

THE  
Journal of Obstetrics & Gynaecology  
of India

VOLUME XXIV, No. 2

APRIL 1974

XVIIth ALL INDIA  
OBSTETRIC & GYNAECOLOGICAL CONGRESS  
AGRA  
HELD ON 5TH FEBRUARY 1974

PRESIDENT'S ADDRESS

by

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I am grateful to you for the signal honour that you have done me by electing me your President which provides me the happy opportunity to talk to you in the historic City of Agra—the City of the immortal Taj.

The story of Emperor Shahjehan, who immortalised himself and his wife by erecting the Taj, the great architecture of beauty and a visible symbol of the deepest conjugal bond and affection and what is noblest in a human heart has been splendidly told and retold, but what is little known, though of great interest to us, the clinicians, is the fact that he was also a physician, since he was taught medicine in his youth while he was Prince Khurram.

If some amount of levity be allowed on this solemn occasion I may inform the Family Welfare Planners in our Federation that Emperor Shahjehan had 14 children from his wife. So that my

paediatrician friends may not feel neglected in these days of antenatal paediatrics, I may be permitted to add that only half of the children survived. It may further be said to the deep sorrow of obstetricians here that in June 1631 Mumtaz Mahal died in childbirth.

Emperor Shahjehan lived for 35 years after the death of his Queen. His last years were of grief, mental anguish, and extreme physical suffering. He was imprisoned by his son Aurangzeb at the Agra Fort, from where he could only see the Taj on the other bank of the Jamuna during his incarceration there.

It is in this background that we meet today. In this unique City of Agra the great Emperor with all knowledge of medicine could suffer the agony of his wife during childbirth which proved fatal. We are going to have our deliberations here under the reflected glory of the Taj Mahal, which brings with it a responsi-



bility to the Federation to ensure devoted service to maternal health.

The Federation came into being in 1950. Before that Clinical Societies in Obstetrics and Gynaecology served the hospitals and colleges in different States of India. During the 23 years of its existence, the Federation has splendidly organised conferences and seminars in academic pursuits in different societies numbering 35. It has so far been commendably instrumental in bringing obstetricians and gynaecologists all over the country to a common platform for exchange of ideas.

The Federation has now come of age and today our people are expecting us to take concrete action that could contribute to the development of obstetric services in the remotest villages of the country and provide guidelines for the education and training of undergraduates, interns and postgraduates besides the ancillary personnel so that we maintain the highest standards in accordance with the scientific developments all over the world and yet evolve a system that is suited to our genius, temperament, and social developments within our limited resources.

Maternal health care is important for a nation since it affects the new-born, the future of our country. No enlightened society can afford to ignore the burden on the health of the mothers because of poor nutrition and repeated childbirth. Malnutrition leading to anaemia and liver damage are very commonly met with in the lower socio-economic groups of our country who form the bulk of the population and live in poverty in the predominantly agricultural countryside.

We have more than 600,000 villages and less than 3,000 towns in our country. Our best efforts should naturally be made to facilitate correction of health hazards in

the rural areas where the majority of our people live, and India, the country with the world's second largest population of nearly 540 million with 2.4% land but 14% of world's population, faces no easy task in providing adequate maternal health care for its population.

The social advances have led to the general consensus that a community's resources derived from its members should be available to them whenever necessary.

Health, nutrition, education, and family welfare planning should be viewed as facets of the single task of preventing waste and improving the nation's health resources and productivity.

Since health and education programmes are to be implemented by different State Governments, the Obstetric and Gynaecological Societies of different States which have formed into this Federation have the responsibility to take keen interest in working out a method of positive maternal health in rural areas.

There is no dearth of talents amongst members of the Federation present here nor is there any dearth of resources. In fact we have resources in abundance and we have talents to develop these resources. Our main failure has been our inability to mobilise the rural community. It is here that our resources should be based. The Federation and its member-bodies should take the leadership for creating an atmosphere with the State Governments, universities and the local bodies in order to draw their attention towards a programme oriented to have its grass roots in the rural community, to be able to render the best service to the country.

