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Emergence of Indigenous Medical Education in Madras Presidency - A Historical Analysis

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Abstract- Emergence of Medical Education in Madras Presidency was a milestone in Indian Medical Education to accept new mode of medical practice which was allopathic and to generalize the Indian Traditional Medical System such as Ayurveda, Siddha and Unani. There were wide range of discussion on Indian and Western Medical Systems on implementing it in the syllabuses of the medical schools and it its effects on the patients. Present study discusses the origin of the Indigenous Medical Education in the Madras Presidency and the ways of propagation its glory among the people.

Index Terms- Medical Education, Indigenous, Allopathic, Ayurveda and Madras Presidency.

1. INTRODUCTION

The Government of India Act 1919 introduced diarchy by which power in the provinces was divided between reserved departments under executive councilors and transferred department in the hands of elected ministers. The former included the most vital portfolios such as revenue and police whereas ministers were handed under-funded, second rank departments such as education, health and agriculture. This had brought expenditure on healthcare and health policy to a greater degree of police scrutiny. In 1918 and 1920, the Indian National Congress passed resolutions stating the undeniable claims to the usefulness of the Ayurvedic and Unani system calling for the establishment of schools, colleges and hospitals for instruction and treatment in accordance with the indigenous system. Although the congress boycotted the 1920 election, members of the legislature took up the cause of indigenous medicine and in a further conciliatory move the government of Bengal and Madras agreed to set up committees of inquiry into the Indigenous Medical System. The most important of these was held in Madras where a committee (Usman Committee) on the Indigenous Systems of Medicine was appointed in October 1921.The committee was chaired by Mohammed Usman, a part time hakim, but the key figure was the secretary, G. Srinivasa Murti, who was influential in keeping the committee's attention on Ayurveda. A former allopathic medical officer and a theosophist Srinivasa Murti made a detailed and closely reasoned case for Ayurveda as a surgery. Claims for the scientific integrity of Ayurveda were supported by references to Brajendranath Seal, Gananath Sen, and Jagadis Chandra Bose who through the methods and instruments of modern science had made the ancient teaching live once again in our minds. Srinivasa Murti appeared to reject any compromise with Allopathy.[1]

In 1921, a committee was appointed with the recognition and the encouragement of the indigenous system of medicine in vogue in this presidency. This committee considered that the most urgent and immediate concern of the state should be to devise a suitable scheme of studies of Indian medicine and to make those trained under the system of Indian medicine equal to the task of ministering not only to the medical needs of the public but also to their surgical ailments. The Indian medical schools and hospitals were started in 1924 and the scheme of studies adopted in the school is intended to give effect to the above recommendation. Training is given to the students in the school in Ayurveda, Sidha and Unani systems and instruction is also given in subjects such as Modern Anatomy, Physiology, Surgery, Midwifery and Ophthalmology. Students are trained in the school for the L.I.M (Licentiate in Indian Medicine) Diploma also. The following special courses are given in the school for the A.L.I.M (Associate Licentiate in Indian Medicine), A.I.M (Associate in Indian Medicine) and H.P.I.M (Honorary Physician in Indian Medicine) diploma.

(1) Training is given in western medicine for two years for accredited practitioners of Indian medicine who have not undergone L.I.M course.
(2) Training is given in Indian medicine for practitioners of western medicine.
(3) Training of L.I.Ms is given in branches of Indian medicine in which they have no specialists in the L.I.M course.
(4) Training is given for high proficiency in Indian medicine.[2]

2. MADRAS AYURVEDIC COLLEGE

The first and foremost of its kind in India was started by the late Pandit D. Gopalacharlu and after his

unfortunate demise was continued under the worthy guidance of Dr. A. Lakshmipathi, B.A., M.B and C.M., Bhishagratha. The students of the college underwent a full course of study for four years and received training both theoretical and practical in Ayurveda as well as in Allopathic subjects like Surgery, Mid-wifery and medicine. The lecturers were all eminently qualified to teach the subjects handled by them. As regards the curriculum of studies, the first two years were devoted to the study of pre-clinical odd studies like Anatomy, Physiology, Botany, Biology, Chemistry and Materia Medica in Allopathy besides Ayurveda. Regular training (Theoretical and Practical) in three subjects viz, Medicine, Surgery and Mid-wifery under learned professors. The students were given in and out patient training in the hospital attached to the college under the management of leading Allopathic surgeons and Ayurvedic physicians. The details given regarding the staff and others in the first annual report of the association and the prospectus of the Madras Ayurvedic College fully bear out the above facts.[3]

