to remain in the teaching jobs. *The Committee consider that there should be a regular follow-up of trainees coming out of the upgraded departments to see how many of them get a chance of working in their speciality and how many take to teaching and research work.*

68. The Committee observe that during the first two years of the Plan, there was a shortfall of Rs. 6.08 lakhs in the budgeted provision of Rs. 14.5 lakhs for the scheme of upgrading of certain departments in Medical Colleges. The reason for the shortfall was stated to be due to delay in the implementation of the scheme by some of the State Governments. *The Committee consider this to be unfortunate and suggest that steps may be taken by the Ministry from now onwards to ensure the full and proper utilisation of the amounts provided in the budget for this important scheme. One of the difficulties in the way of the State Governments, in accepting new schemes of this type, is stated to be that their State Plans do not allow of new expenditure not included in the original Plan. Therefore, they cannot meet their share of the cost of these new schemes, however desirable they might be. The Committee recommend that the Government of India should examine this and find some solution either by persuading the Planning Commission to allow discretion to the State Governments to spend a small percentage of the Plan allocation according to their own special requirements, including meeting expenditure on new schemes, or else by meeting the full expenditure of such schemes from the Central funds.*

F. Grants for development of Ayurveda, Unani, Homoeopathy and Nature Cure Systems and Assistance for upgrading of teaching institutions

69. There is a very wide gap between the medical facilities available in the country and the optimum requirements. Ayurvedic, Unani, Homoeopathic and Nature Cure Systems have served in their own way, to bridge this gap. Each of these systems caters to a large section of the population and serves to combat disease and alleviate human suffering. It is, therefore, proper that each of these systems should be encouraged to develop on scientific lines. There is considerable scope for research in and development of these systems of medicine. As against a provision of Rs. 37·5 lakhs made by the Central Government in the First Five Year Plan, the Second Plan provides Rs. 1 crore at the Centre and Rs. 5·5 crores in the States for developing Indigenous Systems of Medicine. The pattern of the central assistance is as follows:—

- (i) to meet the recurring cost of maintenance of research beds in selected institutions for approved research schemes at the rate of Rs. 2,000 per bed per annum;
- (ii) for *ad hoc* research schemes on merits of each scheme; and
- (iii) for improving the existing teaching institutions and for the establishment of new teaching institutions in States. Central assistance is given for the improvement of such teaching institutions as have been included in State Plans. The pattern of Central assistance for this purpose is 75 per cent of the non-recurring expenditure, including the cost of expansion of college buildings, subject to a ceiling to be fixed by the Government of India and 50 per cent of the recurring expenditure on the College, excluding the hospital, during the Second Five Year Plan.

The Committee were informed that all requests for central assistance from the State Governments/private institutions were received through the State Governments concerned. While forwarding such schemes, the State Government has to indicate whether the scheme in question has been included in its Five Year Plan and whether it is prepared to meet its share of the cost of the scheme. The schemes received from the State Governments are scrutinised by the respective Advisory Committees for Ayurveda, Unani and Homoeopathy, constituted for the purpose by the Government of India, and recommended for the payment of grants. As against the budget provision of Rs. 39·75 lakhs during the first two years of the Second Plan for the development of Ayurveda, Unani, Homoeopathy and Nature Cure

systems, only an amount of Rs. 26,43,800 was actually spent as under:—

<i>System</i>					<i>Amount in Rs.</i>
Ayurveda	..	..	..	..	20,50,377
Homoeopathy	..	..	..	..	4,57,910
Unani	..	..	..	..	1,35,530
TOTAL					26,43,817

The reasons for the heavy shortfall were stated to be due to the non-receipt of properly sponsored proposals from the State Governments and due to the insufficient response from the institutions concerned. The Committee are not convinced by the reasons stated by the Ministry. *They suggest that the progress of the scheme may be reviewed in the Central Council of Health with a view to ascertain the causes of its slow progress. They also suggest that the details of the scheme may be communicated, individually, to the institutions concerned indicating, in brief, the procedure of availing of the assistance provided by the Central Government.*

70. The Committee understand that the Advisory Committee for Unani has not met at all due to want of suitable schemes from the State Governments. *The Committee suggest that in such a case, the Advisory Committee may be encouraged to take the initiative in formulating suitable schemes which may be recommended to the State Governments for implementation.*

71. The Committee were informed by the representative of the Ministry that the Scheme of Development of Indigenous Systems of Medicine had not been very effective in ensuring the development of these systems in the country. He was of the opinion that a bold decision in favour of either of the two systems viz. the 'Shuddha' or the Integrated System was necessary in the interest of the development of Ayurveda. *The Committee feel that it may be necessary to encourage both these systems for some time more, leaving it to the State Governments to decide whether they should introduce one system or the other. In the meantime, the Committee suggest that the results of both these systems may be watched, carefully, so that at some future date it may be possible to assess their relative merits.*

72. The Committee understand that a number of students who fail to get admission in the Allopathic Medical Colleges secure admission in the Colleges of the Integrated System of Medicine; but that after graduation they do not practise Ayurveda. *To remedy this position, they suggest that the minimum standards of admission to the M.B.B.S. and the Integrated courses may be made more or less equivalent so that students may choose either of these two courses as a matter of their future career. Students seeking admission to the Integrated courses may have to possess adequate knowledge of Sanskrit in addition to other minimum requirements. This would automatically prevent the rejected candidates of one course from going in for the other.*

73. *With a view to stimulate interest in the study of Ayurveda the Committee suggest that the feasibility of creating a Chair of Ayurvedic Medicine in some Medical Colleges may be examined. In this connection, the Committee recapitulate a similar recommendation made by the Health Survey and Development Committee (1943), who had recommended the establishment of a Chair of History of Medicine in the All India Medical Institute to study *inter alia* Indigenous Systems of Medicine in view of the importance of investigating the extent to which they can contribute to the sum total of medical knowledge.*

F. Supply of Equipment received from the T.C.M. to Medical Colleges and Research Institutions

74. The scheme regarding the supply of equipment to Medical Colleges and Research institutions is a purely Central Scheme included in the Second Five Year Plan, where an amount of Rs. 100 lakhs had, originally, been provided. The amount was subsequently reduced to Rs. 50 lakhs. The aim of the scheme is to give assistance and to provide facilities to Medical Colleges and Research institutions in getting the necessary equipment for carrying out essential research work. The Committee were informed that the institutions were selected on the recommendations of the technical officers of the Ministry of Health and the Visiting Team of the T.C.M. The authorities of the institutions concerned were also consulted regarding the necessity of the equipment required for the various departments. The value of the equipment supplied during 1954-55 to 1957-58 is as follows:—

Year	Budget Provision	Actual
	Rs.	Expenditure Rs.
1954-55	—	20,500
1955-56	—	3,77,371
1956-57	20,00,000	3,84,792
1957-58	20,00,000	18,96,055

The Committee observe that as against a budget provision of Rs. 40 lakhs during the first two years of the Second Plan, the amount actually spent was only Rs. 22,80,847. The reason for the shortfall is stated to be due to the non-supply of equipment by the T.C.M. according to schedule. In order to avoid shortfall in expenditure under this scheme, the Committee were informed that the Ministry had started paying cash grants to the institutions with effect from 1957-58 for the purchase of equipment, in addition to the equipment supplied by the T.C.M. authorities. The cash grants are, however, sanctioned only to the extent to which the T.C.M. are unable to supply equipment in any particular year. During 1957-58, cash grants amounting to Rs.6,71,876/- were paid. The representative of the Ministry stated that the criterion for the supply of equipment and the payment of cash grants was the backwardness of an institution. *The Committee suggest that proper criteria be laid down for determining the index of backwardness of a*

Medical College, and a machinery be created for conducting an objective survey of backward colleges. Gradually, it should be the aim of Government to give more equipment to those who are doing more progressive work in Teaching and Research.

75. The Committee were surprised to learn that the equipment received from the T.C.M. was not supplied to institutions of Indigenous Systems of Medicine. The Committee were informed that the authorities of the T.C.M. were not interested in Indigenous Systems of Medicine. *The Committee suggest that negotiations with the T.C.M. may be held for the supply of equipment to prominent research institutes carrying on research in Indigenous Systems of Medicine, provided those in charge of the institutions desire to get such modern equipment and are adequately staffed to make good use of it.*

76. Regarding the achievements made in the field of research carried out by the recipients of the equipment supplied by the T.C.M., the Committee were informed that the information was not readily available with the Ministry of Health. *The Committee suggest that the Ministry may have some machinery to collect such information regularly with a view to have their proper evaluation for future guidance.**

G. Need for proper Organisation for giving of grants

77. The total assistance for development of medical education in the Second Five Year Plan amounts to more than Rs. 11 crores. Grants are at present sanctioned mostly by the Ministry of Health and in some cases on the advice of *ad hoc* Committees constituted for the purpose. The Committee consider that there is scope for improvement in the procedure of sanctioning of grants and watching their proper utilisation. The Committee understand that problems relating to medical education were considered by the Health Survey and Development Committee (1945), who had recommended *inter alia* the creation of a special "Teaching Hospitals' Grants Committee" for recommending and awarding of grants to such institutions. With the growing amounts of assistance given to Medical Colleges during the Five Year Plans, the need for having such a body with properly defined functions, is quite obvious. In the case of Engineering and Technological Colleges affiliated to Universities, grants are being given by the University Grants Commission on the advice of the All India Council for Technical Education. The University Grants Commission is also responsible for giving of suitable grants for the development of university education in different spheres. *The Committee consider that there should be a similar body for the development of medical education in the country which may be in charge of awarding grants to Medical Colleges, Teaching Hospitals, Research Institutions etc. This body may also be entrusted with the task of giving grants to the hospitals for their expansion, development, equipment, etc.*

*A note on the achievements made in the field of research by Medical Colleges/institutions, which are receiving the T.C.M. aid, has since been furnished to the Committee.

