

2. Compared with the preceding year there was a decrease in deaths recorded under all heads—Cholera, Smallpox, Plague, Fevers, Dysentery, Diarrhoea, Respiratory Diseases, Injuries and all other causes.

3. *Cholera*.—The rate from cholera (0.17) per mille showed a welcome decrease over the previous year's figures (3.07 per mille). The rural areas suffered from the epidemic more than the urban areas. The Cholera Spring Campaign Week which was started in 1945 was also carried out in the months of March, April and May during the year. Vans were sent for cholera spring campaign. Riverside and roadside villages with a history of severe cholera in previous years were specially controlled in the spring campaign. Cholera regulations were in force in all the infected areas.

4. *Smallpox*.—Smallpox was prevalent in mild form in all the districts in the province. It was on the decline as compared with the last year. Temporary regulations were enforced in heavily infected districts. Vaccination Week was celebrated in the months of September, October and November. This Vaccination Week is started since 1945. All concerned were offered help to make this week a success.

5. *Plague*.—Mortality from plague has decreased as compared with the previous year. The epidemic was prevalent in only few districts such as Chhindwara, Jubbulpore, Saugor, Mandla, Hoshangabad, Raipur, Drug, Bhandara and Balaghat. The rat destruction work was carried out in all the infected districts as well as in other districts in the province. Cyano gas was used by Jubbulpore Municipality.

Disinfection and disinfestation of the infected premises were carried out energetically with cyano gas, D.D.T., etc., in the heavily infected districts. Plague regulations were in force in all the infected districts.

6. *Malaria*.—Total number of deaths recorded was 247,007 [264,604]. It represents 52 [51] per cent. In many districts the disease is endemic and widespread and is the main problem confronting the public health staff. A separate malaria section was created in the Public Health Department of this province, as a post-war development scheme, on the lines recommended by the Health Survey and Development Committee. The sanctioned malaria organization consists of a Provincial Headquarters Organization and five Malaria Control Units to operate in malarious areas in the districts. The staff consists of an Assistant Director of Public Health (Malaria) and Entomologist and a Malaria Engineer. The posts of Entomologist and Malaria Engineer were not filled during the year. Two out of five units started functioning as early as June 1946. Two Assistant Health Officers trained in malariology were placed temporarily in charge of these units.

The anti-malaria operations were undertaken at the following places during the year 1946 :—

- (a) Civil Station Area, Nagpur.
- (b) Anti-malaria Operations, Nagpur Air Field Villages.
- (c) Malaria Control in Sewagram, Wardha.
- (d) Bar-Nawapara in Raipur district.

Short courses in malaria were held at the Public Health Institute for sanitary inspectors, municipal employees, forest personnel, police constables, etc., during the year 1946. Two Assistant Engineers from this province attended the malaria course at the Malaria Institute of India, Delhi.

In accordance with the policy of this Government to popularize the use of anti-malaria drugs in reducing the sickness due to malaria, quinine, cinchona febrifuge and mepacrine were purchased from the Central Government and made available to the public at nominal cost. In order to facilitate speedy distribution, the stock of these drugs at the Central Jail, Nagpur, was decentralized and allotted to all Civil Surgeons.

7. *Leprosy*.—There are 68 treatment centres; out of these 25 are special treatment centres and 41 are attached to various dispensaries and hospitals and two

centres are run by Maharogi Sewa Mandal, Wardha. The number of persons found to be suffering from the disease was 85,799, 501 persons having been found to be newly infected.

5,442 cases of leprosy availed of the treatment at the special leprosy clinics including sub-centres. Of these 3,372 are of the neural type and 2,070 of the lepromatous type.

Child Welfare Centre.—The deaths among infants under one year of age were less as compared with the previous year. The number of Child Welfare Centres was 85 against 88 in the preceding year. The number of attendance at the centres was 416,547 against 397,143 in the last year. The number of house visits paid by the health visitors was 265,654 [249,886]. The Maternity and Child Welfare movement made progress.

Mortality from tuberculosis decreased to 0.06 [0.08]. There was an all-round increase in the work performed by the four tuberculosis clinics at Nagpur, Jubbulpore, Raipur and Amraoti. The number of patients attending these is very nearly doubled. Home visits also showed a substantial increase. The sanatorium at Pendra Road in Bilaspur district continued to render good service.

Yaws.—The disease is prevailing in Chanda and Bilaspur districts. The work in these districts is progressing well. In Drug district—certain villages—yaws patients were seen and they were treated by the Assistant Medical Officers in their jurisdiction.

Water-supply.—The water-supply in rural areas was from wells, tanks, nallas, etc.

The works sanctioned in previous years were in progress. No new scheme has been sanctioned by the Government during the year under report. The Government has recently appointed a Public Health Engineer to deal with the problem of water-supply in the province in detail. He has drawn up a five-year programme for improvement of water-supply in rural areas.

Nutrition.—The work of diet survey, food situation, substitution foods, etc., were carried out by Dr. D. M. Roy, Nutrition Officer, and Dr. P. D. Bhawe, Officer on Special Duty (Nutrition). In addition to the above Lathyrism investigation work was also done. The Civil Surgeons concerned have been advised to take immediate action to stamp out the disease early in their areas.

The Central Provinces Vaccine Institute and the Public Health Institute have done their work satisfactorily.

Correspondence

We hope to publish more communications on medical education in later issues. The correspondents are likely to solve one another's problems.

FURTHER EDUCATION OF MEDICAL LICENTIATES

SIR,—The above subject is receiving important attention at the hands of the Central Government as expressed by the Hon'ble Minister for Public Health in her speech at Calcutta last month.

It is proposed that the life of the Lake Medical College be extended. This means that every six months one hundred and fifty doctors are attracted to this place away from the sphere of their normal activities. There is quite a good number being trained in other institutions in Calcutta and elsewhere.

