



GOVERNMENT OF INDIA
MINISTRY OF HEALTH
DIRECTORATE GENERAL OF HEALTH SERVICES

PROCEEDINGS OF THE THIRD MEETING OF THE FAMILY PLANNING RESEARCH AND PROGRAMMES COMMITTEE

(20th and 21st October 1954).

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List of Members of the Family Planning Research and Programmes Committee.

Chairman

1. Director General of Health Services.

Members

2. Dr. K. C. K. E. Raja, Officer on Special Duty, Ministry of Health, New Delhi.
3. Dr. C. Chandrasekharan, Professor of Statistics, All India Institute of Hygiene & Public Health, Calcutta.
4. Dr. M. V. Govindaswamy, Director, All India Mental Institute, Bangalore.
5. Dr. B. S. Guha, Officer on Special Duty, Department of Anthropology, Government of India, Indian Museum, Calcutta.
6. Dr. P. K. Malkani, Professor of Obstetrics and Gynaecology, Lady Hardinge Medical College, New Delhi.
7. Dr. S. S. Misra, Professor of Clinical Medicine, Medical College, Lucknow.
8. Dr. K. Mitra, Assistant Director General of Health Services, New Delhi.
9. Shrimati Dhanvanthi Rama Rau, President, Family Planning Association of India, Bombay.
10. Dr. Basudeva Narayana, Vice Chancellor, Patna University.
11. Prof. P. C. Mahalanobis, Statistical Adviser to the Cabinet.
12. Dr. V. K. R. V. Rao, Director, Delhi School of Economics, Delhi.
13. Dr. L. D. Sanghvi, Research Officer, Indian Cancer Research Centre, Bombay.
14. Dr. Mukhta Sen, Professor of Maternity & Child Welfare, All India Institute of Hygiene and Public Health, Calcutta.
15. Dr. C. G. Pandit, Secretary, Indian Council of Medical Research, New Delhi.
16. Dr. B. K. Rao, K-5, Connaught Circus, New Delhi.

Member/Secretary

17. Dr. T. Lakshminarayana, Adviser on Health Programmes, Planning Commission, and *ex-officio* Deputy Director General of Health Services, Directorate General of Health Services, New Delhi.

Minutes of the Third Meeting of the Family Planning Research and Programmes Committee, held at New Delhi on 20th and 21st October, 1954

The following members were present:—

Chairman.

1. Col C. K. Lakshmanan, D.G.H.S.

Members.

2. Dr. K. C. K. E. Raja
3. Dr. B. S. Guha
4. Dr. P. K. Malkani
5. Dr. S. S. Misra
6. Dr. K. Mitra
7. Shrimati Dhanvanthi Rama Rau
8. Prof. Mahalanobis
9. Dr. L. D. Sanghvi
10. Dr. Mukhta Sen
11. Dr. C. Chandrasekharan
12. Dr. B. K. Rao

Secretary.

13. Dr. T. Lakshminarayana

Observers.

14. Dr. C. Mani, W.H.O.
15. Dr. Robinson, Adviser, M. & C.H.
16. Dr. V. R. Khanolkar
17. Shri Rajeshwari Prasad
18. Dr. D. G. Karve
19. Dr. M. C. Balfour
20. Dr. John B. Wyon
21. Dr. Ramchandani

The Chairman welcomed the members to the meeting and introduced Dr. B. K. Rao, a new member appointed after the last meeting of the Committee. He thanked the Observers from various organisations who made it convenient to be present at the meeting and to take part in the discussions.

The Secretary conveyed messages of regret for their absence from Dr. Basudeva Narayan, Vice-Chancellor of Patna University; Dr. Govindaswamy, Director of All-India Mental Institute, Bangalore and Dr. V. K. R. V. Rao, Member, Taxation Inquiry Committee. Dr. C. G. Pandit was out of India and could not attend the meeting.

The proceedings of the second meeting of the Family Planning Research & Programmes Committee held in January 1954 were confirmed with two amendments—one suggested by Shrimati Dhanvanthi Rama Rau and another by Dr. L. D. Sanghvi.

The Secretary presented a report on the action taken on the recommendations of the first two meetings of the Family Planning Research & Programmes Committee. After some discussion on the policy involved in making these grants and the types of research that the Committee should support, the factual account of the action taken was adopted. This report is included as *Appendix I*.

Family Planning Programmes

The question whether, in view of the control of standards and sale of contraceptives and regulation of advertisements under the provisions of the amended Drugs Act and the Magic Remedies (Objectionable Advertisements) Act, it is still necessary for Government to acquire legal powers to inspect and regulate the work in family planning clinics in the country, was considered. The rules made under the Magic Remedies (Objectionable Advertisements) Act came in for some consideration and the subject was referred to a Sub-Committee consisting of Shrimati Dhanvanthi Rama Rau, Dr. B. K. Rao and Dr. K. C. K. E. Raja, with Dr. T. Lakshminarayana as the Secretary. The Sub-Committee will also consider how far Government should acquire powers for the regulation and control of family planning clinics.

The future of the family planning centres at Ramnagaram (Bangalore) and Lodi Colony (New Delhi) was next considered. While a full analysis of the data collected in the two experimental areas had still to be carried out, there was evidence, according to a preliminary study by Mr. P. K. Whelpton*, of an average longer interval between consecutive conceptions in the case of those who practised this method than in the case of those who did not practise birth-control. Dr. C. Chandrasekharan expressed the view that the reduction in the birth rate as the result of the rhythm method might be of the order of about 5 per cent.† On the other hand, it was pointed out by Dr. Raja that the purpose of the rhythm methods studies at Ramnagaram and at Lodi Colony was to ascertain whether, under the conditions prevailing in this country, the application of this method on a large scale was likely to be acceptable to the people and conducive to the promotion of a steady fall in the birth rate of the community. There was no question of attempting to assess the intrinsic merits of the method if it was practised properly. It was essential to keep in mind this fact. From the point of view of its effectiveness under the conditions prevalent in Ramnagaram and in Lodi Colony it was quite clear that the desired results had not been produced. While over 70 per cent. appeared willing at the beginning to learn a method for regulation of births and a period of about 20 months or more in an intense education of the people regarding the rhythm method had elapsed, such evidence as could be gathered during the visit to Ramnagaram in June 1954 by Drs. Lakshminarayana and Raja showed that the popularity of the method had steadily declined and that even with all the effort put forth by the staff, who had established very friendly relations with the villagers, the people were on the whole unwilling to continue the use of the method.

*W. H. O. "Final Report on Pilot Studies in Family Planning—Vol. I" (Scot, 1954).

†U. N. (Tech. Assistance Programme) Report by Dr. C. Chandrasekharan on "Pilot Study on the Rhythm Method of Family Planning in India" (1954).

The workers in charge of the experiment also expressed the view that it was not worth while continuing the rhythm method in these two experimental areas.

There was some advocacy at the meeting of the Committee for the continuance of the experiment for some time longer, but it was pointed out that the number of couples who were practising rhythm method in either experimental area had come down to such a small figure that it would not be possible to reach any significant conclusion. It was suggested that the rhythm method plus some other method might find a place as an effective means of family limitation. This combination of methods is receiving attention at the experimental centre near Khanna in Ludhiana district of the Punjab. It was finally agreed by a majority of the members that the rhythm method experiments at both places should be stopped.

The future of the two centres was discussed. It was appreciated that considerable work had been done and a mass of useful data collected which had to be evaluated. The intention was not to close down these centres as such but to adopt different methods. The Committee was of opinion that they should be continued as active centres for family planning research. It was finally agreed that a small committee should be appointed to work out the future programme. The Committee is to consist of Dr. C. Chandrasekharan, Dr. B. K. Rao, Shrimati Dhanvanthi Rama Rau and Dr. V. R. Khanolkar with Dr. T. Lakshminarayana as the Secretary.

The Committee considered requests for financial assistance received from Central and State Governments, local authorities and voluntary organisations and for research schemes. Hyderabad and Kanpur schemes, and the request of the Family Welfare Research Centre, Bombay, were referred for further examination by the Secretary and Chairman. The schemes recommended by the Committee were referred to the Grants Committee. The recommendations of the Grants Committee, were submitted to the Government of India and their sanction obtained. A list of the sanctioned schemes is shown at *Appendix II*.

The Secretary pointed out that, in spite of the fact that money was made available to State Governments, local authorities and voluntary organisations, the response from them was very meagre. An organisation would appear to be necessary to stimulate work in this field as well as to see that grants given were properly spent and that the experimental and other work that were undertaken should be carried out on right lines. The Government of India have sanctioned the posts of a full-time officer and a Statistician, assisted by a minimum staff.

It was suggested that members of the Committee and voluntary organisations like the Family Planning Association of India and its branches should make all efforts to get a better response from States, local authorities and voluntary organisations. It was agreed that Government of India's letters to State Governments and voluntary organisations should be printed and copies made available to the members and voluntary organisations so that they might take interest and stimulate others to do so. Various methods of drawing public attention were also considered including articles in the press.

Training Programmes

The Chairman indicated the attempts made so far to secure a site for the location of the main training centre, and said that efforts will be continued until a suitable site is acquired. It was suggested that immediate interim arrangements should be made for starting the training programmes on account of their urgency and essential nature. It was stated that it would be possible to make a start as soon as the appointment of a Special Officer for this purpose is made.

The Committee considered that temporary training programmes may be started at the Godfrey Clinic or the Kutumb Sudhar Kendra of the Family Planning Association of India pending the acquisition of site and construction of the main training centre. The Chairman mentioned the buildings of the Penicillin Bottling Plant as a possible temporary venue.

The offer brought by Shrimati Dhanvanthi Rama Rau from U.S.A. to send out a team of four experts to help Indians in organising and developing programmes of family planning and research was considered. In view of the discussion that took place at the last meeting and the fact that the position in regard to the utilisation of such help had not materially altered the subject was again postponed for consideration at a future date.

Public Education in Family Planning

The Committee considered the production of films through agencies other than the Information & Broadcasting Ministry's Films Division and they were of the opinion that, if the cost of production through private agencies did not exceed that of the Films Division, it might be an advantage to explore this possibility with the approval of Government. It was also considered necessary to make a grant of copies of films to State Governments, local authorities and voluntary organisations for public education in family planning. It was brought to the notice of the Committee that there was a cheap type of film-strip projector called 'Keroscope' worked on kerosene oil, which could be used in the countryside where electricity is not available. It was agreed that this should be investigated. For the production of other educational material—posters, leaflets, plays, etc.—it was decided that prizes should be instituted so as to get the best material for selection and publication.

Governmental, local body or voluntary organisations interested in producing educational material may submit such material for scrutiny and approval. It was recommended that the cost of production of such material should be met by the Government of India. This would form a part of the grant for public education for family planning. The Committee considered the organisation of lectures, radio broadcasts, plays and publication of articles in the press, etc. should also be encouraged by offering suitable assistance.

There was a proposal from Dr. A. P. Pillai of Bombay to bring out a bi-monthly journal, entitled Journal of Family Welfare, for the benefit of workers in family planning clinics. It was represented that information on this subject was lacking to a great extent and that a journal of this nature would be valuable to the workers and

the general public. It could also be the forum for exchange of information. The relative merits of a number of methods of helping the journal were considered, which included representation for the Committee on the Editorial Board for controlling the policy of the journal or, in the alternative, of buying a certain number of copies and watching the further progress of the journal before supporting it on a more permanent basis. The Committee was of opinion that it was premature to think of a publication of its own. It was agreed that the Committee should recommend to the Government the purchase of 700 copies for three or four issues of the journal and decide on further action thereafter.

Demographic Research

In this connection the Committee had before it certain recommendations of its Demographic Sub-Committee, which included a proposal for the establishment of a Council of Population Studies and the carrying out of a number of field studies in selected urban and rural areas and among hill tribes in order to obtain basic demographic data.

The suggestion was put forward that, as the Government of India in the Ministry of Home Affairs and the Inter-departmental Committee of Statisticians were considering the subject of population studies, the question of establishing the proposed Council might, with advantage, be postponed. On the other hand it was pointed out that the Planning Commission had considered the question of setting up a Population Institute some time previously and that it had specifically asked for the views of the Family Planning Research & Programmes Committee on the subject. In the circumstances it was felt that consideration of the recommendations of the Sub-Committee regarding the proposed Council of Population Studies could not be postponed. After some discussion, the Sub-Committee's recommendations regarding its establishment were adopted with certain modifications. The revised proposal for the Council is given as *Appendix III* to this report and the minutes of the second meeting of the demographic sub-committee as *Appendix III-A*.

The setting up of a Standing Committee of Statisticians was suggested, which should work independently of the Demographic Committee and should review all proposals for studies in the demographic field. It was, however, pointed out that while a Statistician had an important part to play in guiding such research studies, investigations into human problems such as those involved in the study of population brought in various other matters such as economic and social factors. In the circumstances, while the Statistician should be given full opportunity to discuss the subject from his point of view and to contribute his share to the planning and execution of a research project, the latter could hardly be considered in isolation as a purely statistical problem. The Demographic Committee consists of Statisticians, Economists, an Anthropologist, a Geneticist, a Psychiatrist and others. It was obviously to the advantage of the Statistician and of the other experts on the Demographic Committee to discuss jointly the various aspects of the problem under consideration and to arrive at a common plan of action. It was therefore decided that,

while a small statistical group could be appointed to review proposals for demographic studies from the statistical point of view, the recommendations of this group should come up to the Demographic Committee, the statistical group being considered as a part of the Demographic Committee. It was agreed to have Dr. C. Chandrasekharan, Mr. Lahiri, Mr. Das Gupta and Dr. Ramamurti of the Central Statistical Organisation to form this statistical group, which will form part of the Demographic Sub-Committee.

The research schemes submitted to the Committee were then considered :—

- (1) Consideration of a request for financial help for a research scheme 'Analysis & Tabulation of Fertility Data in Urban Areas from N.S.S. schedules' by Prof. P. C. Mahalanobis at a cost of Rs. 17,000 was not pressed;
- (2) Survey of fertility and mortality in the State of Ajmer with reference to rural population by Dr. R. N. Bagchi, Head of the Department of Economics, Government College, Ajmer; and
- (3) Proposal for the carrying out of a Sample Survey in Patna City through the Institute of Public Administration in order to ascertain fertility and mortality rates.

It was decided that Studies (2) and (3) above be referred to the Demographic Sub-Committee. It was further agreed that all proposals received on the subject of demographic research should be referred to the Demographic Sub-Committee; the working party of the sub-committee is expected to vet the proposals in the first instance.

Biological and Medical Research.—It was considered that the Research Sub-Committee may look after the co-ordination of research programmes.

Dr. Anand's scheme—Hypothalamic and Endocrinal control of reproduction—this scheme was approved.

scheme for Fertility Control Research at Lady Hardinge Medical College, by Dr. Malkani—the scheme was to study the mechanism of action of different contraceptives. It was not approved.

Research into evaluation of contraceptives and in evolving suitable contraceptives—Dr. V. R. Khanolkar who was good enough to attend the meeting by special invitation presented an interesting account of the work in contraceptive testing at the Cancer Research Centre. He described three stages of development of the work. The first was to develop standards and techniques for the testing of contraceptives in the laboratory; second, clinical testing; and third, field studies. He also described the techniques adopted for the testing of oral contraceptives on laboratory animals. He said that the question is difficulty of accommodation. The testing of spermicidal properties of local contraceptives was being taken up. He was expecting to put out interesting results of trials on pure strain mice, rats and hamsters. He would like to work with bigger animals but there is difficulty of accommodation. The testing of spermicidal properties of substances also presented some problems. He said they were trying to organise a clinical testing unit in association with a Women's Hospital. They had just started work on this unit and it was too early to report but he expected that Dr. Malkani and others may supplement their work. They could do the pharmacological work while the Cancer Research Centre might do the other aspects of the work. He

suggested that in the matter of field experiments he relied entirely on certain organisations. He went on further to say that work should be taken up to develop substances which may have some effective action on the physiology of reproduction. The Committee desired to place on record their appreciation of the work done in the Cancer Research Centre and to thank Dr. Khanolkar for the excellent report (*Appendix IV*).

The proposals of Dr. Khanolkar, Director, Indian Cancer Research Centre, Bombay, for :—(a) Biological Testing of Local Contraceptives, and (b) Clinical Testing of Local Contraceptives, were approved.

Establishment of a Standing Committee to regulate the testing and evaluation of contraceptives—a note was circulated to the members of the Committee. The Committee agreed to the constitution and functions of the Standing Committee. There was some discussion about the name of the Committee. It was suggested that it may be designated "A Committee for determining the procedures to be adopted for testing contraceptives and for recommending to the Government approved contraceptives". This was accepted. A note on the constitution of the Committee appears at *Appendix V*.

Consideration of the offer of a prize of Rs. 10,000 by Mrs. G. J. Watumull for the development of a cheap and effective contraceptive—Mrs. Watumull made this offer to Dr. Sen, President of the Indian Medical Association. The feasibility of the offer was considered. It was thought that a sub-committee might be set up to test and evaluate the contraceptives offered. It was also a matter for consideration whether the best thing would not be to offer the money for research in evolving such a contraceptive rather than as a prize. A suggestion was made that the money could be kept in trust; the amount of Rs. 10,000 would fetch about Rs. 400 as interest. The interest may be set apart for being given as a prize, which may be named "Mrs. Watumull Prize". The prize may be awarded to the best published research work on this problem either clinical or laboratory, during that year. The prize may be of the value of Rs. 300. This suggestion was agreed to. The matter may be taken up further with Mrs. Watumull and the Government of India.

Consideration of the minutes of the Sub-Committee appointed by the I.C.M.R. to go into the question of rice diets in relation to population growth—This was noted.

Consideration of the scheme for the study of maternity rates in relation to food habits of the different communities in South Indians by Dr. C. C. John, Director, Central Research Institute, University of Travancore. This scheme was circulated to the members before hand and their reactions were ascertained. The general opinion was not in favour of supporting the scheme.

Consideration of the recommendations of the Population Quality Control Sub-Committee—one of the recommendations of the Quality Control Sub-Committee was a study of Twins and Consanguineous marriages, by Dr. L. D. Sanghvi. This scheme was already sanctioned. The effect of family planning on a community, intelligence and personality testing and the incidence of psychiatric condition in the community were discussed by the Committee. Dr. M. V. Govinda-

swamy, who submitted a proposal for pilot studies, was asked to revise and submit detailed proposals for the consideration of the Committee which he has promised to do. In regard to intelligence and personality testing, the Sub-Committee suggested the formation of a working group of psychologists to develop suitable tests and to formulate studies. There was a suggestion that one or two psychologists may be added to the Quality Control Sub-Committee. The Committee, however, thought that it is better if some specific programmes are drawn up and submitted for consideration. The Committee would then be in a position to support some studies in this field.

For the minutes of the Quality Control Sub-Committee meetings, please see *Appendix VI, A. & B.*

Instructions for advice on sterilization were expected to be drawn up and sent out for the guidance of workers in family planning clinics. The subject was postponed to the next meeting.

Request for contribution towards the expenses of the All-India Family Planning Conference to be held at Lucknow in January 1955—this request of the Family Planning Association of India was approved.

C. K. Lakshmanan,
Chairman.

T. Lakshminarayana,
Secretary.





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APPENDIX I

REPORT ON THE ACTION TAKEN ON THE RECOMMENDATIONS OF THE FAMILY PLANNING RESEARCH AND PROGRAMMES COMMITTEE

As the Committee is aware, its recommendations have generally been accepted by the Government of India. A statement summarising the decisions of the Government of India on the recommendations of the Committee, is printed at pages 43-45 of the Proceedings of the First Meeting of the Family Planning Research and Programmes Committee.

The Committee recommended that grants should be made to State Governments and voluntary organisations for family planning programmes in the ratio 4:1 in order to promote Governmental and voluntary effort in the field. Circular letters to State Governments and certain voluntary organisations were issued on 27th February 1954 by the Ministry of Health inviting applications for grants-in-aid for approved purposes. The Government of India, on 28th May 1954, set up a Grants Committee consisting of :—

1. Director General of Health Services (Chairman).
2. Deputy Secretary, Ministry of Health (Shri N. B. Chatterji).
3. Officer on Special Duty, Ministry of Health (Dr. K. C. K. E. Raja).
4. Deputy Secretary, Ministry of Finance (Shri K. L. Rathee).
5. Deputy Secretary, Planning Commission (Shri M. R. Kothandaraman).
6. Shrimati Dhanvanthi Rama Rau, President, Family Planning Association of India, Bombay.
7. Shrimati Uma Nehru, M.P.
8. Secretary, Central Social Welfare Board (Shri C. R. Govindarajan).
9. Adviser, Health Programmes, Planning Commission and Additional D.D.G., Health Services (Dr. T. Lakshminarayana).

to scrutinize and recommend, for sanction, applications for assistance for family planning work as well as research. This Committee met on 24th June 1954. All requests received for grant and research schemes till June 1954 were considered. The proposals approved by the Grants Committee were sent to the Ministry of Health who, in consultation with the Ministry of Finance, have issued sanction for family planning programmes and research schemes as indicated below :—

	Rs.
State Governments	1,58,844
Local Authorities	80,000
Voluntary Organisations	71,384
Research Schemes	1,83,432
TOTAL	<u>4,93,660</u>

Training Programmes

(a) *Establishment of the main training centre.*—Government of India have agreed to the establishment of the proposed centre at Bombay. We are now proceeding with the acquisition of land.

