WORLD MEDICAL ASSOCIATION ASSEMBLY IN NEW DELHI

BY

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For a number of years the Indian Medical Association has been trying to act as hosts for an Assembly of the World Medical Association, and it is ironical that when at last this proved possible the Sixteenth Assembly had to take place with this essentially peaceful nation in a state of war, and in little mood for entertainment. It is a tribute to Indian sang-froid that the host association found itself able to carry out the whole of the programme arranged, and that both Dr. Radhakrishnan, President of India, and Mr. Nehru, the Prime Minister, kept their promises to appear at the opening ceremony in New Delhi. The war made strangely little impact on the Assembly until on the day after its closure lingering delegates were given a sharp reminder of its presence by the abrupt cancellation of most domestic air services. Delegates proceeding to the Commonwealth Medical Conference in Colombo suddenly found themselves taking to exotic airlines and roundabout routes to get to their second meeting in time, and there was even some talk of trains and boats for a while.

Vigyan Bhavan

The Assembly took place in the large and rather confusing congress hall, Vigyan Bhavan, near to the principal government buildings in New Delhi. The word "near" is used relatively in this city, for nothing is really near to anything else in this neo-Georgian extravaganza. Hotels are miles apart, and official buildings and shopping centres equally distant, so that New Delhi is a pedestrian's nightmare and a taxi-driver's paradise.

The opening session on Sunday, November 11, was inaugurated by a philosophical discourse by the scholarly Dr. Radhakrishnan, a somewhat ascetic figure in long khaki coat and dhoti, who referred to the very long Indian tradition in medicine and surgery, and then pointed out the way in which various systems of medicine had influenced Indian thought.

Both Dr. Radhakrishnan and the following speaker, Mr. Nehru, referred to the inexplicable Chinese attack on India, but they drew different morals from it. The president-philosopher saw in it an example of the interplay of good and evil in man, and looked to medicine to succeed one day in reconciling the warring factions in the individual and producing that integration essential to higher activities. The practical politician, on the other hand, saw in war a force retarding the progress of his government's plans for the improvement of India, but said quite firmly that if this was to be India's destiny the nation would face up to it.

Mr. Nehru is no hypochondriac, and he made some tart remarks about modern drugs, saying that he preferred to avoid them whenever possible and advising his audience to study the indigenous systems of medicine in case some valuable remedy should be overlooked. He was modest and gentle when touching on the question of the provision of medical services, saying that he had heard that W.M.A. was rather opposed to

government interference in this field, and then almost apologetically pointing out that private enterprise could scarcely tackle the numerous and serious medical problems of India. Incidentally, these two polished speakers used no notes, while the medical men who followed them found it necessary to read all their material.

Dr. R. V. Sathe, President

At this session the presidency of W.M.A. changed hands, Dr. Aragao, of Brazil, giving place to Dr. R. V. Sathe, of Bombay, the gentle and lovable Emeritus Professor of Medicine from Grant Medical College. Dr. Sathe bore with fortitude a strenuous five days in spite of the handicap of a severe laryngitis. The other highlight of the opening ceremony was the presentation of an illuminated address to Dr. S. C. Sen, of New Delhi, in recognition of his long and distinguished services to the Indian Medical Association and to world medicine (see p. 1461).

Agricultural Surpluses at Will

The theme of the two scientific sessions on November 12 and 13 was rural medicine, a subject chosen at the request of the host association. Five principal speakers dealt with various aspects of this subject, vital to a nation over 80% of whose population live in villages where medical care and environmental sanitation are rudimentary if not absent altogether. In these circumstances first things must come first, and the provision of a safe water-supply and of some form of general medical aid must receive priority.

Dr. Sushila Nayar, Health Minister of India, pointed this out in her chairman's address on Monday, but then went on to stress the fundamental importance of nutrition. Two-thirds of the world is badly nourished, and it is a curious anomaly that the food producers in the villages tend to come off worst. This is mainly an economics problem, and it was therefore fitting that Barbara Ward (Lady Jackson), the well-known economist, should open this session with an address on methods of increasing agricultural productivity. She pointed out the fact, so often overlooked, that the industrial revolution had been accompanied by an agricultural revolution, and that for the first time in history it was possible to produce agricultural surpluses at will. Indeed, as she later indicated, man can now through technological advances obtain virtually anything material he desires.

It seems a pity that he should continue to prefer guns to butter, and to waste money on hitting the moon when he might hit the saner target of relief of hunger.

Miss Ward outlined methods of increasing food supplies by whose application crops could be increased enormously, and noted that the highest yields had been obtained through a combination of private enterprise and collective action, as in Denmark and Japan. Landlordism and collectivization carried to extremes both gave poor results.

Rural Health

The next speaker, Dr. K. N. Rao, Director of Medical Services in an Indian State, traced the improvement in rural health since Indian independence, but indicated that there was still a long road to travel. He thought that the rural change in the world to-day was the greatest revolution in world history, and spoke of the gradually extending coverage of India with Community Development Units, building up a network of primary health centres and larger facilities, and providing total government aid until such time as rural incomes could be raised to a level at which personal responsibility could operate.