IV. STANDARDS OF MEDICAL EDUCATION AND TRAINING

A. Introduction

(i) *Modern System of Medicine*

78. The teaching of modern medicine was introduced in India about the middle of the 19th century with the establishment of Medical Colleges at Calcutta and Madras in 1835, at Bombay in 1845 and at Lahore in 1860. The medical faculties in Universities which were constituted for the purpose of raising the standard of medical education, framed curricula of study on the lines of the Western Universities. A reciprocal arrangement was entered into with the General Council of Medical Education and Registration in the U.K. for the recognition of Indian Medical Degrees. Uptill 1929, the medical degrees awarded by Universities in India were recognised as sufficient for the holders of such degrees as qualifying for practice anywhere in the Commonwealth, and they were entered in the General Medical Register. In 1930, however, the General Medical Council decided that such qualifications should not be automatically recognised and that an inspection of the Indian Universities was necessary to ascertain whether they were conforming to the minimum standard needed by the General Medical Council for such recognition. The periodical inspection by the General Medical Council was resented to by the Indian Universities. Owing to a long-drawn-out controversy between the General Medical Council and Universities in India, a Bill to establish a Medical Council in India and to provide for the maintenance of a British Indian Medical Register was introduced in the Legislative Assembly on the 23rd March, 1932. The Indian Medical Council Act came into force on the 1st November, 1933 and the Indian Medical Council was created. The Act was amended in 1956. The Committee are glad to learn that there is mutual reciprocity between the Indian Medical Council and the British Council in the matter of recognition of qualifications.

(ii) *Indigenous Systems of Medicine*

79. The question of formulating a uniform policy in respect of education and regulation of the practice of Vaid, Hakims and Homoeopaths has been discussed several times in the past but unfortunately it has not been possible to enact a uniform legislation due to the prevailing differences of opinion among the protagonists of the different systems of Indigenous Medicine. In 1955, the Government of India appointed a committee under the chairmanship of Shri D. T. Dave, the then Health Minister of Saurashtra, to go into the question of the formulation of uniform standards in respect of education and regulation of the practice of Vaid, Hakims and Homoeopaths. The

committee submitted its report in August, 1956. The summary of recommendations of the Report of the Dave Committee is enclosed in Appendix VI. This report was considered by the Central Council of Health in its meeting held in January, 1958. There was no unanimity of views in the Council on this subject, and after some discussion, the following resolution was passed by the Council:—

“The Central Council of Health having considered the views expressed on the recommendations of the Dave Committee are of the opinion that under existing conditions it is not possible to lay down a uniform policy for all States and recommend to the State Governments to take such steps as they consider practicable and desirable for the development of Ayurveda and other Indigenous Systems of Medicine. The Council further recommend that the Union Government should actively encourage research in Ayurveda, Unani and Homoeopathy and other Indigenous Systems.”

The Council expressed the opinion that it was not possible to lay down a uniform policy for all States and recommended to the State Governments to take such steps as they considered practicable and desirable for the development of Ayurveda and other Indigenous Systems of Medicine. *In view of the above, the Committee can do no better than to reiterate the recommendation of the Council that the Union Government should actively encourage research in Ayurveda, Unani and Homoeopathy (as also Nature-Cure). The Committee also suggest that the position may be reviewed by the Central Council of Health, periodically, to assess the progress made in the development of Indigenous Systems of Medicine.*

80. In regard to Homoeopathy and Nature Cure, the Committee would like to draw attention to paras 87 and 88 at page 517 of “The First Five Year Plan”. *The Committee suggest that the development of these two systems on the lines envisaged in the First Plan may receive adequate attention.*

(iii) Nursing Education

81. With a view to establish a uniform standard of training for nurses, midwives and health visitors, the Indian Nursing Council was constituted under the Indian Nursing Council Act, 1947. The Act was amended in 1957 to make certain changes in the constitution of the Council; to facilitate the registration of Indian citizens holding foreign qualifications and the temporary registration of foreign nurses who are engaged as nurses or teachers or administrators in hospitals or medical institutions in India; to empower the Central Government to amend the Schedule listing the recognised qualifications; and to provide for the maintenance of an all-India Register of Nurses.

(iv) Dental Education

82. With a view to make a provision for the regulation of the profession of Dentistry, the Government of India constituted the Dental Council of India under the Dentists Act, 1948.

B. The Medical Council of India

83. The Medical Council of India was established in 1933, and it has continuously functioned since then. The Committee understand that there has not been any appraisal of the work done so far by the Council *vis-a-vis* its objectives laid down in the Act of 1933. *They recommend that an objective review of the achievements of the Medical Council of India since the time of its inception should be undertaken by the Government of India to see how far it has succeeded in establishing "a uniform minimum standard of higher qualifications in Medicine" in the country.*

84. To a question, whether there was any machinery in the Ministry to collect detailed and up-to-date information about the conditions in foreign countries regarding hospitals, medical education, research, general improvement of sanitation, hygiene, provision of medical facilities to the people etc., and to collate and sift this information for practical application in this country, the Committee were informed by the representative of the Ministry that it was being done by sending delegations of medical experts to foreign countries. *The Committee feel that this is not the right approach to the problem. They are of the view that there should be some machinery in the Ministry of Health or in the Medical Council of India to collect detailed and up-to-date information about new knowledge and practices in foreign countries regarding hospitals, medical education, research, general improvement of sanitation, hygiene, provision of medical facilities to the people etc. regularly from abroad by exchange of publications, technical bulletins, scientific journals etc. with a view to derive the fullest benefit of the results of research and other administrative patterns prevailing in those countries.*

85. *With a view to promote a mutual exchange of ideas and information, the Committee suggest that the Ministry of Health may arrange consultations of the concerned representatives of the Medical Council of India, the Indian Council of Medical Research and the All India Institute of Medical Sciences with the foreign experts or Medical Delegations whenever they visit India.*

86. As regards the procedure followed by the Council for the recognition of medical qualifications under the various provisions of the Indian Medical Council Act, 1933, the Committee were informed that Inspectors were appointed by the Council to inspect the standard of examinations conducted by Universities. The Inspection Reports were forwarded to the University concerned for observations, on receipt of which the question of recognition or otherwise of a qualification was considered by the Executive Committee of the Council and then by the Council. The recommendation of the Council was then forwarded to the Government of India for necessary action. In the memorandum submitted to the Committee, the Council has stated—

"Under Sections 17 and 18 of the 1956 Act, the powers of the Council are to inspect examinations but not facilities

for teaching. It is very difficult for any Inspector to report on the adequacy of standards unless the facilities for teaching are also inspected. Therefore, the Council by convention has been directing the Inspectors to inspect facilities for teaching as well. The Council, however, feels that there should be a specific provision in the Act to empower the Council to inspect the facilities for teaching and sufficiency of standards. In this connection it may be pointed out that the General Medical Council of the U.K. in their Act of 1956 have definitely made a provision under Section 9(2) that the visitors of the Council have to report as to the sufficiency of the instructions given in the places which they visit."

While acknowledging the fact that there was no specific provision in the Indian Medical Council Act, 1956, empowering the Council to inspect the facilities for teaching and sufficiency of standards, the Ministry stated that such a provision was considered unnecessary as under the Indian Medical Council Act, 1933, the Council did inspect the teaching facilities and equipment maintained by the medical institutions. The Ministry considered it unlikely that any teaching institution would object to the Inspectors or Visitors of the Council from inspecting the available facilities. Dr. A. Lakshmanaswamy Mudaliar, in his memorandum to the Committee, has criticised that sufficient emphasis had not been laid upon the necessary conditions required for fulfilment of effective training of under-graduates in spite of a large number of institutions established in the country. *The Committee suggest that it would be desirable to re-examine the present position regarding the powers and facilities at the disposal of the Medical Council of India to keep a close contact with Medical Colleges in the country and to have an up-to-date knowledge of the prevailing standards of medical education in different branches of medical sciences, so as to ascertain what further steps would be necessary to improve the position.*

87. Regarding the standards of post-graduate education in the country, Dr. A. Lakshmanaswamy Mudaliar, in his memorandum to the Committee, has observed.

.....varying standards are said to exist in the different Universities in regard to post-graduate medical education, the duration of the courses, the type of training that should be given, the essential component elements of those courses and the manner in which the post-graduates could be subject to tests are matters in which there seems to be want of clarification, cohesion, and unanimity for the maintenance of standards."

The representative of the Ministry, while confirming the above observation of Dr. A. Lakshmanaswamy Mudaliar stated that the position was not satisfactory. *The Committee consider it unfortunate that there should be wide variations in the standards of post-graduate*

courses in different Universities. The Committee were, however, informed that a provision for the establishment of Post-graduate Medical Education Committee had been made under Section 20 of the Indian Medical Council Act, 1956. The aforesaid Committee would be constituted after the re-constituted Council comes into being. The Committee suggest that the feasibility of investing the Post-graduate Medical Education Committee of the Medical Council of India (constituted vide Section 20 of the 1956 Act) with authority to hold all-India examinations for post-graduate medical courses may be examined.

C. The Nursing Council of India

88. In 1954, the Central Council of Health appointed a committee, presided over by the Minister of Health, Madras, to survey the facilities for teaching in nursing; to assess the minimum requirements of the country in respect of nurses and to recommend specific measures to overcome the shortage; and to examine the conditions of service and emoluments admissible to nurses in the various States and to make recommendations for their improvement so as to attract educated young women from good families to the profession. The committee submitted their report to the Council who considered it in their meeting held in January, 1955. The Council passed a resolution commending the recommendations of the committee for acceptance by the various States. The Committee were informed that the response of the State Governments to the recommendations of the committee was not satisfactory due to financial reasons. From the statement furnished by the Ministry in respect of the pay scales of Nurses, Health Visitors and Midwives in the Union Territories as given in Appendix VII, the Committee observe that they are much below the scales of pay recommended by the Nursing Committee in a majority of these territories. *The Committee consider it to be unfortunate that the recommendations of the Nursing Committee appointed by the Central Council of Health in respect of improving the pay scales and working conditions of nurses have remained unimplemented, and even in the Union Territories, the service conditions of Nurses are sub-standard. The Committee are of the opinion that the Central Government should set up a model of service conditions in the Union Territories. The Committee recommend that the least, that should be done is to have the recommendations of the Nursing Committee implemented fully in the Union Territories and the Centrally administered institutions, and the States may be advised to implement them as soon as possible.*

89. In the matter of improving the service conditions of Nursing staff in the States, the Committee suggest that the Central Government may evolve a scheme to provide suitable assistance to the State Governments to implement the recommendations of the Nursing Committee.