(b) Government of India have accorded sanction to the creation of the post of Officer on Special Duty to work out details regarding the development of the centre and to organise training programmes, and have agreed to the appointment thereto of Dr. Sushila Gore. Her services are being obtained from the Ministry of Defence with whom she is employed at present.

Education for Family Planning

The following films on family planning are available with the Directorate General of Health Services:—

- (a) Planned Parenthood.
- (b) Studies in Human Fertility.
- (c) The Biology of Conception.
- (d) The Prevention of Conception.
- (e) Human Re-production.
- (f) Re-production in the lower forms of life.
- (g) Re-production in the higher forms of life.
- (h) Family Planning.

A small library has also been built up at the headquarters. Requests for reference literature from States or Voluntary Organisations are kept in view when applications for financial assistance are considered.

Establishment of the Centre for the evaluation of contraceptives.—A centre has been set up in the laboratories of the Indian Cancer Research Centre, Bombay, for the testing and evaluation of contraceptives. A small unit for carrying out research for the development of oral contraceptives from indigenous materials has also been sanctioned.

Production of contraceptives.—The Ministry of Commerce and Industry have given preliminary details and assurance that they would consult the Ministry of Health before taking final decision.

Control of the use of contraceptives.—The Drugs Act, 1940, is being amended so as to bring contraceptives within the definition of "Drugs". The Drugs and Magic Remedies (Objectionable Advertisements) Bill, which has since been passed by both Houses contains overall provisions for controlling advertisements on contraceptives.

The Sub-Committees.—The Demographic Sub-Committee and the sub-committee on the quality of population were constituted and their recommendations are now before the committee for consideration.

The appointment of full-time officer with necessary assistance to be incharge of family planning programmes was considered essential and proposals have been, for some time, under the consideration of the Government of India. The Government of India have recently accorded sanction to the creation of a post of a Statistician. Steps are being taken for the recruitment of a suitable person.

APPENDIX II

STATEMENT SHOWING GRANTS-IN-AID SANCTIONED TO STATE GOVERNMENTS, LOCAL AUTHORITIES, VOLUNTARY ORGANISATIONS AND RESEARCH INSTITUTES IN CONNECTION WITH FAMILY PLANNING PROGRAMMES

	Amount	Total
	Rs.	Rs.
Central Government—		
Contributory Health Service Scheme	1,31,000	1,31,000
State Governments—		
Himachal Pradesh	36,750	
Madhya Bharat	15,500	
Rajasthan	29,200	
Vindhya Pradesh	6,500	
Travancore-Cochin	29,810	
Coorg	4,200	
Hyderabad	15,145	
Orissa	23,772	
Madras	44,650	
Kutch	11,900	
Madhya Pradesh	14,830	
Tripura		
West Bengal	53,692	
Punjab	6,040	
Andhra	23,000	
	3,14,989	
Local Authorities—		
Municipal Corporation, Bombay	80,000	
Baharaich Municipal Board	7,700	
Eluru Municipality	10,100	
Madras Corporation	27,970	
Municipal Council, Visakhapatnam	14,750	
	1,40,520	
Voluntary Organisations—		
F. P. Conference, Lucknow	5,000	
F. P. Association, Hyderabad	14,884	
F. P. Association of India, Bombay	16,500	
F. P. Association, Punjab	17,600	
F. P. Association, Bengal	8,650	
Welfare & F. P. Society, Dehra Dun	8,750	
F. P. Association, Jalpaiguri	5,000	
Aligarh Maternity and Child Welfare Trust, Aligarh	10,400	
Journal of Family Welfare	3,150	
Eastern Railways	10,000	
Mathar Sangam	2,724	
G. Kuppuswamy Naidu Memorial Hospital, Coimbatore	2,890	
Marwari Relief Society, Calcutta	2,200	
	1,07,784	

Research Schemes—	Amount Rs.	Total Rs.
1. Establishment of a Contraceptive Centre for evaluation of contraceptives in the Indian Cancer Research Centre (Dr. V. R. Khanolkar)	15,000	
2. Research for the development of oral contraceptives from indigenous materials (Dr. V. R. Khanolkar)	5,325	
3. Analysis and tabulation of fertility data from National Sample Survey (Prof. P. C. Mahalanobis)	16,000	
4. Studies on twins and rates of consanguinous marriages in endogamous groups (Dr. I. D. Sanghvi)	10,000	
5. Research on the role of vitamins in the treatment of fertility (F. P. Association of India, Bombay)	20,200	
6. Field experiments with a foam tablet and precept in jelly at the two centres (a) in the village of Badlapur, and (b) in Kalyan Refugee Camp (Shrimati Dhanvanthi Rama Rau)	10,000	
7. India-Harvard Ludhiana Population Research Project (Dr. John E. Gordon, Prof. of Epidemiology, School of Public Health, Harvard University)	15,907	
8. Scheme for Demographic Research (Shri V. M. Dandekar, Gokhale Institute, Poona)	35,000	
9. Study of the Social Customs and Sex life of Abhor Hill Tribes (Dr. B. S. Guha)	18,500	
10. 'Hypothalamus' in relation to ovulation and oestrus cycle Research Scheme (Drs. B. K. Anand and P. K. Malkani)	5,000	
11. Family Planning Pilot Research Project, establishment of two multi-purpose F. P. Centres in two District Rural Zones of U. P. (J. K. Institute)	20,000	
12. Study of Fertility & Sterility problems (Madras Government)	15,000	
13. Proposals for (a) biological testing of local contraceptives, and (b) Clinical testing of local contraceptives (Dr. V. R. Khanolkar)	15,000	
14. Hypothalamic and Endocrinal control of Physiology of Reproduction (Dr. B. K. Anand).	14,700	2,15,632
GRAND TOTAL		9,09,889

APPENDIX III

MINUTES OF A MEETING OF THE SUB-COMMITTEE ON DEMOGRAPHIC STUDIES HELD IN NEW DELHI ON THE 12TH MARCH 1954

A meeting of the Committee on Demographic Studies, appointed by the Family Planning Research and Programmes Committee, was held on Friday, the 12th March, 1954 at 12 O'clock at 8, King George Avenue, New Delhi, and was continued in the afternoon. The following members were present:

1. Dr. V. K. R. V. Rao (Convenor)
2. Professor P. C. Mahalanobis
3. Dr. L. D. Sanghvi
4. Dr. B. S. Guha
5. Dr. K. C. K. E. Raja
6. Dr. T. Lakshminarayana.

Mr. Dandekar of the Gokhale Institute of Economics and Politics was present by special invitation in place of Professor D. R. Gadgil.

There were also present by special invitation Professor D. G. Karve, Director, Programme Evaluation Organisation, Planning Commission; Dr. C. G. Pandit, Secretary, Indian Council of Medical Research; Dr. Balfour of the Rockefeller Foundation and Dr. P. K. Whelpton, formerly of the Division of Population Studies of the United Nations.

1. The Committee decided that, in view of the lack of details in the projects submitted by Dr. C. Chandrasekharan and also in view of the fact that the results of his earlier study were not yet available, it was not possible to recommend the scheme.

2. The Committee decided that the scheme submitted by Professor Mahalanobis for the analysis and tabulation of fertility data from the N.S.S. Schedules at a cost of Rs.16,000 should be sanctioned.

3. The Committee considered at great length the proposal for the suggested Population Institute and decided that in its opinion, it was neither desirable nor feasible at the present moment to bring into existence an independent operating institution of the type of an Institute for Population Studies. The Committee, however, fully recognised the need for setting up an organisation for promoting concerted, co-ordinated and planned studies in population problems, and, therefore, suggested that a Council for Population Studies should be set up for the purpose. This Council should be composed of selected non-official institutions engaged or proposing to engage in population research, representatives of Ministries and other offices of the Central Government interested in population research, and selected individuals who would be experts in one or other aspect of the population problem and who would be co-opted on the Council by the representatives of the official and non-official institutions and Departments composing the Council.

The Council would function as an autonomous and independent organisation, in receipt of financial aid from Government but not subject to Government control, except in matters of audit. The functions of the Council were broadly conceived to be as under:—

- (1) To promote research on selected aspects of population problem by individuals and institutions in different parts of the country, and support the same by adequate financial assistance and technical guidance where needed.
- (2) To hold seminars, conferences, and discussion groups on various aspects of the population problem.
- (3) To promote and finance the setting up of research and training sections in demographic studies in selected Universities and research institutions in the country.
- (4) To promote the training of research workers in demographic studies by the award of scholarships, fellowships, etc. to selected individuals for study either in India or abroad, and also, if necessary, by special training programmes.

In order to guarantee the autonomous working of the Council and also enable it to function in an appropriate academic and scientific atmosphere it was suggested that the offices of the Council should be located in the campus or in the vicinity of a selected University or University institution and that there should be close liaison between the offices of the Council and the research workers engaged in population studies, who are working in the University or research institution in the vicinity of which the Council will be located. The Council should have a technical committee to discuss and advise on research projects relating to different aspects of population studies. It should also have a small administrative staff with the proviso that there should be no objection to members of the Council's staff also undertaking research work on some of the projects of the Council.

The Committee decided that it should consider at its next meeting a definite programme for research projects on different aspects of population studies and allot them to selected institutions; it was decided that the Convener of the Committee should put up a note on the subject at the next meeting. In the meanwhile, the Committee decided that their decision on the other schemes submitted to the Committee should be postponed to their next meeting.

DELHI;
the 16th April, 1954.

(Sd.) V. K. R. V. RAO,
Convener.

APPENDIX III-A

MINUTES OF THE MEETING OF THE DEMOGRAPHIC SUB-COMMITTEE HELD AT SIMLA ON 23RD MAY 1954

Present

Dr. V. K. R. V. Rao (Convener).

Dr. K. C. K. E. Raja.

Dr. L. D. Sanghvi.

Dr. T. Lakshminarayana.

Shri Dandekar attended on behalf of Professor Gadgil.

Prof. Mahalanobis was on tour outside India and could not attend the meeting. No representative of his was present.

The proceedings of the previous meeting held at New Delhi on 12th March, 1954, were confirmed.

Dr. V. K. R. V. Rao circulated a paper on the determinants of the high birth rate in India to serve a basis for discussion of a programme of research. (App. I.)

Dr. V. K. R. V. Rao in his paper outlined long-term studies and preliminary or pilot research. Under the latter head he suggested: (a) analysis of data already available together with collection and processing of data that may not have been published and (b) field studies aimed at direct collection of data. In regard to (a) it was decided that units should be set up with a view to studying (i) the 1951 census data and (ii) the statistics of some of the larger maternity hospitals in the country. With reference to field studies the Committee considered that they should cover different types of areas, e.g., (1) Tribal areas; (2) areas with assured rainfall or irrigation facilities, (3) those with uncertain rainfall and frequent famines; (4) Rice, Wheat and Millet areas; and (5) Town, City and Country.

It was agreed that correct basic data in regard to birth rates, death rates and specific fertility rates were lacking and the obtaining of such data would be the primary object of the extensive simple field studies that are now envisaged. It was realised that for this purpose the sample should be of a sufficient size to yield statistically valid data. A suitable schedule for the enquiry would be prepared. A circular letter inviting participation in a programme of demographic research would be sent out to institutions and individuals interested in such research. The Committee suggested the utilization of the services of the National Sample Survey, the Central Statistical Organisation, the Registrar General's Office, Universities, Research Institutes (Gokhale School of Economics and Politics, Poona; the School of Economics and the Tata School of Social Sciences, Bombay; the Delhi School of Economics; the J.K. Institute of Sociology and Human Relations and other similar institutions), Rural Extension Units set up by the Ministry of Agriculture, the Health Survey Units being set up by the Central Health Ministry, and Public Health Departments of States.

Apart from this extensive type of research, it was thought necessary to provide for a few intensive studies. It was considered necessary to draw up schedule for these studies. The Committee considered that a few intensive studies could also be encouraged by offering research fellowships which will encourage young men to take up research under the guidance of senior research workers in Universities or research institutions.

The Committee considered the scheme of research submitted by Dr. Mukerji of the J.K. Institute of Sociology and Human Relations, Lucknow University. The Committee decided that Dr. Raja, and Dr. Lakshminarayana should visit Lucknow to finalise the programme.

As regards the programme of research submitted by Miss Snyder, it was decided that a scheme of the type suggested may come in for consideration at a later date.

Determinants of the high birth rate in India

An effective and rational scheme of family planning requires a careful study of the various factors that are responsible for the high birth rate in the country. India is such a large area, and the people inhabiting it are so diverse in their social and cultural habits that to talk of a single birth rate in India is somewhat of an abstraction. Tribes, hillfolk, Harijans, different castes of Hindus, Muslims, Parsees, Jews, Christians, all these form distinct groups in respect of their birth rates. Then there are factors influencing fertility, like food habits and food non-availabilities, urbanisation, industrialisation, occupation, education, western civilisation, changes in the status of women, changing community attitudes, social legislation and changes in social and cultural habits, economic growth, trade cycles, increasing resort to birth control, etc. The great difficulty is to obtain an understanding of these factors, either quantitatively or even qualitatively, and to see them not in the abstract or in respect of India as a whole but in respect of its different regions and social groups. Alongside this understanding it is also necessary to study these factors—physical, economic, social, cultural and psychological—with a view to see how they can be harnessed in the cause of family planning. Then there is the question of the content and methods of family planning with particular reference to their suitability and adaptability to the different regions and social groups in the country. Finally, there is the whole question regarding evaluation and reassessment of changes in respect of the growth and consequences of family planning. A formidable programme of research is thus involved and one will have to be undertaken on a long term basis. It would be useful however if in the first instance a series of pilot studies are carried out in different parts of the country and with different social groups with a view to getting some idea of the range and comparative importance of the factors influencing their birth rates, the nature and extent of the family planning they practice, the barriers to family planning they reveal, and the likelihood of progress in the removal and minimising of those barriers. Once some preliminary idea is obtained of the factors mentioned above, it would be easier to plan a programme of long term research—both in analysis and in action—that would enable the formulation and the implementation of a firm policy of family planning and continuing assessment of its consequences. This note is primarily concerned with this preliminary or pilot research.

In drawing up a programme of this preliminary research, a great deal of cross-classification would probably become inevitable and complicated analysis would have to be undertaken before one can proceed to draw any

firm conclusions. It would be useful however if one were to begin with a broad classification by areas and then fit into them sub-classifications by other factors. The following area classifications were suggested as a basis for discussion:—

1. Tribal areas and non-tribal areas.
2. Areas with assured rainfall or irrigation facilities and those with uncertain rainfall and frequent famines.
3. Rice, wheat and millet regions.
4. Town, city and country.

Given one area or region, the following classifications by social groups would appear to be relevant:—

1. Religion
2. Caste
3. Harijans
4. Degree of education.
5. Industrial workers
6. Professional classes.
7. Income groups
8. Occupations
9. Persons practising family planning.

The research work to be undertaken falls under two heads, *viz.*, (a) Analysis of data already available together with collection and processing of data that may not have been published and (b) field studies aimed at direct collection of data.

The field studies to be undertaken in respect of the regions and groups mentioned above should aim at the collection of data on the following:—

1. Size and composition of the family.
2. Age at marriage, number of children born and number surviving, interval, such data to be collected not only with regard to the mistress of the house but also other married members of the household.
3. Practice of family planning.
4. Economic status.
5. Occupation.
6. Caste and allied factors.
7. Education.
8. Habits.
9. Attitudes to :—
 - (a) religion
 - (b) marriage
 - (c) children

- (d) higher standard of living
- (e) social cultural status including education
- (f) family planning as an idea
- (g) alternative methods of family planning
- (h) widow re-marriage
- (i) divorce.

10. Other relevant factors.

Then comes the question of agencies—institutions and individuals—to be entrusted with these field studies. This is a matter for detailed discussion but amongst others may be suggested universities, colleges, research institutes, family welfare centres, hospitals, doctors, health officers, community project administrations, rural extension units recently set up by the Ministry of Agriculture, social service agencies linked up with the Central Social Welfare Board, individual social workers and research scholars.

As regards co-ordination the Sub-Committee on Demographic Studies would act as a nucleus with suitable additions.



APPENDIX IV

REPORT OF THE WORK CARRIED OUT BY THE "CONTRACEPTIVE TESTING CENTRE" AT THE INDIAN CANCER RESEARCH CENTRE, BOMBAY

The Family Planning Research and Programmes Committee has for the past several months sent various types of contraceptives for testing to the Laboratories of the Indian Cancer Research Centre.

The preliminary testing on mice was done with *Pisum Sativum*, an oral contraceptive sent by Dr. Sanyal.

Thereafter the following have been tested, namely:

"Planicaps" "Bhishma" and "Semori". Tests for others such as "Contab" and "Planitab" are underway.

Besides the in vivo tests in mice, in vitro spermicidal tests are also being carried out with mice sperm. Work on human sperm has also been started.

Substances Tested

Type	Name	Manufacturers	Composition
Oral	—	Personal Communication	<i>Pisum Sativum</i> (Linn).
Oral	Planicaps	Pharma India Co., Inc., Bombay.	Each tablet 60 mg. of total principals of a <i>Abrus</i> precatorious.
Local	Bhishma	Gram Devaghar, Pali- tana, Saurashtra.	Not given.
*Local	Semori	Hergestelltrach D. R. P. Gestizuch Geschutz, Germany. Importers : Neo-pharma Ltd.	O-Oxybenzopyrid sulf. . . 0.005 Kal Boricotart . . . 0.415 Natr. bicarb . . . 0.16 Amyl trite . . . 0.085 Gum arab . . . 0.055 Albumen . . . 0.0005 Sacch-lact . . . 0.215 Talc . . . 0.06 g.
Local	Contab	Smith, Stanistreet and Co., Ltd., India.	Sodi. Bicarb . . . 2.45 g. Acid Tartaric . . . 2.00 g. French Chalk . . . 1.50 g. Sugar of Milk . . . 7.00 g. Starch Powder . . . 2.50 g. Zinc Sulphocarbonate . . . 2.56 g. Chinosol . . . 0.0011 Saponin . . . 0.005
Local	Planitab	Hind Chemical Ltd.	Not Given.

*It is a German product which has been known to be greatly effective contraceptive for several years in Europe. This substance has to be tested in order to establish a control substance.

I-A. The experiment planned for in vivo oral contraceptive testing

Healthy normal female mice of the Swiss strain when weaned from their mothers are kept with littermate females till they are mature (60+ days) (the Swiss strain has been selected because these females are prolific breeders). At maturity they are mated with their littermate males. Mating is confirmed by the presence of the vaginal plug. The litter is born 20-21 days thereafter and when the young are 21 days old they are weaned. Three or four days after the litter is weaned the mouse is again kept for mating, mating confirmed by the presence of the vaginal plug and the litter expected 20-21 days thereafter. The number and sex of young in each litter is noted.

When the mouse is ready for third mating, the vaginal smears are taken. At the preoestrus stage of the oestrus cycle it is given the prescribed dose of the contraceptive by mouth with a dropper and its body weight is taken.

Since the period of gestation of the mouse is 21 days, on the 10th day after the vaginal plug is seen (*i.e.*, mid-term of pregnancy) it is opened up under anaesthesia and the condition of the uterus, the number of foetuses in each horn and if possible their condition is noted (*i.e.*, whether normal or otherwise). Of the total number of mice used in the experiment, half are sacrificed at this time. The rest are sutured up and observed till full term.

At autopsy body weights and weights of the ovaries, uterus and vagina are taken, the tissues fixed and prepared for histological study.

The control animals are treated in the same manner, half of them killed at mid-term and the others allowed to live to full term. All the animals are observed closely from the time of administration of the drug till autopsy especially for any signs of bleeding or general reaction to the drug administered.

The groups of animals kept under observation for the drug are as follows:—

1. Mice to be given $\times 10$ the dosage prescribed in order to see if there is any toxicity to the drug.
2. Mice to be given the exact dosage prescribed.
3. Mice to be given the solvent in which the substance is administered to serve as controls.

I-B. Experiment planned for in vivo prophylactic contraceptive testing

As in the tests for oral contraceptives female mice of the Swiss strain which have had two normal litters are used. The vaginal smears are taken before the third mating and when the animal is in very late preoestrus in the case of oral, and oestrus in the case of local contraceptives, a small part of the tablet weighing about 10 mg. is inserted into the mouse vagina and the mouse kept for mating. It is essential that the vaginal plug is seen in three hours for this confirms that mating has taken place within the time given as efficient for the tablet. It has been necessary to induce the mating with the use of an aphrodisiac in order that the time is controlled. Half the number of mice used are autopsied on the 10th day after the vaginal plug is seen, and the others are observed till full term, if no delivery takes place the animal is killed at the time of full term, *i.e.*, 20-21 days after the vaginal plug is seen. The uterus, vagina and ovaries are taken and fixed for histology.

