



ADDRESS IN MEDICINE,

BY DR. S. GOODEVE CHUCKERBUTTY,

ON THE PRESENT STATE OF THE MEDICAL PROFESSION IN BEN-
GAL.

*Delivered at the first Annual Meeting of the Bengal Branch
of the British Medical Association, February 2nd, 1864.*

Contents.

Division of the subject into three parts:—

1. State of the profession 30 years ago:—Koberajes, Ticcadars, Barber-Surgeons, Midwives, Specialists, Superstitions, Hakeems, Jurrachs. Results of treatment. Attempts to introduce European medicine faulty (Native Doctors, Native Medical Institution, Vernacular Medical Classes), English Surgeons.
2. Actual State of the profession:—Calcutta Medical College, its English, Hindustani, and Bengali Classes; its means of instruction. Spread of Medical Education to Bombay, Madras, Hyderabad, Agra, and Lahore. Rapid progress and growth of the profession. Difficulties overcome. The present number of the new Medical men, their wealth and respectability; their services, their salaries and appointments. Baboo Dwarikanath Goopto, type of the class.
3. Measures of reform:—Bengal Medical Association; its objects and improvements.

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Those who remember the state of Medicine in Bengal some thirty years ago will easily recognize the great changes which have taken place since that epoch in the science and practice of physic. The medical education of those days scarcely deserved that name; as a general rule the profession being then still claimed as a birth-right by certain castes, who handed it down from father to son as a matter of inheritance. Every *Boydo* was a born *Koberaj*, who required only to feel the pulse and administer drugs to proclaim himself a physician without the ceremony of an examination. To be born in the caste was considered a Divine warrant that he needed no Diploma to establish his claim. Right or wrong, ignorant or learned, he was a *Koberaj*, because he pleased to be one. And who could dispute his title when the custom of ages had secured it to him? To suppose that a *Boydo* could not be a physician unless he passed an examination, was to question the ruling of *Menu*, and the anger of God was sure to be aroused by such a gross act of impiety. The *Boydos*, however, were not the only people who practised medicine. A low caste of Brahmins also arrogated to themselves the same right, and, besides, the *Mecadars* (or inoculators), as the inoculators were called, were also religious soles.

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when were
 fourthly, ointments, fumigations, and
 and cataplasms; and lastly, poisons in hopeless
 kinds, especially fevers with cerebral congestion.
 grand reliance of the *Koberaj* was placed in the
 of the diet and clothing, and the entire prohibition
 baths, and free air. Fasting, as a general rule, was
 enforced during the first days of all acute disease
 was often prescribed even in the last stage of prostr
 in chronic cases. The water was always ordered to
 before being drunk, except when it was employ

diuretic or refrigerant in combination with sugar or milk. The chief food of the patient commonly consisted of *Batasha* (sugar puffs) and water, *Khoe* (rice fried in the paddy), conjee, conjee mixed with the gravy of some vegetable or fish curry, and, lastly, rice and dall. As to stimulating food or drink, nothing of the kind was allowed. Even milk was ordinarily excluded from the dietary of the sick, except after taking certain poisons. The person of the patient was to be carefully clothed to prevent all contact with fresh air, but when there were heat and burning, it was to be stripped naked and strongly fanned. Change of scene and climate was seldom resorted to, and sea-voyages never.

But while the mass of the *Koberajes* were ignorant men and little respected, in fairness I am bound to confess that there were some among them well instructed in the *Shastras* and highly popular. Such names as Ramdullub Sein and Nillumber Sein were widely known, and they were reported to have effected extraordinary cures. The latter of these gentlemen attended a patient under my own observation now more than thirty years ago, and it was curious to see how the villagers flocked around to have a sight of him all along the road. The case was then in the last stage of dysentery, and so, finding that he could do nothing in the way of cure, he boldly foretold the day and hour of death, which proved to be correct.

