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by

V. N. SHIRODKAR, M.D., F.R.C.S., F.A.C.S.

Dr. Subodh Mitra, distinguished guests, ladies and gentlemen.

It is with a sense of mixed feelings that I stand before you this morning for delivering the presidential address. Within a short time we have lost quite a few of our distinguished members, who during their life time served their respective societies and our Federation. Dr. Tampan, Mrs. Dadabhoy, Dr. Bose, Mrs. Wadia are no longer with us. We do miss them today. They had endeared themselves to all of us by their jovial nature and by their valuable contributions to our speciality.

I am very grateful to the members of this Federation for the great honour they have conferred upon me by choosing me as their president. I am certain that there are amongst you many who would have adorned this place more rightfully. I apologise to those who feel that I have come in their way.

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On an occasion like this, it is customary to give vent to some of the pent-up feelings that one has, regarding certain problems that concern the medical profession. Six problems that come to my mind are:

- (1) How to find good doctors for the villages.
- (2) How to find good teachers for the new colleges that are springing up.
- (3) Where to find the research workers for the new laboratories that are being established.
- (4) How to curb the enthusiasm of our ministers for Ayurveda.
- (5) Is socialisation of medicine good for the country? I mean the Employees' State Insurance Scheme.
- (6) How to deal with Hospital Staff Unions.

Let me take them one by one:

- (1) *How to find good doctors for the villages.* When cities are crowded with medical men, very few want to go to villages. It is necessary to study why this occurs. My

own feeling is that, during their medical education which is given to them in large cities, they get addicted to the amenities available in the cities. This may be true in some respects and some of us may stick to the cities. A graduate, after passing, is looking out for a decent post. When he reads the advertisements in the papers and sees the meagre salaries offered by the government, he makes up his mind to stick to the city and take his chance there. He wastes quite a few years taking small jobs in the hospitals and working with senior practitioners and earns enough to start on his own. If he is not successful, he looks towards foreign countries for employment. Many of our young medicos have settled in U.K., Africa and Middle East, the chief attraction being the large salaries offered. They feel that they can live decently there, although they miss their homes and relations. The foreign missionaries from abroad came to India and established cottage hospitals and dispensaries in far-off villages. They were fired with the enthusiasm for spreading their religion and they were brought up from childhood in an atmosphere of christian spirit. These men have done a great deal for India. We have to learn from them. Our Ramkrishna Mission is doing a great deal of good work and I feel that it is people from such a mission who will make good doctors for the villagers. Government is trying various experiments. They established a large number of institutions giving training in ayurveda and allopathy calling it the Integrated Course. They thought that the graduates from these colleges will go to the villages. Very few go

to the villages, for the same reasons as were mentioned for the graduates passed out from the allopathic colleges. Now they are thinking of reviving the licentiate course. They have blundered enough and should now stop further experimenting. Let us take good, honest young men from the villages. Those that have passed their S.S.C. examination should be taken up on their signing a bond that they will devote themselves to the villages. Sons of farmers should be given preference. Their hostels in the cities should have a missionary set up where the true principles of their religion are inculcated into them along with their studies. Their course should be simplified. They should read books which are studied by nurses. They should spend most of their time in the O.P. Department and the casualty wards. They must be taught methods of diagnosis and treatment of common disorders. They should be taught common laboratory tests. One could thus train young enthusiastic men with a missionary spirit and call them Village Health Supervisors. These men should be in touch with the civil surgeons in adjoining towns and cities by 'phone, where they could discuss difficult cases with them and solve their problems. The civil surgeon should have at his command well-equipped motor vans which have in them clinical laboratories run by a technician and another van equipped for emergency operation. The servicing and repair of such vans should be in the hands of mechanics attached to police and military workshops available in the vicinity by a special arrangement. I want these mechanics to be attached to existing

establishments to prevent duplication of expensive equipment. The only way in which medical treatment in the villages differs from that in the towns is that the village doctor has no laboratory assistance and hence I am suggesting these mobile vans.

