

THE Journal of Obstetrics & Gynaecology of India

VOL. VII NO. 4

JUNE 1958

"SIR KEDARNATH DAS MEMORIAL ORATION"

BY

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I deem it a great honour and a privilege to be invited to deliver the inaugural lecture organised by the Bengal Obstetric and Gynaecological Society to commemorate the life and work of the doyen of Indian Obstetricians, the late Sir Kedarnath Das. I value this privilege all the more because it gives me an opportunity to pay my tribute to one of the greatest obstetricians of his age and, in particular, to one who has done so much for the cause of obstetrics in this country and for medical education in general. I well remember the happiness I felt when I met him in Calcutta in 1927 on the occasion of the Far Eastern Congress on Tropical Medicine which was held in your city. I had, of course, read his publications and had corresponded with him before, but, after 1927, we had more opportunities of meeting and

corresponding with each other. And it was our hope, when the All-India Obstetric Congress was started, that he would be able to preside over the session that was held in Madras. Unfortunately, however, his illness prevented him from acceding to our request.

Kedarnath Das was a self-made man and he rose to eminence by virtue of his great intellectual and moral qualities. Born on the 20th February, 1867, of a comparatively poor but highly educated parentage, Kedarnath Das soon showed his worth at every stage of his career. He gained many prizes, medals, certificates of honour and scholarships; and it was little wonder to his Professors that he finally emerged out of the Medical College as the best student of the year, qualifying for the Degree of Bachelor of Medicine in the first class and standing first in the University. Soon after he had gra-

Sir Kedarnath Das Memorial Oration delivered in January 1958.

duated, he took the Degree of Doctor of Medicine in the year 1895 from the University of Madras. And ever since I took to the profession of midwifery in 1912, Dr. Kedarnath Das's name was to me a name to conjure with, he having been the first to obtain the qualification of Doctor of Medicine in Obstetrics and Gynaecology from the Madras University.

He held many appointments but it was while a teacher of midwifery in the Campbell Medical School that he made his great reputation as an outstanding obstetrician and gynaecologic surgeon. After his retirement from the Campbell Medical School, he was persuaded to become Professor of Obstetrics and Gynaecology in 1919 and later, in 1922, the Principal of the Carmichael Medical College, the only non-official medical college then in Bengal, entirely run by the people of this State. His remarkable skill and devotion to his work soon led to a phenomenal increase in the number of patients seeking his guidance and, in recognition of his services to the college, the Sir Kedarnath Das Maternity Hospital was opened.

Sir Kedarnath Das travelled widely in those days and met a number of leading obstetricians and gynaecologists both in the United Kingdom and the United States of America. He contributed many articles, the first of which was in 1891 and the last in 1932. He was a member of many learned scientific and professional bodies and was held in the highest respect by the Faculty of Medicine in the Calcutta University. In July 1933, he was knighted; but, soon afterwards, he was taken with a

severe illness and, during the last few years, he was practically bed-ridden till the end came on the 13th March 1936. A void was created by his death which could not easily be filled up and many were the great tributes that were paid to him both in India and abroad. The Transactions of the American Gynaecological Society, the Lancet, the British Medical Journal and many journals in India, professional and otherwise, paid significant tributes to his great work, his zeal and devotion to the cause of medical education, his sympathy and understanding of the poor, his great organising ability and his upright character. It was no wonder that, when the Royal College of Obstetricians and Gynaecologists was formed in 1930, he was elected as a Foundation Fellow of the College and the senior of the four who were thus chosen.

Reference has been made to the many contributions that he had to his credit in the various medical journals. But his most outstanding publications were "The Text-book of Midwifery" published in 1920 and "The Obstetric Forceps, Its History and Evolution", published in 1928. Of this latter publication, it would be difficult to speak in measured tones—of the erudite scholarship that Dr. Kedarnath Das displayed and the amount of labour involved in its publication, not to speak of the painstaking investigations that he had to carry out to cull out material from the literature of the world published in many languages. This publication soon attracted world-wide attention and I know full well with what enthusiasm the medical profession and, particularly, the obstetric section

thereof, received it. To this day, there is no other book comparable to this work in any language and it took him 12 years to collect the material from diverse sources and to arrange them in the manner in which they were finally presented.