But, though the *Koberajes* were mostly *Boydos* or low-caste Brahmins, the surgeons were nearly all barbers (*Napits* or *Hajams*). The *Koberajes* were ready enough with their nostrums whenever these were required, but with the lancet they did not trust themselves. On the contrary they were in the constant habit of handling sharp instruments, and thought no more of cutting a boil than shaving. Of human anatomy they were utterly ignorant, their surgery was of the rudest kind, and even the treatment of boils, wounds, bruises, fractures and dislocations were left to the tender hands of old women, who tried to reduce them by dint of rubbing on of the parts. In midwifery, again, it was the lowest grade who were called upon to help, for they were looked upon as unfit and degrading for men. If these crones was on a par with their social position, tying the navel-string and carrying off the practice generally did more harm than good.

The Barber-Surgeons, however, knew the use of some ointments, and firmly impressed on their patients the necessity of thorough and frequent ablution. Although most of them confined themselves to surgery, some few did at the same time prescribe physic, to the no small annoyance of the orthodox *Koberajes*. Hence, though the brass case in the armpit was the sign of a *Koberaj*, it by no means always followed that the bearer of it was a Boydo or a Brahmin. Indeed, practically, in most cases, there was no perfect line of demarcation between surgeons and physicians; the fact being that each man professed according to his taste or convenience what we would now call a medical or a surgical branch, or one or more of each. Thus, besides the *Koberajes*, Barber-Surgeons, *Ticcadars*, and midwives, there were a host of specialists. There were itinerant eye-doctors, who went about to perform the operation of extraction for the cataract; itinerant phlebotomists, who bled for all sorts of pains and aches; itinerant lithotomists, who cut for stone in the bladder; itinerant cuppers; itinerant leech-men; itinerant devotees, who sold all manner of charms and amulets for the prevention and cure of diseases; itinerant exorcisers, who pretended to cure hysteria, mania, and epilepsy by expelling evil-spirits; *Ojhas*, who professed to extract the venom from poisoned wounds by charms, incantations, and religious mummeries; priests of Hindoo temples, who advised penance and money-gifts to particular idols, who, they said, had the power of effecting miraculous cures; cauterisers, who used the *gool* (or burning coal) and red-hot iron for chronic disorders; acupuncture-men, who would puncture the enlarged spleen and liver; issue-men, who would make large issues on the legs and arms for all diseases of plethora; women-doctors for complaints connected with the generative functions; travelling aurists; tooth-extractors; and so on. All these men, ignorant and narrow-minded as they were, had a certain amount of dexterity in their different callings, which, no doubt, was the result of repeated practice. It does not appear that they ever attempted to tie a bleeding vessel or to use internal injections, though, in cases of obstinate constipation, they often introduced into the lower bowel oiled *brinjal* to procure alvine evacuations. Cholera, small-pox, and other diseases of the epidemic class, which they could not manage, they ascribed to the anger of some God, which they tried to propitiate by vowing sacrifices, by presenting and money-gifts to the Brahmins, by growing the hair of

finger-nails, and by *Poojahs* celebrated with feasts and *Kobees* (or singing matches) and the noisy music of gongs, cymbals, shell-trumpets, and tom-toms. Infants afflicted with convulsions they exposed in wicker baskets suspended from some lofty tree, and there left to perish of hunger and cold, under the mistaken idea that they were possessed, and it was unsafe for the household to keep them any longer. It was a most revolting spectacle to witness these poor things screaming and writhing from want of food, and grown-up men and women coldly looking on without daring to approach them.

This was the case with the Hindoos, but the Mahomedans had their Hakeems, who bled and administered physic, and *Jurrahs*, who exercised the practice of surgery. Unlike the Hindoos, the great *forte* of these men was *to feed the patient well and to practise frequent depletions*, with the view of renovating the blood and purifying it at the same time from all kinds of corruptions. With them periodical bleeding was the order of the day, and no sooner a man complained of a little backache, heaviness of the head, or inclination to itch, it was thought high time to resort to the operation at once. These men, too, were sometimes good oculists, although their instruments were of the rudest manufacture.

As was to be expected from the great mass of ignorance and error which pervaded the ranks of the profession, the results of treatment under these circumstances were the most unequal and unsatisfactory. Where one man was cured by the remedies employed, hundreds were hurried to the grave by utter inanition, by the exhibition of violent poisons, or by sheer ignorance, or crippled for life by excessive salivation or the loss of some vital organ.