II. The experiment planned for the testing of Spermicidal activity

Study of standard methods for testing spermicidal agents :

- (i) Brown and Gamble test (1940).
- (ii) Sander-Cramer test (1941).
- (iii) Saturation test (1941).

B: Standardization of these methods with recognized spermicidal agents on the available contraceptives—(i) Mouse sperm, (ii) Human sperm.

C: Tests on the chemical and physical properties of the contraceptives available.

Biological experiments on Oral and Prophylactic Contraceptives :

The following tests have been carried out to find out the contraceptive properties of 'Pisum Sativum' and 'Planicaps', two oral contraceptives and 'Bhishma' and 'Semori' two prophylactic contraceptives.

Material and Methods :

As in the proposed plan Swiss strain mice which had completed two matings were used. The drug was administered at preoestrus with a dropper in a proportionate dose calculated according to the body weight of the mouse, in the case of the oral contraceptives and by vaginal introduction in the case of prophylactic contraceptives. In the case of the local contraceptives it has been necessary to induce mating by means of an aphrodisiac so that the time-limit for efficiency of the tablet may be maintained.—“Phosphoten Yohimbine”—Cipla—was used. Observations are recorded in the tables enclosed.

Summary of Observation

I. Pisum Sativum—

A: Toxic Dose

1. Conception occurred in all the mice as evidenced by the number of fetuses found in the uterine horns.
2. Vaginal bleeding was observed in 8 of the 12 mice.
3. One animal had a full term delivery but the litter of 5 were still born.
4. One animal when opened on the 10 day showed 5 embryos in the uterine horns; however she did not deliver at full term. At autopsy a shrunken uterus was seen (perhaps she ate her young).
5. One animal did not become pregnant. She was unwell ever since the drug was administered. Although she was kept for three months after the drug was given she never was normal and healthy again, nor did she mate and become pregnant.

B: Normal Dose

All the animals delivered normal young.

II. Planicaps—Oral—

A: Of the full term mice one did not deliver. The others had normal litters.

B: 1. None of the 10th day mice had vaginal bleeding although vaginal smears showed blood in the vagina.

2. Blood was seen in the utero-vaginal junction.

III. *Bhishma*—*Local*—

A: All full term animals delivered normal litters.

B: 1. Two of the 10th day mice were not pregnant and three had embryos in the uterine horns.

2. Two had vaginal bleeding and blood in the uterine cavity.

3. Three had normal embryos in the uterus.

IV. *Semori*—*Local*—

A: 1. All the 10th day mice which were killed showed embryos implanted in the uterus. Blood was seen in the vagina of all the mice.

2. In three mice the embryos looked pale and smaller than normal.

3. Two had normal embryos in the uterine horns.

B: All the full term animals delivered normal litters.

An injection of 'Phosphoten Yohimbine' induced mating within the specified time. The tissues (uterus, vagina and ovaries) of the animals experimented on are being prepared for histological study in order to compare the diverse effects of the different contraceptives used.

Experiments on Local Contraceptives to test spermicidal activity.

The following tests were carried out to find out the spermicidal activity of "Contab", "Planitab", "Bhishma", "Semori", "Speton" and "Gynomin" on both mouse and human sperm.

Material and Methods.

Mouse Sperm.—Male mice of the Swiss strain were used. Sperms were obtained from the epididymus. 0.5 cc of sperm suspension was made from each epididymus in balanced Glucose Saline solution. 0.1 cc of this suspension was mixed in 0.1 cc of the spermicidal agent in a tube. After vigorous shaking one drop of this mixture was observed under the microscope at 100X magnification at fixed time intervals. The grade of motility was recorded according to Baker's scale as follows:

Grades of motility (Baker 1932-1937)—

III. Majority of sperms moderately are very active.

II. About 10 per cent. of sperms moderately active, or feeble movement seen in the majority of sperms (activity less than grade III).

I. Any movement that is less than grade II (including a slightest movement in a single sperm).

O—No movement at all—complete immobilization.

Product	Grade of motility and time at different strengths				No. of Trials
	1/4	1/8	1/16	1/32	
'Contab'	o/in less than 5 min.	o/in less than 5 min.	1/12 min.	1/16 min.	2
'	I/in less than 5 min.	1/20 min	II/30 min.	II/30 min.	2
'Bhishma'	o/in less than 3 min.	I/25 min.	II/30 min.	II/30 min.	2
'Semori'	Dilution 1 o/in less than 60 sec.	Dil. 1/4 1/4 min.	Dil. 1/8 1/20 min.	..	4

Human Sperm.—Semen from patients made available by the Family Welfare Centre, Worli, Bombay and the K.E.M. Hospital, Bombay has been used for testing.

It would perhaps be opportune to mention here that semen with a count of above 80 million has been extremely difficult to obtain by virtue of the fact that the samples available are from patients.

Material and Methods:

The contraceptive tablet was dissolved in 7.5 cc of balanced glucose saline at 37°C. When effervescence stopped the solution was centrifuged to throw down any precipitate formed. The supernate was used in testing. The concentration thus used was denoted initial or S/I strength.

Semen was collected and sent to the Indian Cancer Research Centre and stored in ice till required. For testing a small quantity of the semen was pipetted into a test tube and warmed up to 37°C. Only samples of high motility and high semen count were used, *i.e.*, 80 million and above.

0.1 ml. of the spermicidal agent was pipetted into 3 small test tubes at different strengths. A control tube contained 0.1 ml. B.G.S. To these 0.1 ml. of the semen kept at 37°C was added. After vigorously shaking to ensure thorough mixing a drop of the mixture of each tube was examined separately under the microscope at 100X.

Observations:

The following observations were recorded:—

Product	Grades of motility and time at different strength				No. of trials	Date and No. of samples tested
	1/1	1/2	1/4	Control		
'Semori'	0/30 sec.	0/30 sec.	1/3 min.	III/30 min.	2	2-7-54 10-7-54
'Contab'	II/5 min.	II/15 min.	III/30 min.	III/30 min.	2	10-7-54
'Planitab'	II/15 min.	II/15 min.	II/15 min.	II/30 min.	1	9-8-54
'Planitab'	I/30 min.	II/30 min.	II/30 min.	II/30 min.	1	9-8-54
'Bhishma'	I/20 min.	I/20 min.	..	II/30 min.	1	9-8-54

[All operations were carried out at 37°C in a constant temperature chamber.]

The physical properties of the different local contraceptives received have also been tested as seen from the enclosed charts.

Summary of tests carried out.

The following preparations (compressed tablets) were tested:

- (1) "Contab"—Made in India.
- (2) "Planitab"—Ditto.
- (3) "Bhishma"—Ditto.
- (4) "Semori"—Made in Germany.
- (5) "Spton"—Ditto.
- (6) "Gynomin"—Made in England.

In addition to these products one sample of the suppository with Rendell's "wife's friend" was received. The suppositories had melted inside the package; hence it could not be tested.

The results of the preliminary screening tests are summarised in the following table:

Product	Type	Mouse Sperms	Human Sperm Count above 6.0 million	Remarks
'Contab' . . .	Foaming .	*	‡	
'Planitab' . . .	Foaming .	*	†	
'Bhishma' . . .	Non-foaming	*	‡	Tablet does not break-down easily.
'Semori' . . .	Foaming .	†	*	
'Spton' . . .	Foaming .	*	*	
'Gynomin' . . .	Foaming .	..	†	

Immobilization rating :

*Immobilization in less than one minute.

†Immobilization in 5 to 10 minutes.

‡Some motile sperm at the end of 10 minutes.

The clinical section of the Government of India's Family Planning in it was set up on August 1, 1954. Dr. Sarah E. Reuben was appointed as part-time medical worker.

The clinical investigation of the contraceptives found to be effective and harmless by laboratory tests are carried out in the Branch Service clinics of the Family Planning Association of India. The B.D.D. Chawl clinics at De Lisle Road and Worli in Bombay were selected for this work.

The patients included in this study are given a detailed gynaecological examination which consists of—

- (1) Palpatory bimanual vaginal examination.
- (2) Visual inspection of the cervix and vaginal mucosa.
- (3) Schiller test (painting of the cervix with Lugol's solution).
- (4) Preparation of a cervical smear for cytological examination.

In order to determine the effect of the contraceptive on the mucous membrane of the cervix a certain amount of the jelly, paste or tablet is put into a plastic cervical cap and placed on the cervix. 24 hours later the cervical cap is removed. The cervix is again carefully inspected and changes in its appearance are noted and recorded. The Schiller test is repeated in order to detect whether there is a change in the glycogen content of the surface cells of the cervix. Smears for cytological examination are prepared from the content of the cervical cap, to examine the cells shed in the previous 24 hours. Another smear is prepared from the cervix itself to determine whether there is any change in the cervical cytology as compared to the original smear.

As no contraceptives have been received for clinical testing as yet, we used the contraceptives now in use at the 2 birth control clinics.

The effect of Orthogynol (10 patients), Sampooon tablets (2 patients), Contab foam tablets (3 patients) and contraceptlene (2 patients) on the cervix have been observed. No changes in the cytological picture have been seen in this 24 hour observation. Some cervical changes are observed but a larger series of cases is needed to allow evaluation.

The detailed examination outlined above will be repeated on the patients participating in this study every 3 months to observe the effect of the continued use of a certain contraceptive on the reproductive organs.

Comments and Suggestions:

From the work that has been done so far it appears as though the animal experiments can be conducted under controlled conditions.

The spermicidal tests that have been done on the mouse sperm and the human sperm do not compare as favourably as they ought to.

However, the study of the histology of the reproductive organs in the animals given oral contraceptives will give invaluable information on the action of the drug.

The difficulty in getting human sperm has been one of the major problems encountered in doing the spermicidal tests. Even with the co-operation from the Family Planning Centres it has not been possible to get normal semen.

An attempt is being made to secure regular, suitable donors, so that comparative spermicidal activity could be estimated. A method is under trial to increase sperm count by centrifuging and resuspending the sperms in suitable vehicles. Such a sample may be useful for the tests. Viability test is also being standardized to determine the exact killing power of the spermicidal agent.

The various types of local contraceptives that have been received have one fundamental drawback, in that none of them maintain their foaming capacity, and therefore lose their efficiency, once the seal of the container is broken.

The clinical testing of the contraceptives sent to the Centre will of necessity proceed slowly for the Centre cannot deliver to them any substance which has not given satisfactory results in the spermicidal and biological testing.

The work on the spermicidal activity of the different drugs could be expedited if human material could be made available.

Along with the work on mice it would be necessary to carry out the biological testing of local contraceptives in certain other animals also.

PHYSICAL PROPERTIES OF CONTRACEPTIVE TABLETS

{A} Tablets 'BHISHMA'

- (1) Manufactured in : India : Ayurvedic preparation.
 (2) Package information on arrival : Small tablets supplied in glass bottle.

Colour . White.
 Consistency . Hard.

{3} Solubility:

in 2ml. Saline
 4ml. Saline
 7.5ml. Saline

Effervescence

It does not break down even after 4 hrs. immersion in Saline at room temperature. At 37° suspension is formed. Non-foaming type.

{4} After Storage for one week at 99°F and 80% humidity.

Colour . No change.
 Consistency . No change.
 Change in Effervescence.

{B} Suppositories

- (1) Manufactured in :
 (2) Package information on arrival :
 Colour
 Consistency
 (3) Solubility :
 (4) After storage at 99°F and 80% humidity.

{C} Jellies and Creams

- (1) Manufactured in :
 (2) Package information on arrival :
 Colour
 Consistency
 (3) After storage at 99°F and 80% humidity.

PHYSICAL PROPERTIES OF CONTRACEPTIVE TABLETS

{A} Tablets 'CONTAB'

- (1) Manufactured in : India : Smith Stainstreet & Co. Ltd., Calcutta.
 (2) Package information on arrival : Glass vial, corked and was sealed.

Colour . White.
 Consistency . Slightly Brittle.

(3) Solubility :

Effervescence.

in 2 ml. Saline insoluble lasts for $1\frac{1}{2}$ minute.4 ml. Saline insoluble lasts for $1\frac{1}{2}$ minute.7.5 ml. Saline insoluble lasts for $1\frac{1}{2}$ minute.

Heavy precipitate is formed.

(4) After storage for one week at 99°F and 80% humidity.

Stored in Stoppered Vial

Colour . . . White.

Consistency . . . No change.

Change in Effervescence . . . No change.

(B) *Suppositories*

(1) Manufactured in :

(2) Package information on arrival:

Colour . . .

Consistency . . .

(3) Solubility :

(4) After storage at 99°F and 80% humidity.

(C) *Jellies and Creams*

(1) Manufactured in :

(2) Package information on arrival :

Colour . . .

Consistency . . .

(3) After storage at 99°F and 80% humidity.

'PLANITAB'

PHYSICAL PROPERTIES OF CONTRACEPTIVE TABLETS

(A) *Tablets 'PLANITAB'*

(1) Manufactured in: India:

Hind Chemical Limited,
Kanpur.

(2) Package information on arrival:

Glass vial with polyethylene stopper.

Colour . . . White.

Consistency . . . Brittle, few tablets broken.

(3) Solubility:

Effervescence.

in 2 ml. Saline insoluble	.	.	.	Due to foam tablet does not dissolve or even break down completely.
4 ml. Saline insoluble	.	.	.	Small bubbles, lasts for 6 minutes or more.
7.5 ml. Saline insoluble	.	.	.	

(4) After storage for one week at 99°F and 80% humidity.

Stored in stoppered vials

Colour . . . No change.

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- (2) Package information on arrival :
 Colour .
 Consistency .
 (3) After storage at 99°F and 80% humidity.

'SPETON'**PHYSICAL PROPERTIES OF CONTRACEPTIVE TABLETS****(A) Tablets 'SPETON'**

- (1) Manufactured in : Germany By Temmler Works,
 Hamburg.
 (2) Package information on arrival : Glass vial, corked and
 wax sealed.
 Colour . White.
 Consistency . Hard pressed,
 (3) Solubility : Effervescence.
 in 2 ml. Saline insoluble Large bubbles, last for 1
 4 ml. Saline insoluble minute subsides quickly
 7.5 ml. Saline insoluble in one minute. Preci-
 pitate is formed.
 (4) After storage for one week at 99°F and 80%
 humidity.
 Stored in stoppered vial.
 Colour . No change.
 Consistency . No change.
 Change in Effer-
 vescence. No change.

(B) Suppositories

- (1) Manufactured in :
 (2) Package information on arrival :
 Colour
 Consistency

(3) Solubility :

- (4) After storage at 99°F and 80% humidity.

(C) Jellies and Creams

- (1) Manufactured in :
 (2) Package information on arrival :
 Colour .
 Consistency .
 (3) After storage at 99°F and 80% humidity.

RENDELL'S 'WIFE'S FRIEND'**PHYSICAL PROPERTIES OF CONTRACEPTIVE TABLETS****(A) Tablets Rendell's 'WIFE'S FRIEND'**

- (1) Manufactured in :
 3-2 DGHS.

(2) Package information on arrival :

Colour .
Consistency .

(3) Solubility :

in 2 ml. Saline
4 ml. Saline
7.5 ml. Saline

Effervescence

(4) After storage for one week at 99°F and 80% humidity.

Colour .
Consistency .
Change in Effervescence.

(B) *Suppositories*

(1) Manufactured in : England :

W. J. Rendell, Ltd.

(2) Package information on arrival :

.. Individual tablet packed in aluminium foil. All suppositories melted. None could be subjected to test.

Colour .
Consistency .

(3) Solubility :

(4) After storage at 99°F and 80% humidity .

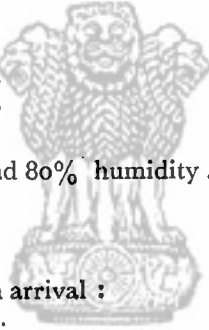
(C) *Jellies and Creams*

(1) Manufactured in :

(2) Package information on arrival :

Colour .
Consistency .

(3) After storage at 99°F and 80% humidity.



Swiss Strain Controls—Full Term

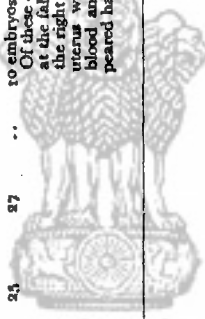
Animal No.	Birth date	Date of first mating	Date of 2nd mating	Date of 3rd mating	Body weight at 3rd mating	Observations at full term	Weight of Uterus	Weight of Ovaries	Remarks
55	3-6-53	26-8-53 63M (10 in litter).	24-9-53 63M (10 in litter).	25-1-54 63M (6 in litter)	..	Normal litter of 11 delivered.	..	..	All have grown up normal and healthy.
61	3-6-53	26-8-53 63M (10 in litter)	18-10-53 63M (9 in litter)	25-1-54 63M (9 in litter)	..	Litter of 9 delivered. One died after birth. 3 females and 5 males alive.	..	..	Animal was kept for a fourth mating and delivered a normal litter of six.
64	3-6-53	16-9-53 63M (7 in litter)	27-11-53 63M (11 in litter)	11-2-54 63M (10 in litter)	..	Normal litter of 10 delivered. 4 females, 6 males.	..	..	All have grown up normal and healthy.
66	4-6-53	16-9-53 60M (9 in litter)	12-11-53 60M (3 in litter)	23-1-54 60M (9 in litter)	23	Litter of 9 delivered. One died after birth. 2 females and 6 males alive.	..	..	The 8 mice of the third litter have grown into normal healthy mice.
70	10-6-53	16-9-53 69M (9 in litter)	14-11-53 69M (4 in litter)	25-1-54 69M (12 in litter)	..	Litter of 12 delivered of which 5 died after birth. 3 females and 4 males alive.	..	..	The 7 mice of the third litter have grown into normal healthy mice.
74	10-6-53	16-9-53 69M (9 in litter)	12-11-53 69M (9 in litter).	25-1-54 69M (8 in litter)	28-6	Normal litter delivered. 5 females and 3 males.	..	..
75	10-6-53	16-9-53 77M (7 in litter)	27-11-53 77M (6 in litter)	25-1-54 77M (6 in litter)	..	Although six were born, they died after delivery.	..	..	The 13 young ones of the 1st and 2nd litters have grown up normal and healthy and the 3rd litter did not survive.
78	4-6-53	16-9-53 82M (10 in litter)	14-11-53 82M (13 in litter)	25-1-54 82M (5 in litter)	34	Normal litter delivered. 3 females and 2 males.	..	..	..
83	10-6-53	16-9-53 85M (9 in litter)	12-10-53 85M (11 in litter)	22-1-54 85M	28	Normal litter delivered. 1 died after delivery. 3 females and 3 males alive.	..	..	The 6 mice of the 3rd litter have grown up normal and healthy.
96	6-5-53	16-10-53 (9 in litter)	27-11-53 (9 in litter)	25-1-54 (9 in litter)	..	Normal litter of 9 delivered. 3 females, 6 males.	All have grown up normal and healthy.

Strain A X 10 Dose—Oral Contraceptive San—10th day

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Animal No.	Birth date	Date of first mating	Date of mating and feeding and 3rd mating	Date of mating and feeding and 3rd mating	Quantity of contraceptive given	Date of vaginal plug	Body weight at 3rd mating	Body weight on 10th day of pregnancy	Body weight at full term	Observations on 10th day after vaginal plug	Weight of Uterus	Weight of Ovaries	Remarks
					mg.		gms.	gms.	gms.		gms.	gms.	
54	10-5-33	31-7-33 X 58M (10 in litter)	23-9-33 X 58M (7 in litter)	9-12-33 X 58M	1	10-12-33	28	29	..	Up till the 10th day there was no bleeding from the vagina when the animal was killed. Blood was seen in the uterovaginal junction and in the uterine horns. a large, 1 tiny fetus in left horn of uterus. 7 fetuses in right horn. Of these 4 were haemorrhagic.	0.874	0.027	This animal was not kept till full term in order to see the condition of the uterus during pregnancy.
51	11-5-33	23-8-33 X 64M (6 in litter)	17-10-33 X 64M (12 in litter)	7-12-33 X 64M	1	9-12-33	24	25	..	Uterine horns engorged with blood and fetuses present. No bleeding in the vagina but the fetuses all but 2 seemed to be embedded in blood on all sides.	0.999	0.0701	There are 8 fetuses in the left horn and two in the right horn.
52	11-5-33	31-7-33 X 64M (5 in litter)	23-9-33 X 64M (9 in litter)	14-12-33 X 64M	1	19-12-33	..	..	..	There are five embryos in the left horn and four in the right.	1.4673	..	The animal died under anaesthesia. Tissues taken and fixed for histological study.
53	11-5-33	31-7-33 X 64M	23-9-33 X 64M (7 in litter)	10-12-33 X 64M	1	26-12-33	23	..	..	Five fetuses in left horn and five in the right horn.	2.7652	0.0400	11th day animal was quite normal. 12th day animal had broken abdominal sutures and so it was killed. All required tissues were fixed and made ready for histological study.
57	11-5-33	31-7-33 X 68M (5 in litter)	23-9-33 X 68M (6 in litter)	10-12-33 X 68M	1	13-12-33	25	25	..	Blood was seen in the vagina. All other external appearances quite normal. The entire uterus from vagina to end of oviduct engorged with blood and the fetuses it appeared were embedded in blood. In the right horn there were and in the left only 1.	1.073	0.0315	Left uterine horn much smaller than the right.