The publication was reviewed by every important journal of obstetrics and gynaecology, British, German, American, French, Japanese and Indian. By a deep study of the history of the evolution of the forceps from ancient days, Dr. Das has been able to present to the reader a most interesting picture of the various methods adopted from the days of the ancient Hindus in 1500 B.C. right through the ages of Hippocrates, Avicenna and others to the modern period. One of the significant contributions Dr. Kedarnath Das made, at his time, was the innovation of his own special type of forceps, the Kedarnath Das Forceps, which under conditions then prevailing, was of great use to many obstetricians in India. I have used this forceps on many occasions and with complete success. That was a time when the age of confinement was in the teens and young girls of 13, 14 and 15 with an immaturely developed pelvis, had to be confined under conditions where the ordinary forceps, patented by European firms, was far too big for the tender pelvic conditions of the young pregnant mother; nor could it have been applied without some degree of damage to the tender infant also. The Kedarnath Das forceps, delicately made and of a smaller size, could easily be slipped in under such circumstances and the head helped out in the majority of cases. Perhaps

the obstetrician of to-day may not require such an instrument to the same extent as, fortunately, cases of child labour, as one may say, are becoming more and more rare all over the country.

Dr. Kedarnath Das can be claimed to be the first Indian to publish a book on Obstetrics for students and junior practitioners. It was a significant contribution because it brought home to the students in this country many valuable facts which were either not mentioned or but referred to only incidentally in the text books published in western countries. The publication of this book soon brought the name of Kedarnath Das to the knowledge of the junior students all over the country and enabled them to realise the greatness of the author who has done so much for the progress of midwifery in this country. It made people realise in the west that there were authors in India who could bring out publications comparable to the best of those countries and as the reviewer of this book in "Surgery, Obstetrics and Gynaecology" states:

"Only the title page with its dedication to the use of students in the medical schools and colleges in India denotes the exotic character of the book and confirms once more the truth of assertion of Mr. Wells. We would do well to relegate Rudyard Kipling's phrase of 'the white man's burden' to the realm of jingoistic propaganda".

I need not quote many more extracts except to say that the book was an instantaneous success, and was well received at home and abroad. I trust

that these publications will be preserved in many of the libraries in this country, if not elsewhere, and I hope that the monumental work on "The Obstetric Forceps, Its History and Evolution", will be published by the Bengal Obstetric and Gynaecological Society and once more made available not only to the students of the history of medicine but to all obstetricians throughout the world. I am sure this is a task which well merits the consideration of the Society, its President and members.

*Dr. Kedarnath Das as an
Educationist*

Dr. Kedarnath's reputation was very high indeed as a clinician and his name and fame were known all over India as the most successful obstetrician of his times. Perhaps few took to obstetrics as the dominant vocation, particularly in those days when, owing to many social barriers, it was difficult for a male to gain the confidence of families of different social strata to practice midwifery. Dr. Kedarnath Das will long be remembered as the first person who broke those traditions by virtue of his great and admirable qualities and professional skill of the highest order.

His activities, however, were manifold and in no sphere did he exert his wholesome influence as in that of medical education. He was a keen advocate of sound medical education and of standards being kept up in medical schools and colleges; but, at the same time, he was one of those who would not tolerate discrimination and handicaps meted out to his countrymen on the pretext that there

were some defects in the standards attained by medical graduates in this country as compared with those in other countries. The fight with the General Medical Council began long before the open rupture took place in 1929 between the General Medical Council and the Universities of India. Dr. Kedarnath Das realised that the alleged defective medical training in Indian medical colleges was only a pretext to handicap Indian students in their just aspirations for recruitment to the Indian Medical Service. When therefore, the Lee Commission came in 1913 to consider problems arising out of the recruitment to public services and evidence was tendered by some members of the Medical Service against simultaneous examinations being held in England and India for recruitment to the Indian Medical Service on the alleged ground that the training in midwifery here was defective, Dr. Kedarnath Das took the challenge and, in a very comprehensive note on the teaching of midwifery in Indian Universities with special reference to the medical colleges affiliated to the Calcutta University and the proposed action of the General Medical Council of withdrawal of recognition, submitted a memorandum which was devastating in its effect to those who had raised this bogey.

To-day, we can afford to look back with a certain amount of amusement at the arguments put forward then. That was a time when none of the requirements of the General Medical Council were fulfilled by many Universities in Great Britain and certainly by Universities in some other countries of the Commonwealth. Yet,

thereof, received it. To this day, there is no other book comparable to this work in any language and it took him 12 years to collect the material from diverse sources and to arrange them in the manner in which they were finally presented.