3. SCHOOL OF INDIAN MEDICINE, 1924

Even in the pre-reform days there was constant agitation in the legislative council for the recognition and encouragement of the indigenous system of medicine. Resolutions on the subject were introduced in the council in 1920 and in 1921. In the later years, the government appointed Usman committee to report on the subject. On the committee's recommendation, the government decided to open a school of Indian medicine. The school commenced regular work in January 1925. It consists of three sections, Ayurveda, Siddha and Unani and provides such training to enable the students to become competent practitioners of Indian system with a good knowledge of the western system also. The course of training was for four years and the medium of instruction was the vernacular (Tamil, Telugu or Urdu) but the subjects of western medicine were presented and taught in English.

Apart from the above, training was also given to Dhais, uneducated but experienced elderly women in delivery. Several schemes for improving the work of Dhais or indigenous midwives by giving them instruction in modern methods were unsuccessful. When a bill for the registration of nurse and midwives was introduced in the legislative council in 1924, demand recognition of Dais was came out loud. The general surgeon was accordingly asked to draw up a scheme for their training and registration. A scheme was drawn up and circulated to local bodies and met with general acceptance. The government has approved the scheme and it has been introduced by several local bodies. [4]

4. POLICY FRAMEWORK

The colonial medical service in India took a discernible organizational shape by the end of eighteenth century. They were linked and ordered into a hierarchy adroitly maintained and managed by well-formulated rules and regulations concerning qualifications pay and privileges(like promotion, leave, allowances, on special duties and pension) and overall status of the incumbents of the respective service. The Indian medical graduates and licentiates had to suffer and withstand of highly calculated racial discrimination.

Metropolitan masters like Elliot have formed expert opinions on the indigenous medicine maintained a balance. They neither completely dismissed them nor ignored of their inherent problems. R.H. Elliot has produced a report on the indigenous medicine on behalf of the government. On one hand he argued that, no western scientist should think of criticizing Ayurveda until he has learnt the Sanskrit language and studied the subject for some years under a competent Acharya. This is to say that minimum understanding is needed to be critical of Ayurveda or any other indigenous system. But he also argued that the western scientist need not involved in prolonged and details study, they could, without the least difficulty, recognize the familiar features of the phase of development reached by Ayurveda when he recalls the history of his own science. Similar unsupported metaphysical and theoretical dogmas were to be found in both.

He also further argued that the 'authority of the scriptures' was regarded as equivalent to the truth in the one as in the other and our grandfathers accepted without a doubt the account of the creation of the universe given by Moses and regarded the first chapter of genesis as the word of god. In the hundred years science has emerged from the metaphysical stage into the clear light of positive knowledge and if the Madras Government has the interest of the Indian people genuinely at heart it would extend its energies in planting modern science in the country by the agency of science and teachers trained in western methods instead of endeavoring to stimulate the belated indigenous system into renewed activity. There were many indications in the report that the Ayurvedists feel the need of European methods- the microscope, bacterial technique, etc. what they really need was an altered scientific outlook, they need to understand the difference between metaphysical and positive knowledge, between the study of facts

through the colored glass of theoretical dogma and their study in the plain daylight of science.[5]

Madras Government was apparently at the parting of the ways. It was interesting to see whether it decides to set things moving in the path of progress by the encouragement of European scientists or pushes the country back into the old metaphysical rut." Most unfortunately the Government of Madras had not seen fit to adopt the excellent advice tendered to it. Its medical officers decided to constitute a board whose functions were as follows:

1. "To form an association of practitioners of the indigenous system on the analogy of the British medical association.
2. To formulate detailed proposals for a school or college of Indian medicine to be started in Madras.
3. To report whether instead of the starting of a government school clearly or college, scholarships may be given in certain existing institutions".