52	29-5-53	31-7-53 X 74M (5 litter)	8-10-53 X 74M (7 litter)	14-12-53 X 74M	8-12-53	26	..	..	In the right horn of the uterus there were 3 normal fetuses and in the left horn there were altogether 6.5 of these seemed normal but one was small and looked haemorrhagic.	Wts. not taken.	This animal died on 28th December 1953.
73	29-5-53	31-7-53 X 74M (6 litter)	8-10-53 X 74M (8 litter)	7-12-53 X 74M	8-12-53	25	27	1-11-54	10 embryos seen in the uterus. Of these one was very small at the fallopian duct and of the right uterine horn. The uterus was engorged with blood and the fetuses appeared haemorrhagic.	0-0350	This animal had vaginal bleeding from the 9th day after vaginal plug and it was bleeding at autopsy on 20th day.



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Strain A X 10 Dose—Oral Contraceptive San—Full Term

Animal No.	Birth date	Date of First mating	Date of Second mating	Date of contra-ceptive feeding and 3rd mating	Quantity of contra-ceptive given	Date of vaginal plug	Body weight at 3rd mating	Body weight on 10th day of pregnancy	Observations on 10th day after vaginal plug	Body weight at full term	Weight of Uterus	Weight of Ovaries	Remarks
55	10-5-53	31-7-53 58M (5 in lit-ter)	23-9-53 58M (6 in lit-ter)	17-12-53 X 90M (4 in lit-ter)	1	..	26	..	..	..	gms.	gms.	This animal had to be mated with 2 males and even with the 3rd male and male she took a very long time to become pregnant. She delivered 4 young ones of which 2 were still born and 2 she killed.
66	11-5-53	31-7-53 X 68M (6 in lit-ter)	23-9-53 X 68M (6 in lit-ter)	7-12-53 X 68M (3 in lit-ter)	1	..	22	..	The animal was ill from the time of contraceptive. Second day sickly and white secretion from vagina. 10th day animal sickly and curled up in corner of the cage. Bleeding vagina.	..	..	..	The animal delivered her third litter and was quite normal but disinterested in her still born young. This animal delivered 3 still born young and was not well from the time she took the contraceptive till she delivered her young.
65	11-5-53	31-7-53 X 68M	23-9-53 X 68M (9 in lit-ter)	10-12-53 X 68M	1	16-12-53	22	..	3 fetuses in left horn. 2 fetuses in right horn. Animal seemed ill after the contraceptive.	..	0.194	0.025	13th day bleeding from vaginal. 15th day bleeding. 16th day bleeding sparse. 17th day profuse bleeding. Animal appeared sick and inactive and was killed on the 18th day.

Swiss Strain—Oral Contraceptive San—Full Term

Animal No.	Birth date	Date of first mating	Date of 2nd mating	Date of 3rd mating	Quantity of contraceptive given	Date of vaginal plug	Body weight at 3rd mating	Body weight on 10th day of pregnancy	Body weight at full term	Observations on 10th day after vaginal plug	Weight of Uterus	Weight of Ovaries	Remarks
1	2	3	4	5	6	7	8	9	10	11	12	13	14
57	3-6-53	15-9-53 X 65M (6 in litter).	12-10-53 X 65M (8 in litter).	7-1-54 X 65M (7 in litter).	1	11-1-54	25.3	..	26	..	..	..	Delivered 7 young ones, 3 females and 3 males alive. 1 died.
60	3-6-53	26-8-53 X 58M (10 in litter).	13-10-53 X 58M (7 in litter).	7-1-54 X 58M (10 in litter).	1	8-1-54	28	..	29	Animal operated and sutured. Right horn—5 fetuses. Left horn—5 fetuses. All normal.	..	..	Delivered 10 on 27-1-54, 4 females and 6 males.
63	3-6-53	16-9-53 X 65M (8 in litter).	12-11-53 X 65M (11 in litter).	14-1-54 X 65M (9 in litter).	1	14-1-54	28.8	..	29	Animal operated and sutured. Right horn—4 fetuses. Left horn—8 fetuses.	..	..	Delivered 7 on 5-2-54, 4 females and 3 males.
68	4-6-53	16-9-53 X (11 in litter)	12-11-53 X 69M (7 in litter).	7-1-54 X 69M (14 in litter).	1	10-1-54	32.7	..	32	Animal opened up and sutured on 20-1-54. Blood in vaginal. Right horn—8 fetuses. Left horn—7 fetuses. 8-1-54—Vaginal bleeding. 19-1-54—No bleeding.	..	..	Delivered 14 on 29-1-54.
94	10-6-53	16-9-53 X 58M (10 in litter).	12-10-53 X 58M (7 in litter).	7-1-54 X 58M (7 in litter).	1	9-1-54	29.1	..	30	Animal operated and sutured on 10th day. Right horn—2 normal fetuses & small fetuses. No haemorrhagic & Left horn—Haemorrhagic & 3 normal fetuses.	..	..	Delivered 7 on 28-1-54, 3 females and 4 males.

Swiss Strain—Oral Contraceptions San—10th day

1	2	3	4	5	6	7	8	9	10	11	12	13	14
					mg.		gms.	gms.	gms.		gms.	gms.	
56	3-6-33	26-9-33 X 63M (10 in litter).	13-10-33 X 63M (10 in litter).	13-1-34 X 63M	1	14-1-34	27	28-5	--	No bleeding seen. Right horn—4 fetuses. Left horn—3 fetuses.	2-695	0-0111	Animal killed on 20th day—23-1-34.
67	4-6-33	16-9-33 X 60M (8 in litter).	12-11-33 X 60M (6 in litter).	14-1-34 X 63M	1	15-1-34	25	25-2	--	No bleeding seen. Right horn—3 fetuses. Many of space between embryos. Left horn—7 fetuses, 1 very small.	1-2600	0-0070	Ditto.
80	4-6-33	16-9-34 X 87M (11 in litter).	14-11-33 X 87M (10 in litter).	13-1-34 X 87M	1	17-1-34	26	28-6	--	No vaginal bleeding. Right horn—6 fetuses. Left horn—5 fetuses. Normal 1 small.	1-300	0-0124	Animal killed on 10th day—27-1-34.
81	4-6-33	16-9-33 X 60M (10 in litter).	14-11-33 X 60M (10 in litter).	7-1-34 X 63M	1	11-1-34	29	32-4	--	Animal showed no bleeding. Left horn—7 fetuses. Right horn—6 fetuses, 1 haemorrhagic.	1-5390	0-0325	Animal killed on 10th day.

Swiss Sires—Tosi Fec-O-1 Contraceptives (Planicaps)—10th day

Animal No.	Birth date	Date of first mating	Date of 2nd mating	Date of contra-ceptive feeding and 3rd mating	Quantity of contra-ceptive given	Date of vaginal plug	Body weight at 3rd mating	Body weight on 10th day of pregnancy	Observations on 10th day after vaginal plug and at full term	Weight of Uterus	Weight of Ovaries	Remarks
					mg.		gms.	gms.		gms.	gms.	
255	8-11-33	18-1-34 X 256M (11 in litter).	5-3-34 X 256M (6 in litter).	22-4-34 X 256M	6	23-4-34	38.1	42	Up till the 10th day there was no bleeding from the vagina but when the animal was killed blood was seen in the entire uterine cavity and in the uterovaginal junction. 3 fetuses in left horn of uterus 6 large, 1 tiny fetus in right horn of uterus.	1.5365	0.0106	Animal opened on the 10th day of pregnancy.
256	8-11-33	18-1-34 X 255M (8 in litter).	5-3-34 X 256M (11 in litter).	22-4-34 X 256M	6	23-4-34	33.5	35.5	Up till the 10th day there was no bleeding from the vagina but when the animal was killed blood was seen in the uterovaginal junction and in the left oviduct. 7 fetuses in the left horn of uterus, 2 fetuses in the right horn of uterus.	0.9675	0.0049	Animal opened on the 10th day.
255	8-11-33	18-1-34 X 268M (10 in litter).	5-3-34 X 268M (10 in litter).	23-4-34 X 268M	6	24-4-34	31.1	37.5	Up till the 10th day there was no bleeding from the vagina. The uterovaginal junction also showed no bleeding. 4 fetuses in left horn of uterus 8 fetuses in right horn of uterus.	1.2466	0.0076	Ditto.
256	8-11-33	18-1-34 X 271M (5 in litter).	5-3-34 X 271M (7 in litter).	26-4-34 X 271M	6	27-4-34	29.1	36.1	Up till the 10th day there was no bleeding from the vagina but when the animal was killed blood was seen in the uterovaginal junction. 4 fetuses in left horn of uterus—10 fetuses in right horn of uterus.	2.1039	0.0083	Ditto.
27	9-11-33	18-1-34 X 273M (11 in litter).	5-3-34 X 273M (15 in litter).	26-4-34 X 275M	6	27-4-34	27.6	34	Up till the 10th day there was no bleeding from the vagina but when animal was killed blood was seen in the uterovaginal junction. 5 fetuses in left horn of uterus. 7 fetuses in right horn of uterus.	..	..

Swiss Strain—Toxic Dose—Oral Contraceptive (Planicaps)—Full Term

Animal No.	Birth date	Date of first mating	Date of second mating	Date of contra-ceptive feeding and 3rd mating	Quantity of contra-ceptive given	Date of vaginal plug	Body weight at 3rd mating	Body weight on 10th day of pregnancy	Body weight at full term	Observations on 10th day after vaginal plug and at full term	Histology of Uterus	Remarks
227	9-11-53	18-1-54 X 259M (12 in litter).	5-3-54 X 259M (13 in litter).	27-4-54 X 259M	6	29-4-54	28.2	..	..	..	..	Animal delivered on 24-5-54 13 normal young ones. All healthy.
228	9-11-53	18-1-54 X 259M (10 in litter).	5-3-54 X 259M (11 in litter).	27-4-54 X 259M	6	3-5-54	27.2	..	..	..	..	Animal did not deliver and the uterus showed no bleeding.
261	9-11-53	18-1-54 X 263M (8 in litter).	5-3-54 X 263M (10 in litter).	27-4-54 X 263M	6	28-4-54	25.3	..	..	..	..	Animal delivered on 18-5-54, 8 normal young ones. All healthy.
276	13-11-53	18-1-54 X 278M (10 in litter).	5-3-54 X 278M (12 in litter).	27-4-54 X 278M	6	28-4-54	28	..	..	..	..	Animal delivered on 18-5-54 9 young ones. 4 died on 19-5-54 and the remaining 5 on 21-5-54.
280	13-11-53	18-1-54 X 281M (11 in litter).	5-3-54 X 281M (6 in litter).	27-4-54 X 281M	6	28-4-54	26.7	..	..	..	..	Animal delivered on 18-5-54, 8 young ones, of which 1 was very small and it died on 19-5-54. Another young one died on 20-5-54.

Swiss Strain—Bhishma Tablets—Prophylactic Contraceptive—10th day

Animal No.	Birth date	Date of first mating	Date of second mating	Date of contraceptive application and 3rd mating	Weight of Tablet	Date of vaginal plug	Body weight at 3rd mating	Body weight on 10th day of pregnancy	Observations on 10th day after vaginal plug at full term	Weight of Uterus	Weight of Ovaries	Remarks
							gms.	gms.		gms.	gms.	
267	3-11-53	18-1-54 X 268M (9 in litter)	5-3-54 X 268M (11 in litter)	3-5-54 X 268M	7.2	4-5-54	29.2	34	..	1.2183	0.0099	Animal opened on the 10th day.
									Up till the 10th day there was no bleeding seen in the Vagina but on killing the animal blood was seen in the entire uterine cavity and in the uterovaginal junction. 8 fetuses in right horn of uterus. 8 fetuses in left horn of uterus.			
266	3-11-53	18-1-54 X 268M (6 in litter)	5-3-54 X 268M (14 in litter)	14-5-54 X 268M	7.4	15-5-54	30.5	31	..	0.1235	0.0156	Ditto.
									Up till the 10th day there was no vaginal bleeding seen. On killing the animal no pregnancy was evident. No fetuses seen.			
272	9-11-53	18-1-54 X 275M (8 in litter)	5-3-54 X 275M (12 in litter)	14-5-54 X 275M	7.3	16-5-54	28	28	..	0.0803	0.0132	Ditto.
									Up till 10th day there was no vaginal bleeding seen. 8 fetuses in the left horn of uterus. 3 fetuses in the right horn of uterus.			
283	11-10-53	20-1-54 X 69M (10 in litter)	4-3-54 X 69M (9 in litter)	19-5-54 X 69M	7.3	20-5-54	30	31.2	..	0.1605	0.0129	Ditto.
									Up till 10th day there was no vaginal bleeding seen. On killing the animal no pregnancy was evident.			
289	8-10-53	20-1-54 X 292M (9 in litter)	6-3-54 X 292M (6 in litter)	19-5-54 X 292M	7.2	20-5-54	30.2	30.9	..	2.2182	0.0069	Ditto.
									Up till the 10th day there was no vaginal bleeding seen. On killing the animal blood was seen in the entire uterine cavity and the evident. 5 fetuses in the right horn of uterus. 5 fetuses in the left horn of uterus.			

Swiss Strain—Bhishma Tablets—Prophylactic Contraceptive—Full Term

Animal No.	Birth date	Date of first mating	Date of second mating	Date of contraceptive application and 3rd mating	Date of vaginal plug	Body weight at 3rd mating	Body weight on 10th day of pregnancy	Body weight at full term	Observations on 10th day after vaginal plug	Weight of Uterus	Weight of Ovaries	Quantity of contraceptive given	Remarks
						gms.						mg.	
160	8-10-53	21-1-54 X (13 in liter).	6-3-54 X 65M (16 in liter).	20-3-54 X 65M	21-5-54	29.5	..	..	..	..	..	7.4	Animal delivered 12 normal young ones on 9-6-54, 6 died next day. Remaining 2 females and 4 males normal.
264	3-11-53	18-1-54 X 292M (9 in liter).	5-3-54 X 292M (12 in liter).	27-3-54 X	28-5-54	32.0	..	..	..	..	..	7.3	Animal delivered 5 normal young ones on 18-6-54, 1 killed by mother. Remaining 1 female and 3 males normal.
270	9-11-53	18-1-54 X 271M (10 in liter).	5-3-54 X 271M (13 in liter).	20-3-54 X 271M	21-5-54	29.0	..	..	..	..	..	7.4	Animal delivered 12 normal young ones on 9-6-54, 7 females and 5 males.
290	8-10-54	20-1-54 X 292M (9 in liter).	6-3-54 X 292M (8 in liter).	20-3-54 X 292M	21-5-54	29.1	..	..	..	..	..	7.3	Animal delivered 9 normal young ones on 9-6-54, 2 killed by mother, 5 females and 2 males remaining.
288	9-10-54	20-1-54 X 196M (8 in liter).	6-3-54 X 196M (8 in liter).	26-3-54 X 196M	29-5-54	29	..	..	..	..	..	7.2	Animal delivered 8 normal young ones on 19-6-54, 4 males and 4 females.

Swiss Strain—Semori Tablets—Prophylactic Contraceptive—10th Day—without injections

Animal No.	Birth date	Date of first mating	Date of second mating	Date of contra-ceptive feeding and 3rd mating	Quantity of contra-ceptive given	Date of vaginal plug	Body weight at 3rd mating	Body weight on 10th day of pregnancy	Body weight at full term	Observations on 10th day after vaginal plug	Weight of Uterus	Weight of Ovaries	Remarks
							gms.	gms.	gms.		gms.	gms.	
163	8-10-53	21-1-54 X 65M (11 in litter)	25-3-54 X 65M	31-4-54 X 65M	11.2	1-6-54	33.2	31.1	..	Up till the 10th day there was no bleeding. But on killing the animal blood was seen in the uterovaginal junction. Left horn of uterus—6 fetuses. Right horn of uterus—3 fetuses. Fetuses appeared smaller than normal.	0.6911	0.0152	Animal opened on the 10th day.
164	8-10-53	21-1-54 X 65M (14 in litter)	25-3-54 X 65M	31-5-54 X 65M	11.2	1-6-54	31	33.1	..	Up till the 10th day there was no bleeding seen. But on killing the animal blood was seen in the entire uterine cavity. Left horn of uterus—8 fetuses. Right horn of uterus—3 fetuses. All appeared normal.	1.0593	0.0182	Ditto.
284	11-10-53	20-1-54 X 60M (4 in litter)	9-3-54 X 60M	4-6-54 X 60M	11.2	5-6-54	29.3	34.4	..	Up till the 10th day there was no vaginal bleeding. Even on killing blood was not seen in the vagina. Left horn of uterus—6 fetuses. Right horn of uterus—4 fetuses. Fetuses appeared small and pale.	0.6400	0.0113	Ditto.
285	9-10-53	20-1-54 X 155M (8 in litter)	30-3-54 X 155M	31-5-54 X 155M	11.1	2-6-54	30.5	31.5	..	Up till the 10th day no bleeding was seen. But on killing the animal blood was seen in the entire uterine cavity and also in the uterovaginal junction. Left horn of uterus—2 fetuses. Right horn of uterus—8 fetuses.	0.7989	0.0083	Ditto.
291	8-10-53	20-1-54 X 202M (9 in litter)	30-3-54 X 202M	4-6-54 X 202M	11.2	5-6-54	30	32.8	..	Up till the 10th day no blood was seen but on killing the animal blood was seen in the entire uterine cavity. Left horn of uterus—6 fetuses. Right horn of uterus—3 fetuses. Fetuses appeared normal.	0.6042	0.0131	Ditto.

Swiss Strain—Semori Tablets—Prophylactic Contraceptive—10th day—with injection

Animal No.	Birth Date	Date of first mating	Date of second mating	Date of local contraceptive given	Quantity of contraceptive given	Date of vaginal plug	Body weight at 3rd mating	Body weight on 10th day of vaginal plug	Body weight at full term	Observations on 10th day after vaginal plug	Weight of uterus	Weight of ovaries	Remarks
					mg.	gms.	gms.	gms.	gms.		gms.	gms.	
337	4-12-53	19-2-54 X 287M (9 in litter)	10-4-54 X 287M (9 in litter)	5-7-54 X 287M Male given injection of Phosphenol at 12-15 p.m. for forced mating.	11-1 (3-30 p.m.)	5-7-54 (3-30 p.m.)	26	30-5	..	Up till the 10th day no bleeding was seen. But on killing the animal, blood was seen in the entire uterine cavity and in the uterovaginal junction. 4 fetuses, left horn of Uterus. 7 fetuses, right horn of Uterus. Fetuses normal.	1-1542	0-0089	Animal killed on 10th day of pregnancy.
342	17-12-53	19-2-54 X 350M (10 in litter)	7-4-54 X 350M (10 in litter)	5-7-54 X 350M Male given injection of Phosphenol at 12-15 p.m. for forced mating.	11-2 (3-30 p.m.)	5-7-54 (3-30 p.m.)	28-3	32-7	..	Up till the 10th day no bleeding was seen. But on killing the animal, blood was seen in the uterovaginal junction. 5 fetuses, right horn of uterus. 4 fetuses, left horn of uterus. Fetuses appeared normal.	0-9215	0-0196	Ditto.
345	17-12-53	19-2-54 X 278M (13 in litter)	8-4-54 X 278M (11 in litter)	29-6-54 X 278M Male injected at 12-30 p.m. at 12-15 p.m.	11-2 (2-30 p.m.)	29-6-54 (2-30 p.m.)	30-8	35-3	..	Up till the 10th day no bleeding was seen but on killing the animal blood was seen in the entire uterine cavity and in the uterovaginal junction. 8 fetuses, right horn of uterus. 3 fetuses, left horn of uterus. Fetuses appeared normal.	1-3638	0-0148	Ditto.
360	17-12-53	19-2-54 X 278M (10 in litter)	8-4-54 X 278M (10 in litter)	25-6-54 X 364M Male injected at 3-30 p.m.	11-2 (3 p.m.)	25-6-54 (3 p.m.)	30-2	29-7	..	Up till the 10th day no blood was seen but on killing the animal blood was seen in the entire uterine cavity. 5 fetuses, right horn of uterus. 6 fetuses, left horn of uterus. Of which 2 were small. Rest of the fetuses were normal.	1-0759	0-0113	Ditto.
361	22-12-53	19-2-54 X 354M (6 in litter)	8-4-54 X 354M (10 in litter)	22-6-54 X 354M Male injected at 9-30 a.m.	11-2 (11-30 a.m.)	22-6-54 (11-30 a.m.)	26	23-5	..	Up till the 10th day there was no external bleeding. No evidence of pregnancy seen. No bleeding and no fetuses in the uterus.	0-1839	0-0123	Ditto.