This requires a retrospective look at our teaching and training programme of all categories of health workers. It should be a matter of concern for all of us that



we are still following the old course of studies and training methods adopted some 50 years ago for the training of our undergraduates who form the base of our organisation for maternal health care. In modern times such an anomaly should not be allowed to exist. Great changes have taken place in all parts of the world, and even in our country new developments have increased the scope of our knowledge and have added to our responsibility for incorporating them in the latest teaching and training programmes so that the medical graduates come out of their institutions with sufficient knowledge and practical training to face the challenge of disease processes in our developing society.

While planning our programme of education we have to keep in mind that concurrently with scientific and technical changes there have been political and social advances which have their own impact on students. Our failure to appreciate this aspect of social and moral order of the society has contributed to some degree to the so called student unrest resulting in the deterioration of university education. It must be admitted that the main reason behind all these disturbances has been the lack of progressive teaching and training methods. The existing outdated structure needs to be replaced by a new model of institutional order to evolve a "national pattern" of medical education.

We are tempting fate if we fail to make radical changes in education in obstetrics and gynaecology to ensure that our young graduates enter the society fully equipped with practical knowledge and experience of biological and physiological forces concerned in conception, labour and beyond, with self-reliance, free from dependence and stag-

nation, and keep in view the sociological aspects of the whole spectrum of the country.

It must be admitted that the existing arrangements for training our undergraduates and interns in Social Obstetrics in rural areas is far from satisfactory. It does not inspire the students to take active interest or even feel involved in welfare of the rural community in the absence of minimum basic facilities required for looking after them apart from the tragedy of their not being able to get the minimum needs of life by way of accommodation and personal hygiene when placed on a rural training programme. It would be too much to expect from a person to look after and think of innovations while sharing a crowded room attached to cattle sheds.

The rural communities take little interest in the visitors as they get nothing of value and consider their unwelcome visiting physicians as those performing experimentations on human life for their own education.

It is for these reasons that medical colleges have to be located in rural areas so that the teachers, the students and the community feel involved in each other's interests.

Considering the gap between the educated elite and the masses in the rural areas we should think in terms of establishing medical colleges in rural areas.

There has been increasing number of medical colleges in every State during the past decade. If the quality of medical education is not to suffer there should not be more than 100 admissions in any of the medical colleges. We, therefore, need more of them. It may be worthwhile considering the question of establishing some of our medical colleges in the rural areas along with the agricul-



tural colleges. This may provide the much needed scope for exercise of initiative and innovations so that some radical changes are made in our curriculum of studies to suit the society.

It is also essential to think of greater co-ordination between industry and medical education so that our profession could contribute to development by introducing new industrial medical sciences.

It is common experience that all big industries have their own hospitals to look after their workers and still they have to refer their cases to consultants attached to different medical college hospitals whose staff is overworked with the routine, emergencies and many other unskilled jobs, with teaching becoming the first casualty and looking after the referred cases becoming the next casualty.

The need for medical colleges and teaching hospitals in industrial areas is more than obvious. The teaching hospitals in the rural and industrial areas could try to identify their missions and range of service to suit all and become most appropriate to their local situations. Once these hospitals decide on their appropriate mission they would endeavour to do everything possible to fulfil them at as high a level of quality as possible. Where it is not practicable or economically possible to have certain specialised staff in a particular hospital, arrangements for immediate necessary consultation should be made available to avoid loss of time in obtaining expert consultation. It should be possible either to share equipments with another hospital or community resources nearby or refer the patient to a more distant hospital where equipments and expert opinion are available for the treatment of a patient at a reasonable cost.

To meet this end "Flying Squad Services" must be provided in all obstetric services organised by such teaching hospitals.

It must again be realised that no maternity hospital should be expected to provide enough beds for all those who need them. A system of "Domiciliary Maternity Service" would be welcome to expectant mothers and would lighten the load on maternity hospitals besides providing efficiency in maternal health services.

To maintain uniformity of standards, all teaching hospitals in a State, whether located in rural or industrial areas or towns as at present, should be under one 'Medical University'.

