

THE  
ALL INDIA AYURVEDIC CONFERENCE  
FOURTEENTH SESSION

APRIL 25, 1924

353

COLOMBO, CEYLON

*PRESIDENTIAL ADDRESS*

Vaidyaratna

Kaviraj JOGINDRA NATH SEN M. A.,

Vidyabhushan.

CALCUTTA.



PUBLISHED BY

THE GENERAL SECRETARY,  
Ayurveda Mahamandala & Vidyapitha

VEPERY, MADRAS.

353

॥ श्रीः ॥

अप्रत्यक्षफलाः प्रमाणविकला वाग्विस्तरैराकुला  
वेदाः प्राप्तपदा यदासवचनप्रामाण्यसामान्यतः ।  
प्रत्यक्षैकफलं त्रिसूत्रममलं स्वस्वातुराणां हितं  
तं विद्यास्वखिलासु सत्तममहं वेदं भजाम्यायुषः ॥

DEAR FRIENDS,

It has been the invariable custom with the Presidents of this Conference to begin their addresses with thanksgiving. Believe me, gentlemen, when I say in all sincerity, that I do not merely follow the usual practice in offering you my warmest thanks for the great honour you have done me in inviting me to preside over your deliberations for the second time. Let me explain. The conference last met at Rajahmundry under the leadership of our esteemed friend Mr. Krishna Sastri Kavde. I can give no definite information about that session, as I was not fortunate enough to attend it: but no decision as to the next holding seems to have been arrived at there. The time gradually approached and letters passed between the General Secretary Ayurvedabhushana Pandit M. Duraiswami Aiyangar, A.K.A.C., and myself, about the holding of the present session. Though I had every desire to invite the Conference to our city, many untoward and unhappy incidents of a private character prevented me from so doing. I really cannot express how keenly I felt my inability to afford a room to our Conference even after an interval of nine years, when in 1915, I had the proud privilege of offering you all a most hearty welcome on behalf of the Calcutta Reception Committee. At this juncture, thanks to you, two simultaneous invitations including this one from Colombo came to our intense relief. My part in the advancement of this Conference has no doubt been very humble, but I think I yield to none in my intense love and regard for it. I have therefore especially to thank you, the people of Ceylon, for the very timely and happy invitation which you so kindly sent to us.

Thus it appears that though I could not do my duty towards the Conference, the Conference has given me much more than I deserve by inviting me to be the President. I am perfectly aware of my unworthiness and inability to do full justice to the exalted position in which you have so kindly placed me, inspite of the presence of so many abler and more deserving Vaidyas of great repute. But I have not ventured to disobey your call. The regret which I very keenly felt for my inability to invite the Conference, has to a great extent been removed at the sight of the splendid reception which the Conference has met at your hands. I therefore reiterate my grateful thanks to you all.

Before I proceed with my address any more, I think we cannot do better than remember and revere the memory of those Physicians who have recently died. We have it from the authorities on Poetics that benediction, salutation or the introduction of the subject-matter should form the beginning of a treatise. आशीर्नमस्त्रिया वस्तुनिर्देशो वापि तन्मुखम् they say. I think that the reverent remembrance of the memory of those mighty spirits will be the best introduction possible. This hero-worship will infuse energy into our hearts and remove obstacles from our path. I am confident that the spirits of those great Vaidyas, who laid down their lives in the cause of Ayurveda, are present here even now, to witness the continuance of the cherished desire of their lives; and I am equally confident that they will not deny us at this moment their sincere blessings.

Gentlemen, with a heavy heart I remember now the illustrious Kaviraj Rajendranarayana Sen of Calcutta. Apart from his uncommon ability and deep erudition which are known to you all, he was one of our true friends. Bengal has lost in him one of her best Kavirajes and we one of our best well-wishers.



It is really unfortunate that we have to mourn the loss of another sincere friend of ours, Kaviraj Kunjalal Bhishagratna of the "Susruta Samhita" fame. You all know him as the author of that monumental work—the English translation of the Susruta Samhita, but I knew him as my affectionate brother. He was a disciple of my venerable father and his sweet character and loving disposition endeared him to us all.