Elliot suggested that the British scientists understand implications before enlisting into the government services. His views on Indian indigenous systems were not positive. He did not believe that they are scientific. In 1923, writing about the problems in the indigenous system of medicine he wrote that "their physiology is that of the so-called "humours" their pathology resembles that which was current in the time of Hippocrates –a pathology which all other civilized peoples has for centuries cast behind them. Their views on drugs are primitive: they know nothing of their standardization and rely rather on the phase of the moon under which the plants are gathered or the dung of the sacred cow, on virgin's urine and on similar harmful trash. It is not found any attempt in the report of the committee appointed by the government of Madras to prove the hypotheses on which the whole of this archaic and effete system of medicine was supposed to be based.

Elliot's suggestion to the British scientists and the British Medical Association was that not to be part of the indigenous system till clear evidence that such retrograde and deplorable experiments are in some way made impossible.[6] In 1921, the Madras Government has conducted an enquiry sent questionnaire to all the practitioners of the indigenous system. The object of the proposed enquiry was to "afford the exponents of the Ayurvedic and Unani system an opportunity to state their case fully in writing for scientific criticism and to justify state encouragement of these systems." The Madras Committee has prepared a set of questions for the practitioners of the indigenous systems. The government believed that it would help to form some clear idea as to the teachings and practice of the system concerned.[7]

On the other hand there is good evidence that the native practitioners perform a useful service in the villages more especially on medical side of practice and in the treatment of ordinary disease in the absence of adequate scientific training they must often have the character of "medical men". From these consideration it would seem that the ground was clear either for the introduction of the European medical system or resuscitation of the indigenous system whichever may be deemed preferable. The demand of the Ayurvedists was that their system which should be resuscitated and recognized by the state and recognize those who possess a competent knowledge of Ayurveda and the report purports to furnish the means of acquiring this knowledge. Doubtless there exists among the more educated Ayurvedists a natural and praiseworthy desire to retain their national systems and it is moreover probable that European scientists are inclined to ignore the force of the religious element.[8]

5. USMAN COMMITTEE REPORT

Towards the end of 1921 the Government of Madras appointed a committee under the chairmanship of Mr. Mahomed Usman to report "on the question of the recognition and encouragement of the indigenous system of medicine in vogue in this presidency". After a thorough and exhaustive investigation of various questions, they recommended to the government the recognition of the Indian system of medicine and the establishment of suitable centers of medical education by them. In their view "every scheme of study of Indian Medicine, whether Ayurveda, Siddha and Unani should make adequate provision not only for efficient training in subjects appropriate to itself but also for the teaching of the essentials of whatever is valuable in western medicine". Accepting the recommendation of the committee the government established the Indian Medical School in 1925 to give such instruction to its students as it would enable them to become practitioner of Indian system of medicine with a good working knowledge of the western system.

In addition to the L.I.M course which extends over a period of five years, provision was also made for imparting post-graduate instruction in Indian medicine and western medicine to fully qualified practitioners of Western medicine and Indian medicine respectively. These were known as A.I.M and A.L.I.M course extending over a period of two years each. There was also provision for passed L.I.Ms of the school to specialize in branches of Indian medicine in which they were not specialized in their L.I.M course and also for obtaining a higher qualifications H.P.I.M

in their own branch and there was also a compounder's course.[9]

Apart institutional arrangements in the provincial level, a regulatory mechanism; the Central Board of Indian Medicine started and placed it in Presidency of Madras. It consisted of fifteen members including a president and vice-president to be appointed in the following manner;-

(a) Eight member elected from among themselves by practitioners registered
(b) One member elected from among themselves by teachers of schools and colleges of Indian Medicine recognized as institutions for training practitioners registrable under class 'A'
(c) One member elected from among themselves by teachers of schools and colleges of Indian Medicine recognized as institutions for training practitioners registrable under class 'B'
(d) Five members nominated by the government of Madras.
(e) The Vice-president shall be elected from among the members of the board in the prescribed manner and the president shall be nominated by the government during the first of the board.
(f) The members were office for a term of five years and were eligible for reappointment or re-election.[10]

The course of LIM, ALIM and compounder course were having different branches for facilitating the distribution of students into classes started in vernacular languages: Ayurveda (Telugu), Ayurveda (Tamil), Siddha and Unani. This clearly indicates that within a decade, internal tensions were growing up among from constituent linguistic regions, perhaps, due to the domination of certain regions in the indigenous medicine. In the year 1938-39, students were admitted in Telugu and Tamil medium classes. Students from Telugu and Tamil regions have dominated in Aurveda in the school. In this year 240 students in Ayurveda (Telugu) and 160 Ayurveda (Tamil) were admitted. This number came down in course of time. In 1945-46 very less students only admitted: -158 in Ayurveda (Telugu) and 157 Ayurveda (Tamil). By this time, there was growing concern from linguistic regions to have colleges in their own region. They demanded separate indigenous medical college because they are suspect of abolishing the indigenous medicine and practice allopathic medicine.