To use the words of Dr. H. H. Goodeve in his introductory lecture to the students of the Calcutta Medical College in the year 1848,—“Whatever may have been the degree of success with which the study of medicine was pursued in this country in the days of its ancient magnificence—and we have reason to believe that our art had then attained to very great eminence among the Hindoos—nearly all traces of this learning have long passed away. A very few years since the Native practitioners of medicine knew little more of the science they professed than a routine acquaintance with the properties of certain drugs, which they used empirically; or, if they pretended to give any account of their treatment, and assigned reasons for the exhibition of their nostrums, their pathology and

therapeutics alike were a farrago of unintelligible nonsense, compounded of ignorance and pedantry. Fortunate, indeed, was the patient whom they contented themselves with treating by simple and harmless medicines, commingled though these often were of 50 or even 100 ingredients. They possessed, and very frequently employed at haphazard, most potent and deadly drugs, the baleful effects of which too often proclaimed their poisonous character and the culpable ignorance which had dictated their administration.

“Of surgery they were confessedly and most lamentably ignorant. The simplest wound, the most trifling accident which the commonest knowledge of anatomy and the most ordinary principles of treatment would have sufficed to relieve in a few minutes, in their hands often became fatal to the sufferer, or terminated in a permanent and distressing deformity; whilst the diseased structures now so rapidly removed by the skilful management of the educated Surgeon were to them hopeless maladies which they dared not handle, or which became infinitely aggravated by their mischievous interference.

“Of the *obstetric* branch of the profession they were, if possible, still more fearfully uninformed. It is impossible to conceive anything more dangerous or ill adapted than their regulations of the lying-in room. When the labor was most natural, their interference was beyond anything injurious and inhuman—aggravating the sufferings of the woman ten-fold by their absurd and cruel direction, and often sacrificing the lives of the mother and her infant, where nothing was needed than permission for nature to work out her own arrangements without interruption from art. On the other hand, in cases where human aid properly directed would be invaluable, they were paralysed and incapable of affording the least assistance. Prayers and charms were their only resource, and the woman died undelivered; or, if the child, alive or dead, were expelled, the mother was permitted to expire without an effort being made to save her under the influence of some of those fearful accidents which not unfrequently attend upon parturition in all countries.”

In such a state of things was it to be wondered at that the practitioners of our art, as a class, commanded no respect and but little confidence? Even the highest of them were treated with so much social contempt that no orthodox Brahmin would eat or drink any article of food pol-

luted by their touch. In favor of drugs alone a dispensation was allowed by universal and time-honored custom, for it was said these could never be so corrupted, nor did it matter if they consisted of substances of an usually forbidden nature.

European practice was then as yet but little known in the country. The Government, however, had not been altogether idle to improve matters in this respect, as will appear from the following extracts from Dr. W. C. B. Eatwell's introductory lecture for 1860:—"It was not until the year 1822 that the English Government made any systematic attempt to impart medical instruction to the Natives of this country, and it was then only to those who were destined for employment in subordinate positions in its service. Previous to that time natives of the country had been trained in the different Hospitals under European superintendence as Native Doctors (as they were termed), and in this manner had become acquainted with the general aspect of disease and with the European modes of treatment, but they obtained no systematic education, and could not be regarded in any other light than as trained Hospital Assistants. In 1822 the Government established a Medical School, named the Native Medical Institution, for training Native Doctors. The school was placed under the control of an European Medical Officer, who was aided by Native Assistants. Information was communicated through the medium of the Oordoo language,* * * Dissection of the human body was not, however, attempted, and the only practical information on this subject was obtained from the dissection of the lower animals and from *post mortem* examinations of persons dying in the General Hospital in Calcutta, which the students of the Native Medical Institution were permitted to witness. In the year 1826 a further effort was made by Government to extend Medical education by the institution of a Medical Class at the Calcutta Sanscrit College, and by a similar Class at the Calcutta Madrisa."