Bengal has lost two famous Kavirajes again, in the deaths of Kaviraj Jogendranath Das of Jessore and Kaviraj Harinath Vidyaratna of Calcutta. They were both skilful physicians and able scholars and the void created by their loss is not likely to be easily filled up.

Hyderabad has suffered an irreparable loss in the death of Hakim Hari Govindaji. He was one of the Provincial Secretaries of the Mahamandala and took great interest in the welfare of Ayurveda. His death is a loss not to Hyderabad alone, but to the Ayurvedic Community all over India.

May these mighty souls rest in peace in Heaven.

Gentlemen, I cannot help recollecting in this connexion that auspicious day when our Conference first met, under the parental care and guidance of the illustrious Pandit Sankara Sastri in 1908. They say that the third year of a child is a critical period and so it was in our case. The third session of the Conference could not be held owing to the sad death of its founder Pandit Sankara Sastri, and the session was postponed till the next year. Thenceforward the Conference has steadily and gradually been gaining in strength and prosperity, and I hope confidently that the critical period is past for good. Not to speak of Vaidyas, but the general public and medical men of other systems too, have begun to take much interest in Ayurveda, and the day will surely come when we shall have the proud pleasure of seeing Ayurveda installed on the high throne it once occupied.

Orthodox Hindus as we are, gentlemen, it would be presumptuous on our part to trace the beginning and date of Ayurveda. Ayurveda is eternal and of no human origin. You all know that the Vedas manifested themselves from the breath of the great Purusha,—“अस्य महतो भूतस्य निःखसितमेतद्यद्वेदः” इत्यादि ; “यस्य निःखसितं वेदाः” ; “न कश्चिदेदकर्त्तास्ति वेदसर्त्ता चतुर्मुखः” etc. Ayurveda which is an Upaveda—a branch of the Veda, also has got the same characteristics. There are hymns in the Rigveda about the medical treatment of Vispala, Chyavana and others which strongly point to the Rigveda as one of the sources of Ayurveda. We have it from other sources too ; Maharshi Srikrishna Dvaipayana says, “ऋग्वेदस्य आयुर्वेद उपवेदः”, Susruta says that Ayurveda is a branch of the Atharva Veda—says he, “इह खल्वायुर्वेदो नाम यदुपाङ्गमथर्ववेदस्य । अनुत्पाद्यैव प्रजाः श्लोकशतसहस्रमध्यायसहस्रञ्च कृतवान् स्वयम्भूः” । Charaka, Vriddha Vagbhata and others too, assert the Vedic origin of the Ayurveda, and it is not for us to question the origin of the Veda. These are eternal truths unlimited by time and space ; only they manifested themselves at different times in different forms.

It would be quite legitimate and pertinent however to estimate the dates of Charaka, Susruta and other authorities on Ayurveda. Nothing, I must confess at the very outset, is more difficult in India, than to fix the date and chronology of our ancient authors. Charaka was, according to some European scholars, the Court Pandit to the Scythian king Kanishka, who reigned in the 1st century A. D. In the Chinese translation of the Buddhistic Tripitaka, the name of Charaka may appear as that of the Court Pandit to Kanishka, but there is no proof that he was the great Charaka, the author or redactor of the Samhita named after him.

No conclusion based merely upon similarity of names, but unwarranted by other evidences can be accepted. There are, on the other hand, strong reasons to believe that he flourished much earlier. In fact Charaka has been mentioned by Panini and has been commented upon by Patanjali, both of whom lived before the Christian era. Though no definite assertion can be hazarded, Charaka perhaps cannot be

placed later than Panini, who again according to the conclusive evidence of Goldstücker, could not have flourished later than the sixth century B.C. The style and mode of expression in Charaka also bear unmistakable evidence as to its early age. It is known to you all, that Agnivesa was the real author of the Charaka Samhita, and Charaka himself acknowledged it at the end of every chapter by saying “अग्निवेश-कृते तन्त्रे चरकप्रतिसंस्कृते” (in the Tantra of Agnivesa, redacted by Charaka). Charaka redacted the whole of the treatise of Agnivesa, excepting the last 44 chapters. This portion was redacted by Dridhabala—a native of Panchanadapura, a place which has not yet been satisfactorily indentified, some taking it to be the modern Benares, while others locating it somewhere in the Panjab and others again in Kashmir.