90. In view of the existing shortage of trained nurses in the country, the Committee were informed that a scheme of employing married nurses on part time basis was formulated by the Ministry and put into effect in Delhi. The scheme was also circulated to the State Governments for implementation. *The Committee suggest that in view of the importance of the scheme, it may be given adequate publicity so as to attract the married nurses to take up part time jobs. The Committee also suggest that the State Governments may be advised to implement the same.*

91. *The Committee also suggest that with a view to enable the nurses to continue in service even after marriage, the feasibility of providing family quarters to married nurses may be examined.*

D. The Dental Council of India

92. The Committee were informed that the Council is responsible for bringing about uniformity in dental education and maintaining professional standards. *The Committee hold the view that the existing standard of a majority of Dental Clinics in the country is far from satisfactory. They recommend that the Central Government should take the initiative and in consultation with the State Governments formulate a national policy under which certain minimum standards could be ensured in respect of the working of Dental Clinics in the country. Also, on the analogy of the standards laid down for drug manufacture, the minimum standards required for the manufacture of dentures could, at least, be laid down.*

93. The Committee were informed that during the first two years of the Second Five Year Plan, an amount of Rs. 5,87,755 was spent against the budget provision of Rs. 20 lakhs for the scheme of establishment of new and expansion of existing Dental Colleges. The Committee understand that the State Governments have not responded to the scheme favourably. *In view of the existing shortage of qualified dentists in the country, the Committee consider it necessary to expedite the implementation of this important scheme by making suitable modifications in the scheme, if necessary.*

94. The Committee were informed that on the recommendation of the Dental Council, a centrally aided scheme for the establishment of Dental Clinics in District Hospitals has been included in the Second Plan. Under the scheme, facilities for dental treatment to the public will be provided in each Clinic. A total provision of Rs. 151 lakhs has been made for the purpose in the Second Plan. The Committee understand that the implementation of the scheme has not been satisfactory due to insufficient response of the State Governments. *In view of the meagre facilities of Dentists in rural dispensaries, the Committee suggest that necessary steps may be taken to induce the State Governments to implement this scheme.*

V. MISCELLANEOUS

A. Civil and Military Dispensary and X-ray Installation, Simla

95. The Civil and Military Dispensary, Simla, looks after the Central Government servants and their families stationed at Simla. The X-ray Installation meets the needs of these officers for X-ray examinations and electrotherapeutic treatment. Besides, it serves the patients attending the Ripon Hospital, Lady Reading Hospital, Civil and Military Dispensary and other hospitals and dispensaries in Simla, and the local medical practitioners. These institutions are being administered as subordinate offices of the Ministry of Health. The Study Group of the Committee that visited Simla were informed that the Dispensary serves the medical needs of about 25,000 government servants stationed at Simla. The following table gives the figures of the number of patients treated and the expenditure incurred during each of the last three years in respect of these institutions:—

Name of the Institution	No. of patients			Expenditure in Rs.		
	1955-56	1956-57	1957-58	1955-56	1956-57	1957-58
Civil and Military Dispensary Simla	25,069	26,122	30,060	30,965	35,416	35,528
X-ray Installation, Simla**	2,529	3,255	3,155	7,989	16,806*	6,613

96. The Committee observe that the approximate cost per patient treated in the Dispensary works out to Rs. 1.18. This is too high as compared with the cost in other outdoor departments such as in the Irwin Hospital, New Delhi, and needs looking into by the Ministry.

97. The Committee were informed that it was considered necessary to keep these establishments under the control of the Ministry in view of the large number of government servants stationed at Simla. The Committee are not convinced about the necessity of continuing these establishments as subordinate offices of the Ministry

**The figures of expenditure also take into account the actual receipts derived.

*Includes Rs. 6,000 for the cost of an X-ray Plant.

of Health. *With a view to effecting economy and increasing efficiency, and in view of the fact that the Himachal Pradesh Hospital, Simla is for all purposes a Central Government hospital, the Committee recommend that the Civil and Military Dispensary and the X-ray Installation, Simla should be integrated with the Himachal Pradesh Hospital.*

B. Medical Scholarships and Fellowships

98. With a view to meet the country's requirements for highly trained workers for the health development schemes, the Ministry of Health initiated a scheme in 1946 in collaboration with the State Governments for higher training, particularly, in medical and allied subjects. In 1948, in addition to regular scholarships, the Ministry introduced a travel fellowships programme whereby senior medical teachers and research workers from Central and State institutions were sent abroad for periods ranging from six to nine months for the purpose of making first-hand study of the progress achieved in their respective branches of medicine etc. in different countries. The above scheme was, however, subsequently discontinued. From 1949 onwards, a number of highly placed doctors and nurses, who are recommended and for whom a guarantee of employment is given by the Central and State Governments, are deputed on Fellowships and Scholarships offered by such international agencies and authorities as the World Health Organisation, United Nations International Children's Emergency Fund and the Rockefeller Foundation. Regarding the procedure of selection of candidates, the Committee were informed that prior to 1957, the Directorate General of Health Services had been addressing all administrative Medical Officers|Directors of Public Health and Heads of all Central Medical Institutions, calling for the requirements of training facilities for each year under the various Technical Aid Schemes. All the applications received were subjected to a preliminary screening and those candidates considered suitable for interview were intimated accordingly. A Central Selection Committee appointed by the Government of India selected candidates after interviewing them and those names formed a panel of recommended candidates for the various international agencies under their respective Technical Aid Plans. The Committee were further informed that the above procedure entailed some administrative difficulties. The Ministry, therefore, revised its procedure with effect from the middle of 1957 to initiate action in respect of all Fellowship|Scholarship Schemes direct with the State Governments. After knowing their requirements, a preliminary screening is effected, and the selected candidates are called for interview, with which the Directorate General of Health Services is associated. Regarding the number of Scholarships and Fellowships offered by the Central Government for post-graduate medical education in foreign countries, the Ministry was in a position to furnish figures only in regard to the number of candidates selected for the award of Fellowships|Scholarships and the

number actually availed of by selectees during 1958 as shown below:—

Scheme	No. of candidates selected for the award of fellowships/Scholarships	No. of Fellowships/Scholarships availed of by selectees during 1958.
Technical Co-operation Mission	51	22*
Colombo Plan	33	Nil**
World Health Organisation	34	2***
Rockefeller Foundation	22	16@

*The cases of the remaining candidates under process at various stages.

**All the candidates in 1958 are against the programme for 1959.

***The rest of the cases are under consideration and placements are awaited.

@Cases are under process.

The Committee were surprised to note that similar information for 1956 and 1957 was not readily available in the Ministry. It was however, collected and furnished to the Committee subsequently.

99. Regarding the mode of publicity of the international Scholarships and Fellowships, the Committee were informed that they were publicised by the issuance of press notes only. *The Committee suggest that in future full publicity may be given to the various schemes of scholarships and Fellowships in order to enable the employees working in private institutions to apply through their respective State Governments.*

100. The Committee were informed that the Selection Committee was presided over by the Deputy Director General of Health Services and was composed of the representatives of the participating agencies. Some experts were also co-opted for the different subjects of the Scholarships and Fellowships. Non-officials are not associated with this Committee. *The Committee suggest that the composition of the Selection Committee may be revised to include some non-officials. They also suggest that regular minutes of the various sittings of the Selection Committee, duly signed by the members, may be maintained and the candidates considered for selection be called for interview, as a rule, before they are finally selected for the award of medical scholarships.*

C. Debarring doctors in government service from private practice

101. When doctors in government service are allowed to do private practice, there is a possibility of their giving preference to private practice at the cost of their legitimate duties as government doctors. In order to put a check to this tendency, the question of completely debarring doctors in government service from private practice has been considered by the Central Council of Health from time to time.

Some of the suggestions that have been offered to tackle this problem are:—

- (i) Restriction of such practice by legislation.
- (ii) Private practice to be allowed after working hours and the fees realised by the medical officers to be divided between the Government and the officers concerned in a fixed proportion.

This question was discussed in the Third meeting of the Central Council of Health held at Trivandrum in January 1955 when the following resolution was passed:—

“The Central Council of Health having considered the proposal of debarring doctors in government service from private practice is of opinion that in view of its financial implications and the non-availability of trained personnel all over the country, it is not feasible to debar all doctors in government service from private practice.

The Council will, however, be interested to know the results of the experiments in this regard undertaken by certain States.”

In this connection the Committee are glad to note that in the C.H.S. Scheme, the Government doctors have been debarred from private practice, and they have been given a non-practising allowance in lieu. *The Committee suggest that the same principle may be extended to all government doctors in the Union Territories. The Committee are also of the opinion that the various difficulties in the way of introducing this principle throughout the country needs a very careful and detailed investigation, so that suitable steps can be taken to overcome those difficulties. The Committee, therefore, suggest that this problem may be referred to the committee proposed to be appointed by the Ministry of Health, referred to in para 8 of the Committee's 37th Report.*

BALVANTRAY G. MEHTA.

Chairman,

Estimates Committee.

NEW DELHI:

The 25th March, 1959.

Chaitra 4, 1881 (Saka).

APPENDIX I

(Vide para 5)

Particulars of estimates at various stages together with the increases and the main reasons thereof in respect of the All India Institute of Medical Sciences, New Delhi.

I. AT THE IRWIN HOSPITAL SITE

(Rupees in lakhs)

Medical College and P. G. Block	55.25
Dental College	3.99
Hospital	49.00
Residential Buildings	58.09
TOTAL	166.33

II. AT THE SAFDAR JANG SITE AS APPROVED BY THE DEPARTMENTAL FINANCE COMMITTEE ON 14-10-1953

(Figures Rs. in lakhs)

Item of Expenditure	Original (Irwin Site)	Revised (SafdarJang site) (D.F.C. 14-10-53)	All er- ence
1. Medical College and Post Graduate Centre	55.25	89.79	34.54(A)
2. Hospital	49.00	143.12 (650 beds)	94.12(B)
3. Dental College	3.99	13.38	9.39(C)
4. Residential Buildings	58.09	127.15	69.06(D)
5. Land Development Charges . . . . .	..	30.01	30.01(E)
6. Departmental Charges	13.31(a)	5.75(b) (—)	7.56
7. Expenditure on Competition . . . . .	..	0.77	0.77
8. Expenditure on Advisory Committee . . . . .	..	1.76*	1.76
Less general cut imposed by the Departmental Finance Committee . . . . .	..	—10.20	—10.20
TOTAL	179.64	401.53	221.89

(a) Not originally included.

(b) Additional expenditure for entrusting part of designing work to an architect.

*This amount includes pay and allowances of the Officer on Special Duty and Member Secretary of the All India Medical Institute Advisory Committee and his office establishment.

Main Reasons for Increase

(A) Increase in plinth area rates from Rs. 10/- to Rs. 12/- per sq.ft. and inclusion of auditorium and other facilities.

(B) Provision of accessory parts of the hospital on a much larger scale and introduction of ducts and basements for air-conditioning and air-conditioning plant for operation theatre and paying wards.