The School of Indian Medicine was limited to Madras Presidency alone. It admitted students from

Community	1938-39	1939-40	1940-41	1945-46	Total
Brahmins	276	268	249	186	976
Non-Brahmins	196	217	211	163	787
Muhammadans	48	40	38	12	138
Christian	29	22	26	9	86
Depressed Classes	19	16	10	6	51

Table-1: Distributions of Students According to Communities

(Go. No. 2560, dated 28.08.1946, Go.No 1845, dated 12.07.1945, Go.No 3669, dated 9.10.1939, Education and Public Health Department)

belong to princely states, provinces and presidencies and as well as from outside India. Within the presidency students came from North Arcot, South Arcot, Bellary, Chingleput, Chittoor, Coimbatore, Cuddapah, Ganjam, West Godavari, Guntur, South Kanara, Kistna, Anantapr, Kurnool, Madura, Malabar, Nellore, Ramnad, Salem,Tanjore, Trichinopoly, Tinnevelly, Vizagapatam, Madras, Travancore, Nilgiris, Coorg, princely states like Hyderabad and Cochin, Bombay presidency, Central Provinces and from Ceylon as well. However, students belong to Telugu and Tamil linguistic regions had dominant presence.[11]

The clearly indicates that it was the caste that was deciding the proximity and accessibility of indigenous medicine offered in the institutional set up. The domination of the Brahmans is quite visible. However, what was quite surprising was that a purely Hindu upper caste practice was opened to all caste and religious communities including untouchables. This, perhaps, was due to the institutionalization which automatically eliminates communal particularity and provides secularity. In other words, the institutionalization of Ayurveda led to the secularization and popularization of the Hindu practices. If it was not institutionalized, it would have remained as the practices of the elite Hindu. It was also resulted becoming accessible to depressed class (untouchables) who otherwise would be allowed think about going near to the practice. The caste system, keep them away from the very practice.

Table- 2: Distribution of Students According to Occupation

Parents occupation	1938-39	1939-40	1940-41	1945-46	Total
Officials	132	91	31	60	314
Petty officials and Menial servants	89	53	56	18	216
Traders	65	25	18	28	136
Landholders	158	142	90	83	473
Artisans and others	124	252	339	187	902

Though caste-wise Brahamans dominated the Ayurveda education, after the institutionalization, the Sidha, Unani and other Indian medicines has opened gates for lower caste shudras and Depressed Class as well. There is considerable increase in the intake of the lower caste in the Indian medicine after 1930s

Local intellectuals too tried their part in responding to the opportunity offered by the institutionalization process initiated by the British government. In 1938, Vaidyaratna G. Srinivasa Murti, Principal, Indian Medical School and applied for recognition of the "Ayurveda Siromani" diploma of the Madras University.[12] The Central Board of Indian Medicine has approved the request and recommended that the Government to recognize the "Ayurveda Siromani" diploma of the Madras University for registration in class 'B'. It also stated that the separated recognition was not needed for the diploma of Ayurveda Siromani" offered in the Venkataramana Ayurvedic College is needed was it has recognized the diploma given in the Central Sanskrit College, Pattambi which is affiliated to the Madras University. But that the alumni of the institution might be registered as 'A' or 'B' class medical practitioners as the case might be provided them satisfying the condition laid down by the Central Board of Indian Medicine in this behalf.