The original size and form of Agnivesa's treatise can hardly be determined, nor can we guess correctly how much and how far Charaka modified it, but there is hardly any doubt that the Samhita underwent considerable changes in his hands, for the redactor is said to write the treatise almost anew ;

विस्तारयति लेशोक्तं संचिपत्यतिविस्तरम् ।

संस्कर्ता कुरुते तन्त्रं पुराणं च पुनर्नवम् ॥

Agnivesa had five other fellow-students, each of whom wrote a treatise named after the author. Of these up to the recent past, only the Harita Samhita was available. But a perusal and comparison of it with the Charaka Samhita give rise to strong doubts whether it is really the work of the great Harita, the contemporary of Agnivesa. The general tone and treatment in the two Samhitas are so widely different, that they do not appear to have been written by the disciples of the same guru. The Bhela Samhita, on the other hand, which was discovered in an incomplete form in the Tanjore Palace Library and has recently been published by the Calcutta University, appears to be the genuine Samhita. No research has as yet been made about these two works, but it is hoped that they will not long remain neglected. In a meeting at Calcutta, in January last, Dr. Benimadhab Barua, a well-known research scholar, tried to prove in the course of a lecture on Bhela, that he lived about the time of Buddha and Mahavira, but my remarks about the date of Charaka who flourished much later than Agnivesa, a contemporary of Bhela, apply here equally well. Much more research is required in these as yet unexplored fields, which promise to be immensely profitable and interesting.

Next to Charaka, or for the matter of that, Agnivesa, stands pre-eminently the name of Susruta among medical authors of note. Susruta studied with Divodasa, who according to him, was the incarnation of Dhanvantari, the physician of the gods in Heaven. He was a son of Visvamitra, a contemporary of Rama. Susruta was the greatest surgeon of his day, just as Charaka was the greatest physician, and it was at the time of Susruta that Surgery in India attained its zenith.

Apart from the divergence of opinion, about its date, scholars are not agreed even about the authorship of the Susruta Samhita. The author salutes at the beginning, among others, Susruta ; we find therein, “नमो ब्रह्मप्रजापत्यश्विबलभिद्वन्तरि-सुश्रुतप्रभृतिभ्यः ; of course Susruta himself could not have said this. According to a line in the commentary of Dallanacharya, Nagarjuna redacted the treatise of Susruta ; in that case, this line might well have been inserted by Nagarjuna or any other redactor ; Dallana says in his comment upon that line, यत्र यत्र परोक्षे नियोग-स्तत्र तत्रैव प्रतिसंस्कर्तृसूत्रं ज्ञातव्यमिति । प्रतिसंस्कर्तापोह नागाज्जेन एव ।” Among other authors of note, I might mention the three Vagbhatas, Madhavakara, Chakrapani, Sarngadhara and Bhava Misra. But most of them are of more or less recent date, and the discussion about them need not detain us long.

It might be said in connexion with the ascertainment of the dates of different authors that internal evidence especially based upon similarity of names would be a very misleading guide to rely upon. Moreover, it has been a custom in India, not only in Medical Science, but in other branches of knowledge too, such as Sankhya, Nyaya etc. to represent a school by the name of its founder. Thus



we often find treatises of different schools refuting one another's arguments. It is obviously impossible for the earlier author whoever he might have been, to refute in anticipation, the arguments to be advanced by any posterior adversary of his school. The only reasonable conclusion seems to be, that the treatise of each author was supplemented and modified as required by the followers of his school, though the original name was none the less retained; thus the treatises grew and developed until at last the nature and date of the original were forgotten; the same might very well have been the case with the two Samhitas we have just now been considering—those of Charaka and Susruta. Of course, I am not a research-student, and I leave it to them to pronounce the decisive opinion.