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it was on Indian Universities that the searchlight was thrown and Indian Universities were supposed to have been very meagre in the opportunities that they gave to the students to learn to practise midwifery. One wonders why so much of agitation should have been carried on when practically all the Indian medical colleges were then in the hands of the members of the Indian Medical Service drawn from the European section thereof. And if it was a defect, it was a defect inherent in the system of appointing these people to the important chairs of obstetrics and gynaecology. I well remember corresponding with Sir Kedarnath Das on the subject before I attended the first meeting where this question was discussed in 1929 at the Quinquennial Conference of Indian Universities. The Needham report had been published and it created a sensation. The storm was bound to burst and it burst on that occasion. And, at a later date, when a conference was called by the Government of India in the Department of Education and Health, the discussions resulted in the demand for the establishment of an Indian Medical Council which would lay down standards and which would ensure reciprocity of treatment with other countries.

Looking back on all the incidents of the past, the struggle which one had to put up, one may feel surprised and almost amazed at the naive comment made on medical education in this country. The critics forgot to remove the beam in their eye while searching to remove the mote in other people's eyes! In those days, the question was never raised or was

conveniently forgotten whether any of the officers of the Indian Medical Service posted to tropical countries could be said to have known anything of tropical diseases or tropical medicine before they were given the supreme authority to direct and control others.

Some of us have had the experience that many a senior officer who was posted and who had worked even for some time did not know and could not recognise a malarial parasite under a microscope. But that is a different story and we might well afford to forget these things to-day.

It was under such circumstances and after the fight that Sir Kedarnath Das put up that, in the years of 1921-1927, Indian officers who were recruited to the Army as temporary officers in the First World War and who had passed out of colleges other than those of Madras and Calcutta, were asked to undergo a three-months training at the Government Hospital for Women and Children in Madras and they were sent in batches of 10 for this training. That was a sensible decision which had to be taken; but, if at any time it was supposed that the training in a particular subject was not sufficient, such short-term courses could have easily been given. Sir Kedarnath Das's devotion to medical education was such that he did not a little to improve the standards of undergraduate education and to revive something of post-graduate education.

Sir Kedarnath Das lived in an age when there were giants walking astride the public life of Bengal, giants who could hold their own in any field with the best products of

the Western Universities. Sir Nilratan Sarkar, Dr. Brahmachary and a host of others, well known to medical circles of that age, were contemporaries and they held Sir Kedarnath Das in the highest esteem. Bengal was found in the vanguard of progress in every sphere of public activity and the leaders in Bengal in all walks of life were looked upon with respect and reverence for the part they played in a most eventful period in the history of our country. Great reformers were there who had blazed a trail in many directions. It was an age which still remembered with gratitude the pioneering efforts of Raja Ram Mohan Roy, the cult of Brahmo Samaj preached by Keshab Chandra Sen, the indomitable spirit of the great religious reformer, Swami Vivekananda. In the political field, Bengal was supreme. It was the age of Surendranath Banerjee, Bhupendranath Basu, Lal Mohan Ghose, Bepin Chandra Pal, Chittaranjan Das and Aurobindo Ghosh. In science, there were those two great shining lights, Profulla Chandra Ray and Jagdish Chandra Bose. Kedarnath Das was thrown in the company of these intellectual giants and he would have drawn much inspiration from their example. The University of Calcutta was then in the hey day of its glory, thanks to the great work of Sir Asutosh Mukherjee who rode across the Senate like a colossus of old. This was the Bengal that nurtured and honoured Sir Kedarnath Das. One could easily imagine how much his qualities should have been appreciated for him to claim a place, albeit only in the medical and educational spheres,

among that galaxy of stars of the first magnitude.

To us of the South, Bengal was a land of the rising sun; the inexplicable joy that we felt at the glow of the rising sun could hardly be imagined by the present generation. And to this galaxy came that noble figure of the poet, the philosopher and the statesman, Rabindranath Tagore, whose thoughts and utterances penetrated the darkness of many a continent and who, wherever he walked, made the people feel more hallowed than before. Such was the Bengal of Kedarnath Das and I shall always treasure that picture in my mind, the picture of renaissance of India at its best, despite all the material advantages we might have claimed or got to-day. It is not the joy of possession that enhances one's feeling of pride and happiness. It is the joy and exultation of the effort to achieve the goal and the means by which that goal was to be attained that gives one a great amount of mental satisfaction and moral pride. And it is to these great giants of the past that we owe what we are to-day.