Table - 3: Division of L.I.M Classes

Section	First Year	Second Year	Third Year	Fourth Year	Fifth Year
Ayurveda-Telugu	58	65	29	21	14
Ayurveda-Tamil	24	36	20	19	6
Siddha	17	23	12	12	11
Unani	3	3	6	4	2

(M.C Koman, Repot on the Investigation of Indigenous Drugs, The Government Press, Madras, 1921)

The same subjects were offered in English but instruction in the various subjects included in western medicine being taught in accordance with English books on the subject. Whoever satisfactorily undergone the apprentice physician's course were eligible for the grant of the Diploma of Licentiate in Indian Medicine.[13] Hours of study allocated according the nature of the subject. Everyday two hours for practical teaching, three hours for clinical practice, library study and preparations of notes. These notes were to be prepared under the direction and supervision of the teaching staff about ten hours a week.[14] The memorialist qualified himself by undergoing a course of training of 4 to 5 years in the private institution and entered the medical service either under persons or under the Local Boards or Municipalities long before the institution of the L.I.M and other degrees of Indian Medicine and the starting of the Government Indian Medical School, Madras. It has already been represented to the Central Board of Indian Medicine that the course and syllabus of study undergone by the memorialist and others in the private institutions were equal if not better and not at all inferior in any way to the course of study prescribed for the L.I.M. Diploma and that in the registration of the medical practitioners of Indian Medicine, the medical officers who entered service before the starting of the government Indian Medical School and the present L.I.M diploma holders was asked to register in the same class.

But the distinction made in the registration of the medical practitioners in A and B classes and the un-equal scales of pay fixed in the two classes of the practitioners of Indian Medicine in local boards and municipalities etc., had given utter disappointment to all. The scale of pay fixed by the government were quite inadequate and discouraging and were too low to attract really qualified and capable men to enter service under the local boards and municipal institutions. The application of the revised scales as per the recent G.O. to existing incumbents had resulted in the drastic reduction of their present salary. No consideration had been given to experts had long service. The very unattractive in as much as there is a time-scale for those registered under the "A class and only a fixed salary of Rs. "40" Per mensen for those under the "B" class nothing was offered.

The registration of the practitioners of Indian Medicine was in the hands of the Central Board of Indian Medicine Madras and no hard and fast rules of difference appear to have been laid down by the Board for registration in the A and B classes. The medical officers who were serving under the Local Boards and Municipalities grouped under the following three classes, Viz:-

(i) Graduate of the Venkatramana Medical College, Mylapore, Madras and the Madras Ayurvedic College, Madras. These were qualified men and who had entered service long before the establishment of the Government Indian Medical School and the L.I.M course of study.
(ii) L.I.M 's graduated in the Government Indian Medical School Madras
(iii) Others who do not come under either of the above two classes.

The Government Indian Medical School came into ushered the existence 1925 and started producing the L.I.M's graduates. Prior to this, there were only two private institutions in the city of Madras viz: (1) The Venkatramana Medical College and the Madras Ayurvedic College which imparted instruction in Indian Medicine and trained men for the medical profession. In fact, the memorialist and others similarly entered service long before the advent of the L.I.M courses of study.[15] During its very useful existence from 1901-1919, the Madras Ayurvedic College produced about 170 graduates. Of the remaining, about 50 were working as medical officers about 15 were in dispensaries under local bodies, 9 were in private dispensaries and 11 were in dispensaries of their own , 6 own pharmacies run on business lines, 3 were professors in the government Indian Medical School and were also in the Board of Examiners for the L.I.M Examinations.

When registration for Indian Medical Practitioners was introduced by the government, the Central Board of Indian Medicine created the A and B classes, the former to include those who have passed from the Government Indian Medical School and the latter all the rest. As a result of this classification, lecturers in the Government School of Indian Medicine and who have been seniors in service have been put in disadvantaged position in spite of having received a similar course of training in the premier Ayurvedic College of the day in India. In 1935, The president of Central Board of Indian Medicine had directed that each should furnish statistical and documentary evidence in regard to the surgical (including obstetrical) work done by each and also produce evidence that they prior the commencement of practice had received adequate training in medicine, surgery and medical jurisprudence. In compliance with this letter many submitted all the required documents and statistical evidence of the surgical and obstetrical work done by each in support of their claims for a class registration.

With a view to prevent unqualified medical practitioners from assuming bogus titles, similar to medical degrees and diploma granted by competent authorities was made essential. However, legislation on this matter was deferred till the registration of practitioners of Indian medicine was completed. For example, the Indian Medical Degree Act which was passed for the purpose of regulating the grant of titles. Aspirants have to apply to the Registrar, Andhra Ayurveda Viswa Vidyalayaa for the recognition. Among the title of recognition, "Vaidya Ratna" was one of the high ranked and equivalent to "Rao Bahadur" conferred only on distinguished Ayurvedists.