About the introduction of Ayurveda into the world, we learn that the kind-hearted Svayambhu at first compiled it. Prajapati learnt it from him, and from Prajapati the Asvins, who in their turn taught it to Indra. In Charaka we find that as diseases appeared on the earth at the end of the Kritayuga, many great sages sent Bharadvaja to Indra to study Ayurveda. Bharadvaja studied it and imparted the knowledge to Punarvasu the son of Atri, and others. Punarvasu with great care taught the art of healing to Agnivesa, Bhela, Jatukarna, Harita Parasara and Ksharapani. Each of them as we have already stated, wrote a treatise, and thus helped a great deal in spreading the knowledge of Ayurveda. According to Bhavaprakasa, however, Atreya himself went to Indra; we have it there,

आयुर्वेदं पठिष्यामि नैर्ऋत्याय शरीरिणाम् ।

इति निश्चित्य गतवानात्रेयस्त्रिदशालयम् ॥

In Susruta, again, we see that from Indra, Dhanvantari received his training which he imparted to Aupadhenava, Susruta and others.

Before we proceed further, we might pause for a moment to consider the nature and scope of Ayurveda. Ayurveda deals with the four kinds of Ayus (life) and with the things that lengthen or shorten life. आयुर्वेदयतोति आयुर्वेदः । It has a twofold aim, viz. the preservation of health and the cure of diseases. Says Charaka, “प्रयोजनं चास्य स्वस्थस्य स्वास्थ्यरक्षणमातुरस्य विकारप्रशमनं च ।” Susruta observes in the same connexion, “इह स्वस्वायुर्वेदप्रयोजनं व्याधुपसृष्टानां व्याधिपरिमोक्षः स्वस्थस्य रक्षणं च ।” As to its authority we cannot do better than quote from the Nyaya Darsana, मन्त्रायुर्वेदप्रामाण्यवच्च तत्प्रामाण्यम्, आप्तप्रामाण्यात् (Just as Mantra and Ayurveda are authoritative on the ground of revelation, so are the Vedas.)

This Ayurveda has got eight branches, viz. Salya (Major Surgery and Midwifery), Salakya (Surgery of parts above the *jatru*), Kaya-chikitsa (inner treatment of the body), Bhutavidya (exorcism), Kaumarbhritya (treatment and nursing of children), Agadatantra (toxicology), Rasayana (the art of long life) and Vajikarana (aphrodisiacs).

I do not want to deal with the nature of Ayurveda in detail, first because it is known to you all, and secondly because it would be too technical and uninteresting for the non-Medical gentlemen here. There is one point however which I should not pass over, I mean the *Tri-dhatu* theory. Much has already been said to dispel the ludicrous and at times even dangerous misconceptions that up till now prevailed about the nature of the *dhatu*s, and I shall therefore try to briefly give you an idea about them. One of the chief causes of the misconception has been the unhappy and grossly incorrect renderings of the Ayurvedic terms, and another, the over-zealous attempts at some quarters, in season and out of season, to explain every theory and principle in Ayurveda in the light of the modern Western System, as if the Western Science was only a revised and corrected edition of Ayurveda, and the portion of Hindu Medicine that could not be identified with some corresponding section in the Western System was fit only to be rejected.

According to Hindu Medical authors, the Purusha or Man consists of (1) the physical body, (2) the manas and (3) the atman. It is the physical body with the

manas that comes under the jurisdiction of the Physician. There are three causes of diseases, viz. असात्येन्द्रियार्थसंयोग or incompatible combination of senses with their objects, प्रज्ञापराध or faulty judgment and परिणाम or unhealthy and unnatural influence of climate etc. These three causes vitiate the Vata, Pitta and Kapha in the human system and give rise to diseases. Vata, Pitta and Kapha are almost invariably, though erroneously, translated as wind, bile and phlegm : but, what are they after all ? These renderings hardly express the true significance of these Ayurvedic terms. These three are known as dhatus or supporters—from the root 'dha' to support ( धारणात् धातुः ). When they are in equilibrium, they maintain the body properly ; when the balance is disturbed, they are known as doshas (morbid affections), and it is then that the man is indisposed. We have in Sarngadhara,