(C) Adoption of recommendations of Dental Sub-Committee and increase in plinth area rates from Rs. 10/- to Rs. 12/- per sq. ft.

(D) Originally limited. Due to change of site all the staff and students had to be provided in the same campus.

(E) New Land.

An inter-departmental Committee which examined the estimates of the proposed Institute at the instance of the Departmental Finance Committee, in their report dated 12-10-1953 stated *inter alia* :

“It was found, however, that no real comparison was possible because though some figures in the old estimates were based on plinth areas, provision in the case of the *other was on the basis of lump sum*. It however, transpired that the increase in estimates was principally due to *certain omission in the original estimates* and the additional requirements suggested by the A.I.M.I. Committee. A certain measure of excess is also due to the transfer of the Institute from the site of Irwin Hospital to the Safdarjang area.....”

The increase in non-recurring expenditure of Rs. 245.40 lakhs from Rs. 166.33 lakhs to Rs. 411.73 lakhs was accounted for by them as follows:—

	(Rs. in lakhs)
(a) Increase due to transfer of site from the Irwin Hospital to Safdarjang area	110.39
(b) Increase due to recommendation of experts	86.98
(c) Increase due to omission in original estimates	48.03
TOTAL	245.40

III. AS APPROVED BY THE DEPARTMENTAL FINANCE COMMITTEE ON 19-11-1954

(Figures Rs. in lakhs)

Item of Expenditure	D.F.C. (14-10-53)	D.F.C. (19-11-54)	Additions Approved
Construction	333.01	356.41	23.40
Equipment	68.52	119.52	51.00
TOTAL	401.53	475.93	74.40

The draft advertisement for the competition, after concurrence of Ministries of Finance and Works, Housing and Supply was approved by the Health Secretary and *Ex-Minister of Health*.

Reasons for Increase

A Committee of eminent doctors in various specialities met in New Delhi in August, 1954 in order to study the model of the Institute and to discuss with the architects of the Institute, *the detailed requirements of individual departments and recommend :*

- (a) additions and alterations to the departments of the Institute; and
- (b) extension of air-conditioning except for class rooms, students laboratories and common rooms. (It was stated that in a compact construction of eight storeys constructed on the principle of framed structure, air-conditioning was *desideratum* in the climatic conditions prevailing in Delhi. Also Professors and staff in the Institute would be working all the year round on research.)

IV. AS SUBMITTED BY C.P.W.D. IN AUGUST, 1957.

(Figures Rs. in lakhs)

	Amount approved by D.F.C. (19-11-54)	Revised Estimates	Difference
I. Main Institute			
1. Main Institute Building Portion .	141·17	272·58	131·41
2. Compound Wall	1·44	2·12	0·68
3. Normal Services	31·21	50·71	19·50
4. External Services	6·25	12·58	6·33
5. Specialised Services—			
(a) Electric Sub-station equipment .	..	10·11	10·11
(b) Lifts	4·20	14·67	10·47
(c) Laundry Equipment	1·00	4·12	3·12
(d) Miscellaneous services . . . . .	..	19·06	19·06
(e) Electric Kitchen equipment . . . . .	..	2·00	2·00
(f) Fixed Furniture . . . . .	..	30·00	30·00
(g) Air conditioning equipment	55·10	81·50	26·40
6. Departmental and Architects Fees .	24·01	56·54	32·53
	264·38	555·99	291·61

II. Residential Land Developments

Residential Buildings . . .	120·01	120·01	..
Land Development . . .	30·01	30·01	..
Design Competition Expenses . .	0·77	0·77	..
Advisory Body Expenses . .	1·76	1·76	..
	<hr/> 152·55	<hr/> 152·55	<hr/> ..

III. Equipment, Books and Publications	59·00	251·32	192·32
TOTAL .	<hr/> 475·93	<hr/> 959·86	<hr/> 483·93

Based on experience gained in the construction of Preclinical Block, CPWD submitted revised estimates for entire Project on 23rd August, 1957 when work of construction of Preclinical Block including Lecture Theatre Block and Dissection Hall was in progress. The main reasons for the increase were :—

(i) sufficient data was not available and (ii) originally it was under estimated. The detailed reasons were :—

- (1) Increase in cost of cement and timber.
- (2) Increase in cost of steel.
- (3) Increase in cost of air-conditioning.
- (4) Increase in plinth area
- (5) Increase in the number of lifts.
- (6) Adoption of superior specifications for finishings.
- (7) Cost of specialist services like Oxygen, nitrous Oxide etc. not included in the original schemes.

APPENDIX II

(Vide para 23)

A statement showing the number of students admitted in the All India Institute of Medical Sciences, New Delhi from different States in India during 1956 to 1957.

State	1956	1957
Andhra	1	1
Bombay	4	6
Bihar	1	..
Delhi	38	32+(21)*
Madras	1	3
Madhya Pradesh	1	1
Punjab	2	4
Pepsu	1	..
Uttar Pradesh . . . . .	..	1
Kerala	1	2
TOTAL	50	50+21

*21 students selected for the composite Medical College were from the following State:

Delhi	16
Bombay	1
Punjab	2
Himachal Pradesh	1
Uttar Pradesh	1
TOTAL	21

APPENDIX III

(*Vide Para 26*)

A list of subjects on which research has been or is at present being undertaken in the All India Institute of Medical Sciences, New Delhi.

A list of subjects in which research has been or is at present being undertaken are as below:—

Department of Anatomy

1. Localisation of phrenic nerve nucleus in monkeys.
2. Cholinesterases in amphibian spinal cord and its alteration following ventral root section.
3. Dendritic pattern of the motoneurons of the spinal cord in Lower vertebrates.
4. Comparative morphology of the pancreas.
5. Etiology of heterotopic bone formation in skeletal muscle.
6. Myelination of nerve fibre and its relation to function.
7. Incidence of anomalies in so called 'Normal' developing chick embryos.

Department of Biochemistry

1. Purine Metabolism in neonatal, adult, senile and cancerous tissues.
2. Comparative Metabolism of various regions in the neocortical and limbic system of monkey's brain.
3. Bio-synthesis of globulins in liver diseases.

Department of Physiology

1. Study on the changes in the electroencephalographic activity of the 'feeding centre' and 'satiety centre' under the effect of changes in blood chemistry.
2. Studies on physiological connections between the limbic system and other parts of central nervous system especially cerebellum, by evoked potential techniques.
3. Studies on the control of limbic system of brain over visceral activities, and effective behaviour.
4. Studies on the activity of different regions of brain and heart in states of Hypothermia.
5. Studies on the actions of drugs like Reserpine and Largactil on different limbic lobe structures of brain by electroencephalographic techniques.

6. Histological studies of nervous tissues which have been experimented upon.

*7. Studies on Physiological effects on Yoga.

*8. Studies on Hypothalamic and Endocrinal control of physiology of reproduction.

Department of Orthopaedics

1. Induction of congenital defects such as ectopica Viscerae and limb and break defects in chick embryos by injecting suitable doses of iso-nicotime acid hydrazide into yolks of fertile eggs.

2. Treatment of Tuberculosis of the spine.

3. Experimental production of myosites ossificans in dogs.

4. Value of osteotomy in the treatment of fractures of the neck of the femur (clinical research).

5. Assessment of the various methods of treatment employed for fracture of both bones of the fore-arm (clinical research).

Department of Pharmacology

1. *Indigenous Drugs*.—A study of the Pharmacological properties of ONOSMA BRATEATUM WALL (GAVAZAVAN).

2. *Cardiovascular Pharmacology*.—"Antiarrhythmic action of some Phenothiazine derivatives and elucidation of their structure activity relationship."

3. *Chemical Pharmacology*.—A study on the chemical structure of coumarin derivatives responsible for their coronary dilator and anticoagulant activity.

4. *NEURO Pharmacology*.—Anti-epileptic action of some drugs effective in acute myocardial infarction.

5. *Family Planning*.—"Action of some indigenous and synthetic drugs as contraceptives."

6. A study on the Pharmacological properties of the various fractions of Nardostachys Jatamansi.

7. Pharmacology of some Indigenous Indian Toxic, foodgrains which are found to contain reserpine like alkaloids.

8. Pharmacology of Carissa Carundus roots where hydrocyanic acid (a deadly poison) is detected.

*9. Elucidating the action of indigenous and Synthetic drugs on Impulse generation in Heart (i.e. Cardiovascular Pharmacology).

*10. Synthesising ideal coronary Dilators and Respiratory Stimulents from indigenous and Synthetic sources.

Department of Pathology

1. Experimental studies in Rhesus monkeys in the Pathology and pathogenesis of the protein malnutrition.
2. The influence of protein malnutrition on lipid metabolism with special reference to cholesterol and atheroma.
3. Study of Aetiology and Pathogenesis of anaemias of infancy and childhood.
4. Study of the pathological features and aetiology of urinary calculi, with special reference to bladder stone.
- *5. Study of Pathways of Iodine metabolism in Endemic goitre.

Department of Medicine

1. A detailed study of Gcirrhosis of liver of all types. To find out the aetiological factors and the relative importance of Portal hypertension and liver failure in these cases.
2. Observations on the effect of choline theophylline (choledyl) in diseases like Bronchial Asthma.

Department of Cardiology

1. Correlation of electrocardiographic changes and serum Potassium level as determined by flame photometer in fifty consecutive cases each of hyperpotassemia and hypopotassemia.
2. To evaluate the relative merit of oral administration of choline theophylline in the treatment and management of Angina Pectoris and Congestive Heart Failure.
3. Effect of Chlotride (a new oral diuretic) in the management of intractable congestive heart failure.
4. Direct determination of Haemoglobin by Atlas Oxymeter earpiece and comparing it by Sabli's Haemoglobionmeter.

Department of Surgery

1. Factors influencing the Establishment of Coronary Collateral Circulation.
2. Biochemical and Immunological Phenomena in "Buerger's Disease".
3. Antibody Production in patients with Liver Disease.
4. An evaluation of "Cetavalon" as a Surgical Antiseptic.
5. The role of the Liver in Antibody Production.
6. Studies in Organ Transplantation.
7. The oncolytic Effect of Homotransplantation of the Spleen in Malignant Disease.
8. The relationship of Nutritional cirrhosis to Portal Hypertension.
9. Metabolic Derangements in Patients Exposed to Hyperthermic conditions.

10. "FURADANTIN" in Urinary Tract Infections.