In these latter Institutions, however, the ancient Hindoo and Mahomedan Medical works were taught at the same time with certain elementary treatises on Anatomy, Surgery, and Medicine, translated from the English language or composed for the purpose in the vernaculars.

All these efforts were but of little avail, and the result obtained was far from satisfactory. Nor did the influence of the English Doctors in those days count for much. It

was only in the Presidency and the larger towns that they were to be found. Those were the days of free depletions, violent purgatives, and exhausting salivations, the dread of which, along with the absence of an appreciative Native public, tended to circumscribe materially the benefits of European modes of treatment. But, granting all the praise and honor due to our hard-working and intelligent predecessors, the European Medical Officers were at best only birds of passage, and could not, therefore, permanently improve the position and prospects of the profession out of the service. Independent European Medical settlers there were none, nor did there exist then in the country any proper means of instruction for the East Indian youth on the European model.

Such was the state of the Medical profession immediately prior to the foundation of the Calcutta Medical College. The Native members of it were all unqualified men, totally ignorant of the modern sciences, and, if learned at all, it was merely in the ancient lore of the Hindu and Mahomedan schools, which taught no human anatomy, physiology, or chemistry, and were replete with errors and fanciful views of all kinds in their pathology and therapeutics. The European members of it almost all belonged to the Government service, and wrote and spoke in a foreign tongue, which, from the number of technical terms they made use of, presented formidable difficulties to all uninstructed persons. The opening of the Classes of the Calcutta Medical College in February 1835 set on foot, however, a mighty revolution, the fruits of which have been ever since benefiting the land by making every year scientific Medical aid more and more accessible to all classes of the population. At first education was conveyed entirely in English, which, in a very short time, succeeded in breaking down the antiquated prejudices against human dissection and practical midwifery, and preparing a class of Native Medical men well grounded in the study of rational medicine. In 1838 an additional Class was formed in Oordoo for the instruction of Native Doctors, and in 1852 a further addition was effected by opening a third Class to be taught in the Bengali language.

There are now three classes of students educated in the Medical College of Calcutta, the first created or the English Class, the next created or the Military Class, and the third created or the Bengali Class. Into each of these young men

of all castes, creeds, and colors, of all nations and countries are freely admissible, and from them have annually gone forth into the world large numbers of Physicians and Surgeons. Connected with this College there is now a magnificent Hospital, the wards and dispensaries of which afford relief to a vast number of patients in every department of our profession; a large museum of pathological, anatomical, zoological, mineralogical, and pharmaceutical specimens; an extensive chemical laboratory; a fine library and vast dissecting accommodation. Following the example of Calcutta, similar Medical Schools have also been established at Bombay, Madras, Hyderabad, Agra, and Lahore. So that there are now six large well-found Medical Colleges in the country, three of which belong to our own Presidency, and numbers of good Hospitals. In all these an immense number of students are learning together, in honorable rivalry, every branch of Medical knowledge imported from the best schools of Europe. We have now side by side English Medical Schools and Vernacular Medical Schools, English Medical teachers and Vernacular Medical teachers, English Medical practitioners and Vernacular Medical practitioners. Year after year a fresh crowd of Medical students are passing our Colleges and Universities, and spreading themselves far and wide over the whole face of the country. They are to be found in the Army in all Civil Stations, in charge of Jails and Dispensaries, in lucrative private practice, in the service of the Railway Companies, on board Passenger Ships, and in the employ of rich Zemindars and Planters. Not only the towns, but even the villages, have begun to reap the benefit of their advice. In Calcutta they may be counted by scores, and the demand for their services is so great that the humblest of them easily obtain a comfortable livelihood. Indeed, it is often a matter of difficulty to get an unpassed second or third year's student even of the Bengali class to accept an appointment worth Rs. 40 to Rs. 75 a month.