शरीरदूषणाद्दोषा धातवो देहधारणात् ।

वातपित्तकफा ज्ञेया मलिनोकरणात्मलाः ॥

Charaka observes about their equilibrium,

“सर्वशरीरचरास्तु खलु वातपित्तश्लेष्माणः सर्वस्मिन् शरीरे कुपिताकुपिताः शुभाशुभानि कुर्वन्ति । प्रकृतिभूताः शुभान्युपचयबलवर्णप्रसादादीनि । अशुभानि पुनर्विपत्तिमापन्ना विकारसंज्ञकानि ॥”

As to their qualifications, Vagbhata says,

तत्र रुद्धो लघुः शीतः खरः सूक्ष्मश्चोऽनिलः ।

पित्तं सस्नेहं तीक्ष्णोष्णं लघु विस्रं खरं द्रवम् ।

स्निग्धः शीतो गुरुर्मन्दः श्लक्ष्णो मृत्स्नः स्थिरः कफः ॥

It is very difficult to explain clearly these qualifications in the language of the Western Science.

It is a general principle that things with similar qualities excite these doshas, while those of opposite nature subdue them ; says Vagbhata, वृद्धिः समानैः सर्वेषां विपरीतैर्विपर्ययः ।

Vata, the most important of the three, is the source of all inspiration, energy, voluntary movements and actions including speech, proper circulation of blood etc., and internal purification of the system. Pitta is the source of all internal heat including digestion, hunger, thirst, intelligence, memory etc.; while Kapha is responsible for the smoothness of the body, general strength, potency, forbearance etc. When in this triad Vata is predominant, emaciation, darkness of complexion desire for heat, tremor, flatulence, constipation, loss of strength, sleep and sense-activity, delirium, giddiness and exhaustion are the result. The symptoms of the predominance of Pitta are yellowness of stool urine eyes and skin, hunger, thirst, burning sensation and loss of sleep, while those due to the supremacy of Kapha are anorexia, excretion of mucus, want of energy, heaviness and pallor of the body, low temperature, feebleness of joints, heaviness in breathing, cough and excess of sleep.

It is evident from these, that the words Vata, Pitta and Kapha do not mean the ordinary wind, bile and phlegm, as was generally supposed. If it is not possible to identify them from the European stand-point, that is because the Western scholars have never considered the human body from our point of view. According to Ayurveda, the aim of all medical treatment is the restoration or maintenance of the equilibrium of these three doshas or dhatus, for, says Charaka, “धातुसाम्यक्रिया प्रोक्ता तन्मस्यास्य प्रयोजनम् ।”

The wonderful achievements of Ayurveda in remote past is a historical fact which admits of no doubt. It is a matter of very great regret, that few Indian scholars have as yet explored these fields, so that we have always to look to others in order to know the nature and amount of our ancestral treasure. “The ancient system possessed an imposing treasure of empirical knowledge and technical achievement