Swiss Strain—Semori Tablets—Prophylactic Contraceptive—Full Term—without injection

Animal No.	Birth date	Date of first mating	Date of second mating	Date of contra-ceptive feeding and 3rd mating	Quantity	Date of vaginal plug	Body weight at 3rd mating	Body weight on 10th day of pregnancy	Body weight at full term	Observations on 10th day after vaginal plug	Weight of Uterus	Weight of Ovaries	Remarks
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310	3-12-53	19-2-54 X 292M (8 in litter)	10-4-54 X 292M (14 in litter)	9-6-54 X 292M 18-6-54 X 345M (7 in litter)	11.2	10-6-54	36	Animal delivered 8 normal young ones on 1-7-54, 4 males, 4 females. Animal delivered 4 young ones on 10-7-54 but all died the same day.
314	4-12-53	19-2-54 X 222M (7 in litter)	10-4-54 X 292M (14 in litter)	18-6-54 X 345M (7 in litter)	11.2	19-6-54	28	..	..	..	..	..	Animal delivered 6 young ones on 1-7-54, 4 females and 2 males. All normal.
316	4-12-53	19-2-54 X 271M (8 in litter)	10-4-54 X 271M (7 in litter)	9-6-54 X 271M (7 in litter)	11.2	10-6-54	34	..	..	..	..	..	Animal delivered 6 young ones on 1-7-54, 4 females and 2 males. All normal.

Swiss Strain—Semori Tablets—Prophylactic Contraceptive—Full term—with injection

314	4-12-53	19-2-54 X 278M (7 in litter)	10-4-54 X 278M (9 in litter)	29-7-54 X 278M Male injected at 12-50 p.m.	11.2	29-7-54 (2-50 p.m.)	23.0	..	..	..	..	..	Animal delivered on 19-8-54, 7 young ones, 3 females, 4 males. All normal.
334	10-12-53	19-2-54 X 350M (6 in litter)	8-4-54 X 350M (11 in litter)	29-7-54 X 350M Male injected at 12-50 p.m.	11.2	29-7-54 (2-50 p.m.)	27.5	..	..	..	..	..	Animal delivered on 19-8-54, 12 young ones, 7 females, 5 males. All normal.
314	17-12-53	19-2-54 X 350M	7-4-54 X 350M	7-7-54 X 350M Male injected at 11-10 a.m.	11.2	7-7-54 (2-15 p.m.)	31.8	..	..	..	0.1982	0.0121	The uterus was normal. There was no evidence of pregnancy. No sign of bleeding.
343	17-12-53	19-2-54 X 355M (6 in litter)	10-4-54 X 355M (8 in litter)	20-7-54 X 355M Male injected at 1-35 a.m.	11.2	20-7-54 (4 p.m.)	29.0	..	..	..	..	..	Animal delivered on 9-8-54, 5 normal young ones, 3 males and 2 females.
362	22-12-53	14-2-54 X 354M (9 in litter)	8-4-54 X 354M (5 in litter)	8-7-54 X 354M Male injected at 10-25 a.m.	11.3	8-7-54 (2-45 p.m.)	27	..	..	..	0.1674	0.0097	The uterus was normal. There was no evidence of pregnancy. No bleeding was seen.

APPENDIX V

CREATION OF A STANDING COMMITTEE FOR REGULATING THE TESTING AND EVALUATION OF CONTRACEPTIVES

At its first meeting in July 1953 at Bombay the Family Planning Research and Programmes Committee emphasised the need for canalising all requests for evaluating contraceptives through this Committee and urged that the Central and the State Governments should take appropriate action in order to secure this end. In pursuance of this proposal it is suggested that a Standing Committee be established by the Family Planning Research and Programmes Committee, with the approval of the Government of India for the testing of contraceptives. The following members are suggested for the Standing Committee :—

1. Dr. V. R. Khanolkar, the Officer-in-Charge of the centre for Laboratory Tests, Bombay.
2. Dr. L. D. Sanghvi, Director of the Human Variation unit at the Indian Cancer Research Centre, Bombay.
3. Dr. V. N. Shirodkar.
4. Dr. Sushila Gore.
5. The Secretary of the Family Planning Research and Programmes Committee.

The Secretary of the Family Planning Research and Programmes Committee will also be the Secretary of the proposed Standing Committee.

It is suggested that all requests received by individual members of the Committee or by Family Planning Associations in different parts of the country should be sent to the Secretary of the Standing Committee.

It will be the duty of this Standing Committee to take all such steps as are necessary for developing proper facilities for the testing of contraceptives. Such facilities will include, besides the Centre for Laboratory Tests, provision for limited trials in clinics or hospitals and for a wider clinical test in the Community. While laboratory tests will be confined, at least for the present, to the Unit under Dr. Khanolkar, facilities in respect of the other two types of tests may have to be developed in three or four centres in India. A start can be made, it is suggested, in Bombay for those two types of clinical tests.

The Standing Committee should suggest an appropriate scale of fees for the tests. The scale of fees will have to be approved by the Government of India. The levying of a fee is desirable from the dual standpoint of discouraging frivolous requests for tests and from that of meeting at least a part of the cost of maintaining the necessary organisations for this testing programme. In view of the fact that the expenses in connection with the maintenance of these organisations will be borne by the Central Government the fees that are collected should be credited to the funds of that Government.

The Family Planning Research and Programmes Committee has asked that the Government of India should promote legislation for ensuring that only approved contraceptives are made available to the public. Such legislation and its enforcement would be justified only if there is provision for a well developed programme of testing and evaluation such as the one suggested in this note. The agencies employed for testing and evaluation should be under governmental control and the channelling of all requests for tests should be through a single authority for the country as a whole. The latter purpose is to be served by the establishment of the proposed Standing Committee.

The need for the utmost possible secrecy in carrying out the tests and their evaluation is again emphasised. It is essential to eliminate, as far as possible, the changes of the manufactures or distributors of contraceptives, which are being tested, getting in touch with the testing and evaluating organisations or persons.



APPENDIX VI-A

MINUTES OF A MEETING OF THE SUB-COMMITTEE ON THE QUALITY ASPECTS OF POPULATION HELD IN NEW DELHI ON 13TH MARCH 1954, AT 10-30 A.M.

The following were present :—

1. Dr. K. C. K. E. Raja (Convener).
2. Dr. T. Lakshminarayana.
3. Dr. B. S. Guha.
4. Dr. L. D. Sanghvi.

Professor P. K. Whelpton of the Scripps Foundation for Research on Population Problems, Miami University, Oxford, Ohio, U.S.A. and Dr. L. C. Bhandari, a Psychologist, attended the meeting by special invitation.

Agenda item No. 1:—

Consideration of the following :—

- (a) Note on Human Heredity in its relation to population quality by Dr. L. D. Sanghvi.
- (b) A proposal by Dr. L. D. Sanghvi for—
 - (i) studies on twins; and
 - (ii) rates of consanguinous marriages in endogamous groups.

Dr. Sanghvi explained the importance of studies in human heredity in relation to population quality. He explained briefly the hereditary transmission of undesirable, natural and desirable traits. With respect to certain undesirable traits some amount of information regarding their hereditary transmission is available. It is in relation to natural traits, which include blood groups and some other characteristics, as that the major portion of the studies in human genetics has so far been carried out. On the other hand knowledge regarding desirable traits like intelligence, resistance to disease, behaviour and temperament is almost wholly non-existent. In fact it has not been possible to identify any gene as a "good" gene. Those which have been identified in man and in other organisms are either "bad" genes or "neutral" genes.

He then referred to what he had stated in his note regarding the inheritance of intelligence, the part that environment might play in determining intelligence and the difficulties associated with psychological testing.

Dr. Sanghvi's proposals for (a) studies in twins, and (b) for determining the rates of consanguinous marriages in endogamous groups were agreed to.

Psychological tests suitable for Indian conditions

The question of developing psychological tests suitable for different strata of the community, for individual age groups and for different regions with their variation in language was discussed at some length. Dr. Bhandari assisted

the Committee in this discussion. It was decided that a Sub-Committee consisting of Dr. Bhandari, Dr. Sanghvi and Dr. Guha, with one or two other persons in this field, should prepare a programme for experimental Research in order to evolve methods of testing intelligence suitable to this country.

Agenda item No. 2 :

Note on some aspects of quality control in population studies by Dr. Govindaswamy.

The Committee desired that Dr. Govindaswamy, in association with Dr. Davis of Ranchi Mental Hospital, should be asked to put up specific proposals for field studies in selected groups of the population of the country regarding mental diseases and mental deficiency.

Agenda item No. 3 :

Note on problems concerning quality of population by Dr. B. S. Guha.

The Committee heard with interest Dr. Guha's description of the work being done in his laboratory.

The Committee felt that, in order to promote a sound programme of studies in genetics, it was desirable to obtain information regarding existing facilities for such studies through institutions and individuals properly equipped for the purpose. In view of what Dr. Guha had said the Committee decided to hold its next meeting in Calcutta in his laboratory and to secure information regarding the extent to which the facilities available there and in his field centre could be utilised for the studies under consideration. This meeting might take place towards the end of June or the beginning of July this year and should last for two days. All the members of the Committee should be particularly asked to attend.

It was also agreed that a subsequent meeting of the Committee should be held in Bombay in Dr. Sanghvi's department for the same purpose.

Agenda item No. 4 :

Request from Dr. B. Kuppaswamy, Professor, Department of Psychology, University of Mysore, for a grant of Rs.10,000 to investigate the distribution of intelligence among the general population.

It was decided to take up consideration of the grant asked for by Dr. Kuppaswamy only after the Sub-Committee mentioned under item No. 1 of the agenda had reported on the methods of carrying out intelligence tests.

Agenda item No. 5 :

Brief report of the Government of Bombay Vocational Guidance Bureau from its birth in October 1950 to September 1953.

Recorded.

Agenda item No. 6 :

Proposal from Shri N. N. Shukla, Faculty of Education and Psychology regarding psychological testings.

The proposal was deferred for consideration as in the case of Dr. Kuppaswamy's request.

Agenda item No. 7 :

Letter dated 4th March 1954 from Shri V. V. Kamat, the Indian Institute of Education, II, Horniman Circle, Fort, Bombay.

Recorded.

The Committee next discussed the question of investigation into motivations and attitudes in regard to family planning. Dr. Bhandari pointed out that there were usually emotional and other factors which influenced the views expressed by those who were interviewed and that the replies given by individuals should be further investigated, at least in a certain number of cases, in order to throw light on the underlying causes for those replies. The information so obtained would form a useful supplement to what was collected on a mass scale. It was suggested that the following steps should be taken. In drawing up a questionnaire for a mass study of motivations and of attitudes Dr. Bhandari's help should be taken in order to facilitate the collection of information on as sound a basis as possible. Secondly it was decided that, in a certain number of cases, the fuller investigation suggested by him should also be carried out.

Dr. Bhandari agreed to put up a detailed proposal in regard to this second suggestion.

The Committee desired that Dr. Bhandari should also be asked to give his suggestions for the training of field workers in the technique of interviewing people and of eliciting information from them.



APPENDIX VI-B

MINUTES OF THE SECOND MEETING OF THE SUB-COMMITTEE ON POPULATION
QUALITY OF THE FAMILY PLANNING RESEARCH AND PROGRAMMES
COMMITTEE HELD IN THE OFFICES OF THE DEPARTMENT OF ANTHROPO-
LOGY, INDIAN MUSEUM, CALCUTTA, ON 9TH AND 10TH JULY 1954

PRESENT:—

Dr. K. C. K. E. Raja.
Dr. L. C. Bhandari.
Dr. L. D. Sanghvi.
Dr. M. V. Govindaswami.
Dr. B. S. Guha.
Dr. D. Ganguli.
Dr. T. Lakshminarayana.
Dr. C. M. Bhatia.

The minutes of the previous meeting were confirmed.

The meeting then proceeded to consider the proposal put up by Dr. L. C. Bhandari for a study of attitudes and motivations towards family planning from a psychological point of view. In the course of the discussion the question was raised as to how the study of isolated cases will help in solving community problems. The assessment of attitudes from a psychological point is still very much in its infancy. It was agreed that it might be useful to supplement broad studies by questionnaire and interviews with an intensive study of the type suggested by Dr. Bhandari. The association of such studies with the Ludhiana Study or with certain health units such as Najafgarh was considered and the subject was left open for further exploration.

The scheme put forward by Dr. Govindaswami was next considered. It was agreed that Dr. Govindaswami should submit a revised scheme of study of the incidence of mental morbidity. It was felt that it is essential to get some idea of the incidence of mental deficiencies and disorders in our population. In a survey of mental deficiencies, intelligence tests would naturally come in. Emotional upsets affecting personality would figure in mental disorders. It was therefore considered that all these aspects should be included in the scope of the proposals to be put up by Dr. Govindaswami in association with Professor Gopaldaswami.

The different types of intelligence and personality tests, their limitations and the difficulties associated with their assessment, were discussed at length with the group of psychologists invited for the meeting. As a result of this discussion it appeared that it was possible to take up intelligence testing on a fairly satisfactory basis even though some amount of study and development of methods may be necessary. The benefit to be derived from personality tests, if they can be carried out satisfactorily and assessed objectively and quantitatively, is not contested. It is really part of the study of the quality of the human material and its improvement. If about six centres are set up for these studies, it would be possible to have personality tests in one or two of them and the rest may concentrate essentially on the development of intelligence tests. It was thought that Dr. Bhandari and Dr. Govindaswami may put up schemes for personality testing.



सत्यमेव जयते

**GOVERNMENT OF INDIA
MINISTRY OF HEALTH
Directorate General of Health Services**



**Proceedings of the Fourth Meeting of
the Family Planning Research and
Programmes Committee**

(14th, 15th and 16th April 1955)

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LIST OF MEMBERS OF THE FAMILY PLANNING RESEARCH AND PROGRAMMES COMMITTEE.

Chairman

1. Director General of Health Services.

Members

2. Dr. K. C. K. E. Raja, Officer on Special Duty, Ministry of Health, New Delhi.
3. Dr. C. Chandrasekaran, Professor of Statistics, All India Institute of Hygiene and Public Health, Calcutta.
4. Dr. M. V. Govindaswamy, Director, All India Mental Institute, Bangalore.
5. Dr. B. S. Guha, Officer on Special Duty, Department of Anthropology, Government of India, Indian Museum, Calcutta.
6. Dr. P. K. Malkani, Professor of Obstetrics and Gynaecology, Lady Hardinge Medical College, New Delhi.
7. Dr. S. S. Misra, Professor of Clinical Medicine, Medical College, Lucknow.
8. Dr. K. Mitra, Assistant Director General of Health Services, New Delhi.
9. Shrimati Dhanvanthi Rama Rau, President, Family Planning Association of India, Bombay.
10. Dr. Basudeva Narayana, Vice Chancellor, Patna University.
11. Prof. P. C. Mahalanobis, Statistical Adviser to the Cabinet.
12. Dr. V. K. R. V. Rao, Director, Delhi School of Economics, Delhi.
13. Dr. L. D. Sanghvi, Research Officer, Indian Cancer Research Centre, Bombay.
14. Dr. Muktha Sen, Professor of Maternity and Child Welfare, All India Institute of Hygiene and Public Health, Calcutta.
15. Dr. C. G. Pandit, Secretary, Indian Council of Medical Research, New Delhi.
16. Dr. B. K. Rao, K-5 Connaught Circus, New Delhi.

Member-Secretary

17. Dr. T. Lakshminarayana, adviser in Health Programmes, Planning Commission, and *Ex-Officio* Deputy Director General of Health Services, Directorate General of Health Services, New Delhi.

PROCEEDINGS OF THE FOURTH MEETING OF THE FAMILY
PLANNING RESEARCH AND PROGRAMMES COM-
MITTEE HELD ON 14TH, 15TH AND 16TH APRIL, 1955, IN
THE CONFERENCE ROOM OF THE TUBERCULOSIS ASSO-
CIATION OF INDIA, 22, RED CROSS ROAD, NEW DELHI

PRESENT

Chairman

Col. C. K. Lakshmanan.

Secretary

Dr. T. Lakshminarayana

Members

Dr. B. K. Rao.

Dr. K. C. K. E. Raja.

Dr. P. K. Malkani.

Shrimathi Dhanvanthi Rama Rau.

Dr. (Mrs.) Muktha Sen.

Dr. K. Mitra.

Dr. L. D. Sanghvi.

Dr. C. Chandrasekaran.

Dr. B. S. Guha.

Dr. Basudeva Narayana.

Dr. V. K. R. V. Rao.

Dr. Misra, Dr. Pandit and Dr. Govindaswamy were not able to attend the meeting.

Professor Dandekar attended on behalf of Professor Gadgil, and Dr. Ramamoorthy attended on behalf of Professor Mahalanobis.

The following were present by special invitation:—

Dr. C. Mani. }
Dr. Robinson } World Health Organisation.

Dr. M. C. Balfour, Rockefeller Foundation.

Dr. J. B. Wyon, School of Public Health, Harvard-Ludhiana Medical College, Government of India Joint Population Study.

Shri Rajeswari Prasad, Deputy Registrar General.

Dr. S. C. Sen, President, Indian Medical Association.

Dr. Ensminger of the Ford Foundation could not attend.

2. The chairman welcomed the members and invitees to the meeting.

3. On the 14th of April, 1955, the two Sub-Committees on Biological and Medical Research and on Demographic Research considered the subjects relating to their respective fields of research in the

agenda of the meeting of the Family Planning Research and Programmes Committee and presented their conclusions to the latter, which met on the 15th of May, 1955.

4. The Committee confirmed the proceedings of its third meeting which was held on the 20th and 21st October, 1954

5. **Study of spermicidal drugs and oral contraceptives:** (by Prof. M. L. Gujral, King George Medical College, Lucknow). The Committee was of the opinion that the scheme presented by Prof. Gujral was much too ambitious and that its scope should be limited to the screening of a few promising plants, the isolation of their active principles and the assessment of their value as contraceptives. It was suggested that chemicals should be left out of the present scheme of research. In view of the nature of the work to be accomplished the recommendation was made that an organic chemist should be appointed to the post of Research Assistant, under the scheme. Subject to these two suggestions, the condition that non-expendable equipment should remain the property of the Committee and that further recommendations of grants for the scheme would be based on the progress achieved, the scheme was approved. The Committee decided that the question of clinical and field trials should be taken up for consideration in the light of the information received regarding the progress of the scheme.

6. **Proposal by Vallabh Bhai Patel Chest Institute, Delhi, for the establishment of a Physiology Laboratory for carrying out research on applied physiology.** The proposal of the Chest Institute, Delhi, consisted of two items: (i) determination of the time of ovulation by a study of differential electric potential between the vaginal musosa and supra pubic skin, and (ii) pregnancy tests. It was brought to the notice of the Committee that a certain amount of work on ovulation time by this method had been done in some other countries. It was considered, however, premature to divert the highly qualified personnel available in the Chest Institute to this type of work. As regards pregnancy tests, it was felt that it should be done in an institution where pregnant women are normally attended to instead of the Chest Institute. The scheme was not therefore accepted.

7. **Expenditure sanction for the Contraceptive Testing Centre.** The budget submitted by Dr. V. R. Khanolkar for the testing of contraceptives and for evolving an oral contraceptive was considered and accepted by the Committee.

8. **Additional grant for research work on the role of Vitamin A in infertility.** When the scheme was originally sanctioned, Dr. Khanolkar was consulted and he had suggested that a specific research project aimed at securing certain definite results should be promoted. In the actual working of the scheme this purpose was not fulfilled though it turned out to be an excellent piece of clinical research. The Committee therefore decided that as a research scheme it should be terminated but that financial assistance should be given to provide a clinical unit working on infertility.

9. Sanction for expenditure during 1955-56 in respect of studies on twins and consanguineous marriages in endogamous groups (by Dr. L. D. Sanghvi). The Committee considered that the valuable work done by Dr. L. D. Sanghvi should be continued and recommended that the necessary expenditure should be sanctioned.

10. Sanction for expenditure in respect of India—Harvard—Ludhiana population Research Project. Government of India agreed to contribute 10 per cent. of the expenditure as a token of their interest. It was agreed that the required contribution should be given.

11. Clinical studies of Drs. Sanyal and Ghosh of Calcutta on sterility effect of *meta-xylol-hydroquinone*—the active principle of *pisum sativum* — scheme for biochemical, pathological, and statistical investigation (by Dr. C. Chandrasekaran and Dr. (Mrs) Muktha Sen). The whole set of reprints of the articles so far published by Dr. Sanyal were circulated to members. It should be recalled in connection with this request for a grant that the claims made by Dr. Sanyal in regard to the sterility effect of the oil of *pisum sativum* in animal experiments could not be confirmed in other laboratories. In regard to the clinical experiment now being conducted by Dr. Sanyal and Dr. Ghosh, it was felt that certain points required verification, viz. (i) whether only cases, in which menstruation is established after the termination of the last pregnancy, are taken into account; (ii) whether the endometrial changes, which normally take place as a result of the action of oestrogen, do not occur after the administration of the drug; and (iii) whether fertility will be restored on withdrawal of the drug. It was considered necessary by the Committee that the clinical studies should be supported by certain scientific investigations of a biochemical, pathological and statistical nature. Dr. C. Chandrasekaran and Dr. Muktha Sen put up a proposal to carry out these investigations. They had been assured by Dr. Sanyal and Dr. Ghosh that they would offer their full co-operation to such investigations. It was brought to the notice of the Committee that a Study Group, which included the Director of the All-India Institute of Hygiene and Public Health, had been set up at the Institute for conducting this study. The committee therefore felt that the proposal was sound and recommended that it should be supported. It was considered that a good scheme of this type could not be completed in one year and that a two-year period should be recommended for the study.