(2) The second problem I wish to touch upon is how to find *Good Teachers for the New Medical Colleges*. We cannot produce them overnight and so let us not multiply medical colleges. It is better to enlarge the existing ones. The retiring age of the existing teachers must be increased to 65 as in other countries. From 55 onwards these men should have a two-yearly check-up to certify fitness to work.

(3) The third problem is *How to get research workers for the laboratories that are being provided*. Regarding this matter, I entirely agree with the very valuable suggestions recently made by Dr. Khanolkar, the Vice Chancellor of Bombay University and a life long research worker of international fame. I quote below his suggestions. "Training in research methods should constitute a compulsory part of our post-graduate medical education." This may be undertaken by introducing the following measures:

- (i) Systematic training in research techniques as a part of the Internship Programme.
- (ii) Prescribing research training and experience as an essential qualification for teaching posts in medical colleges and institutions.

The respective Governments and

Universities should take steps to implement these most valuable suggestions.

(4) The fourth problem is *How to curb the enthusiasm of our Ministers for Ayurveda*. It is time some one drove into their heads that modern medicine is nothing but Ayurveda improved upon and brought to date with three hundred years of scientific research. Are these ministers prepared to get themselves and their children treated by Shudha Ayurveda, when they suffer from septic fevers, typhoid, cholera, malaria, diabetes and tetanus? Do they still wish to have crude surgery practised on them by these Ayurvedacharyas?

We all have great respect for our ancient system of medicine, but that should not prevent us from taking advantage of scientific advances. Our Prime Minister has expressed his views on this subject on many an occasion. He says that, whatever is good in any form of medicine should be utilised for the benefit of humanity. Why not establish a chair in Ayurveda at each medical college?

(5) A word or two about *Socialisation of Medicine or the Industrial Health Insurance Scheme*. Formerly, the mills and factories had their own dispensaries and their doctors used to look after the workers and their families. The workers got personal attention and good medicines and they were happy. Now the only person who is happy is the doctor, who in the early days of his career would have earned very little, and is now assured of a steady income. From what he gets, he cannot give good medicines and pay free visits to the patients' houses. So a great deal of

malpractice has crept in. The personal relationship between the doctor and his patients is gone.

(6) Lastly, I must bring to your notice a recent ruling by the Supreme Court that hospitals, private or public, are an industry and so the workers are to be treated on the same basis. So the workers, ward boys, ayahs, mehtars and nurses have formed their unions and they feel that it is the secretary of their union, who is their boss and not the doctor running the hospital. This leads to a complete lack of discipline. Lately the Government has had a dose of their own medicine. The workers and nurses at the Government hospitals in New Delhi are getting out of hand and are a constant source of irritation to the Minister and the Superintendents of hospitals. They are now asking the Judges of the Supreme Court why he gave such a judgment! The Judge promptly showed them their own law in which they have inserted a clause by which the hospitals are included under industry.

Didn't they get a big dose recently when there was a general strike? I hope the Health Minister will delete hospitals from the industrial group. Our profession is always referred to

as a noble profession and we have no rest periods. We are expected to be at the beck and call of the public all the hours of day and night. Why cannot the nurses and ward boys be the limbs of this noble profession and work like us twelve hours a day? This service should be on a semi-domestic servant basis, otherwise, I sympathise with the patients of the future.

I would like to make one suggestion for the future Conferences. The Chief Guest, the Chairman and the President, should be given just ten minutes each and more time should be given to the papers. Twenty minutes should be the minimum and original papers that add even a small amount to existing knowledge should be given a minimum of half an hour.

With these words, I thank you again for the honour you have done me. I thank the chief guest and other distinguished guests for honouring us by their presence this morning, and the Chairman and the Members of the Reception Committee for carrying out this great task so very efficiently. May the ties that exist between the different member bodies of the Federation get stronger and stronger and let not small matters disrupt our unity. JAI HIND.