The present arrangements for teaching and training programme of all categories of health personnel is out-moded, ineffective and in a chaotic condition. The existing set up of universities with numerous faculties and burden of multiple responsibilities is like a "grande multipara" with "multiple pregnancy" to deliver itself a pattern of medical education suited to the needs of undergraduate and postgraduate education that would be relevant to the scientific developments and needs of the community. No wonder this mother is now labouring under maternal and foetal distress!

The training of an obstetrician and gynaecologist begins with the "technician" who develops in himself the personality of an experienced obstetrician and gynaecologist.

The electronic computer may provide excellent diagnostic aids and indicate the line of management of "cases" but is not a substitute for teaching at the bed side, in outpatients, in the operating theatre and the labour room complex for developing the 'human touch' so essential in



the care of the suffering mother either during labour pains or when afflicted with incurable malignancy.

From the very nature of our educational requirements and with the hetero-collegiate members in the academic councils of our universities, we should not but expect a casual attention from our existing universities.

The universities have so far simply acted as examining bodies. The examinations are no doubt a good media to draw attention on current problems and research to meet the ends of the society; but are the university examinations conducted from that point of view? I do not know.

In order to keep in touch with the profession and with developing medical science it is necessary that attention is paid to research. At present research in the universities is being done for the sake of research only without any reference to its utility to society. In the post-graduate examinations these have little advantage for the candidate, since the system prevailing in the universities lays stress mainly on the performance in the examinations.

It is clear that universities as at present constituted cannot adequately serve the cause of medical education at the national level.

What is, therefore, desirable and urgently necessary in each State, is the setting up of "Medical Universities" with faculties for postgraduate, undergraduate, dental, family welfare planning, nursing, pharmacy, ancillary personnel and all other categories of workers, social and technical, who may be required for each cross section of the population, so that our people get adequate health care with kindness and concern so eagerly expected of us.

The medical universities have to keep in mind that the Indian society has always been multi-national, multi-religious and multi-lingual and yet Indian culture and civilisation have survived because of their tolerance and sense of social responsibility.

We are now at a stage when the emphasis is on the use of Hindi and regional languages. The country cannot afford to neglect the study of English, which is the language of modern science. Even with our best efforts it would take decades before all important modern books and fast moving literature on modern advances in English could be translated into Hindi and regional languages. There is no possibility of discarding the use of English at a visible future.

It is, however, necessary that Hindi and other regional languages are vigorously cultivated for the benefit of the society. It is possible at this stage to train the ancillary personnel in Hindi and regional languages and educate our undergraduates and postgraduates through the English medium. It is necessary that the regional languages, Hindi, the lingua franca, and English were vigorously cultivated to vitalise our system of training and education.

So far as I can see, the Federation is the only medium free from the turmoil of political involvements which could genuinely and truthfully guide and lead the universities and governments for evolving a national pattern of medical education which could promote active involvement of students, teachers and the society. We should take upon ourselves the responsibility of creating the necessary awareness in the society, the governments and educational institutes regarding the problems that we face.

In fact, most of the difficult questions in organising a teaching programme in obstetrics and gynaecology and professional social service for maternal health care have remained unanswered because the society, the existing universities and the governments do not quite clearly understand the problems since they have had no training for the purpose. The time has come for the Federation to prepare a blueprint on the structure, the content, the teaching, and evaluation techniques for an obstetrician and gynaecologist of tomorrow.

I hope my colleagues will give thought and consideration to the problems stated here and that they will take them up in their own way for rendering as much of individual and collective service as

possible to the motherland. The problems are multiplying fast, and negligence on our part may render them impossible of solution.

Since we are in Agra, the City of unparalleled imaginative and creative art which has attracted admiration of the world for about 350 years, I am sure the resolve taken by our colleagues with the blessings of the Great Ruler and the Great Lady who inspired the emperor by her physical beauty and above all the sacrifice and sufferings in childbirth, shall be as monumental as the TAJ itself.

Long live the Federation of Obstetric and Gynaecological Societies of India.

Jai Hind.