That the country is in dire need of more doctors and better doctors has been repeated by anybody and everybody in season and out of season. The licentiates have been having the condensed course since 1931 when the Madras University took the initiative. The profession and the authorities have had sufficient time to review this scheme and it has to be reconsidered

if a two-year course is essential for these medical practitioners to enable them to sit for their Final M.B.

The licentiates underwent a four-year course, two years in pre-clinical subjects and two years in a hospital. It therefore stands to reason that, in justice to the large number of the suffering public deprived of the services of these persons (already considered fit to practise medicine, surgery and midwifery) as well as in fairness to these doctors themselves the condensed course should not extend to a period more than twelve months. But we all know how conservative some of our topmen are. So it is hoped you will express your views on the subject which is of some importance to the profession.

R. B. AVENUE,
CALCUTTA,
18th January, 1949. }

Yours, etc.,
S. S. BISWAS.

MEDICAL EDUCATION

SIR,—The very nature of medical education so long followed under British rule in India shows that it was meant only to assist British medical officers holding big jobs in this country. The scientifically advanced Western medicine did not reach the village people due to extreme poverty of the people and paucity of qualified medical men available in villages.

It is expected that with attainment of independence, things should change. The Bhoze Committee plans are pious ambitions no doubt, but without attempt to raise the living standard and basic education of the masses, multiplication of medical men will not find suitable ground for service to humanity. To attain the latter object, Government's step-motherly behaviour to help establishing medical men in villages should be revised.

Regarding medical education in colleges, practically the students get very few chances to treat cases unless they pass and become house staff. It is suggested that senior (final year) students should be given full responsibility to treat cases under the direct supervision of the house staff who should consult the visiting staff as consultants only. Only 6 months' time as house staff is now spent in making suits* and posing as house staff. Practically it is found that it takes a pretty long time to get accustomed to treat patients after graduating.

It is surprising that students who take long time to graduate in India become successful at the first attempt when they go to foreign countries. It seems that there is something wrong somewhere in teaching. So it is suggested that experienced medical men should be invited to give special lectures, on remuneration by the university, and teaching to be entirely left to new and modern experienced hands.

P. O. MALKERA
(MANBHUM),
26th January, 1949. }

Yours faithfully,
P. G. BHATTACHARYA.

MEDICAL QUALIFICATION AND REGISTRATION

SIR,—Learning from the *I.M.G.*, October 1948, p. 484, that lower medical qualifications might be available, I beg to state as follows:

After passing the Matriculation Examination of the Calcutta University I tried to get admitted into one of the recognized medical schools in Calcutta, but getting no chance, I finally got admitted into a non-recognized one (Presidency Medical School) in 1926 where a 4-year course according to L.M.F. standard was being given. I studied there for 2 years from 1926 to 1928 and thereby acquired a fair knowledge

*For the benefit of the overseas reader: Most students in India do not wear European clothes (suits).—EDITOR, *I.M.G.*

in anatomy, physiology, materia medica, physics and chemistry. I then got a chance to be admitted into the Calcutta Medical School (Government recognized) where I again studied parts of my previous subjects. Unfortunately I was suddenly attacked with serious disease and could not appear in the Preliminary Examination. So I was removed from this school. Finding no way for re-admission into this school, I took up a 2-year course in Pharmacy at the Campbell Medical School and a 6-month course in surgical dressing including hospital attendance, and duly passed these examinations.

During my hospital duty in Campbell Hospital, I followed the clinical and practical instructions to the 3rd and 4th year licentiate students. I tried for admission to the licentiate course at the Campbell Medical School but failed.

I continued my study in medicine, surgery, midwifery and pathology under two medical graduates of the Calcutta University who kindly instructed me in these subjects for four years, both theoretically and practically. They gave me private certificates and on their advice I became a self-help practitioner in my own village.

In my village practice, I have earned a recognition throughout the Tejjur Union of a population of 14,000 in the Howrah district. I got also good certificates about my medical experience from the President of the Union and from the Chairman of Howrah District Board, who was an inhabitant of this Union.

Now I am interested in two points: (1) a lower medical qualification, and (2) registration of my name as a general medical practitioner. I can produce the following, if necessary:

1. Matriculation certificate of the Calcutta University.
2. Certificates of having studied for 2 years at the Presidency Medical School, Calcutta, and for 1 year in the Calcutta Medical School from 1928 to 1929.
3. Certificates in Pharmacy and Dressing from State Medical Faculty of Bengal. Gazette notification, 1931.
4. Certificates from two medical graduates, Presidency of Tejjur Union and Chairman of Howrah District Board.

VILLAGE BANKURA,
P. O. BAINAN
(HOWRAH DIST.). }

Yours faithfully,
BISHNUPADA MANDAL.

HIGHER MEDICAL QUALIFICATIONS AT HOME

SIR,—*Vide*—'Graduate' on Higher Medical Qualifications at Home—your issue of *Indian Medical Gazette*, October 1948, p. 484.

In my opinion one solution lies in enabling every individual to adjust himself to his potentialities. This adjustment is largely governed by his cultural affinities. If these be narrow, the growth of the personality will be stunted and his potentialities will die of inanition, just as the body atrophies when confined in a cage. Where the pain lies, in seeing the names of a few Indians amongst the list of Europeans in the published results of higher examinations, I don't see. If any one can afford, why should there be objection? We grow by wider cultural contacts. On the contrary, we should be glad to see the names of Indians quoted abroad. Let not narrow nationalism fog our vision. By all means let there be facilities for higher qualification at home which already exist (M.D. & M.S.), but there need be no 'more pain' in seeing the names of Indians with the 'coveted degrees'.

Yours, etc.,
GRADUATE, F.R.C.P.