Let me next deal with another aspect of Sir Kedarnath Das's life, from the purely professional point of view, and compare the picture then with the picture now in his speciality. When Kedarnath Das first graduated and took to the practice of the profession, great events had taken place indeed. It was at that time that the great discovery of Pasteur was very much in evidence. Pasteur, though not a physician, had revolutionised the idea in regard to the growth of organisms; and it was in

the wake of Pasteur's great discovery that Lister came forward with his unique experiments on the prevention of infection in wounds. Semmelweis had struggled to place the facts before his contemporaries only to meet a tragic end; and Simpson in Great Britain and Oliver Wendel Holmes in the United States had simultaneously attempted to give to humanity that panacea which has made successful surgery a painless operative procedure with the help of the anaesthetist. But great as these discoveries are, the condition of the practice of obstetrics was on the whole primitive, even in the West. One need not describe the picture in our own country. Ballantyne of Edinburgh had just begun to improve the methods of ante-natal care and many were the tragic events that occurred consequent on pregnancy and childbirth. Maternal mortality was heavy and the foetal mortality equally so; so much so, that many dreaded pregnancy and childbirth.

In India, the picture was even more dismal. As I have already stated, that was a time in the early part of the twentieth century when child marriage was common, when pregnancy, ere the child got into her teens, was none too uncommon; when it was more the fashion even in well-to-do circles for the men not to interest themselves in these mundane things pertaining to women and labour. Consequently, at a time when these young tender child-wives became pregnant, they were handed over to the most ignorant and illiterate and the least clean of the population, the barber-midwives. Harrowing tales could be related of the manner in

which they conducted these deliveries and the havoc they wrought in the poor young women. Septicaemia and pyaemia were the order of the day but in many cases, it would almost appear as if a fatal termination would have been preferable to the life of lingering misery that some of the women had to tolerate. Let me give an illustration:

I well remember a patient admitted to my wards in 1912 a week after delivery. She came in because she could control neither micturition nor defaecation. And on examination, it was found that the whole of the bladder had sloughed, leaving a large gaping hole in the anterior wall and that the rectum was torn right through, making the passage look more like a cloacal passage. On enquiring into the history, it could be gathered that it was a case of transverse presentation with the arm prolapsed; and, with a view to deliver this poor unfortunate woman, the barber-midwife made her sit on two stools, fomented the parts, as it were, with red hot charcoals placed beneath, and after sometime, kneeling on the ground, pulled off with all her might the hand of the child and, being a person of generous proportions, she was eventually able to deliver the baby, but dead, of course. With what result? The symphysis had given way; the os innominate had separated; the sacrococcygeal joint had given way; the pelvic tissues on either side had sloughed and a large gaping chasm was to be seen with, as stated above, the bladder completely sloughed off and the rectum torn right through: a picture that I could never forget for

all my life. And yet, four days after admission to the hospital, the relatives insisted upon taking her away as the doctors were quite inefficient and could do nothing for her.

I could add many instances of such gruesome tales. The so-called orthodoxy of some people with their ideas of pollution forced the women to be confined to narrow dungeons in the house which were the haunt of cockroaches and many insects till then. It is against such forces of superstition, bigotry and conservatism that Kedarnath Das had to struggle in his efforts to educate not only the illiterate and the ignorant but the so-called wiseacres and people of affluence. Is it not remarkable how his persuasive efforts, more than anything else, led people to revise their views, to seek medical aid in time and to get the patients to the hospitals? My young friends will hardly realise the difficulties of obstetric practice in those days, accustomed as they are to many of the latest discoveries of science. The absence of proper antenatal care resulted in large number of cases of eclampsia coming in at the last moment. Cases of anaemia, of toxæmia, not to speak of the many tropical diseases complicating pregnancy, were frequent. Malaria played its havoc in those days on mother and child. The ravages of ankylostomiasis and nutritional anaemias were such that at the last stages, when these patients were brought to hospitals, little could be done.