There was also problem of assuming titles without the proper government permission and recognition. Practitioners were assuming titles B.Sc. (Bachelor of Science) and F.C.P.S (Fellow of the College of Physicians and Science) at their will. This was offence under the Indian Medical Degree Act. Mr. Pandrangi Subba Rao of Cocanada self-awarded L.I.M and A.L.I.M without authorization which exactly resembled the diplomas granted by the government of Madras to students of the Government School of Indian Medicine. Ayurvethist community has demanded the government to stop immediately the impostures that Mr. Subba Rao for protesting the interests of the trained people of the school of Indian medicine for maintain the prestige of government of Madras and that of the central board of Indian medicine and to protect the interests of the people at large.[16]

Students have faces some amount inconvenience with the process of recognition. When the government has asked to the submit community and nativity certificate separately, they complained that it is resulting in inconvenience and was also economic burden. Therefore, they suggested the simplification of the forms by printing these two certificates on the back of the application form itself so that applicants were able to have them filled in and send along with the application itself. The candidate instructed to attach the application form the transfer certificate, certificate of physical fitness and S.S.L.C. book.[17] This they believed that was not only convenient and economical for them but also for the government.

The term "Doctor" being of western origin did not sound appropriate for addressing practitioners of Indian system of Medicine. It seemed that terms such as Vaidyar, Hakims etc., were more suitable. Further there were strong objections to the proposal not only from the Surgeon General but also from practitioners of western medicine. Even the use of the term "registered medical practitioners" by practitioners of Indian system of medicine registered by the Central board of Indian Medicine resulted in confusion and controversy and there was a proposal to prohibit the use by them of the term. The government in their order had directed that in all official correspondence medical practitioners of the scientific system of medicine whether in the service of government or not had to be addressed by the courtesy title of "Doctor" before their names and with their degree, license and service. The use of the title "Doctor" had not been extended to H.P.I.Ms., L.I.Ms., A.L.I.Ms and other practitioners of Indian medicine. P. V. Krishna Rao, the principal of School of Indian Medicine request that the same be accorded to the practitioners of Indian Medicine and its alumni.[18]

6. ASSOCIATE LICENTIATE IN INDIA MEDICINE COURSE (A.L.I.M)

This course of study was instituted with a view to provide facilities for qualified practitioners of India Medicine to obtain a special course of instruction in western medicine. Even though the preliminary general educational qualification prescribed for this course was the same as for the L.I.M candidate in actual practice students without any knowledge in English had been admitted in the past in the school and the lectures had found it difficult teach students and to understand them. To address this problem completion of S.S.L.C was made as the minimum general educational qualification for students seeking admission to the India Medicine School. Since not were coming with this qualification, suggestions were made to drop the course entirely[19].

The World War II indirectly affected native medical profession from 1942 onwards. Government did not treated L.I.Ms and L.M. P (Licensed Medical Practitioner) equally during the war time medical services When L.I.Ms offered their services during the war, their offers had met with rejection although they had registered under government orders in 1933 as practitioners whose qualifications denoted the possession of at least a minimum standard of professional training for undertaking medical, surgical (including obstetrical) and medico-work. It was not known on what basis such refusal was made when persons possessing no recognized medical qualifications but had received merely training in some missionary institutions as for instance the institute at Neyyur were made eligible for emergency war service. The government needed medical practitioners with L.I.M qualifications who had five years training in medicine; surgery and midwifery on allopathic lines as well were eminently fitted to render medical aid both during peace and war. Such an unequal treatment pointed out and criticized by the Indian Medical Experts who were part organization of the western medicine in India. N. Subramaniam, Member, Central of Board of Indian Medicine, raise issue in the media in 1942. In his letter to the editor of *The Mail*, he has argued that the L.I.Ms were trained equally to that of L.M.P in all aspects of western medicine along with the native medicine. Yet, they were not treated equally. Further he also argued that it was the responsibility of the government to treat them as specialists and offer additional pay. He reminded that it was the government responsibility to explain to The Director General, Indian Medical Services about the worth and essentiality of the L.I.Ms and provide needed training to them to use them in the war services. At a time when all medical man trained in surgery medicine etc., were requested by the government to cooperate in the prosecution of war, discrediting and discarding L.I.Ms who possess a qualification and training for the purpose, seems to be most undesirable and inexpedient. Medical graduates were recruited for emergency services in the I.M.S (Indian Medical Service) and specialists were paid in additional sum when holding a specialist appointment.