As was to be anticipated, the first difficulty of these youths was to contend with the *Koberajes*, *Hakeems*, and other irregular practitioners of the old stamp, for we may be quite sure these men regarded with no affection the alumni of the new school. But, as their own numbers have gained strength by annual additions, the ranks of their enemies have grown proportionately thinner, partly from want of room and in part from the augmenting credit of rational medicine. It would

It is hard to tell the exact number of the new Medical men engaged in practice all over the country, but, if we may venture to guess, we may say they may be counted by thousands. Of the students of our own Medical College alone there were in 1860 in the service of Government, according to Dr. W. C. B. Eatwell, 85 Sub-Assistant Surgeons, 62 Bengali Class Native Doctors, and 330 Hindustani Class Native Doctors, giving a grand total of 477 Officers. These numbers have greatly increased during the past three years, and when we take into calculation the number employed by the Railway Companies, Tea Companies, Passenger Vessels, Planters and Zemindars, and as private practitioners, and the numbers which have issued forth from the other Medical Schools, it will not be surprising if we said that there are now in India thousands of reliable Native Surgeons and Physicians; whereas none of this class were to be found anywhere only thirty years ago. All of these practitioners are well to do in the world, and many of them have grown opulent and respectable members of society. The aggregate amount of wealth represented by them is considerable for this country when we come to think of the recency of their existence and the terrible obstacles they have had to surmount. Of the benefits they confer on the public no tongue can speak nor pen describe; they are engraved in the hearts of the suffering multitude, and their extent and value can only be judged of by the great demand which has sprung up within so short a period for scientific Medical aid among all classes of the community.

This, we will say, is the bright side of the picture, but, like all pictures, it has a reverse side as well, which we shall now proceed to contemplate. The phenomenon we have seen has been so amazingly rapid in its growth that it has almost taken the breath out of its immediate beholders. The spectacle was too dazzling to admit of an early scrutiny. People at first were too much rejoiced at the suddenness and mightiness of the apparition to look beyond the surface. We shall shew that that was precisely wherein the danger lay. It was a danger that was lurking within and without the pale of the profession. The first years of this wonderful regeneration of medicine under the skilful management of Mr. M. E. Bramley and Dr. H. H. Goodeve, to the latter alone being due the credit of introducing for the first time into this country human dissection and the study of practical

midwifery, were years full of confidence and hope. The pride of knowledge was the all-absorbing passion depicted on the faces of the youths who crowded the lecture-rooms of their infant Institution. The progress and enterprize of the Native Medical Students were the great topic of the day. All true friends of India were glad of their success. Lord William Bentinck, Lord Macaulay, Sir Charles E. Trevelyan, Sir Edward Ryan, Dr. John Grant, Mr. David Hare, Baboo Dwarikanath Tagore, were the great men who did everything in their power to foster and encourage them. The chemical experiments of Dr. W. B. O'Shaughnessy attracted admiring crowds of spectators to the College, who, as well as the regular pupils, might have been seen fascinated to the benches on which they sat by the new truths that were every moment bursting to their observation. Truly, they might have exclaimed, all this must make us wiser and better than our forefathers, and yield great pecuniary advantages! Buoyed up with hope, petted by the great, and intoxicated with knowledge, the first band of students labored with a zeal and determination which astonished even the Orientalists. A series of triumphs greeted them as the result of their first examination. A batch of Diploma-men received their Honors amid the admiration of a crowded assembly, and Dr. John Grant delivered a telling oration to signalize the event. Now came to be tested the money value of those Diplomas, and the Government of the day was prevailed upon to offer to the successful candidates a salary of ~~Rs. 100~~ each per mensem in the public service. The young men, it was said, felt deeply mortified at this scale of remuneration; nevertheless, as they had then no experience of the prospects of private practice, most of them accepted service on the terms proposed. The Government, with its usual liberality, at once proceeded to open Dispensaries for the poor in the principal Civil Stations, and, by the recommendation of the Committee of Examiners, appointed to their charge the newly passed young men as Sub-Assistant Surgeons under the superintendence of the Civil Surgeons. Baboos Nobin Chunder Mitter, Uma Churn Sett, and Rajkisto Dey were the first to be employed, and then promoted to higher pay as their merit became duly appreciated. Some of those gentlemen here named now number among the dead.