I have by no means given you an exaggerated picture of the conditions of obstetric practice then. Having myself, though at a much later date, dabbled in obstetrics under similar

conditions, I could well appreciate the Herculean task that faced Dr. Kedarnath Das in improving the conditions of obstetric practice, in educating men and women into modern trends, in removing the prejudices that were so very widespread for the proper care of the pregnant mother, the prejudice for modern methods of midwifery, the prejudice against men obstetricians, the inevitable goshas and the incorrigible old ladies of the family whom the educated men considered as the most competent to deal with such cases because, at their hands, many a woman had died during delivery, and the faith that people had in the indigenous midwives to attend to these poor women. If, under such circumstances, women had a safe delivery, it was more often due to the fact that nature — perhaps out of fear of the barber-midwives meddling! — quickened her pace and had the delivery completed even before the woman could come to the house. And the natural deliveries were less attended with the grave risks than the artificial ones.

It was an age unfortunately also when women had not taken to higher education in sufficient numbers and to the extent they had, they were reluctant to take to the profession of medicine. To-day, the pendulum has swung to the other extreme and we, men, are rather attempted to be elbowed out from all places, particularly in the field of obstetrics and gynaecology. The attempt will not succeed, I am sure, so long as there are brave spirits who, while admitting the competence of both sexes to work in this field, will still feel that they have something to contribute

themselves. I well remember the day when a ruptured ectopic was considered the most dangerous of abdominal complications. I well recall how we were beset with the question, whether to operate or to wait, and how, out of sheer necessity, we had to open the abdomen and do something to relieve the patient. Those were not days when auto-hemo-transfusion was successfully performed and the patient saved. The horrors of gynaecologic practice with cancer and with some of the inflammatory conditions need not be described in detail. Surgery — gynaecologic surgery — was practised with severe handicaps. Yet, the skill of the gynaecologic surgeon overcame many of the disadvantages of practice of that time. What a contrast it is to-day, comparing the picture then and now.

In the field of obstetrics, we have many advances. Not only is it possible to prevent many of the complications that had once been dreaded, but if the patient is successfully looked after during the whole course of her pregnancy — rather I should say, if the women were successfully looked after — one can safely anticipate a normal delivery or a delivery, at best, assisted if necessary. There is no more the dread of anaemias, whether due to infection with worms or due to nutritional factors. Toxaemia and eclampsia are becoming rarer and rarer because of the increased care devoted in the ante-natal period. The dangers incident to conditions like placenta praevia, concealed accidental haemorrhage and similar complications have been very materially reduced, thanks to the development of blood transfusion. Anaesthetics

have been made far safer and with special anaesthesia, local and general, one could safely proceed with an operation however complicated it may be.

Yes, surgery has been made safe for the patient and it is up to us to make the patient safe for surgery. One of the most difficult problems of a previous generation has been solved almost completely. The dread of infection and the consequent occurrence of septicaemia has been almost completely eradicated, thanks to the discovery of antibiotics and chemotherapeutic agents given both prophylactically as well as by way of curative measures. The obstetrician does the most complicated operation without that anxiety and dread which was common in the earlier parts of this country. I need not go into the details of all the remedies we are having. Every day seems to anticipate a newer and a more potent remedy than the one we are accustomed to. All this is no doubt to the advantage of the patient and of the doctor; the full benefit of everyone of these discoveries has undoubtedly been taken advantage of by obstetricians and gynaecologists. But may I sound a note of warning? Obstetrics is both an art and a science and as I see instance after instance occurring, I cannot but deplore the tendency to-day of people forgetting the art of midwifery. It was told of Kedarnath Das that he would sit hours by the bed-side of a woman in labour, waiting patiently for nature to do her task which is always much better done by nature than by anyone else. Yes, the obstetricians of a previous generation had to forego all their

pleasures, their evening entertainments, the cinema shows, the boat clubs, the pleasant social attractions, dinners and suppers, because of their responsibility to the patients entrusted to their care. How often have these persons spent sleepless nights and wearisome days watching hour after hour with patience and with fortitude, to help patients only when necessary. The watchword then, for my generation and that of Dr. Kedarnath Das, was: Avoid meddlesome midwifery. Can we say the same to-day of the modern practitioners? I hope we can. I am not referring to any particular person or group of persons, not even to obstetricians in this country, but having travelled widely, having had opportunities to see some of the practices in other countries as well, I cannot but regret the tendency to-day of that easy, somewhat lackadaisical, method of approach to these fundamental problems. Kedarnath Das would never have done a Caesarean section unless the indications were absolute. He would never have applied a forceps just for the pleasure of finishing the delivery a little earlier, so as to enable him to fulfil a social engagement. He would never have left a recently delivered woman unless he had sat by her bed-side for sometime and made sure that all was well with mother and child. Friends, when you begin to practise obstetrics, you must forget all those social distractions which unfortunately require far too much of your time — and not only far too much of your time but your time at a time when you cannot spare that time. That is the lesson you can remember always from the life of Sir

Kedarnath Das. Are we following his example? I have heard many stories of his devotion to his tasks. He was loved, respected and admired by the womenfolk of Bengal because of his great and abiding interest in their welfare.