11. Surgical Correction of Mitral Insufficiency.

Department of Bacteriology

1. Studies on the nature of Trachomavirus with special reference to its cultivation in series in embryonated Eggs.
2. The effects of incorporating growth factors in media and the use of molecular membrane filters for rapid cultivation of myco-Bacterium Tuberculosis.
3. Incidence of fungal infections, particularly of the lungs.

The studies aforesaid in the Departments of Physiology, Pathology Bacteriology, Pharmacology, etc. are of fundamental nature and discoveries in this field are likely to improve the knowledge in the Medical Science. The studies on indigenous herbs which are being carried out in the Department of Pharmacology have a bearing on the economic well-being of the country.

The marks with asterisks, are being conducted under Indian Council of Medical Research grants.

APPENDIX IV

(Vide Para 32)

*The constitution and composition of the Board of Administration of the
Lady Hardinge Medical College and Hospital, New Delhi.*

(As on 24-10-1958).

- | | | | |
|---------|--|-------------------|----------------------------|
| 1. | The Director General of Health Services, Government of India, (Lt. Col. Jaswant Singh) | <i>ex-officio</i> | . <i>Chairman</i> |
| 2. | The Director, All India Institute of Medical Sciences, (Dr. B. B. Dikshit) | <i>ex-officio</i> | . <i>Member</i> |
| 3. | A representative of the Ministry of Finance (Department of Expenditure), (Shri Kirpa Singh) | <i>ex-officio</i> | . <i>Member</i> |
| 4. | The Director of Health Services, Delhi,* (Dr. M.S. Chadha) | <i>ex-officio</i> | . <i>Member</i> |
| 5. & 6. | Two representatives of the Delhi University, | | |
| | (i) Dr. R. Viswanathan }
(ii) Dr. (Miss) M. Chandy } | | . <i>Members</i> |
| 7. | A woman member of Parliament, nominated by the Central Govt., (Smt. Jayababen Vajubhai Shah, M.P.) | | . <i>Member</i> |
| 8. & 9. | Two representatives of the teaching staff of the Lady Hardinge Medical College, | | |
| | (i) Dr. (Miss) M. Chaudhuri }
(ii) Dr. C. L. Malhotra } | | . <i>Members</i> |
| 10. | A representative of the Women's Medical Association of India (Dr. J. Jhirad) | | . <i>Member</i> |
| 11. | Principal, Lady Hardinge Medical College,
Dr. (Miss) H. B. Patil | <i>ex-officio</i> | . <i>Member-Secretary.</i> |

*Now under consideration of the Ministry of Health.

APPENDIX V

(Vide Para 44)

The composition of the Technical Advisory Committee of the College of Nursing, Government of India, New Delhi.

- | | | |
|------|--|--------------------------|
| 1. | The Director General of Health Services | <i>Chairman</i> |
| 2. | The Director of Health Services, Delhi State | <i>Member</i> |
| 3. | The Nursing Adviser, Directorate General of Health Services | <i>Member</i> |
| 4. | Principal, Lady Hardinge Medical College | <i>Member</i> |
| 5. | One representative of the Indian Nursing Council | <i>Member</i> |
| 6. & | Two members from the Senior Teaching Staff of the College of Nursing | <i>Members</i> |
| 8. & | Two representatives of the Delhi University | <i>Members</i> |
| 9. | | |
| 10. | Principal, College of Nursing | <i>Member-Secretary.</i> |
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APPENDIX VI

(Vide Para 79)

Summary of Recommendations of the Committee appointed by the Government of India to study and report on the question of establishing uniform standards in respect of education and regulation of practice of Vaidyas, Hakims and Homoeopaths

From a perusal of the replies to Questionnaire and memorandum and the comparative statements of syllabi of the various institutions the Committee makes the following recommendations :—

1. There must be uniform standard of training.
2. (i) Two Councils should be created similar to the Indian Medical Council which will have control over the maintenance of uniform teaching standards in all the institutions: one Council shall be for Ayurvedic and Unani Systems of Medicine, and the other for Homoeopathy. The Councils may be called :—
 - (1) The Central Council of Ayurvedic and Unani Systems of Medicine, and
 - (2) The Central Council of Homoeopathic System of Medicine.
- (ii) The composition of the Council may be as follows :
 - (1) One member from each State to be nominated by the State Government ;
 - (2) One Member from each Indian University which possesses a Faculty of Ayurvedic Unani and/or Homoeopathy, to be nominated by the Vice-Chancellor.
 - (3) Four members to be nominated by the Central Government.
- (iii) The first Council will be nominated with a nominated President.
3. The existing institutions should be upgraded so that they can efficiently impart education in these systems.
4. (i) A five and half years' course of study including one year for internship is recommended with at least three months training in the rural areas.
- (ii) Admission: Intermediate Science examination with the subjects of Physics, Chemistry and Biology or Higher Secondary examination. A good knowledge of Sanskrit and Arabic or Persian is essential for Ayurveda and Unani respectively.
- (iii) Minimum age of the candidate should be 17 years.
5. New text books subject-wise should be written; and those already existing should be revised. The State Governments and Universities should encourage this.

6. The training and syllabus prescribed should be taken up by separate Faculties for Ayurvedic and Unani Systems of Medicine. It is desirable that these Faculties be affiliated to the Universities if possible.

7. The Pharmacopoeia and Dictionary of Ayurvedic and Unani systems of Medicine should be compiled.

8. A five and a half years' degree course should be introduced for Homoeopathy (4½ years with one year's internship). The Course for Homoeopathy would be more or less on the lines suggested by the Homoeopathy Inquiry Committee (1949).

9. All the teaching institutions should have in-door hospital beds and the ratio of students to beds should be 1 : 5.

10. The degrees to be given to the graduates should be :—

- (1) "G.A.M.S."—Graduate of Ayurvedic Medicine and Surgery,
- (2) "G.U.M.S."—Graduate of Unani Medicine and Surgery, and
- (3) "G.H.M.S."—Graduate of Homoeopathic Medicine and Surgery.

11. Separate Directorates for (a) Ayurvedic and Unani and (b) Homoeopathic systems of Medicine should be created in the Central Ministry of Health, Government of India, and also in the States as far as possible.

12. Post-Graduate training and research facilities should be given to all the three systems at suitable places and also to Graduates of Modern Medicine. The duration of the Post-Graduate course shall be of 2 years.

13. Refresher courses in Ayurveda, Unani and Homoeopathy should be organised in teaching institutions.

APPENDIX VII

(Vide Para 88)

A statement showing the scales of pay of Nurses, Health Visitors and Midwives existing at present in the Union Territories and those recommended by the Nursing Committee appointed by the Central Council of Health

S. No.	Name of Territory	Name of category of staff	Present scale of Pay	Scale of pay recommended by the Nursing Committee
			Rs.	Rs.
1.	Delhi	(i) Nurses	100—5—125—6—185	100—150
		(ii) Health Visitors	100—8—140—EB—10—200	100—185
		(iii) Midwives	55—3—85—4—105	75/- p.m.
2.	Manipur	(i) Nurses	50—2—70—100	100—150
		(ii) Health Visitors	No post	..
		(iii) Midwives	45—2—55—2—65—3—80	75 - p.m.
3.	Tripura	(i) Nurses	90—4—130	100—150
		(ii) Health Visitors	No post	..
		(iii) Midwives	90—4—130	75/- p.m.
4.	Himachal Pradesh	(i) Nurses	60—5—100	100—150
		(ii) Health Visitors	75—5—120—5—150	100—185
		(iii) Midwives	47½—2—57½	75 - p.m.
5.	Andaman and Nicobar Islands	(i) Nurses	100—185	100—150
		(ii) Health Visitors	150—225	100—185
		(iii) Midwives	100—185	75/- p.m.
6.	Laccadive, Amindivi & Minicoy Islands	(i) Nurses	No Post	..
		(ii) Health Visitors	No Post	..
		(iii) Midwives	45—3—60—1—70	75 - p.m.

APPENDIX VIII

Statement showing the summary of conclusions/recommendations of the Estimates Committee contained in the Report

Serial No.	Reference to paragraph No. in the Report	Summary of conclusions/recommendations
1	2	3
1	4	The Committee consider that the delay in framing of Rules and Regulations under the relevant Sections of the All India Institute of Medical Sciences Act, 1956 was unfortunate and suggest that suitable steps may be taken to see that such delays are avoided in future.
2	6	<p>The Committee view with concern the inordinate increase in the cost of the Project of the All India Institute of Medical Sciences and consider the reasons for the increase in the estimates at various stages of construction as unsatisfactory. They are of the view that with proper planning and greater attention to details, the inflation of the estimates due to the following four factors could, at least, have been avoided :—</p> <ul style="list-style-type: none"> (a) Omissions and underestimation in the original estimates ; (b) adoption of superior specifications for buildings at a later stage ; (c) extension of air-conditioning ; (d) increases in plinth area rates.
3	7	The Committee deprecate the tendency of air-conditioning huge buildings at a very high cost and recommend that the proposals to air-condition the various blocks and buildings in the All India Institute of Medical Sciences, which are still to be constructed, should be immediately reviewed with the object of cutting out air-conditioning and effecting

1

2

3

substantial economies. Only those portions wherein air-conditioning is absolutely necessary in the interest of research etc., should be air-conditioned.

4

8

In regard to the increase in the cost of the Project of the All India Institute of Medical Sciences, New Delhi the Committee observe as follows :—

(i) The Project was taken up without careful thought or proper planning resulting in delay in its execution and increase in cost.

(ii) Full implications of the cost involved in the construction of a new modern teaching centre, with an associated hospital, provided with all the required specialist services, were not realised in the early stages.

(iii) Original specifications for the Architectural competition for construction of the Institute were later considered inadequate for a teaching hospital of the type envisaged by the Act, resulting in amongst other things in huge inflation of the Architects' fee.

(iv) The estimates at the earlier stages were not prepared in a comprehensive manner and did not provide for certain pre-requisites which an Institute of this character should have, such as specialist services etc.

The Committee hope that the lessons learnt in the construction of this Institute will be well-utilised while undertaking similar projects in future.

5

10

(i) The Committee feel that the practical difficulties in having a separate firm of architects and a separate construction agency for the All India Institute of Medical Sciences, New Delhi could have been anticipated and the Government of India could have accepted the design of the winner of the competition and asked their own architects to process it further.

(ii) Now that the services of the architects have been dispensed with and the Institute has been given the authority to have the work completed by itself through its own agency, the Committee hope that the construction work will proceed more expeditiously and the time lag will, at least, be partially made up.