One of the most illustrious of that batch, Baboo Dwarikanath Goopto, an honored member of our Branch, was, however,

immediately taken by the hand by the late Baboo Dwarikanath Tagore, whose unstinted liberality and public munificence were felt in so many directions. Baboo Dwarikanath Goopto at once became the Family Medical Adviser of that noble-hearted patriot, and was by him introduced to a circle of rich friends, who, by their united allowances, secured for him an early independence. Baboo Dwarikanath Goopto lives now to favor our Meetings by his presence, and it would do good to our Branch if all the younger members of the profession were to imitate his example. In him meet the events of nearly thirty years, and the early promise of his career is well sustained by the wisdom and activity of his maturer age, affording thus a literal fulfilment of the good advice of Dr. John Grant when delivering his Diploma some twenty-five years ago. His success is an earnest of what all can do by adhering simply to private practice. But, while admitting his case as a type of many others I could name, there is no denying the fact that several have sunk under the evils which lay below the surface. Some, puffed up by vanity, have shrouded themselves in self-conceit, and will, on no account, believe in improvements which they regard as mere idle novelties; some, spoilt by unforeseen prosperity, have abandoned themselves to lethargy and vice; some, contending fiercely with the ignorant *Kobirajes* and *Hakeems*, have insensibly descended to the low level of these, and adopted habits and practices disgraceful for the members of a learned profession like ours; some, not satisfied with legitimate gains, have imbibed a sordid mercantile spirit and become dead to all refinement of sentiments; some, wanting in good feeling and candor, have betaken themselves to evil-speaking, so that they might raise themselves by running down their neighbours; some, tired of industry and study, have gone astray into the easier paths of Homœopathy, Hydropathy, Morrisonianism, and Cholera-curers; and lastly some, who have both talents and energy, have conceived too great an opinion of themselves and learnt to despise their brother practitioners, with whom they think it mean to hold any intercourse even for their common good.

All this is a matter of profound regret, for the conduct of the few has brought unmerited ridicule and discredit upon the whole body of members of a noble and honorable calling. What can be a surer proof of this than the facility with which all sorts of charlatanry meet with a ready public to welcome their professors? What else will explain the alacrity

with which a noted Homœopathic practitioner has been recently installed as the Health Officer of Calcutta? The Medical profession is sick within and assailed by enemies from without. There is a canker in it which is eating into its very vitals a sore spot, a slough, which must be promptly amputated if it is to re-assert its dignity in Bengal. To perform that operation and to unite the integral members by a common bond is what is wanted; and that is precisely what the formation of the Bengal Branch of the British Medical Association contemplates. Our desire is to hold up to contempt all that is contemptible, and to commend for imitation all that is good and commendable. Thus shall we separate ourselves most completely from all disreputable and irregular practices, and win back to our ranks those who have been led into temporary error. Our periodical Meetings for the discussion of all Medical questions is a most useful tribunal, the verdicts of which will go far to secure the advancement of the profession. More than this they supply a much-needed stimulus to exertion, and afford a congenial field for the employment of ardent and unoccupied minds. Of this there can be now no manner of doubt. The experience of the last six months is a sufficient guarantee of what can be done, and it gives me real pleasure to congratulate the members of our Association upon this auspicious commencement of a new and bright era the mark of which will be certainly left on the pages of Indian History. During the short time that has elapsed since the foundation of this Association, it has already received valuable contributions from a variety of gentlemen, among whom I may particularly notice the names of Dr. Chevers, our learned President, and of Drs. Fayer, Browne, Beatson, Juggobundo Bose, and Mohindro Lall Sircar, and of Baboos Unnoda Churn Kastogry, Nilmadub Haldar, and Calla Chandra Haldar. Services such as theirs should be gratefully recorded setting us as they do bright examples of public spirit and adding very materially to our stock of information. But while expressing our thankfulness to Providence for the glorious career which our Branch has already achieved, we have to deplore in the untimely death of Dr. John Brown, the loss of an earnest and inestimable member. May it be long ere we meet with another such calamity! We are as yet but a scanty band, for the roll of our members scarcely counts more than seventy. Nevertheless, I feel confident that a great future is now open before us, in which our profession will rise up before

a world in newness of strength and well-earned glory. I am convinced that we are in the right path at last, and that every day henceforth will find us more and more united and ready to defend our common interests.