Brilliant as were his academic records, Sir Kedarnath Das realised at the end of his student career, two things in particular: First, that all that he had learnt was but a flea-bite compared to what he had to learn in life in the actual practice of his profession, in the day to day events that occurred in that professional career; and secondly, he realised that if he was to be a success in the profession, he must be a perpetual student: two great lessons which I would commend to every young man and woman wishing to practise the profession of medicine. You cannot afford to call yourself a finished product at any stage of your professional career. The remarkable discoveries that are pouring in, the innumerable and never-ceasing literature of all sorts that you are forced to go through and the many observations that a keen eye and a receptive mind can always make must make you pause, and think, study and ruminate, digest and equip yourself throughout your life. The more you practise the profession, the more you realise the need for further study and reflection, for further careful investigations, for a more clear thinking of the ways and means and of the opportunities available for you to do the best you can for your patient. It was thus that Sir Kedarnath Das became the idol to many a family. He was not merely a specialist in the narrow

sense in which some of us wish to be but he was a great family physician, a friend, philosopher and guide to every family, and young and old looked to him as they would to their own parents for wholesome advice, guidance and help. In this work-a-day world, with the many distractions to which we submit ourselves, we forget that whether we call ourselves surgeons, gynaecologists, obstetricians or physicians, by whatever category, our duty is much more than is made patent by the little specialised field in which we may have to work. Do we always realise that we are not dealing with bed No. 14 or bed No. 20, but we are dealing with human lives, human aspirations, human longings? And, if we do, do we always realise what it is that we are doing when we are treating a patient? It is an individual; it is not a particular branch of medicine that we are practising; it is not a particular anatomical part that we are concerned with; it is not even the whole body of the patient but it is the mind as well. It is not only the body and the mind but it is the whole family, the whole society, aye, the whole nation that we are to look forward to. Do we realise it? Are we in a position honestly to say that we are fulfilling those noble duties; that we have imbibed those noble ideas of the generation of physicians to which Sir Kedarnath belonged?

I see around me not much evidence of that type of mind, of that devoted prayerful attitude in the practice of the profession that Sir Kedarnath Das and his contemporaries had. I realise that the world is now in an unfortunate situation. It is too sick

and those who are supposed to give it a wholesome treatment are themselves afflicted with mental troubles which do not make them see what is wrong with the world. There are far too many novices trying to practise whether it be in the political, social, economic or other fields; too many quacks in these various spheres of activity giving us wonder nostrums to cure the world of all its evils; too many mountebanks who believe that they are capable of reforming the world without understanding the elements of human nature. And so it is that to the physical ailments of former generations, the mental ailments are aggregating in an increasing measure. It cannot therefore be denied to-day, the medical profession has got a more Herculean task than it ever had before. National hysteria is exhibiting itself in many forms, with some in a sense of superiority complex and with others in a sense of inferiority complex. Men and women seem to have lost their equilibrium and, in an attempt to solve all the ills that the human flesh is heir to, quick remedies are increasing with phenomenal rapidity.

Men of Sir Kedarnath Das's generation would have taken note of these factors and nobody can be a better guide to treat such disorders of the mind and body, whether exhibited in the individual or in society or in the national sphere or even in the international sphere, than the members of the medical and allied professions. Thus, it is that the picture of 'then' 'now' presents itself as a picture of strange contrast. And yet, it is from the inspiration of the past that we can gain strength

and confidence for the future. The life of Sir Kedarnath Das is ever an inspiration for all, young and old alike, whether in the sphere of professional activity or in the realm of public activity, to emulate and to keep as a model for all time. May the spirit of Sir Kedarnath Das and of his illustrious contemporaries once more spread itself among the young

men and women of Bengal, nay, of the whole of India. And may we once more, in a mood of sanity and of sobriety, attempt to do our duty without fear or favour, with the inspiration that we may get from a Divine Providence to shape our ends and so to work for the greater good and glory of not only our motherland but of humanity in general.