The star of the second morning's programme was to have been the former Minister of Health, Rajkumari Amrit Kaur, but she was unable to be present, and her paper was read by Dr. A. P. Mitra, Secretary of the Indian Medical Association. Her communication stressed the inseparable nature of education and health, and outlined some progress

in these in rural India since 1947, when the British left it in a state which, in the author's words, was hardly to their credit. One point of general validity she made was that the demands of a rural population increase with sophistication. A few years ago Indian villages simply asked for schools and hospitals. Now they also wanted better communications, water supply, and electricity. (Dr. Sathe suggested later that the increase in human demands was at the root of much malaise, and that the Gandhian alternative of reducing demands to a minimum might be more satisfying.)

Another rather surprising statement made by the ex-Minister of Health was that voluntary effort must be given scope. She said that she was not convinced by the concept of the Welfare State, and that it was a bad thing for human beings to be wholly dependent on anyone. "No governmental agency can ever touch the chords of the human mind and heart as can the zeal and inner urge to serve that animate the true social servant." She urged the Indian Medical Association to supplement government action by forming a voluntary association of citizens for health.

The Indian national malaria-eradication programme was described by its director, Dr. A. P. Ray, who said that the operation was now well advanced and had led to an overall reduction in malariometric indices by over 90%, and in case rates by 93%. The morning's programme was rounded off by Dr. L. L. Hodgdon, a sociological consultant to the Ford Foundation, who listed the three main problems facing the medical profession in developing countries as the provision of medical care to rural areas, the integration of indigenous systems of medicine with modern medicine, and health education.

Internal Affairs

It is difficult to give a coherent account of the business sessions of the Assembly, which ran from Monday afternoon through Tuesday afternoon, Wednesday, and Thursday, because so much time seemed to be spent on domestic and administrative detail to the detriment of discussion of wider issues of interest to members of all medical associations. Indeed, more than one delegate complained of the waste of time on internal affairs. There was perhaps the good excuse that the Association was going through one of its periodic financial crises, partly due to an over-optimistic forecast of support from the U.S. Supporting Committee. This had led to a search for economies by Council which would have done credit to Dr. Beeching. Practically all of these measures were approved by the Assembly, and they should balance the budget next year.

One paper on W.M.A. membership showed that this organization now has 57 out of a possible total of 100 member associations, but that the member associations between them represent only one-half of the doctors in the countries concerned, ranging from the very high percentages in such lands as Britain to the 25% in India, or even less in some smaller areas. At one point, the Planning and Finance Committee suggested a change in the voting system which would have given a slightly greater voting strength to the large associations, but the Assembly would have none of it. This led the treasurer, Dr. E. Fromm, who spoke very bluntly about the uneven distribution of the financial burden, to remind the Assembly that in a democracy equal rights meant also equal responsibilities.

It is an index of the changing character of the Association that in the voting for vacant seats in Council two Asians (Dr. Munawar Ali, of Pakistan, and Dr. A. P. Mittra, of India) were successful, while the French candidate was bottom of the poll. Mr. J. R. Nicholson-Lailey (Great Britain) was, however, elected without demur to fill the casual vacancy caused by the death of Dr. Ian Grant.

The most significant administrative change is the impending separation of the offices of the U.S. Supporting Committee from those of the W.M.A. Secretariat in New York. So long as Dr. Bauer was present as secretary of both organizations the offices could be combined, but now that the two functions have been separated a physical separation of office space seems desirable.

Incidentally, the present Secretary-General, Dr. Gear, was presented during the Assembly with the Gold Medal of the South African Medical Association for his services to South African medicine.

Third Education Conference

The Assembly agreed that the Third World Conference on Medical Education should be held in the Middle East in 1966, and that its theme should be "Medical Education in Developing Countries." It referred back to Council for amendment the draft code of ethics of human experimentation, and it also dealt roughly with a proposed revision of the Twelve Principles of Social Security. It did not like the part of the working paper on rural medicine which suggested that medical auxiliaries should be trained on to the level of medical licentiates, but otherwise accepted this.

Mexico, 1963

Finally it elected Dr. Alvaro Rodriguez, of Mexico, as President-Elect, and confirmed the venue of the 1963 Assembly as Mexico City.

WELCOME ADDRESS

Dr. S. C. SEN, chairman of the Reception Committee, gave the following address:

Mr. President, Mr. Prime Minister, Dr. Aragao, Your Excellencies, Distinguished Guests, Members of the Assembly, Ladies, and Gentlemen: On behalf of the Indian Medical Association it is my great privilege and pleasure to welcome you all to this Inaugural Session of the XVI General Assembly of the World Medical Association.

To-day is indeed a red-letter day for us, the members of the Indian Medical Association. We feel honoured and grateful to the World Medical Association for having accepted our invitation to hold this XVI Session in Delhi, the first ever to be held in Asia and in the East. We also appreciate with deep gratitude the signal honour bestowed on us all by our President, Dr. Radhakrishnan, agreeing to inaugurate this Assembly, and our Prime Minister, Shri Nehru, agreeing to address us on this occasion. Once again, I repeat that to-day is indeed a red-letter day for us all.