The government of India highlighted dissimilarities between L.I.M diploma which was in introduced in 1924 primarily focuses on the native medicine and L.M.P. (Diploma in Medicine and Surgery, D.M.S. Diploma) introduced in 1925 which has brought in the modern medical aspect such as surgery. Therefore, government favored students and alumni of L.I.M (D.M.S as the latter were competent practitioners of Indian systems of medicine with a good working knowledge of the western system also. The government considered that the standard of proficiency in modern medicine attained by candidate possessing the L.I.M diploma is much less that attained by holders of the L.M.P (D.M.S. Diploma) granted by the Board of Examiners in modern medicine in this province and also the course of instruction for the L.I.M diploma extends over a period of five years whereas candidates for the L.I.M diploma receive instruction in modern medicine only for about half the period. The holders of the L.I.M diploma were not eligible to hold any post in a government institution of modern medicine; but they could hold appointments as lecturers and Assistant Lecturers and as demonstrators in Anatomy in the government school of Indian medicine in Madras.[20]

The government reserved to themselves the power of launching persecutions of violators of the provision of the Indian Medical Degree Act 1916. There seems to be no provision under which a warning notice preliminary to the launching of prosecutions could be issued as such a warning notice appeared to be necessary. There were instances where the registered practitioners of Indian Medicine have received warning notice from the Surgeon- General. For example when it was reported that Mr. Hussain Abbas was cheating the public by exhibition a sign board reading "Dr. Hussain Abbas, physician and Surgeon (regd.) specialist in Neurology, Venereology and children's disease", thus making the public believe that the he was an allopathic doctor, whereas he only holds an L.I.M diploma of Indian Medicine and was not entitled to be styled "Dr", the principal of the Indian School of Medicine sent referred the case to the Inspector- General of Police who ordered the criminal Investigation department to enquire into the matter.[21]

The government encouraged students with scholarship and stipends. In 1935, the governing body after considering all applications, it had sanctioned four government stipend for first year students namely Miss. Ethiraja Aburubam, Miss. Peruru Besta Lakshmamma, Miss. Saraswathi Isaac, Miss M. Lalitambal. Students with low marks even they were poor were not considered for the award of the fellowships and stipends. In this year one of the applicants for the stipends Miss. E. Kathi Jakutty, belonged to Mopilla community studying in the Government Indian Medical School, applied for stipend and books to pursue her studies. She was poor. Yet committee did not recommend as these scholarships were meant for promising students.[22]

There were incidents of confrontations between the college authorities and the students of native medicine. Its institutionalization process met with failures as the government could not evolve a proper dissemination and examination system. In 1944, students of native medicine were on strike because many of them have failed. They decided to abstain from attending the classes from 7th September 1944 until their grievances are redressed. The government tried all means to dissuade them from the strike. They called student committee members 16 signatories of the petition and informed should attend the classes. Waiting on the strike of the students of the School of Indian Medicine the paper observed: the immediate cause of the strike was the failure of a large number of students in the last examination.

The fact that only 15% or 20% was able to pass the examination which means two things. The examination absolutely without any bearing on the syllabus or the teachers in the school did not teach properly. As a further step, the government conducted a public meeting at Rangaswamy Iyengar Memorial Hall, Thyagaroyanagar, Madras. It has also constituted committee with Mr. P. Krishnaswamy, Mr. Lakshmanan, Mr. B.S. Murthy, Dr. T.S.Tirumurthy and Dr. Narayanamurthy as members. After the consultations and negotiations, the committee agreed to the students' demands and settled their grievances. But the principle felt that signatories were responsible for the strike and he was constrained to take disciplinary action against them. The fine has been directed to be paid immediately.[23]