1	2	3
6	12	The Committee regret to note that some make shift arrangements in the All India Institute of Medical Sciences have resulted in the use of the Nursing College buildings for other purposes resulting in delay in shifting the Nursing College to its own building.
7	13	The Committee consider it to be unfortunate that the relevant clause in the Agreement, executed by the Government of India and the Architects for construction of the main building of the All India Institute of Medical Sciences, providing for "termination at any time by either party upon six months notice" was not applied earlier, when it was found that the work was not proceeding satisfactorily.
8	14	The Committee are of the view that the question of fixing the fees of the Architects on the basis of a percentage of the total cost of construction (with some ceiling), needs a careful review in consultation with experts.
9	15	The Committee are sorry to note that the progress of both under-graduate and post-graduate teaching in the All India Institute of Medical Sciences has been hampered due to insufficient hospital facilities.
10	16	The Committee feel that the lopsided distribution of beds made available to the All India Institute of Medical Sciences in the Safdarjung Hospital for teaching purposes, a very large number of them being orthopaedic beds placed at the disposal of the Professor of Orthopaedics at the Institute, should be corrected as early as possible and the requisite number of medical and surgical beds made available for teaching purposes.
11	17	(i) The Committee are of the view that the original idea of making the Safdarjung Hospital a nucleus for the All India Institute of Medical Sciences should have been adhered to. It had the great advantage that it would have immediately supplied the Institute with the necessary beds and it would have prevented the necessity of two big hospitals coming up side by side in the same locality. It would have also reduced the cost of the Institute substantially.
		(ii) The Committee are not convinced of the reason that the Safdarjung Hospital could not have served

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both the teaching requirements of the Institute and the requirements of the C. H. S. Scheme. However, in view of the fact that the Ministry is anxious to have the Safdarjung Hospital under its own control for meeting its commitments under the C. H. S. Scheme and the Institute authorities are anxious to have their own Hospital, all that the Committee can do is to reiterate their recommendation made in para 35 of the Part I (36th Report) that further expansion of the Safdarjung Hospital be stopped, and its bed strength stabilised at about 652 beds, contracts for which have already been given.

(iii) In view of the fact that the reasons for not transferring the Hospital to the Institute as given by the Ministry were the requirements of the Contributory Health Service Scheme the Committee are surprised to note that no beds in the Safdarjung Hospital have been reserved for patients under the Contributory Health Service Scheme. This should be done without delay to enable the Government to fully meet their commitments under the Contributory Health Service Scheme, particularly, as regards the maternity cases.

12 18 In order to avoid any adverse effect on the progress of the All India Institute of Medical Sciences in the fields of research and post-graduate education, the Committee consider that the minimum requirement of foreign exchange for importing scientific equipment should be carefully assessed and suitable provision made for the same with international assistance if necessary.

13 19 Since the All India Institute of Medical Sciences has been charged with the development of patterns of teaching in under-graduate and post-graduate medical education in all its branches so as to be able to demonstrate a high standard of medical education to all medical colleges and other allied institutions in the country, the Committee are of the opinion that it is desirable to consider the sufficiency or otherwise of the existing machinery and equipment and facilities available to the Institute to enable it to discharge its functions in a co-ordinated and realistic manner, keeping in view the objectives of the Institute.

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14	20	As the All India Institute of Medical Sciences has been planned to meet the requirement of teaching personnel in Medical Colleges and specialists for the various hospitals in the country, the Committee suggest that special measures may be taken to increase the annual out-put of post-graduates as early as possible.
15	21	The Committee recommend that the procedure of selection of candidates should be so evolved as to enable all qualified persons in the country to get equal opportunities for competition and entry into the All India Institute of Medical Sciences.
16	23	<p>The Committee are of the opinion that admissions to the under-graduate course in the All India Institute of Medical Sciences do not reflect the all-India character of the Institute. In order to attract bright students from all over the country and to make the Institute really of an all-India character, the Committee suggest that—</p> <p>(a) the standard of teaching be raised so as to attract students from outside Delhi ;</p> <p>(b) suitable publicity be given to the facilities offered by the Institute ;</p> <p>(c) the question of ineligibility of the Calcutta University students due to non-inclusion of Organic Chemistry in I. Sc. syllabus be solved by taking up the matter in the Inter University Board or by making special arrangements for their training to make up for the deficiency ; and</p> <p>(d) the number of freeships for more promising students be increased.</p>
17	24	The Committee regret to observe that rural bias in the training of students in the All India Institute of Medical Sciences has been lacking so far although it is one of the objectives of the Institute.
18	25	As the All India Institute of Medical Sciences has appointed an Associate Professor of Preventive and Social Medicine more than a year ago, to be mainly in charge of the work, the Committee recommend that the Najafgarh Centre, should be handed over to the Institute without further delay so that this aspect of training does not suffer any longer.

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| 19 | 26 | The progress Report of research work done in the All India Institute of Medical Sciences does not indicate much progress in the field of research. While it is understandable in view of the fact that the Institute is still in its formative stage, the Committee would like to stress that the two-fold objective of advanced post-graduate training and research should be kept in the forefront all the time. The achievements of the Institute would not be judged by the number of medical graduates it turns out but by the contribution it makes to (i) medical research (ii) evolving high standards of post-graduate training and (iii) developing new patterns of medical education and teaching. |
| 20 | 27 | (i) The Committee note that the study of the Physiology of Yoga is being made at the All India Institute of Medical Sciences and suggest that the Institute may get into touch with experts in Yoga, specially those, who can explain the technique scientifically so that advanced research can be carried on in the subject with their help and guidance. |
| | | (ii) The feasibility of maintaining close collaboration with other organisations in the country actually conducting or interested in undertaking similar research may also be examined. |
| 21 | 28 | The Committee suggest that efforts may be made to obtain a report about the experiments conducted in the All India Institute of Medical Sciences by Doctors Wenger and Bagchi to study the physiological changes produced under the effect of Yogic practices for the benefit of research scholars working in the line. |
| 22 | 29 | (i) The Committee are of the opinion that the All India Institute of Medical Sciences should have close and intimate co-ordination with the Indian Medical Council and its Post-graduate Medical Education Committee and the Universities, besides the Indian Council of Medical Research. |
| | | (ii) The Committee suggest that the President of the Indian Medical Council may be a member of the Governing Body of the Institute and the Director of the Institute may be a member of the Indian Medical Council so that the researches of the Institute in evolving new patterns of medical education can be made use of by the Medical Council of India for improving medical education all over the country. |

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23	30	The Committee hope that the target date for shifting the College of Nursing to the All India Institute of Medical Sciences Campus would be adhered to and necessary arrangements with the Delhi University, regarding its disaffiliation, finalised well in time.
24	33	<p>(i) The tendency to run medical institutions from the Ministry or the Directorate General of Health Services requires to be revised.</p> <p>(ii) The Committee recommend that the Board of Administration of the Lady Hardinge Medical College and Hospital should be reconstituted, preferably under the chairmanship of a capable woman, so as to invest it with a larger degree of autonomy consistent with the academic and financial requirements of the Institution.</p>
25	34	<p>(i) The Committee suggest that the Board of Administration of the Lady Hardinge Medical College and Hospital may meet more frequently and be actively associated with the activities of the College and Hospital to ensure maintenance of the minimum standards required of an all-India institution of this type.</p> <p>(ii) The Committee hope that the Board of Administration of the Lady Hardinge Medical College and Hospital will be strengthened and made more effective, without delay.</p>
26	35	<p>(i) The Committee suggest that steps may be taken to ensure utilisation of the Radiology Department of the Lady Hardinge Medical College and Hospital also for the Kalawati Saran Children's Hospital in an effective manner.</p> <p>(ii) Regarding the specialist staff working in the Lady Hardinge Medical College and Hospital and the Kalawati Saran Children's Hospital, the Committee are of the view that the appointment of a double set of specialists in these two hospitals should be avoided. They suggest that the specialist staff working in the Lady Hardinge Medical College and Hospital may be strengthened, if necessary, and their services be utilised for the Kalawati Saran Children's Hospital also.</p>
27	36	With a view to achieve a greater measure of economy and efficiency in the day-to-day working of the Lady

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Hardinge Medical College and Hospital and the Kalawati Saran Children's Hospital, the Committee consider it desirable to have either a common Advisory Committee or a Co-ordination Committee which can take an overall view of the common problems and strengthen the outlook of considering the two as one integrated unit.

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| 28 | 37 | <p>(i) The Committee are distressed to observe that the situation of overcrowding, particularly, in the maternity wards in the Lady Hardinge Medical College and Hospital, New Delhi, resulting in placing of patients on the floor, without any space in between the patients, should have been permitted to develop in a teaching hospital.</p> <p>(ii) The Committee suggest that steps may be taken for providing 25 beds for the C.H.S. cases at the Willingdon Hospital and another 25 to 50 beds at the Safdar-jang Hospital as early as possible.</p> <p>(iii) In view of the acute overall shortage of maternity beds in the hospitals in Delhi and New Delhi, the Committee also suggest that some maternity beds may also be added to the Maternity and Child Welfare Centres in Delhi and New Delhi.</p> |
| 29 | 38 | <p>(i) The Committee regret to observe that the facts about delay in construction and handing over an Out-patient Department Block in the Lady Hardinge Medical College and Hospital, New Delhi, are indicative of the lack of co-ordination between the various departments of the Government of India.</p> <p>(ii) The Committee consider that the reason for delay in construction of and in handing over the Out-patient Department Block to the authorities of the Lady Hardinge Medical College and Hospital should be properly investigated and suitable action taken against the defaulters.</p> <p>(iii) Steps should be taken to avoid recurrence of cases of the above nature in future.</p> |
| 30 | 39 | <p>(i) In view of the shortage of qualified medical teachers in the country, at present, the Committee recommend that the Principal of the Lady Hardinge Medical College and Hospital, New Delhi, should be assisted</p> |
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by a non-medical administrative officer, under her supervision, to deal with routine administrative work in order to enable her to devote more time to teaching and research work.

(ii) The Committee do not consider it advisable that the present Deputy Medical Superintendent in charge of the Lady Hardinge Medical College and Hospital, though an experienced obstetrician and gynaecologist, should devote her time entirely to administrative work and suggest that the matter may be examined in the light of the Committee's earlier recommendation contained in paragraph 14 of the 36th Report.

31 40 The feasibility of holding an open competitive examination for the purpose of selection of candidates for post-graduate studies in the Lady Hardinge Medical College and Hospital, New Delhi, may be examined.