Yet I must confess we are far from accomplishing our mission quite so easily. There yet remain many obstacles to be overcome, many enemies to subjugate, and many errors to dispel. Even the Metropolis of India is infested by a host of impudent harpies who prey upon the credulity of the unsuspecting. Every druggist and chemist, every apothecary and quack, every sluggard, fool, and rogue, enjoys as yet full liberty to style himself a Doctor and prescribe for the sick. Can this be allowed to continue without detriment to the public interests? Most assuredly it cannot. This confusion of the educated and the uneducated, the ignorant and the learned, the legitimate and the illegitimate, and the honest and the dishonest, is a heavy misfortune under which the profession will continue to groan as long as legislative interference is withheld for its benefit. That any disappointed Sircar or worthless European may set himself up as a Medical practitioner by buying a few doses of quinine, castor oil, opium, and tartar emetic, and giving these out to the sick under false and bombastic names, is a grievous wrong to legitimate medicine.

To shew the extent of the evil, the different classes of legitimate and illegitimate practitioners who exercise our profession here may be enumerated as follows:—1, Government Medical Officers; 2, Private European Physicians and Surgeons; 3, Doctors and Licentiates of Medicine of the Calcutta University; 4, Graduates of the Calcutta Medical College; 5, Bengali and Hindustani Class Native Doctors; 6, Dental Surgeons; 7, Apothecaries; 8, Hospital Apprentices; 9, Unpassed Medical Students; 10, Vaccinators; 11, Midwives; 12, Homœopathists; 13, Hydropathists; 14, Hygieists; 15, Choleracurers; 16, Amateur Quacks; 17, Women Doctors; 18, *Koberajes*; 19, *Hakeems*; 20, Barber-Surgeons; 21, *Baydas*; 22, *Fakeers*; 23, *Sunnyasis*; 24, Mulls; 25, Priests of Hindu Temples; 26, Charmers; 27, Exorcisers; 28, Pathucks (readers of sacred writ); and 29, Poison-extractors.

Now does not this afford ample evidence of the impunity with which anybody may at present turn a Doctor and play with the lives of his fellow-creatures? Does it not shew the necessity of some kind of check? Does it not loudly call

for the interference of the Legislature and extension of the English Medical Act to India? Surely the community is not safe when so many dangerous impostors are permitted to pervert medicine and prostitute it to the attainment of selfish and wicked ends. Surely that social system is most sound which looks upon such things with complacency and unconcern. Let us hope, therefore, that the day is not distant when these evils will be put down by the strong arm of the law, and none but men who have taken the trouble of duly qualifying themselves for the Medical profession will be allowed to meddle with the health, honor, and lives of their fellow-creatures. Seconded by some such enactment, it is the wish and then only, that we can hope for the full fruition of the noble end to which the efforts of this Association will be unremittingly directed, and which humanity and good policy alike demand at our hands. With the establishment of Universities and good Medical Schools all over the country, there is now little excuse for inaction in this matter. The supply of regular Medical men is increasing with every successive year, and no fear need any longer be entertained that there will ever be again a dearth of them. Mr. Robert Turnbull, the Secretary to the Justices of the Peace, tells me that during the past half year the License-tax was paid by Practising Surgeons 32, Surgeon Dentists 3, Licentiates of Medicine 39, Apothecaries 9, Veterinary Surgeon 1, giving a grand total of 84 men, exclusive of Native Doctors and others. Now, making due allowance for errors on account of the haste in which this tax had to be collected, and for the omission of Native Doctors (of whom I am told there are from 60 to 70), we should not be far wrong if we put down the aggregate number at 150 men practising European medicine in Calcutta. There are also in this city 40 regular Druggist's Shops, 7 Charitable Dispensaries, 3 large Hospitals, and several smaller Establishments of the same kind. So the Presidency at all events is already well stocked, and here the first trial might be made of affording protection to legitimate medicine. Then, as civilization advanced into the interior, and people perceived their true interests, a general Act might be passed for the benefit of the whole country. That, I think, would be the wisest course to pursue at present, for, while I deeply lament the existing evils, I would equally deplore hasty legislation ere the public were sufficiently prepared to profit by it.

