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# Travel Fund Reports: India – Again!

**P.M.A. Calverley**

**Abstract**

It is with some reluctance that I start another article, for another magazine, about my elective in India just over a year ago. Not that I feel any ingratitude to the R.M.S. who partly financed my trip but merely because I seem to have been talking about India, its culture, its medicine, its people and problems, from the day I set foot again on the chalky soil of Kent and I 'm beginning to feel a bit of a fraud, rather like the American who spends two weeks in Europe and then starts to profess intimate knowledge of its every nuance the moment he returns home. At the end of two months in India I had seen enough to realise that I'd seen nothing yet.

Many impressions remain, of course, and I'd like to focus on just two of them. One of the happiest is that of the wonderful hospitality that we received. The Indian people were, on the whole, astonishingly friendly and helpful despite the linguistic difficulties. The latter were not as great as might be imagined as English is widely spoken among educated Indians, partly because it's a useful international language, partly as a hang-over of 'our Indian Empire'. Certainly at the New Civil Hospital in Ahmedabad, a post-war concrete structure with all the architectural grace of the S.M.M.P., the medical students were taught all their medicine in English (despite their previous education in the Gujerati medium), and much of the professional practice was carried on in that tongue. Whilst less than satisfactory for the budding Gujerati anatomist, it was ideal for use as it opened all the necessary professional and social laws.



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# INDIA—AGAIN!

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We stayed in the student hostels which were also sited on the same enormous campus and were quickly befriended by the other students who were anxious to meet us and show us their city. Hospitality is part of the Indian social tradition and at some points, one almost felt a surfeit of it. Certainly two different sets of people showed us some of the same sites on two different occasions! The junior staff on our ward were also at pains to see us settled and one of the medical internees soon became a good friend who took us to meet his family and to participate in the Indian festival of Rakshavon (pitiful phonetic spelling) when brothers and sisters exchange gifts. The registrars were equally friendly and when we started our journey home it was especially touching that three of our special friends among them, along with my room-mate and friends, should turn up at the station at 11 o'clock at night to see us off.

As you might imagine with such a wide range of social contacts, some of whom were non-medical, we were often invited out for meals. However, I made the sad discovery quite early on that the only connection between Vesta packed curry and Indian curry was the spelling of the word curry. The people of Gujerat like hot foods and hence I once bit greedily into something I thought might be a Cornish pasty, only to discover it was a large green chilli pepper with a flaky pastry coat! Needless to say, it was not deemed polite to deprecate the spiciness (or unpalatability) of one's hosts' food and so bearing a fixed, slightly maniacal grin I ate what I could. It was only when someone showed signs of offering me more from their own plate that I drew the line! The other thing about Gujerati food is that it's all vegetarian and so to break the monotomy we were taken out by some of our Indian friends to one of the city's posher meal-serving restaurants where we were treated to something that sounded, tasted and looked like "Chicken Crucified". After that we kept to scrambled egg for a while and certain less spicy Indian delicacies we grew.

It was quite an experience to live in an almost entirely Indian environment for 6 weeks and to see all sides of their city life from the cotton workers' 12-ft. x 4-ft. single room home for five people to the Governor's select Independence Day celebrations. At times it was

frustrating, often amusing and always challenging, but it was also manageable because I had someone from my culture-society with me and because of all the kindness and consideration our hosts showed us. Looking at the polyglot wards of the Royal Infirmary with their willing post-graduates and exchange students, many of whom must feel the same "culture-shock" in reverse, I wonder if we are anywhere near so friendly and what impressions of Edinburgh they will take back to their homelands with them?

Of course, one noticed many things which might be criticised as well as many to praise. In the latter must come Indian medical education (partly because it's one of the few things I feel able to criticise). Much has been written about immigrant doctors in this country, one of the best general reviews being found in Synapse, Vol. 21, No. 1. Having seen many such doctors in training their actions in Britain can be viewed a little more sympathetically.

Medical education in India resides in the 200+ medical schools, some of which receive G.M.C. recognition (but only a few), which are financed partly by the Government, partly by the fees their students pay. Inevitably few of the population have sufficient funds to educate their offspring to the intermediate science level required before entry to medical school and, as with other aspects of Indian life, stories of corruption are rife regarding people who 'fixed' their admission. Once admitted the ordeal has hardly begun for the student must now stop thinking and working in his native language and start to use English instead. He must begin his 1½ years of preclinical work, with the emphasis on physiology and anatomy and a little biochemistry. The standard anatomy book was Gray's and there were people who seemed to have read it cover to cover! (Wee Cunningham's was used as a sort of hors d'oeuvre for the "real Anatomy" books). Once this chastening experience was passed successfully came the three clinical years timetabled much as any British medical school might have 20 years ago with large blocks of medicine, surgery, social medicine et al. The students are taught by lectures and in groups of about 14 on the wards with little in the way of small group tuition. The emphasis is on rote learning and the contrast between the 6-year olds in the little school opposite, learning to read by chanting the words to their teacher, and the medical students doing much the same across the way, was not a great one. The knowledge imparted was subject to regurgitation in chunks and the emphasis was on knowing facts rather than knowing what to do with them. Despite these several difficulties many of the students and teachers were very capable and managed to escape the confines this rigid system imposed. Resits in at least some subjects were assured for all but the best, each one involving 6 months repetition of the particular course. The school record-holder for resits left just before we arrived, having taken 10 years to complete his 4½ year course!

The newly-qualified graduate, having completed his internship of 4 attachments in medicine, surgery, obstetrics and in the peripheral village hospitals each for 3 months, has then a career choice to make. He can set up in practice in the city which is very competative; he can practise in the villages where he is needed but has few of the comforts and distractions of the city where he trained; or he can continue in hospital and gain some higher qualification in India and/or abroad. The first two choices pose the same problem many of us face but more acutely so for the Indian villages need doctors more than our "peripheral" towns and have fewer at present. The last choice will lead the graduate to a training totally unsuited for the medicine he will practise should he return home. His hard-won skill in pneumoencephalography will atrophy through disuse and his intimate knowledge of fibrin degradation products will not be exploited to the full. Alternatively he may never return and instead choose to practise Western medicine in the West, with little prospect of the promotion he probably deserves, because as we all know "90% of registrars are Caucasian males". His is not an enviable choice.

This is a deliberately harsh view of Indian medical education but, I repeat, not of Indian doctors who despite all practise a remarkably high standard of medicine considering. Perhaps the difference between student and doctor lies in the intern year when he is more than a student but still with less responsibility than a houseman. The benefits that accrue from this form of learning should be recognised by the Indian Government and the traditional scheme revised. We too should (although B.M.S.A. are) agitate that the criteria for admission of overseas graduates be changed and that more realistic training be provided for them. But perhaps we should attack our own beams before other peoples' motes, but then again that's another article.....