It may be of interest to some of our guests to know that the World Medical Association is a voluntary, non-political organization—a federation, at present, of 57 national medical associations—covering almost the entire globe from north to south and east to west. It is a young organization, yet in its teens. We of the medical profession feel very strongly the need for such an organization, the objects of which are as follows:

1. To promote closer ties among the national medical organizations and among the doctors of the world by personal contact and all other means available.
2. To maintain the honour and protect the interests of the medical profession.
3. To study and report on the professional problems which confront the medical profession in the different countries.
4. To organize an exchange of information on matters of interest to the medical profession.
5. To establish relations with, and to present the views of the medical profession to, the World Health Organization, Unesco, and other appropriate bodies.

6. To assist all peoples of the world to attain the highest possible level of health.

7. To promote world peace.

I feel proud of the fact that the Indian Medical Association has been a founder and active member of this organization, which, I am sure, will grow from strength to strength.

The resources of the Indian Medical Association are very limited, and but for the generous help given by the Government of India, which we appreciate deeply, it would have been almost impossible for us to act as hosts. We have tried to do our best to make satisfactory arrangements, but we realize that there will be many deficiencies, for which we tender our apologies in advance. We hope, however, that in spite of some discomforts our distinguished colleagues from abroad will enjoy their brief sojourn in India and that this Assembly will not only be flowerful but fruitful also.

On behalf of the Indian Medical Association, I welcome you all once again.

PRESENTATION TO DR. S. C. SEN

The inauguration of the General Assembly was marked by a particularly happy event—the presentation to Dr. S. C. Sen of an illuminated scroll commemorating his services to medicine in India and to the World Medical Association.

The citation was as follows:

“The Council of the World Medical Association presents this scroll to a doctor who has earned international recognition through serving the people and the

medical organization of his own nation and of the world—Dr. Satis Chandra Sen, New Delhi, India—who through a long and distinguished career as an eminent radiologist and officer of his local and national medical association, and a renowned foreign lecturer on the culture developments and trends of his homeland, served on the Council of the World Medical Association for twelve years and was the first Regional Secretary for Asia. He contributed freely of his time, effort, and vigour in the advancement of organized medicine and toward social and economic freedom for humanity. His

vital personality has endeared him to all the peoples of the world with whom he has been associated.

“In recognition of his unselfish work and tireless energy on behalf of medicine, this presentation is made at the XVI General Assembly of the World Medical Association—the first Assembly convened in Asia—in commemoration of the fulfilment of one of the many objectives for which this outstanding Indian doctor has so tenaciously laboured.”

FIFTY YEARS OF MEDICAL HISTORY

The Section of the History of Medicine of the Royal Society of Medicine, which was founded by Sir William Osler on November 20, 1912, celebrated its 50th anniversary on November 21, 1962, with a jubilee meeting and dinner in the Society's rooms. An attentive audience of about 130 members and guests listened appreciatively to a series of papers which recalled the activities and services of the founder members and evaluated the contributions offered to the Section over the past half-century.

In his opening remarks the President of the Section, Dr. W. H. MCMENEMEY, recalled that the Section was founded just six months after the Society moved into its present building and that 47 Fellows were present at the inaugural meeting over which Osler presided. The subsequent work of the Section and the interest which it aroused in fields of scholarship outside the medical profession had not yet resulted in the founding of a university chair in the subject in Britain. This was despite the fact that London had the greatest concentration of medical schools of any city and that there were in the university no fewer than 110 departments of medicine and 30 additional titular chairs. He was, he said, convinced of the academic value of the subject, but at whatever level it was approached it could not help but be rewarding and was now of special importance as a corrective to early specialization. Medical history had exerted a strong influence in Osler's career and made its contribution to the personality and achievements which were so widely admired. It was of “Osler, the Medical Historian” that the morning's chief speaker, Sir ARTHUR MACNALT, gave a most vivid impression, calling upon many personal recollections, from the time in 1894 when Osler first visited Oxford for a B.M.A. Conference to the days of Osler's last illness in December, 1919. Sir Arthur, who had come to Oxford to examine students, was a guest in Osler's house, and “each clasped the hand of the other knowing that they would never meet again.”

Distinguished Members

The afternoon session, under the chairmanship of Dr. K. D. KEELE, maintained the high level set by the first paper and consisted of a number of authoritative accounts of some of the Section's most distinguished members. The career of Sir Clifford Allbutt, truly characterized as “scholar-physician and historian,” was recounted by Dr. E. ASHWORTH UNDERWOOD, who sketched in the background of his earlier years at Leeds and brought out the importance of his contribution to clinical medicine when, from 1860 onwards, he began to use the short clinical thermometer of his own design. Allbutt's long essay-review on Wunderlich's book on *Medical Thermometry* in the *British and Foreign Medico-Chirurgical Review* was much more than a review and was an important statement of Allbutt's own original