might be considered foreign to the object of this Association to speak upon the Government Medical Service, but an account of the present state of the profession in this country would be clearly incomplete without a word being said about the most important part of it. The Indian Medical Service comprises the following classes of Officers:—1, Covenanted; 2, Uncovenanted; 3, Subordinate; 4, Native Doctor. The Covenanted Medical Officers belong all primarily to the Military Service, from which are supplied all the principal Civil Stations and Surgeons. The European members of the Uncovenanted Service have charge of the smaller Civil Stations, and the Native are employed as Sub-Assistant Surgeons in charge of Jails and Dispensaries. The members of the Subordinate Establishment are all Military Apothecaries, but some of them have, of late, been made Honorary Assistant Surgeons and put in charge of Civil Medical duties. The Hindustani Class Native Doctors are employed as trained Assistants with Native Regiments, and the Bengali Class in Civil Jails and Dispensaries. A crisis has at length arrived when the interests of all these classes require to be seriously considered. The Civil Surgeon of the present day is no longer the only educated Medical man in a Mofussil Station; the Sub-Assistant Surgeon is very often as good, besides being his senior in years and experience; and in some places there are private practitioners and others in the employ of Planters and Zemindars, who are not willing to acknowledge his superiority. Under these altered circumstances the future position of the Covenanted Medical Service is a matter of great anxiety. Is the number of that Service to be maintained at its former standard, so as not only to suffice for the Army, but also for all the Civil Stations in the country? Is the Government to continue to provide Medical Attendants at the public expense for its Civil Servants, when other practitioners are available at their private cost? Is the Native Army to have European or Native Medical Officers? Are the subordinate Medical Officers to be mere Apothecaries? Is the condition of the Uncovenanted Medical Service to be improved? All these are questions difficult to solve, and their settlement involves more or less the interest of all classes of the profession. Then the highly-educated Doctors of Medicine of the Indian Universities are another growing element of disturbance. Will they be satisfied with the position of Sub-Assistant Surgeons? Or are they to hold higher situations? Again, the increasing demand for vernacular practi-

oners makes it incumbent on Government to give them a better and more substantial education than they now receive; or, since in many cases, they are the sole Medical Advisers in whom to trust out of the service, the public have a right to claim that they shall be properly educated. And, when the Native Doctors are taken out of the same class, will they not, too, expect more pay and to be allowed to perform duties of a higher description? Most of these questions are, I believe, already under consideration, or soon will be, in connection with the remodelling of the Bengal Medical Service, and it is to be hoped that such measures will be adopted as will fully satisfy the exigencies of the times.

To recapitulate the several matters I have already discussed, I may state, 1, that, previous to the foundation of the Calcutta Medical College, the Medical profession in Bengal was represented, on the one hand, by a vast number of irregular, unqualified, incompetent, and ignorant Native practitioners, and, on the other, by the Covenanted Surgeons of Government: 2, that in the present day it comprises, besides the above classes, a large body of well-qualified Native Medical men, some independent European practitioners, some unqualified Medical Students, a new class of quacks who prescribe European drugs without any professional knowledge, and certain followers of false systems of therapeutics: 3, that to prevent deterioration in the ranks of the profession, as well as to advance its interests, the action of the Bengal Branch of the British Medical Association will be highly useful: 4, that to protect the rights of legitimate medicine the English Medical Act should be extended to India, or a new Law enacted here by Government: 5, that, owing to causes easily understood, the relations of the different branches of the Government Medical Service are materially changed, and that a corresponding change is needed in their respective positions to adapt them to the altered circumstances of the times.

With these few remarks I beg to commend the interests of our profession to the most serious attention of Government, for, if the community at large suffer by our neglect, the Government itself has a still stronger reason to desire our welfare, if it be only to mark its enlightened appreciation of valuable services.

And now, apologizing for its length, I will conclude this humble and ill-prepared Address, thanking all my hearers for their patience and consideration in listening to it, and wishing the *Bengal Branch of the British Medical Association* a long and prosperous career.