32 41 The Committee suggest that the feasibility of arranging a few extra classes in the Lady Hardinge Medical College and Hospital during holidays for coaching students belonging to the Scheduled Castes and Scheduled Tribes, in whose case the admission standards were relaxed and who remained below the average standard may be examined.

33 42 Regarding the appointment of an Advisory Committee to the Hospital of the Lady Hardinge Medical College, New Delhi, the Committee reiterate their earlier recommendation contained in para 13 of their 36th Report and suggest that an Advisory Committee may be set up for the Hospital.

34 43 The Committee feel that the purpose of the College of Nursing, New Delhi, as an institution run by the Central Government, should ultimately be to develop the standards of patterns of teaching for nursing colleges and nursing education in all its branches so as to demonstrate a high standard of nursing education to all training institutions in India. This purpose would be better served, if closer co-ordination is maintained with the Council of Nursing.

35 44 (i) The Committee consider that the Advisory Committee of the College of Nursing, New Delhi should more actively be associated with the activities of the institution and that some non-officials interested in the subject should be included in the Committee to make it more representative.

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(ii) The Committee also suggest that the scope of the Advisory Committee may be widened to include not only the technical but also the administrative problems of the College

- 36 45 Looking to the expenditure incurred annually by the College of Nursing, New Delhi on transportation of students from one place to another and the loss of time involved daily by students in covering long distances, the Committee suggest that it would be desirable to provide all facilities like the laboratory, lecture hall, clinical, medical and surgical and mid-wifery beds in close proximity of the College at an early date.
- 37 46 Looking to the number of candidates applying for admission to the College of Nursing, New Delhi and the pressing requirements of the country for trained nurses, and of teachers for training nurses, the Committee consider it desirable to expand the present capacity of the College to the maximum possible extent.
- 38 47 The Committee consider that it should be possible for the rank and file of the nursing profession to attain the highest academic qualification by hard work and extra study, and that there should not be any technical bar to its realisation, provided a candidate fulfilled certain minimum requirements and passed a test examination for the purpose. The Committee, therefore, suggest that the feasibility of providing avenues for post certificate diploma holders passing out of the College of Nursing, New Delhi, to appear for the degree course after getting due credit for the studies already completed, may be examined.
- 39 48 In view of the fact that the Najafgarh area is already being served by the Pilot Health Projects Scheme, the Committee consider it advisable that the Mobile Nursing Van in charge of the College of Nursing, New Delhi should serve some other areas where health services do not exist.
- 40 49 The Committee consider that the activities of the Child Guidance Clinic of the College of Nursing, New Delhi should be co-ordinated with, at least, similar Clinics in the city.
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- 41 50 The Committee are of the view that some sort of evaluation and reorientation of the Child Guidance Clinics established in the country is necessary before undertaking further expansion plans of such projects. The Committee, therefore, suggest that proper evaluation of the working of such Clinics by an independent agency like the Programme Evaluation Organisation of the Planning Commission may be undertaken to see (i) whether the results achieved so far are commensurate with the expenditure incurred on the Scheme; and (ii) whether the number of child delinquents has decreased with the establishment of such Clinics in teaching hospitals in different parts of the country.
- 42 51 The Committee suggest that the cost of training in the Lady Reading Health School, Delhi may be brought down by increasing the training capacity of the School by providing more accommodation.
- 43 52 The Committee suggest that the feasibility of having a common person to act both as the Principal of the Post-graduate Training Centre in Ayurveda and as the Director of the Central Institute of Indigenous Systems of Medicine, Jamnagar, may be examined.
- 44 53 In view of the fact that the Gulabkunverba Ayurvedic Society, Jamnagar is also conducting educational and research activities in Indigenous Systems of Medicine, and since the Society has been associated with the Central Institute of Research in Indigenous Systems of Medicine and the Post-graduate Training Centre in Ayurveda, the Committee consider that the Society and the other two institutions should work in close co-ordination, if possible, by having a common Head to direct their various activities, and maintain a link with similar other units in the country in order to avoid any possible overlapping of functions and activities.
- 45 54 (i) The Committee recommend that the Ministry of Health in collaboration with the Central Institute of Research in Indigenous Systems of Medicine should evolve a scheme whereby it may be possible to trace and acquire old manuscripts in Ayurveda and other systems of medicine from various sources, including Museums, Libraries and Records in India and abroad which may subsequently be catalogued, translated and published.

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(ii) With a view to ensure an expeditious and effective handling of this important work, the Committee suggest that the scheme may envisage proper assignment of work to different institutions working in the field on a regional basis.

- 46 55 The Committee consider that there is scope for accelerating the pace of research in the Central Institute of Research in Indigenous Systems of Medicine, Jamnagar by having a well laid-out plan. They consider that the Institute should have a well knit comprehensive plan of the research programme, drawn up on a long term basis in consultation with the Indian Council of Medical Research and the Council of Scientific and Industrial Research, which may enable it to have a clear picture of the magnitude of the work and the relative importance of the various items of the research problems included in the programme. It should then concentrate on such items of the programme which may need its attention the most, the rest being distributed to other research centres in the country, according to their capacity.
- 47 56 The Committee suggest that research may be undertaken by Government in collaboration with the Central Institute of Research in Indigenous Systems of Medicine, Jamnagar to work out a systematic plan of research so that the various Indigenous methods suggested for the cure of Tuberculosis may be scientifically tested and the claims verified or rejected.
- 48 57 (i) The Committee consider that proper arrangements should be made to gather valuable knowledge from those who are known to be experts in herbal remedies, bone setting processes etc. with a view to undertake further research by analysis and scientific testing of such remedies.
- (ii) The persons who may have furnished such information should be suitably rewarded, if their remedies prove successful.
- (iii) The Committee also suggest that proper publicity may be given to the work of the Committee appointed by the Government of India which is going round the various parts of the country and collecting herbs having individual properties so that persons who may have such useful information can come forward and place it before the Committee.

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49	58	In view of the fact that the Ministry of Health is required to scrutinise all proposals received from the All India Institute of Mental Health, Bangalore, which is a subordinate organisation under the Ministry, objectively and independently, and is also responsible for enunciating policies in the matter of Mental Health Services, the Committee suggest that the officials of the Ministry of Health may not be associated with the management of this and similar other subordinate institutions, as far as possible.
50	59	The Committee recommend that for the proper development of Mental Health Education in the country and for co-ordination of various activities of the State Governments in the field of Mental Health Services, a Central Council of Mental Health should be established with its constitution and functions analogous to similar Councils under the Ministry of Education.
51	60	The Committee consider that it would be desirable to forge a better link for effecting a close liaison in the overall working of the All India Institute of Mental Health, Bangalore and the Mysore Government Hospital for Mental Diseases. The Committee suggest that the feasibility of having a Joint Board of Management for both these institutions may be explored.
52	61	The Committee suggest that Government may review the position about the balance Rs.19.45 lakhs in the provision made in the Second Plan for the All India Institute of Mental Health, Bangalore, and assess the actual requirements of the Institute during the last two years of the Plan and take measures from now onwards to ensure that the budgeted expenditure is fully and effectively spent on the Institute or on the development of Mental Health facilities elsewhere, keeping in view the deplorable lack of such facilities in the country, during the remaining period of the Second Five Year Plan.
53	63	The Committee feel that the estimated non-recurring expenditure of Rs. 80 lakhs for establishing a new Medical College, having 100 seats, is on the high side. Efforts should be made to make these buildings as economical as possible by laying more stress on utility than on grandeur. With a view to find out ways and means of reducing the unit cost of establishing a

Medical College by the adoption of simpler standards with regard to the construction of buildings, without in any way affecting the minimum academic requirements laid down for the purpose, the Committee recommend that Government should appropriately seek the counsel of eminent men in public life and other experts who might have put up such buildings at much lesser cost.

- 54 64 In the matter of opening new Medical Colleges in the country, irrespective of the fact whether Central assistance is sought or not, the Committee suggest that a uniform policy may be evolved to ensure their geographical distribution all over the country so as to afford more or less equal facilities to students residing in different parts of the country.
- 55 65 (i) The Committee are surprised to observe that the scheme of granting subsidy for full time teaching units in Medical Colleges has remained unimplemented as yet.
- (ii) The Committee recommend that the difficulties expressed by the State Governments should be examined and met with as far as possible in order to implement the scheme of granting subsidy for full time teaching units in Medical Colleges as early as possible. In the mean time, it would be desirable to make an assessment of the teaching and research work done by whole-time professors and by those who are allowed private practice to bring out the relative merits of the two systems.
- 56 66 (i) The Committee consider that the working of the upgraded departments of Medical Colleges in regard to their general standard and outturn should continuously and effectively be watched by the Ministry of Health to ensure proper utilisation of money allotted for the purpose.
- (ii) The Committee suggest that a suitable independent evaluation machinery may be set up for the above purpose.
- 57 67 The Committee consider that there should be a regular follow-up of trainees coming out of the up-graded departments of Medical Colleges to see how many of them get a chance of working in their speciality and how many take to teaching and research work?

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58	68	<p>(i) The Committee suggest that steps may be taken by the Ministry from now onwards to ensure the full and proper utilisation of the amounts provided in the budget for the scheme of upgrading of certain departments in Medical Colleges.</p> <p>(ii) One of the difficulties in the way of the State Governments in accepting new schemes of this type is stated to be that their State Plans do not allow of new expenditure not included in the original Plan. Therefore, they cannot meet their share of the cost of these new schemes, however desirable they might be. The Committee recommend that the Government of India should examine this and find some solution either by persuading the Planning Commission to allow discretion to the State Governments to spend a small percentage of the Plan allocation according to their own special requirements, including meeting expenditure on new schemes, or else by meeting the full expenditure of such schemes from the Central funds.</p>
59	69	<p>The Committee suggest that the progress of the scheme of giving grants for development of Ayurveda, Unani, Homoeopathy and Nature Cure Systems and assistance for upgrading of teaching institutions may be reviewed in the Central Council of Health with a view to ascertain the causes of its slow progress. They also suggest that the details of the scheme may be communicated individually to the institutions concerned indicating, in brief, the procedure of availing of the assistance provided by the Central Government.</p>
60	70	<p>In view of the fact that the Advisory Committee for Unani has not met at all due to want of suitable schemes from the State Governments, the Committee suggest that the Advisory Committee may be encouraged to take the initiative in formulating suitable schemes which may be recommended to the State Governments for implementation.</p>
61	71	<p>The Committee feel that it may be necessary to encourage both the "shuddha" and the "integrated" systems for some time more leaving it to the State Governments to decide whether they should introduce one system or the other. In the meantime, the Committee suggest that the results of both these</p>

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systems may be watched carefully so that at some future date it may be possible to assess their relative merits.