12. Dr. Helena Wright's comments on the First Report of the Committee. Dr. Helena Wright of the United Kingdom had sent her comments on the First Report of the Committee. While her remarks were generally in appreciation of the Committee's views and proposals she deplored the absence of any reference in the report to the manufacture of contraceptives in India. In her opinion, as the Medical Committee of the International Planned Parenthood Federation tests and approves contraceptives, there is no need to test again in India contraceptives which had been approved for use in other countries. As regards the manufacture of contraceptives the Committee recalled that the Ministry of Commerce and Industry

had given the assurance that the Ministry of Health would be consulted on any proposals received by the former for their manufacture. The Committee further recalled that it had put forward, even at its first meeting, a recommendation to the Government of India that its views should be ascertained before the manufacture of any contraceptive was undertaken under Governmental or other auspices. But the problem of manufacturing a contraceptive suitable to the requirements of India is, in the opinion of the Committee, a more complex issue than that of wholesale adoption of one or more types of contraceptives widely in use in other countries. Living conditions in most Indian homes, which include inadequacy of privacy and insufficient facilities for personal hygiene, make the use of mechanical contraceptives by no means easy of adoption on a wide scale, while the cost that is involved also acts as a prohibitory factor. A part from these reasons, which stand in the way of wholesale acceptance of contraceptives in use elsewhere, the Committee could not agree to the suggestion of Dr. Wright that contraceptives approved by the Planned Parenthood Federation need not be retested in India because climatic conditions in this country may affect adversely the keeping qualities of imported contraceptives. Nevertheless the Committee expressed the desire to be kept informed of the contraceptives, that were accepted, from time to time, by the Medical Committee of the International Planned Parenthood Association. The Committee also considered a specific recommendation made by Dr. Wright. She suggested the use of a ball cotton waste along with oil or salt instead of a pad. Certain preliminary studies conducted at Ludhiana showed that the use of a pad was not acceptable to village women in that area; the experience of family planning workers in other areas pointed to a ball of cotton being even more unacceptable than a pad. The Committee therefore felt that there was no prospect of successful adoption of Dr. Wright's suggestion.

13. Dr. Wright considered that a shorter course of practical training in family planning than that envisaged by the Committee might suffice. After a discussion this suggestion received general agreement among the members of the Committee.

14. **Pilot study of normality, mental morbidity and socio-psychological survey in certain areas of Mysore (by Dr. Govindaswamy).** This scheme came up for consideration at previous meetings also. The Committee was of the opinion that the objectives of such a study should be clearly defined and should be specific. They should relate to an investigation of the incidence of mental morbidity in its various forms, to the testing of intelligence and of personality and to the evolving of suitable methods for such studies. Data relating to these matters are almost entirely lacking in India today. In view of the fact that such studies are important from the quality aspects of the population problem and of the possible effects which differential fertility rates brought about as the result of family planning may have on the quality of the country's population, the need for inaugurating investigations of this nature as early as possible requires to be particularly emphasised. A series of studies, each taking up only a limited range of objectives, should be drawn up and promoted. In regard to intelligence and personality tests, the

evolution of methods of testing suitable to Indian conditions would seem to be necessary before large-scale studies can be undertaken. In order to make these preliminary studies into methods satisfactory from the point of view of the varying conditions in the country it is considered that such studies should be made in three or four centres where trained staff and laboratory facilities are available.

15. The Committee desired that Dr. Govindaswamy's scheme should be referred back to him for revision in the light of these observations and that he should be asked to put up, in the first instance, a scheme dealing with the collection of data regarding the incidence of a limited number of well-defined mental conditions and physical defects.

16. Further, the Committee desired that a memorandum should be prepared to bring together material on the subject, which relates to other countries, so that the work in progress abroad might be a guide towards promoting studies in this field in India.

17. **Research Projects on Population studies, (by Dr. B. R. Chowhan, Director, B. R. School of Economics and Sociology, Agra).** The proposal was for an analytical study of the records of the mental hospital, Agra, with a view to the finding out of the factors that led to the causation of mental abnormality, for instance, marital, social, economic and other factors. Dr. Chowhan should be asked whether he could associate with him in this study a doctor with psychiatric experience and a psycho-analyst in order to facilitate proper interpretation of the available data.

18. Dr. Chowhan had also submitted a scheme for field studies to collect fertility data. Consideration of the subject was postponed pending the laying down of suitable standards and methods of work in order to secure uniformity of practice and comparability of the data in such studies in different parts of the country.

19. The Demographic Sub-Committee suggested that a meeting should be held about the middle of May 1955 at Calcutta to formulate their proposals.

20. **Sample survey in Patna city through the Institute of Public Administration to ascertain fertility and mortality rates (by Dr. D. N. Lal).** The scheme was scrutinised by the working group of the Demographic Sub-Committee and the Committee approved of the scheme. They, at the same time, suggested that Dr. Lal might be invited to Calcutta in order to make such adjustments in the scheme as might be necessary in the light of the discussions there.

21. **Survey of fertility and mortality with special reference to rural population (by Dr. R. N. Bagchi).** Consideration of the scheme was postponed.

22. **Other rural schemes for survey of fertility and mortality.** The Committee also re-considered two sanctioned schemes, viz., the

one at the J. K. Institute, Lucknow, and the other under the Gokhale Institute, Poona, and suggested that they should both conform to the general pattern to be evolved by the Demographic Sub-Committee.

23. Research studies in the social customs and sex life of Abor Hill Tribes (by Dr. B. S. Guha). Dr. Guha gave an interesting account of the work in progress among the aboriginal hill tribes in N. E. F. A. (North-East Frontier Agency). He asked for an additional grant of Rs. 2,000 for the analysis and assessment of a large mass of data collected by this study. This was agreed to.

24. Consideration of proposals for demographic research. The attention of the Committee was drawn to an extensive collection of data fertility made by the Registrar General and to the document published by the Population Commission of the United Nations in which they had set out certain lines on which population studies could be undertaken in different countries. The Committee agreed to take these into consideration. It was also brought to the notice of the Committee that fellowships for training in Demography are offered by the Population Council of the United States of America. Dr. V. K. R. V. Rao agreed to draw up a scheme of demographic research for the consideration of the Committee. The Committee was of opinion that there should be a series of studies conducted in different parts of India on a somewhat uniform pattern. It might be worthwhile to have ten or twenty such ad hoc studies in different parts of India so that in a measurable time a fair idea could be gained of the determinants of fertility and mortality. The Demographic Sub-Committee at its meeting at Calcutta is expected to draw up a pattern which can be adopted by research institutes and universities.

25. The Committee felt it should be possible to build up a body of demographic workers to take continuous interest in the study of population problems. In this connection reference was made to the scheme drawn up by the Ministry of Agriculture under which four Agricultural-Economic Research Units had been established in different parts of India and a section to co-ordinate these units set up in the Ministry of Agriculture. It appeared to the Committee that the Ministry of Health could take similar action to set up centres of research in universities and other suitable institutions and thus promote interest in population studies on a wide basis. It is to be hoped that these will form the nuclei from which interest in demographic problems will be promoted and a free flow of trained workers for studies in this field will be encouraged. The establishment of four such centres was recommended. Research students should be attached to these centres and they should be given suitable scholarships. The centres should conduct training courses in demography and should also disseminate information on the subject.

26. The Demographic Sub-Committee met on the 16th May 1955 at Calcutta and also on 7th June 1955 at Delhi. The report of the Sub-Committee is appended (Appendix I). It will be brought up for consideration at the next meeting of the Family Planning Research and Programmes Committee.

27. The Committee at this stage reviewed the progress made in implementing its recommendations and passed the following resolution for the consideration of Government:—

“The Family Planning Research and Programmes Committee has noted with grave concern the extremely slow progress made in the implementation of its proposals. From its first meeting in July 1953 onwards the Committee has been anxious to promote the expansion of family planning services as quickly as possible. The Committee was given to understand that there were only about 165 family planning centres in the country and that many of them functioned at a low level of efficiency. Therefore the Committee urged, at this and subsequent meetings, that:—

- (1) A well equipped and properly staffed training centre for family planning workers should be established;
- (2) A woman doctor with considerable experience in imparting instruction in family planning, whom it recommended, should be appointed at an early date and entrusted with the task of organising the proposed centre as well as short-term courses of training in different parts of the country;
- (3) In the case of existing centres, deficiencies in respect of equipment and of staff from the dual standpoint of strength and requisite quality should be made up to the levels suggested in its first report;
- (4) Family planning centres should be developed in association with women's and children's hospitals, maternal and child care centres and other medical institutions; and
- (5) Grants should be freely made available to State Governments, local bodies and voluntary agencies interested in family planning in order to promote the creation and maintenance of a large number of family planning centres.

The Committee has been informed that grants-in-aid have been distributed to the extent of about Rs. 10 lakhs to the above-mentioned authorities for the purpose of establishing new family planning centres and strengthening and improving existing ones. Further grants have also been recommended by the Committee at its present meeting; but, without a training programme which produces satisfactory workers, the Committee feels that a substantial part of the money that is being spent may be wasted inasmuch as the centres will be run by insufficiently trained or untrained persons. In the circumstances the establishment of training facilities on as wide a scale as possible is the most important step that is necessary.

In regard to the recruitment of suitable candidates for posts the Committee has been informed that considerable delay is being caused by the existing procedure which government rules require.

Much of the delay in the implementation of the proposals that are put up by the Committee is due to existing methods of governmental procedures. A proposal submitted by the Committee has to go to the Grants Committee, which has among its members representatives of the Ministry of Finance and Ministry of Health. After approval by the Grants Committee the schemes go to the Ministries of Health and Finance for sanction, in spite of the representatives of the two Ministries participating in the work of the Grants Committee. When final sanction by the Government of India is given there is further delay before the money becomes available for actual spending by the time taken for the transfer of funds by the Accountant Generals of the areas in which the sponsors of the schemes are situated.

On the one hand there appears to be a growing feeling that, in spite of a sum of Rs. 65 lakhs having been made available for promoting family planning activities in the First Five-Year Plan, very little progress in accomplishment has been made. On the other hand the administrative and procedural methods referred to earlier impede effectively any rapid materialisation of the schemes put forward by the Committee. It is therefore for serious consideration whether the following suggestions, which are put forward with the specific purpose of expediting action, should not receive sympathetic consideration and early approval by the Government of India:—

- (i) The Family Planning Research and Programmes Committee should be made an autonomous body so that family planning activities and studies into various aspects of the population problem may be developed on a broad basis and with as little delay as possible. By conferring on it the required measure of autonomy the Committee will be enabled to sanction expenditure, to create posts and to select suitable persons for those posts without going through the elaborate processes associated with governmental procedure. The Committee should be made responsible for the administration of the funds made available for planning in the present and subsequent Five-Year Plans. The Committee will submit its annual budget to the Ministry of Health for sanctioning the amount as a grant.
- (ii) In order to assist the Committee in regard to financial matters a representative of the Ministry of Finance with the status of a Joint Secretary should be added to its membership.
- (iii) The Committee should appoint a Finance Sub-Committee for scrutinising the financial aspects of all the proposals taken up for consideration. The representative of the Ministry of Finance should be a member of this Sub-Committee.
- (iv) With such assistance on financial matters as this officer gives, the approval of the Committee should mark the final stage of sanction for all proposals as a general rule.

As a safeguard to protect the interests of the Government of India, it is proposed that, in any case in which the representative of the Ministry of Finance finds himself unable to accept the view expressed by the majority of the Committee, the matter should be referred to Government for decision.

(v) The Committee should appoint a Recruitment Sub-Committee from amongst its members for the selection of suitable candidates to the posts it creates. The recommendations of the Recruitment Sub-Committee must be approved by the Committee before they are put into effect.

(vi) The Committee may co-opt, as and when necessary, suitable persons for rendering assistance towards the proper selection of candidates for specific posts.

The Family Planning programme is considered to be one of fundamental importance to promote national development on a sound basis. It is therefore urged that in dealing with this subject, a departure from normal procedure is eminently desirable in order to facilitate the production of result as rapidly as possible."

28. Requests for financial assistance for family planning programmes from State Governments, local bodies and voluntary organisations. Before a detailed discussion of the programmes submitted to the Committee was started, the question of obtaining information on the activities of the various bodies which had so far received grants came up for consideration. It was agreed that progress reports should be obtained periodically from each person in charge of a programme and that a proforma should be drawn up in this connection and communicated to the centres. The Committee was further of the opinion that some kind of an inspection system would be necessary. The Committee also strongly felt that proper utilisation of the grants would not take place unless family planning work was in the hands of trained personnel and that the implementing of training programme was therefore of the highest importance.

29. The decision of the Government of India not to allow purchase of contraceptives out of Central Government grants came in for discussion. It was pointed out that in promoting the national family planning programme, the responsibility for finding funds should not devolve mainly on the Central Government. States Governments, local bodies and voluntary organisation should also shoulder certain responsibilities and they should be able to find local resources to meet the necessary expenditure on contraceptives. On the other hand an opposite view was also strongly put forward. Just as medicines are supplied free to the poor people in hospital or clinic, supply of contraceptives to poor people should also be treated in the same way. All the money spent on equipment, staff, training and publicity might not lead to fruitful results unless contraceptives could also be provided to the poor. It was urged that in the long run, it would be more economical to incur expenditure on contraceptives than to find funds to look after

the needs of the increased population. These arguments have undoubtedly relevance and considerable force. It was, however, pointed out that the method recommended in the First Report of the Committee, viz., diaphragm and jelly, would be adopted and practised successfully by a small fraction of the population. One of the main problems is to find a method suitable for successful adoption by the large rural population and the poorer sections of the people living in urban areas.

30. The question of obtaining a harmless, effective and acceptable contraceptive—a contraceptive at a price within the reach of the people—either by arrangement with pharmaceutical concerns outside India or by encouraging local manufacture, needs consideration. Foam tablets are simple to use and can be made cheap if there is a large enough demand for them. There is a certain number of foam tablets which have been shown to be harmless by tests in India and elsewhere. In regard to effectiveness it would appear that further tests are necessary in their case.

31. The Committee recommended that, if suitable contraceptives fulfilling the requirements it had laid down in its first report could be discovered, financial assistance from Central funds should be made available for their supply to the poor people attending family planning clinics aided from public funds. Such contraceptives should also be made available at cost price widely throughout the country.

32. Further it was resolved that the Committee for the Regulation and Testing of Contraceptives, which was established recently, should be asked to go into the whole question and to recommend what contraceptives could be brought into use. The Committee for the Regulation and Testing of Contraceptives met on 18th May 1955 at Bombay and their report is appended (Appendix II).

33. The Family Planning Research and Programmes Committee also considered the representations made by some voluntary organisations that they do not find it easy to get their matching contributions. It was stated in one case that a voluntary organisation approached the State Government for financial help towards meeting a part of the expenditure to be borne by that organisation. The latter was told that the State had its own schemes and could not therefore assist others. In view of the fact that, unlike State Governments and local bodies, voluntary organisations might have no stable sources of income and might find it difficult to meet in full their share of the expenditure, the Committee considered that it would be reasonable to give 25 per cent more grant in their cases as compared with State Governments and local authorities. The Committee accordingly recommended that the Government of India's grant to voluntary organisations should be 75 per cent.

34. The Committee scrutinised in detail the proposals which had been received and approved them with certain modifications. The proposals and the recommendations of the Committee were placed before the Grants Committee which made its recommendations for sanction by Government. The report of the Grants Committee is appended (Appendix III). Government sanctions were communicated to the parties concerned.

35. The setting up of a family planning training and research institute at Delhi instead of Bombay. The circumstances which led to the decision were explained to the Committee. For the best part of two years every possible attempt was made to obtain a suitable site at Bombay for building the institute. No vacant site was available in any suitable locality except one in Byculla opposite to Bombay Central Station. This site belongs to the Reserve Bank of India and the cost is stated to be Rs. 150 per square yard. On account of its prohibitive price and the non-availability of any other site at a reasonable cost, the Government of India decided to locate the institute at Delhi where a free site could be readily made available. Steps are accordingly being taken to obtain this site and plans and estimates have been prepared and submitted to Government for administrative and expenditure sanction. Attempts were made to start at least interim training in Bombay but it was not possible to secure any accommodation on rent. It was therefore decided that interim training programmes should also be arranged at Delhi and elsewhere in the country. The first of a series of such interim arrangements was made at the Lady Hardinge Medical College to the workers to be employed in the various family planning clinics in Delhi. The training course was held from the 22nd May 1955 for a week in the case of doctors and for another week for health visitors and social workers. Dr. Hannah Peters from the Cancer Research Centre, Bombay, Dr. Devi Krishna Rao from the Regional Office of the Planned Parenthood Federation, Bombay, and Dr. Malkani of the Lady Hardinge Medical College organised the training programme. The doctors under training also went on a study tour to the Harvard—Ludhiana—India Government Research Centre at Khanna. The Committee is indebted to the Planned Parenthood Federation, Bombay, and to Drs. Tayloi and Wyon and their officers for the help they gave.

36. The setting up of a training centre by the Family Planning Committee at Lucknow. This scheme was considered and approved by the Committee with some modifications.

37. Education in Family Planning. It was brought to the notice of the Committee that an all-India competition for the production of educational material on family planning was arranged. The Committee was informed that a proposal for the supply of publicity vans and propaganda materials to State Governments, local bodies and voluntary organisations is under the consideration of Government.

38. Request for assistance for the publication of a monthly bulletin by the Family Planning Association of India. The Family Planning Association of India has been publishing a monthly bulletin giving outstanding news of interest on family planning and population. The Committee considered a request for a contribution towards the printing and free distribution of this bulletin on as large a scale as possible. An estimate was submitted showing that, for Rs. 5,000 copies, a sum of Rs. 275 per month would be required. The Committee recommended that this sum should be sanctioned for a year.

39. Continuance of financial assistance to the journal on family welfare by Dr. A. P. Pillai. The Committee ascertained the

views of the members as well as of other persons to whom the journal was supplied, regarding the quality of the journal and the desirability of its wide distribution. There was a general appreciation of its value. The Committee recommended the purchase of 1,000 copies of the bi-monthly journal for the next one year and also recommended the association of a suitable person with Dr. A. P. Pillai for training him in the work of producing the journal. A pay of Rs. 600 per month for this person and the creation of the post for a year were recommended.

40. Sterilization. The note prepared by Dr. Raja, the suggestions of Shri Gopalaswamy regarding vasectomy arising out of the article of Dr. Phadke and the note of Dr. Bolfour on statistical data on abortion and sterilization in Japan were taken up together for consideration. It was thought that as a first step, a small group of persons should draw up a proforma and questionnaire and circulate them to important centres in the country for the collection of data from hospitals and individual surgeons on the sterilisations carried out by them and that, wherever possible, information on the after-effects of sterilisation should also be collected. Certain members of the Committee, e. g., Shrimati Dhanvanthi Rama Rau, Dr. Mulkani, Dr. Muktha Sen, have undertaken to collect the information from the hospital in the cities of Bombay, Delhi and Calcutta, and Dr. Sanwal from Kanpur and Lucknow. They would require the assistance of a doctor and a clerk. The collection of information should be completed in a period of three months. After an examination of the data so collected the question should be further considered.

41. Shrimati Dhanvanthi Rama Rau raised the question of a delegation to the International Conference on Planned Parenthood at Tokyo in on the month of October 1955. She said that there was a strong request from the sponsors of the Conference that India, as an important country, should be represented by a large delegation. The Family Planning Association of India is arranging for a delegation of five representatives and is requesting the Rockefeller Foundation, J. K. Institute of Lucknow and various other bodies to send delegates. It is estimated to cost only Rs. 3,500 per person including the air-fare to and fro and living charges at the International Home at Tokyo. Shrimati Dhanvanthi Rama Rau further pointed out that in Japan, as in India, Government have sponsored family planning programmes and that it would be an advantage for delegates going from India to study all aspects of the work in progress in Japan, including manufacture of contraceptives. The Chairman agreed to make out a strong case and write to Government on the subject. Shrimati Dhanvanthi Rama Rau said that the Family Planning Association of India was also intending to hold an all-India Seminar immediately after the International Conference. She has been in correspondence with people in America and Britain to find out if some of the field workers and scientists from those countries, attending the International Conference, can stop for two or three days in India on their way home. She desired that the organisation of this seminar should receive the support of the Ministry of Health and that the Ministry should send a strong delegation to the seminar.

T. Lakshminarayana
Secretary.

C. K. Lakshmanan
Chairman.

APPENDIX I.