In this connection the board also considered the question of having separate minimum qualification for passing the written, practical and oral examinations so far as the examinations in the I, II and III years and medical Jurisprudences and Toxicology in the IV year and were concerned and resolved that a separate minimum for a pass in each of the written oral practical and clinical tests is insisted on only in medicine, surgery and midwifery of the IV year examination. The Commissioner of Government Examinations reports of examiners on the examinations had clearly and it indicated that the candidate's lack of adequate practical knowledge of the subjects. The study became more bookish and the deficiency in practical was made up by the written test. Such a realization led to impose separate minimum for pass in each part (written, oral and practical) for L.I.M and D.M.S examinations.[24]

Latter, minimum percentage of marks required for the pass in the L.I.M examinations was reduced as a temporary measure in view of certain representation made by the students regarding lack of facilities in the matter of teaching etc. in the school. The existing percentage of marks in each subject was 33 1/3% marks. In each division of candidates were examined separately in Indian medicine and modern science 25% and first class marks 75% and above. The revised percentage of marks in each science subject was 35%, professional subjects were 40%, first class was 60% and above, second class was 50 to 59% and third class was below 50% which was subject to the minimum of marks for a pass in the L.I.M examinations for the I, II and III years and in medical jurisprudence and toxicology of the IV year.[25]

The government has given the order of preference admission in the L.I.M course. it order of preferences was started with candidates of the intermediate or higher examination, candidates who have been declared eligible for admission to University courses of study and candidates who have obtained the presidency average in all subject in the S.S.L.C examination and candidates have been shown

a satisfactory record in group 'A'- English, elementary mathematics and elementary science.[26]

In 1941, there was major development in the institutionalization of the native medicine. Existing the Indian medical school was changed into school of Indian Medicine Madras. Similarly Indian medical school and Hospital in which the college school and hospital were administrated together separated into school of Indian medicine madras and hospital of Indian medicine madras.[27] In the same year, the school was upgraded into college and the admission to the college course was restricted to 50 every year as compared with 120 for the L.I.M course. The government approved the scheme for giving clinical training for six months to the apprentice physicians of the School of Indian Medicine at the Government Royapetta Hospital Madras.[28]

From 1945 onwards, few changes in the admission procedure were brought in as added essentials. The written, oral practical and clinical tests were held June 1946. The oral and clinical examinations in modern medicine and surgery were held in the Government Royapettah Hospital and the oral and clinical tests in modern midwifery were held in the Raja Sir Ramaswamy Mudaliar's Lying-in – Hospital. Candidates were not permitted to sit for the examination for want of the prescribed certificates of attendance and progress. As usual the results were scrutinized by a committee of the board and a few "hard cases" were considered and the results were determined with reference to the reduced minimum percentage of marks required for a pass and the combined minimum for the theoretical and oral tests as ordered. Most of the defects pointed out earlier still continue to be reasons for failure. Lack of proper facilities for intensive training in clinical and practical in both the system of medicine were prime reasons.

Table 4: Percentage of Passes in the L.I.M and A.L.I.M Examinations for the Years

Class	1939-40 April	1940-41 Sept.	1941-42 -April	1942 Sept.	1943 April	1943 Sept.	1944 April	1945 April
L.I.M 1st year	59	66	82	86	15	53	40	46
L.I.M 2nd year	49	55	76	60	35	53.3	37.5	52
L.I.M 3rd year	77	75	87	40	49	63.3	47	73
L.I.M 4th year	44	45	61	48	17	297	19	43
A.L.I.M 1st year	Nil	100	67	50	Nil	Nil	Nil	Nil
A.L.I.M 2nd year	Nil	67	50	Nil	Nil	Nil	Nil	50

(Go. No 1845, dated 12.07.1945, Education and Public Health Department- 3-4.)

As a result of the students strike there were no examinations in September 1944. Compare to previous two years i.e. 1942 and 1943, results were poor after the strike.[29] Usman Committee's investigate revealed many shortcomings and inconsistencies in the School of Indian Medicine. But the war time government would not risk taking measures that might be seen to discriminate against indigenous medicine. In accordance to the recommendations of the Usman Committee, Chopra Committee and the Pundit Committee of Government of Madras and Government of India, respectively, the character of the institute was changed, upgraded and named as College of Indian Medicine. The genesis of this resolution is found in the Bhore Committee, founded by Sir Joseph Bhore in 1946. In 1947 the school was formally recognized as a college of Indian Medicine. More through pragmatism than conviction integrated medicine had survived but without gaining the equality with western medicine it had long sought.[30]

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