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| 62 | 72 | In view of the fact that a number of students who fail to get admission in the Allopathic Medical Colleges secure admission in the Colleges of Integrated System of Medicine, but that after graduation they do not practise Ayurveda, the Committee suggest that the minimum standards of admission to the M.B.B.S. and the Integrated courses may be made more or less equivalent so that students may choose either of these two courses as a matter of their future career. Students seeking admission to the Integrated courses may have to possess adequate knowledge of Sanskrit in addition to other minimum requirements. This would automatically prevent the rejected candidates of one course from going in for the other. |
| 63 | 73 | With a view to stimulate interest in the study of Ayurveda, the Committee suggest that the feasibility of creating a Chair of Ayurvedic Medicine in some Medical Colleges may be examined. |
| 64 | 74 | The Committee suggest that proper criteria be laid down for determining the index of backwardness of a Medical College for the purpose of supply of equipment received from the T.C.M. and a machinery be created for conducting an objective survey of backward colleges. Gradually, it should be the aim of Government to give more equipment to those who are doing more progressive work in teaching and research. |
| 65 | 75 | The Committee suggest that negotiations with the T. C. M. may be held for the supply of equipment to prominent research institutes carrying on research in Indigenous Systems of Medicine provided, those in charge of the institutions desire to get such modern equipment and are adequately staffed to make good use of it. |
| 66 | 76 | The Committee suggest that the Ministry may have some machinery to collect information regarding the achievement made in the field of research carried out by the recipients of the equipment supplied by the T.C.M. regularly with a view to have their proper evaluation for future guidance. |
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67	77	(i) The Committee consider that there is scope for improvement in the procedure of sanctioning grants and watching their proper utilisation.
		(ii) The Committee consider that there should be an organisation on the lines of the University Grants Commission for the development of medical education in the country which may be in charge of awarding grants to Medical Colleges, Teaching Hospitals, Research Institutions, etc. This body may also be entrusted with the task of giving grants to the hospitals for their expansion, development, equipment, etc.
68	79	The Committee reiterate the recommendation of the Central Council of Health that the Union Government should actively encourage research in Ayurveda, Unani and Homoeopathy (as also Nature-Cure). The Committee also suggest that the position may be reviewed by the Central Council of Health periodically to assess the progress made in the development of Indigenous systems of medicine.
69	80	The Committee suggest ¹ that the development of Homoeopathy and Nature-cure systems on the lines envisaged in the First Plan may receive adequate attention.
70	83	The Committee recommend that an objective review of the achievements of the Medical Council of India since the time of its inception should be undertaken by the Government of India to see how far it had succeeded in establishing a uniform minimum standard of higher qualifications in medicine in the country.
71	84	The Committee are of the view that there should be some machinery in the Ministry of Health or in the Medical Council of India to collect detailed and up-to-date information about new knowledge and practices in foreign countries regarding hospitals, medical education, research, general improvement of sanitation and hygiene, provision of medical facilities to people, etc., regularly from abroad by exchange of publications, technical bulletins, scientific journals, etc., with a view to derive the fullest benefit of the results of research and other administrative patterns prevailing in foreign countries.

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| 72 | 85 | With a view to promote a mutual exchange of ideas and information, the Committee suggest that the Ministry of Health may arrange consultations of the concerned representatives of the Medical Council of India, the Indian Council of Medical Research and the All India Institute of Medical Sciences with the foreign medical experts or Medical Delegations whenever they visit India. |
| 73 | 86 | The Committee suggest that it would be desirable to re-examine the present position regarding the powers and facilities at the disposal of the Medical Council of India to keep a close contact with Medical Colleges in the country and to have an up-to-date knowledge of the prevailing standards of medical education in different branches of medical sciences, so as to ascertain what further steps would be necessary to improve the position. |
| 74 | 87 | <p>(i) The Committee consider it unfortunate that there should be wide variation in the standards of post-graduate courses in different Universities.</p> <p>(ii) The Committee suggest that the feasibility of inviting the Post-Graduate Medical Education Committee of the Medical Council of India (constituted <i>vide</i> Section 20 of the 1956 Act) with authority to hold all India examinations for post-graduate medical courses may be examined.</p> |
| 75 | 88 | <p>(i) The Committee consider it to be unfortunate that the recommendations of the Nursing Committee appointed by the Central Council of Health in respect of improving the pay scales and working conditions of nurses have remained unimplemented, and even in the Union Territories the service conditions of Nurses are sub-standard.</p> <p>(ii) In view of the above facts, the Committee are of the opinion that the Central Government should set up a model of service conditions in the Union Territories. The Committee recommend that the least, that should be done, is to have the recommendations of the Nursing Committee implemented fully in the Union Territories and the centrally administered institutions and the States may be advised to implement them as soon as possible.</p> |
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76	89	In the matter of improving the service conditions of Nursing Staff in the States, the Committee suggest that the Central Government may evolve a scheme to provide suitable assistance to the State Governments to implement the recommendations of the Nursing Committee.
77	90	(i) The Committee suggest that in view of the importance of the scheme of employing married nurses on part-time basis, it may be given adequate publicity so as to attract the married nurses to take up part-time jobs. (ii) The Committee also suggest that the State Governments may be advised to implement the same.
78	91	The Committee suggest that with a view to enable the nurses to continue in service even after marriage, the feasibility of providing family quarters to married nurses may be examined.
79	92	(i) The Committee hold the view that the existing standard of a majority of Dental Clinics in the country is far from satisfactory. They recommend that the Central Government should take the initiative and in consultation with the State Governments formulate a national policy under which certain minimum standards could be ensured in respect of the working of Dental Clinics in the country. (ii) On the analogy of the standards laid down for drug manufacture, the minimum standards required for the manufacture of dentures could, atleast, be laid down.
80	93	In view of the existing shortage of qualified dentists in the country, the Committee consider it necessary to expedite the implementation of the scheme of establishment of new and expansion of existing Dental Colleges by making suitable modifications in the scheme, if necessary.
81	94	In view of the meagre facilities of Dentists in rural dispensaries, the Committee suggest that necessary steps may be taken to induce the State Governments to implement the scheme of establishment of Dental Clinics in District Hospitals, included in the Second Five Year Plan.

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82	96	The Committee observe that the approximate cost per patient treated in the Civil and Military Dispensary, Simla works out to Rs. 1·18. This is too high as compared with the cost in other outdoor departments such as in the Irwin Hospital, New Delhi, and needs looking into by the Ministry.
83	97	With a view to effecting economy and increasing efficiency, and in view of the fact that the Himachal Pradesh Hospital, Simla is for all purposes a Central Government Hospital, the Committee recommend that the Civil and Military Dispensary and the X-ray Installation, Simla should be integrated with the Himachal Pradesh Hospital.
84	99	The Committee suggest that in future full publicity may be given to the various schemes of the International Scholarships and Fellowships in order to enable the employees working in private institutions to apply through their respective State Governments.
85	100	<p>(i) The Committee suggest that the composition of the Selection Committee for the selection of candidates for the International Scholarships and Fellowships may be revised to include some non-officials.</p> <p>(ii) The Committee also suggest that regular minutes of the various sittings of the Selection Committee, duly signed by the Members may be maintained and the candidates considered for selection be called for interview, as a rule, before they are finally selected for the award of medical scholarships.</p>
86	101	<p>(i) The Committee suggest that the principle of de-barring Government doctors from private practice, as done under the Contributory Health Service Scheme, may be extended to all Government doctors in the Union Territories.</p> <p>(ii) The Committee are also of the opinion that the various difficulties in the way of introducing the above principle throughout the country needs a very careful and detailed investigation, so that suitable steps can be taken to overcome those difficulties. The Committee, therefore, suggest that the problem may be referred to the Committee proposed to be appointed by the Ministry of Health referred to in para 8 of the Committee's 37th Report.</p>

APPENDIX IX

Analysis of recommendations contained in the Report

I. CLASSIFICATION OF RECOMMENDATIONS :

A. Recommendations for improving the organisation and working :

S. Nos.	Total
1, 2, 5 to 7, 9 to 25, 27 to 31, 33 to 38, 40, 41, 44 to 52, 55 to 74, 77, 79, 80, 84 to 86	70

B. Recommendations for improving and/or extending the welfare activities in the country :

S. Nos.	
32, 39, 54, 75, 76, 78, 81	7

C. Recommendations for effecting economy :

S. Nos.	
3, 4, 8, 26, 42, 43, 53, 82, 83	9

II. ANALYSIS OF MORE IMPORTANT RECOMMENDATIONS DIRECTED TOWARDS ECONOMY :

S. No.	No. as per summary of recommen- dations	Particulars
1	3	With the object of effecting substantial economies, the proposals to air-condition the various blocks and buildings in the All India Institute of Medical Sciences New Delhi should be reviewed and only those portions, wherein air-conditioning is absolutely necessary in the interests of research should be air-conditioned.
2	4	The lessons learnt in construction of the All India Institute of Medical Sciences, New Delhi, in regard to the increase in the cost of the Project will have to be well utilised while undertaking similar projects in future.
3	8	The question of fixing the fees of the Architects on the basis of a percentage of the total cost of construction (with some ceiling), needs careful review in consultation with experts.

S. No.	No. as per summary of recommen- dations	Particulars
4	26	The Radiology Department and the Specialist staff of the Lady Hardinge Medical College and Hospital should be utilised also for the Kalawati Saran Children's Hospital, New Delhi.
5	42	The cost of training in the Lady Reading Health School New Delhi, may be brought down by increasing the training capacity of the School by providing more accommodation.
6	43	A common person may act both as the Principal of the Post-graduate Training Centre in Ayurveda and as the Director of the Central Institute of Indigenous Systems of Medicine, Jamnagar.
7	53	Efforts should be made to construct the buildings of Medical Colleges as economically as possible by laying more stress on utility than on grandeur. Government should appropriately seek the counsel of eminent men in public life and other experts who might have put up such buildings at much lesser cost.
8	82	Cost per patient treated in the Civil and Military Dispensary, Simla, is too high and needs looking into by the Ministry.
9	83	With a view to effecting economy and increasing efficiency, the Civil and Military Dispensary and the X-ray Installation, Simla, should be integrated with the Himachal Pradesh Hospital, Simla.