A meeting of the Demographic Sub-Committee was held at 9.30 a. m. on Tuesday, the 7th June. 1955 in Dr. Rao's room in the Delhi School of Economics. The following members were present:—

1. Dr. V. K. R. V. Rao, Convenor (*Chairman*).
2. Dr. B. Ramamurti.
3. Dr. C. Chandrasekaran.
4. Dr. T. Lakshminarayana.
5. Shri Rajeswari Prasad.

1. Dr. Rao placed before the Committee his tentative ideas on the subject of the *ad hoc* surveys to be taken up by universities and research institutions on fertility and mortality patterns in the country. After a considerable discussion the Committee approved the proposals put forward by Dr. Rao with certain modifications. The Committee agreed that the objective behind the *ad hoc* studies, which they wanted universities and research institutions in the country to take up, should be the obtaining of reliable data on fertility and mortality patterns in selected urban and rural areas and their relation to the socio-economic characteristics of the families concerned. A brief memorandum was also approved by the Committee, outlining the principal components of the schedule to be prepared for this survey. This is contained in appendix 'A'. It was agreed that if the scheme be approved, invitations should be issued to universities and selected research institutions inviting them to indicate whether they would be prepared to undertake such *ad hoc* surveys and enclosing with the letter a copy of the memorandum outlining the objectives, methods, etc., of the proposed surveys.

2. The Committee then discussed schemes for the establishment, on a permanent basis, of three or four centres in the country for the purpose of promoting research in demographic problems and encouraging population studies on a continuing basis, with the help both of the existing material and of material specially collected for the purpose. It was also agreed that a part of the function of these centres would be to promote the training of analysts in population studies, such training to include not only field work but also analysis of material, and the training of personnel needed for further field work. The Committee decided to make no specific recommendations on the choice of these centres, leaving that to be determined by the parent body.

3. As regards the staff for the proposed centres, it was agreed that there should be headquarters staff and field staff, the size of

the field staff being determined on the basis of the field investigations the centre would be asked to take up. As regards headquarters staff, it was suggested that each centre should have:—

- 1 Assistant Chief (Rs. 600—1150).
- 1 Research Officer (Rs. 350—850).
- 2 Research Assistants (Rs. 200—10—250) (one of whom should be trained in Applied Statistics and another in Economics).
- 1 Typist-cum-Assistant (Rs. 80—220)
- 1 Peon (Rs. 30—35).

In addition the budget should include provision for expenditure on stationery, travelling allowance and contingencies.

4. It was also agreed that in addition of the setting up of these centres, fellowships for Ph. D. trainees and post-Ph. D. trainees should be created, tenable for a period of two years in each case, and numbering not less than 12 during a period of five years. These fellowships could, in the first instance, be held in the proposed centres, but it should be open to allot these fellows to other universities or institutions as well.

5. It was agreed that provision should be made for getting an expert from abroad for a period of one year, to be attached to each centre, these experts being obtained through one or other of the numerous technical assistance agencies which are functioning in the country.

6. The Committee also agreed that these three or four centres when set up should work in close co-operation with one another and also with the Central Statistical Organisation, Indian Statistical Institute and the Registrar-General of India.

The meeting concluded with a vote of thanks to the Chair.

(SD) V. K. R. V. Rao.

DELHI-8, 16th June 1955.

(APPENDIX 'A' TO APPENDIX I)

Note on proposed ad hoc surveys of fertility and mortality patterns.

E. Objectives. To obtain reliable data on fertility and mortality patterns in selected urban and rural areas and their relation to socio-economic characteristics of the families concerned.

II. Method. A sample survey with the household as the unit of sampling. Households should be drawn both from urban and rural areas. Households in the rural areas can be drawn either from a cluster of villages or from a number of villages in a given rural area. It is suggested that a total of about 400 households should be covered in each survey, of which roughly 1,500 should be drawn from rural areas and 2,500 from urban areas.

Definition of household—as in the 1951 Census.

III. Data to be collected. (a) Fertility Data, (b) Mortality Data (c) Socio-economic data.

(a) Fertility data will both be general and special to a specified period such as one year, while mortality data will pertain only to the specified period. Data will cover normal residents of the household including those who may be temporarily absent from the house at the time of the survey as well as temporary residents or visitors who may be staying in the house at the time of the survey. Data on immigrant/emigrant status therefore will be an important feature of the enquiry. Socio-economic data will relate to the time of the survey and may include details for a previous period of 12 months.

Fertility data—For all women of child-bearing age listed in the household, including those who are normally resident but temporarily absent, and those who are normally non-resident but are temporarily present in the house. Data should be collected on the following:—

1. Name.
2. Age.
3. Relationship to the head of the household.
4. Civil conditions.
5. Literacy.
6. Occupation.
7. Residence, status.
8. If married, age at marriage.
9. Age at consummation of marriage.
10. Number of children born and number surviving.
11. Age at birth of first child.
12. Age at birth of latest child.

Data should also be collected on all birth that have taken place in the household during a period of the last 12 months, preferably between two well-defined festivals of local significance, such as Diwali to Diwali or Holi to Holi; the data on births should relate not only to those taking place in the house whether by normally resident or temporarily resident mothers, but also to the births taking place to normally resident women of the household who may be temporarily absent from the house presumably in connection with their maternity. The following data should be collected on each birth during the specific period of 12 months:—

1. Where was the child born, in town or village surveyed or outside? Please also indicate if the delivery took place in a hospital or nursing home.
2. Sex of the child.
3. Age of the child at the time of the inquiry.
4. Order of birth of the child, first, second, third, etc.
5. If first child, age at marriage of mother, age at consummation of marriage, and age of mother at the time of the child's birth.
6. If second or third child, then data as in 5 above *plus* intervals between the children born and survival status.

(b) Data on deaths should be collected only for the specified period of 12 months, and should relate both to persons who are normally resident in the household as well as temporary residents during the year. Data should include:—

1. No. of deaths during the year.
2. Age of the deceased.
3. Residence status of the deceased.
4. Relation of the deceased to the head of the household.
5. Duration of illness.
6. If medical treatment given, and, if so, of what type.

(c) Data on the socio-economic characteristics of the households surveyed should be collected on the following items:—

1. For household as a whole—joint family or a single family, caste, religion.
2. For head of the household—(a) age, (b) sex (c) civil condition (d) literacy (e) occupation (f) religion (g) caste.
3. For each member of the household—(a) age (b) sex (c) civil condition (d) literacy (e) occupation (f) relationship to the head of the household;

(g) *industrial status*—(i) employer (ii) employee (iii) Own account, (iv) unpaid family worker (v) means of livelihood.

(h) *economic status*—(i) earner of dependent.
(ii) Urban area—income of the household.
(iii) Rural area—type of the house.

IV. In addition to the questions listed above, it should be open to the authorities in charge of the investigations to conduct a supplementary enquiry on attitudes from among the families for whom data is being collected in the main enquiry. The supplementary enquiry may turn on the attitude of the families concerned (the persons from whom information is being asked should be named, and their age, sex, and relationship to the head of the household noted) to the following questions:—

1. Age at which boys and girls should marry.
2. Size of the family that they should have.
3. Widow re-marriage.
4. Practice of methods bringing about a reduction in the number of births.

As such a study may conceivably affect the efficient prosecution of the main enquiry, this supplementary enquiry may be undertaken only when the investigators available are sufficiently skilled and, even then, it should be restricted to selected sample of the families investigated rather than to the entire number.

V. The cost of each survey is expected to be of the order of about Rs. 45,000. A tentative budget is given below:—

Period of enquiry ... 12 months.

Field work ... 4 months.

Number of families to be investigated should be:—

2,500 in urban areas;

1500 in the rural areas.

Cost of the enquiry:—

20 Investigators for 4 months @ Rs. 200 = $20 \times 4 \times 200$ Rs. 16,000

4 Inspector for 4 months @ Rs. 300 = $4 \times 4 \times 300$ Rs. 4,800

Other expenses, T. A. etc. Rs. 3,200

Rs. 25,000

Statistical processing, tabulation and analysis costs,
writing of report 50

Rs. 12,000

Overheads 15% of the two totals

Rs. 5,625

Rs. 43,125

VI. Each survey is expected to be completed and report ready, within 12 months of the date of starting it.

APPENDIX II

Meeting of the Standing Committee for regulating the testing and evaluation of contraceptives held at the Indian Cancer Research Centre on May 18, 1955.

Present.

Dr. V. R. Khanolkar (*Convenor*).

Dr. Sushila Gore.

Dr. L. D. Sanghvi.

Dr. V. N. Shirodkar.

Dr. T. Lakshminarayana (*Secretary*).

1. Dr. Khanolkar gave a resume of the work that the contraceptive testing unit at the Indian Cancer Research Centre had accomplished so far:

- (a) He gave a detailed account of the experimental procedures that are being adopted to test an oral contraceptive. The Sub-Committee approved of these procedures.
- (b) He gave also a detailed account of the experimental procedures of spermicidal tests and tests in experimental animals that are being adopted to test a local contraceptive. He mentioned the technical difficulties in carrying out the tests in experimental animals. It was, therefore, decided to discontinue these tests as standard procedures for testing local contraceptives. On other hand, it was decided to add the post-coital test in human subjects for local contraceptives, if possible.
- (c) He gave the procedure adopted for clinical trials for local contraceptives that were found effective in the laboratory.
- (d) He then gave a short account of the salt tablet, a local contraceptive that is being developed at the Indian Cancer Research Centre.
- (e) Dr. Lakshminarayana discussed the project that is being undertaken in Calcutta to test the effectiveness of the oral contraceptive prepared by Dr. Sanyal. The project will be carried out under the guidance of technical committee of seven members, including Dr. C. Chandrasekaran and Dr. Mrs. Mukta Sen.

It was agreed that it was desirable to submit to the Government of India, a list of contraceptives which could be recommended with a proper emphasis on their effectiveness. This list will be submitted next month after determining the cost of the articles and their availability in India.

APPENDIX III

PROCEEDINGS OF THE 3RD MEETING OF THE FAMILY PLANNING GRANTS COMMITTEE HELD IN NEW DELHI ON THE 16TH APRIL, 1955, 10 A.M. TO 12-30.

The following members were present:—

1. Dr. K. C. K. E. Raja, Officer on Special Duty, Ministry of Health.
2. Shrimati Dhanvanthi Rama Rao, President, Family Planning Association of India, Bombay.
3. Shri K. Bihari, Under Secretary, Ministry of Health, representing Shri N. B. Chatterji, Deputy Secretary, Ministry of Health.
4. Shri C. R. Govindarajan, Secretary, Central Social Welfare Board.
5. Shri A. P. V. Krishnan, Deputy Secretary Ministry of Finance.
6. Shrimati Uma Nehru.
7. Dr. T. Lakshminarayana.

Lt. Col. C. K. Lakshmanan and Shri M. R. Kothandaraman were unable to attend the meeting.

In the absence of Col. Lakshmanan, Dr. Raja took the Chair.

The Committee then proceeded with the consideration of the Agenda.

Agenda items A(1)(2)(3):

The Committee approved the non-recurring and recurring expenditure per annum in respect of the Government of Punjab, Andhra and Hyderabad.

The proposals from these Governments were considered by the Chairman and Secretary Family Planning Grants Committee and were submitted to the Committee for their formal approval in accordance with the instructions of the Ministry of Finance.

Agenda item 4:

The request from the Himachal Pradesh Government was considered by the Committee. It was, however, decided, the State Government may be asked to draw the amount already sanctioned of Rs. 36,750 (Rs. 18,200 non-recurring and Rs. 18,550 recurring for six months) and proceed with work.

Agenda item 5:

The Committee considered the proposal from the Government of Bihar and approved of the following expenditure:—

	Rs.
Non-recurring	5,000
Recurring	40,980
The following is recommended for sanction:—	
Non-recurring	5,000
Recurring—	
for 1st six months 100%	20,490
for next 6 months 662/3 %	13,660
	<hr/> 39,150

Agenda item No. B(I):

The Committee considered the proposal from the Municipal Board, Kanpur, for establishing one main Centre and six ordinary clinics in Kanpur.

The estimated expenditure as given by the Board in respect of the above is as under:—

Main Centre:

		Rs. p. m.	Rs. p. a.
1. Medical Officer (Male)	1	335	4,020
2. Medical Officer (Female)	1	335	4,020
3. Public Health Nurses or Health Visitors.	2	100	2,400
4. Social workers	2	100	2,400
5. Clerk	1	125	1,500
6. Peon	1	47	564
			<hr/> 14,904

Non-recurring:

Expenditure on equipment and furniture Rs. 10,000.

Six ordinary Centres:

		Rs. p. m.	Rs. p. a.
1. Doctor	1	335	4,020
2. Nurses or Health Visitors	6	100	7,200
3. Social workers	6	100	7,200
4. Clerk	1	125	1,500
5. Peon	1	47	564
			<hr/> 20,484

Non-recurring. Rs. 12,000.

The Committee approved the non-recurring expenditure of Rs. 22,000 and recurring expenditure of Rs. 35,388 p. a. for one main and 6 ordinary F.P. Clinics.

The following expenditure was accordingly recommended for sanction by the Government:—

	Rs.
<i>Non-recurring</i>	22,000
<i>Recurring :</i>	
for 1st six months 100%	17,694
for next six months 662/3 %	11,796
	<hr/>
	51,490

Agenda item No. B(2):

The proposal from the New Delhi Municipality was considered on its own merits. Though the proposal had been also forwarded through the Directorate of Health Services, Delhi State, together with the proposals from the Delhi Municipality and Notified Area Committee. The other two municipalities did not submit their proposals in full detail.

The details given by the New Delhi Municipality are as under:—

	(In Rs.)	Rs.
1. Lady Doctors	4 260—500	1,438
2. Trained Social Workers	4 100—5—150 plus allowances	720
3. Lady Health Visitors	10 100—220	1,800
4. Peons	10 30—35	860
	<hr/>	
TOTAL per month		4,818
TOTAL per year		57,816

Non-recurring:

(1) Equipment, instrument cabinet, sterilizer, headlight, enamelware etc.	3,000
(2) Furniture	3,000

Recurring:

(1) Linen and Sundries—sheets, towels, etc.	1,000
(2) Form, registers, stationery	1,000
(3) Preparation of leaflets, charts and exhibition of film, etc.	4,000
Library	1,000
Contraceptives	10,000
	<hr/>
	23,000

The Committee approved two doctors, 10 health visitors, 10 trained social workers and ten peons.

The expenditure of Rs. 4,000 in respect of recurring items viz., preparation of leaflets, charts and exhibits, library books and cost of contraceptives viz., Rs. 10,000 was disallowed.

Cost of furniture under non-recurring expenditure viz. Rs. 3,000 was also disallowed.

Thus the amounts of non-recurring and recurring expenditure agreed to by the Committee was as follows:—

	Rs.
Non-recurring	3,000
Recurring	64,000

The following amounts were recommended for sanction:—

Non-recurring	3,000
Recurring :	
for 1st six months @ 100%	32,000
for next six months @ 66 $\frac{2}{3}$ %	21,333
TOTAL	56,333

Agenda items B(3) and (4):

The proposals from Delhi and Notified Area Committees were not considered by the Committee as full particulars were not available:—

Agenda item B(5):

The Committee did not approve the request from the Stara Municipality.

Agenda item C(1):

The Committee approved the proposal submitted by the Family Planning Committee, Lucknow, to open a Training Centre for the whole of U.P.

The estimated expenditure given by the Family Planning Committee is as under:—

A. Establishment: (Recurring for three years)

1. One Doctor incharge of the research centre

Pay in the scale of Rs. 250—15—400—EB—25—700.

Dearness allowance	35
House rent	50
Pay for one month	335
Pay for one year	4,020

2. Two Health Visitors:

Pay in the scale of Rs. 75—5—120—EB—8—200

Dearness allowance	25
Conveyance allowance	25
Pay for one month	125
Pay for one year of two Health Visitors,	3,000

3. One Clerk:

	Rs.	Rs.
Pay in the scale of	80—5—120	
Dearness allowance	25	
Pay for one month	105	
Pay for one year	1,260	1,260
4. Pay of a peon for one year		564
5. Cost of contraceptives for research work		2,000

B. Equipment (Non-recurring):

Cost of the equipment of the research—Centre with all necessities		2,000
Since there is no building which may be used for this work extension of the existing building is unavoidable which will cost approximately	15,000	15,000
Establishment or Library		5,000
TOTAL		32,844

Total expenditure for one year only 32,844

The Committee disallowed the cost of contraceptives viz. Rs. 4,000 and reduced the amount of Rs. 15,000 for alteration in the building to Rs. 5,000 and expenditure in respect of Library to Rs. 1,500.

Accordingly the Committee approved the following expenditure:—

Non-recurring	8,500
Recurring:	8,844

The undermentioned expenditure was therefore recommended for sanction of the Government:—

Non-recurring	8,500	} 15,870
<i>Recurring</i>		
for 1st six months @ 100%	4,422	
for next 6 months @ 66·2/3%	2,948	

Agenda item C(2):

The proposal from the Lady Hardinge Medical College to establish a combined sterility and Family Planning Clinic was approved by the Committee.

The estimated expenditure in connection with the above proposal is as under:—

1. Medical Officer	1	3,120
Rs. 260—15—440—20—500		
2. Social Workers	1	1,800
Rs. 150—7—185—8—225		

	Rs.
3. Health visitor	1,200
Rs. 100—5—125—6—185	
4. Equipment	1,500
5. Contingencies for contraceptives	4,000
6. Contingencies for histological and bacteriological work	2,500
7. Miscellaneous	500
TOTAL	14,620

The Committee disallowed the cost of contraceptives *viz.* Rs. 4,000 and increased the amount of Rs. 500 for miscellaneous expenses to Rs. 2,500.

Thus the following expenditure was approved by the Committee:—

Non-recurring	1,500
Recurring	11,120
Accordingly the following expenditure was recommended for sanction:—	
Non-recurring	1,500
Recurring:	
for 1st six months @ 100%	5,560
for next 6 months @ 66·2/3%	3,706
TOTAL	10,766

Agenda item C(3):

The proposal from the Family Planning Association of India, Trivandrum Branch, Child Welfare Centre was considered by the Committee, and approved the undermentioned expenditure. The Committee was of the opinion that both the location of the Centre and the organisation as well as the nature of the workers, was a sufficient proof that the amount will be well spent:—

Non-recurring	5,000
Recurring:	
Pay of staff, transportation and contingencies	12,000

The following expenditure recommended for sanction:—

Non-Recurring	5,000
Recurring:	
for 1st six months @ 100%	6,000
for next six months @ 66·2/3%	4,000
	15,000

Agenda item No. C(4):

The Committee considered the proposal from Family Planning Association of Mysore State.

The estimated expenditure as submitted by the Association was as under:—

I. Educational Programme		Rs. 7,950
	Rs.	
1. Staff--Educational Director (part-time)	2,000	
Publicity worker artist (part-time)		
clerk	1,500	
artist (part-time)	250	
clerk	1,200	
2. Materials--Printing posters, slides, duplicating, etc.	3,000	
II. Training Programme :		15,800
1. Staff--Medical Director (part-time)	2,000	
Clerk/acct.	1,800	
2. Materials--Library	1,000	
Materials	1,000	
III. Clinic Programme		15,160
1. Staff--Doctor	3,000	
Nurse	1,500	
Investigators (2)	4,800	
2. Equipment (technical)	5,000	
3. Materials (case cards, etc.)	500	
Travel allowance (Bangalore)	360	
TOTAL BUDGET FOR 3 PROGRAMMES		28,910

The Committee did not allow the undermentioned expenditure:—

	Rs.
<i>Educational Programme :</i>	
Staff etc.	4,950
<i>Training Programme :</i>	
Staff etc.	3,800
<i>Clinic Programme :</i>	
Travel allowance (Bangalore)	560
	9,310

The undermentioned expenditure was thus approved:—

Non-recurring:

Cost of equipment material and case cards	10,500
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Recurring:

Cost of clinical staff	9,300
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Accordingly the following expenditure is recommended for sanction by the Government of India:—

<i>Non-recurring:</i>	10,500
<i>Recurring:</i>	
for 1st six months @ 100%	4,650
for next six months @ 66·2/3%	3,100
	<hr/> 18,250

Agenda item C(5):

The proposal from Silver Jubilee Maternity Home and Child Welfare Centre, Bijapur, was considered by the Committee. It was, however, observed that the Centre has not furnished adequate details of the staff and other expenditure required. The Committee, was, therefore of opinion that the Silver Jubilee Maternity and Child Welfare Centre may be asked to submit revised proposals, with full time staff.

Agenda Item C(6):

The Committee approved the proposal from Kasturba Memorial Nursing and Maternity Home, Quilon (Travancore-Cochin) and recommended for sanction a non-recurring expenditure of Rs. 1,500. The Committee however pointed out that they should employ the following staff:—

		at Rs.	in Rs.
Part time doctor	I	100	1,200
P. H. Nurse or Health Visitor	I	150	1,800
Trained Social Worker	I	150	1,800
Ayah	I	30	360
Peon	I	40	480
			<hr/> 5,640

Accordingly the following expenditure was recommended for sanction:—

<i>Non-recurring:</i>	1,500
<i>Recurring:</i>	
for 1st six months @ 100%	2,820
for next six months @ 66·2/3%	1,880
	<hr/> 6,200

Agenda item No. C(7):

The Committee considered the proposal from Family Planning Association of Delhi and approved the Scheme. The estimated expenditure as submitted by the Association is as under:—

I. Non-recurring:	Rs.
(a) Cost of one station wagon	18,000
(b) Cost of projector c/c	8,000

(i) Projector cost.	Rs.
(ii) Screen	
(iii) Films	
(iv) Generator	
(v) Transformer	
(vi) Gramophone	
(vii) Bulbs, cables etc.	
(c) Propaganda, posters, exhibits, etc.	1,000
TOTAL	27,000

II. Recurring expenditure:

(a) Staff:

	Rs.
(i) Health propaganda officer : Rs. 150 per month i.e., 1800 p. a.	1,800
(ii) Driver Rs. 60/-p.m. i.e., Rs. 720	720
(iii) Mechanic Rs. 40/- p.m. i.e., Rs. 480 p. a.	480
(iv) Allowances etc. Rs. 2,000/- p. a.	2,000
(b) Running and maintenance Rs. 300/- p. m. i.e., Rs. 3,600/- per annum	3,600
(c) Miscellaneous Rs. 1,400 per annum	1,400
	10,000

III. Production of propaganda and educative material Rs. 5,000 for Hindi and Rs. 5,000 for English.

IV. Training of Personnel:

In order to carry out the Family Planning Programme scientifically and successfully, training of personnel is very important. The Family Planning Association in Delhi intend to conduct classes which will render great service of supplying right trained personnel for this work. Training will be of three types:—

- (i) Training for doctors.
- (ii) Training for health visitors.
- (iii) Training for social workers.

Estimated cost for training will be:—

- (i) Travelling allowances for expert.
(travelling to Delhi and back).
- (ii) Lodging and Boarding—Transport in Delhi.
- (iii) Miscellaneous

TOTAL: Rs. 2,000

Establishment of a reference Library Rs. 5,000.

In order to co-ordinate the activities of the Family Planning Association of Delhi a central office with a lower division clerk-cum-typist and a peon is desirable. The estimated recurring expenses will be:—

- (i) L.D.C.-cum-typist, Rs. 120 p.m., Rs. 1,440 per year.
- (ii) One peon, Rs. 60 p.m. i.e. Rs. 720 per annum.
- (iii) Rent for the office room, Rs. 900 per annum.
- (iv) Rent for the office furniture and library, Rs. 600 per annum.

TOTAL: Rs. 3,660.

The Committee allowed the full cost of non-recurring expenditure and also allowed the expenditure under training programme as non-recurring.

The expenditure of Rs. 5,000 for establishment of a reference library was, however, disallowed. Similarly the cost of production of educational material Rs. 10,000 was disallowed. Only 50 per cent. of the expenditure on the Central co-ordination office was allowed.

Accordingly the following expenditure was approved:—

Non-recurring:

	Rs.
Cost of equipment, Station wagon, projector, films, generator, etc.	27,000
Cost of training of personnel	2,000
	29,000

Recurring:

Staff etc.	10,000
Pay and allowances of staff	1,830
	11,830

The following expenditure was accordingly recommended for sanction:—

	Rs.
<i>Non-recurring:</i>	29,000
<i>Recurring:</i>	
for six months @ 100%	5,915
for next 6 months @ 66·2/3%	3,943
TOTAL	38,858

Agenda item No. C(8):

The proposal from Indian Red Cross Society, Assam was approved by the Committee.

The estimated expenditure as given by the Association is as under:—

	Rs.
Training of doctor	500
Furniture etc.	200
Equipment and appliances	500
Allowance to doctor	600
Books and periodicals	200

The Committee accordingly recommended the following expenditure for sanction:—

Non-recurring	1,200	} 2,000
Recurring	800	

Agenda item No. C(9):

The proposal from Shri Kasturba Medical Aid and Social Welfare Society, Amaravati, was approved by the Committee.

The estimated expenditure as submitted by the Welfare Society is as under:—

(a) *Officers :*

Honorary Director	I		
Medical Officer (Male)	I	250—550	4,480
Medical Officer (Female)	I	250—550	4,480
	3		8,960

(b) *Establishment :*

Accountant-cum-clerk	I	50—105	885
Health Visitor	I	90—175	1,554
Staff Nurses	2	65—140	2,740
Lady Attendant	I	35—50	505
Sweeper	I	18—21	240
	6		5,924

(c) *Allowances :*

2 C.A. to Hon. Director	I	50	600
2 C.A. Pathologist	I	100	1,200
2 C.A. Gynaecologist	I	100	1,200
2 C.A. Surgeon	I	100	1,200
N. P. R. to Medical Officers	2	50	1,200
D.A. to officers and staff			4,220
H. R. to staff			731

10,351

(d) *Contingencies:*

	P.M. Rs.
Requirements of Nursing Staff	800
Propaganda Material	1,000
House Rent	2,400
Office Stationery	250
Printing and Binding	250
Uniform to Health Visitor	116
Electricity and Water Supply	492
	<hr/>
	5,298

Non-recurring charges :

Furniture Equipment and Books etc.	10,000
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GRAND TOTAL 30,5

The following reduction in the expenditure was made:—

	Rs.
1 Medical Officer (Male) I	4,480
2 Women Attendant I	1,370
3 Pathologist I	12,200
4 Gynaecologist I	12,000
5 Surgeon I	12,200
6 N. P. P. to Medical Officer I	600
7 H. R. to staff	731
8 Accountant-cum-clerk	885
9 D.A. to Officers and staff	4,220
10 Contingencies reduced from Rs. 5298/- to 1500/-	3,798
11 Equipment and furniture reduced from 10,000/- to 2,000/-	8,000

Recurring and non-recurring expenditure as recommended by Committee was as under:—

Non-recurring 2,000

Recurring :

Woman Medical Officer (Female) I	4,480
Health Visitor I	1,554
Staff Nurse I	1,370
Ayah I	505
Sweeper I	240
C. A. Allowance to Hon. Doctor	600
D.A. to Medical Officer	600
Contingencies	1,500

Total of recurring 10,849

Thus the following expenditure was recommended for sanction by the Government of India:—

<i>Non-recurring :</i>	Rs.
Cost of equipment and furniture	2,000
<i>Recurring :</i>	
for first six months at 100% . . .	5,424
for next six months at 66-2/3% . . .	3,616
Total recommended . . .	<u>11,040</u>

Agenda item No. C(10):

The proposal from Marwari Relief Society, Calcutta, was considered by the Chairman and Secretary of the Grants Committee and had recommended the following amounts for sanction by the Government:—

	Rs.
Non-recurring	500
Recurring	10,300

The Committee gave their formal approval to the above expenditure as desired by the Finance Ministry.

Agenda item No. C(11):

The proposal from G. Kuppuswamy Naidu Memorial Hospital was considered by the Chairman and Secretary Family Planning Grants Committee. The following expenditure was sanctioned:—

	Rs.
Non-recurring	1,450
Recurring	8,640 p. a.

The Finance Ministry however desired that formal approval of the Grants Committee may be obtained. The Committee therefore, formally approved the above expenditure.

Agenda item No. C(12):

The proposal from Maternity Child Health Centre, Jamnagar (Saurashtra) was considered by the Committee.

The estimated expenditure as given by the Maternity Child Health Centre, was as under:—

<i>Non-recurring :</i>	Rs.
1 Equipment and furniture . . .	3,000
2 Training of 5 personnel . . .	3,000
3 Boards and pamphlets . . .	500
4 Translating and Printing of important booklets and leaflets . . .	1,500
	<u>8,000</u>

Recurring :

Allowances to each of the M. C. H. Centre, Lady Doctor etc. Health Visitor and Ayahas $50 \times 3 \times$ 12 = 1,800	Rs. 1,800
Records and Cards	1,000 per annum
For common ailment 50×12	600
	<hr/>
	3,400 per year

The Committee however reduced the amount of 3,000 on account of training to 1,000 and did not agree to the expenditure of Rs. 1,500 for Boards and pamphlets on Family Planning.

The amount of Rs. 1,000 for records and cards and Rs. 600 for common ailment treatment was reduced to Rs. 1,500 p.a.

Thus the expenditure approved was as follows:—

Non recurring	5,500
Recurring	3,300

Accordingly the following expenditure was recommended for sanction by the Government of India:—

Non-recurring :

1 Equipment etc., training etc., Translating and Printing of booklets in Gujarati	5,500
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Recurring :

for Ist six months @ 100%	1,650
for next six months @ 66.2/3%	1,100
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	8,250

Agenda Item No. C(13):

The proposal from the Medical Officer, Women's Hospital, Indian Women's Aid Society, Hubli to start a Family Planning Clinic was considered by the Grants Committee and was approved.

The estimated expenditure as given by the organisation is as under:—

	Rs.
<i>Non-recurring :</i>	
1 Appliances	200
2 Projector for educational films	3,000
3 Postages	10
4 Stationery and Printing	40
	<hr/>
	3,250

Recurring :

Lady Doctor's allowance @ 50/- p. m.	600
Allowance for one Nurse @ 20/- p. m.	240
Allowance for one Dai @ 10/- p. m.	120
Allowance for one part time clerk	200
	<hr/>

1,160 p. a.

The Committee however observed that they should employ a part time doctor @ Rs. 100 per month, a full-time Social worker and a Public Health Nurse @ Rs. 150 each, and a Ayah @ Rs. 30 p.m.

Accordingly the undermentioned expenditure was approved:—

	Rs.	
Non-recurring :	3250	
<i>Recurring :</i>		
Part time doctor @ Rs. 100/- p.m. .	1,200	
Social worker @ 150/- p. m. .	1,800	
Health] visitor or Public Health] Nurse		
@ 150/- p.m. .	1,800	
Ayah @ 30/- p. m. .	360	
TOTAL .	5,160	p. a.

The undermentioned expenditure is, therefore recommended for sanction:—

Non-recurring	3,250	
<i>Recurring :</i>		
for 1st six months @ 100%	2,580	
for next 6 months @ 66.2/3%	1,720	
TOTAL .	7,550	

Agenda item No. C(14):

The proposal from South India Club, Calcutta for a proposed family planning Centre on experimental basis, was considered by the Committee. The Society with the facilities available at the Club and with the co-operation of the experts in the field at the All India Institute of Hygiene and Public Health wish to work out within a period of 2 to 3 years the type of family planning service best suited to the middle class urban population as well as to obtain valuable data on the attitudes of this group to family planning.

The estimated expenditure submitted by the Club for the purpose is as follows:—

Recurring :

Staff

	Rs.
Honoraria for part time Lady Doctor @ [Rs. 200/- p.m. .	2,400
Health Visitor (Full time) at 125—155 p. m.. .	2,580
Ayah (Rs. 40+40+7/8/-+15) i.e., 102/8/- p. m.' .	1,230
	6,210

Non-recurring :

Equipment and fittings for the clinic, examination, tables instrument cabinet, sterilizer	1,000
Educational materials	800
Stationery and contingencies	490
	2,290

The Committee accordingly approved the following expenditures:—

	Rs.
Non-recurring	2,290
Recurring	6,210

The following expenditure is recommended for sanction by the Government:—

	Rs.
Non-recurring	1,290
<i>Recurring</i>	
for 1st six months @ 100%	3,105
for next six months @ 66·2/3 %	2,070
TOTAL	6,465

Agenda item No. C(15):

The proposal from Andhra Vanita Mandali for opening two F.P. Centres was considered by the Committee:

The estimated expenditure is as under:— (for two centres).

	Rs.
Non-recurring	5,000
Recurring	23,340
Equipment etc. for one centre	1,700
Furniture etc.	850
TOTAL	2,550

Staff, contingencies, etc.

	Rs.
Doctor in charge, 1, @ Rs. 250/- to 500/- p. m.	3,000
Social worker, @ 150/- to 200/- p. m.	1,800
Health Visitor @ Rs. 100 to 150/- p. m.	1,200
Maid Servant, @ Rs. 50/- p. m.	600
Peon @ Rs. 50/- p. m.	600
Clerk @ Rs. 55/- p. m.	660
Sweeper @ Rs. 30/- p. m.	360
TOTAL—STAFF	8,220
Electricity and Water Charges at Rs. 40 p. m.	480
Rent of building @ Rs. 100/- p. m.	1,200
Publicity and Propaganda @ Rs. 200/- p. m.	2,400
Contingencies—Stationery and printing upkeep of clinic medicines, cotton wool, detol, liquid soap etc.	1,200
GRAND TOTAL—Recurring	13,500

The Committee however, observed that they should develop one centre in the first instance and accordingly recommended non-recurring expenditure of Rs. 2,500 for one centre.

It was also pointed out that Andhra Vanita Mandali should engage one part time doctor @ Rs. 100 per month in place of a Doctor in-charge. The office staff was agreed to as suggested by them.

The amount of Rs. 2,400 for publicity and propaganda was reduced to Rs. 1,000.

Accordingly the undermentioned expenditure was approved:—

	Rs.
Non-recurring	2,500
Recurring	10,300

Thus the following amounts were recommended for sanction by the Government:—

	Rs.
Non-recurring	2,500
Recurring	
for 1st six months @ 100%	5,150
for next six months @ 66·2/3%	3,433
	<hr/>
	11,083

Agenda item No. C(16):

The proposal from Dr. Balabhai Nanavati Hospital, Bombay for opening a family planning clinic was considered by the Committee and was approved:—

The estimated expenditure as submitted by the hospital for this purpose is as follows:—

Non-recurring :

Equipment and furniture, examination table, sterilizer and instruments etc.	1,755
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Recurring :

	Rs.	P.A.
One doctor @ Rs. 300/- p. m.	3,600	
One Health visitor @ Rs. 150 P. M.	1,800	
Travelling allowance to H. V. @ Rs. 25/- p. m.	300	
Ayah @ Rs. 60/- p. m.	720	
Case Cards and incidental at @ Rs. 50/-p.m.	600	
	<hr/>	
	7,020	

Accordingly the Committee approved the undermentioned expenditure:—

	Rs.
Non-recurring	1,755
Recurring	7,020

The following expenditure was recommended for sanction by Government:—

Non-recurring	1,755
Recurring :	
for 1st six months @ 100%	3,510
for next six months @ 66·2/3%	2,340
	<hr/>
	7,605

REQUEST FOR ADDITIONAL GRANTS:**Agenda item No. D(1):**

The request from Family Planning Society, Dehra Dun, to sanction the balance for the remaining period was not approved by the Committee.

Agenda item No. D(2):

The proposal from Mathar Sangum for additional grant towards the expenses in respect of a full time doctor, cost of advertisement, and the purchase of a projector and training of the projectionist, was considered by the Committee. The Committee did not allow the cost of advertisement viz. Rs. 120. They however, allowed Rs. 2,000 for the additional equipment. The expenditure toward the training of operator was disallowed.

The Committee also agreed that they should employ the following staff for the clinic:—

	Rs.
One doctor @ Rs. 350/- p. m.	4,200
One Health Visitor @ Rs. 150/- p. m.	1,800
Ayah @ Rs. 30/- p. m.	360
Peon	400
	<hr/>
	6,760

The Committee thus approved the following expenditure:—

<i>Non-recurring</i>	Rs.
Equipment etc.	2,000
Recurring	6,760

The following expenditure is recommended for sanction by the Government:—

	Rs.
Non-recurring	2,000
<i>Non-recurring :</i>	
for 1st six months @ 100%	3,380
for next six months @ 66·2/3%	2,253
	<hr/>
	7,633

Agenda item No. (E):

The Committee approved the expenditure to be incurred for the next twelve months in respect of State Governments, Local Bodies and Voluntary Organisations.

RESEARCH AND OTHER PROGRAMMES:**Agenda item No. II(1):**

The Committee approved the Research Scheme of Dr. M. L. Gujral for the study of Supermicidal drugs and oral contraceptives and recommend for sanction the full cost of the project viz. Rs. 25,000.

Agenda item No. II(2-3):

The proposals for trial and field studies at Lucknow and Kanpur of Dr. Gujral, for Supermicidal drugs and oral contraceptives was not considered by the Committee.

Agenda item No. II(4):

The Scheme Research project in population studies by Dr. B. R. Chauhan was not approved by the Committee, he will be asked to revise his research project to conform with the decisions which will be arrived at by the Demographic Sub-committee at its meeting at Calcutta.

Agenda item No. II(5):

The Scheme of Dr. D. N. Lall of Patna University for a "Sample Survey of Patna to estimate the fertility and mortality rates" was approved by the Committee, and recommended for sanction the expenditure of Rs. 47,620.

Agenda item No. II(6):

The Committee approved the estimated expenditure for the year 1955-56 of Rs. 43,457 in respect of Biological, clinical testing and development of oral contraceptives by Dr. V. R. Khanolkar, at the Indian Cancer Research Centre, Bombay.

Agenda item No. II(7):

The Committee approved the estimated expenditure of Rs. 11,875 for the year 1955-56 in respect of Dr. L. D. Sanghvi's Scheme "Studies on Twins and Consanguineous Marriages in endogamous groups".

Agenda item No. II(8):

It was decided by the Committee that we should purchase 1,000 copies of each issue of the Journal of Family Welfare for one year more. That is to say of six issues more, at Rs. 1-8-0 per copy. The total cost of 6,000 copies will come to Rs. 9,000 which has been recommended for sanction by Government of India. The Journal from henceforward will be distributed direct by Dr. A. P. Pillay from his office.

The Committee also decided that one of our representative should get training in editing the Journal, for start their own journal on Family Planning. For this purpose a sum of Rs. 7,500 was recommended.

Agenda item No. II(9):

Shri V. M. Dandekar of Gokhale Institute of Poona, has submitted a proposal for demographic research at a fresh set of six Centres in six districts. The estimated expenditure required for this purpose was Rs. 35,000. Consideration of this research project was however, postponed till the meeting of the demographic sub-committee at Calcutta.

Agenda item No. II(10):

The research scheme "for establishment of physiology laboratory for carrying out research work on applied reproductive physiology", at the Vallabhai Patel Chest Institute Delhi Municipality, was not approved by the Family Planning Research and Programmes Committee.

Agenda item No. II(11):

The Family Planning Association of India, Bombay, had undertaken research on Infertility under the supervision of Dr. A. P. Pillay. For this purpose a sum of Rs. 20,200 was sanctioned by the Government of India, Ministry of Health *vide* their letter No. F.15-25/54-P, dated 3rd December 1954. The president, Family Planning Association of India, however intimated that the request for grant from the Government of India for recurring expenditure was under estimated. The actual amount spent by them in non-recurring and recurring was as under:—

Non-recurring	Rs. 543/
Recurring	Rs. 24,780 p.a.

From the above it was observed that the Association had a balance of Rs. 4,552 (Rs. 10,000-5,448 where as they have spent Rs. 14,580 more in connection with recurring expenditure (10,200—24,780). The matter was considered by the Family Planning Grants Committee. The Committee decided that they should be allowed to utilize the saving of non-recurring expenditure *viz.* Rs. 4,552.

The Committee also decided that as the fertility clinic will continue to work, the undermentioned expenditure was recommended for sanction:—

Recurring ;	Rs. 24,780 p. a.
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The following expenditure is recommended for sanction by the Government:—

Recurring

for 1st six months @ 100%	Rs. 12,390/-
for next six months @ 66.2/3 %	„ 8,260/-
Total.	Rs. 20,650/-

Agenda item No. II(12):

The Family Planning Association of India, Bombay requested for financial assistance for extending circulation of their bulletin "Planned Parenthood". The copies of the bulletin are distributed free of charge and expenditure in connection with distribution of 5,000 copies comes to Rs. 475 per month *i.e.* Rs. 5,700 per year. As the journal was considered to be very useful for the public, the Committee agreed to sanction of the expenditure of Rs. 5,700 for one year.

Agenda item No. II(13):

A research scheme submitted on the use of synthetic Metylohydroquinone as an oral contraceptive, by Dr. Chandrasekaran and Dr. Mukhta Sen, was considered by the Family Planning Grants Committee. The Committee approved the scheme and recommended for sanction the sum of Rs. 32,140 for the year 1955-56.

It is a three years scheme and the Committee has agreed the research may continue at least for 2 years. The grant will be from year to year.

Agenda item No. II(14):

The Committee agreed to give grant for the year 1955-56, in connection with India-Harvard Ludhiana Population Project to the extent of 10 per cent. of the cost of the expenditure during the year.

The Government of India's share @ 10 per cent. comes to Rs 15,000 approximately (against a tentative total of Rs. 150,000).

Agenda item No. II(15):

The Committee agreed to additional grant of Rs. 2,000 to Dr. B. S. Guha for engaging staff for a period of six months to help him in tabulation and analysis and writing out the report on the materials collected by him as a result of his research studies in the Social Customs and Sex life of Abor Hill Tribes.

*Secretary, Family Planning Grants
Committee.*