which cannot be safely ignored even in these days of rapid progress" (Calcutta University Commission Report, Vol. V). I hope to be excused in giving you a few more apt quotations on the subject. Referring to the anatomical knowledge of the Hindus, Dr. Hoernle observes, "Its extent and accuracy are surprising, when we allow for their early age, probably the sixth century B. C." The late Surgeon General Sir Pardey Lukis once observed in the course of one of his speeches, "There is no doubt whatever, that their (i.e. of the people of India) ancestors knew, ages ago, many things which are now a days being brought forward as new discoveries. For instance, it is recognised, that in all cases of dropsy, the greatest benefit can be obtained by restricting your patients to an entirely salt-free dietary. There is nothing new in this. This was known thousands of years ago in the East, and any Hakim would have told you, long before Vidal or Javal made their experiments, that salt is contra-indicated in all dropsical affections." About the past progress of Ayurveda, especially in the branch of Surgery, the following quotation from the Encyclopaedia Britannica will give you a good idea. "There are certainly some dexterous operations, described in Susruta, (such as Rhinoplastic) which were of native invention; the elaborate and lofty ethical code appears to be of pure Brahminical origin, and the very copious Materia Medica (which included arsenic, mercury, zinc and many other substances of permanent value) does not contain a single article of foreign source. Susruta describes more than one hundred surgical instruments made of steel...There were fourteen varieties of bandage. The favourite form of splint was made of chips of bamboo. Fractures were diagnosed, among other signs by crepitus. Dislocations were elaborately classified, and the differential diagnosis given. Wounds were divided into incised, punctured, lacerated, contused etc. Cuts of the head and face were sewed. Skill in extracting foreign bodies was carried to a great height, the magnet being used for iron particles under certain specified circumstances. Leeches were more often resorted to than the lance; cupping was also in general use. Poulticing, fomenting and the like were done as at present. Abdominal dropsy and hydrocele were treated by tapping with trocar, and varieties of hernia were understood, omental hernia being removed by operation on the scrotum. Besides the operations already mentioned, the abdomen was opened by a short incision below the umbilicus, slightly to the left of the middle line, for the purpose of removing intestinal concretions or other obstruction (laparotomy). There was a plastic operation for the restoration of the nose, the skin being taken from the cheek adjoining, and the vascularity kept up by a bridge of tissue. The Ophthalmic Surgery included extraction of cataract. Obstetric operations were various, including Caesarian Section and crushing of the foetus".

Before I pass on to another topic, I should like, very briefly, to refer to the indebtedness of other Medical Systems to Ayurveda. "They (i.e. the Hindus) were the first nation who employed minerals internally, and to them we owe the therapeutic use of mercury and arsenic in intermittents". (Elphinstone's History of India, quoted by Dr. G. N. Mukherjee). Thakore Saheb Gondal observes in his History of the Aryan Medical Science, "The great works of Charaka and Susruta were translated into Arabic under the patronage of Kaliph Almamun, in the seventh century. These translations were, in their turn, rendered into Latin. The Latin versions formed the basis of European Medicine, which remained indebted to the Eastern Science of Medicine down to the 17th century". We have already referred to the use of salt-free diet in the case of dropsy; the present Goat-treatment of the West in tubercular cases was long before known to our sages; says Chakradatta, "Goat's flesh, goat's milk and ghee with sugar, tending of goats and lying in their midst—these cure phthisis".

कागं मांसं पयश्कागं कागं सर्पिः सशर्करम् ।

कागोपसेवा शयनं कागमध्ये तु यक्ष्मणुत् ॥

Gentlemen, such instances might be multiplied any number of times, but I hope it is not necessary. According to the Report of the Committee on the Indigenous Systems of Medicine, Madras, (1) from the stand point of science, the

Indian Systems are strictly logical and scientific, and (2) from the stand point of art, they are not self-sufficient *at present*, especially in the Surgical line, though in the Medical line, they are, generally speaking, quite self-sufficient and economical." A gist of some of the facts and figures, quoted in the Report, will illustrate the point. "A number of such (i.e. Ayurvedic, Siddha or Unani) systems exists even in our own Presidency town (Madras), and though greatly hampered for lack of State recognition and sufficient funds, they are nevertheless holding their own against the comparatively well financed dispensaries in the neighbourhood, maintained by the State or the Corporation, and are popular among all sections of our people, besides being decidedly cheap, as may be seen from the records of some such institutions." The number of patients, treated in the L. C. Naicker's Free Ayurvedic Dispensary in Madras, in the year 1921-22, viz 122,238 included minor Surgical cases also. "We are obliged to handle these cases", the Secretary observes, "not because we have the necessary equipments and leisure to do so, but because of the importunity of the patients, who seem to believe that our ointments and applications cure them more speedily. With my experience in the line, I can confidently say, that if more facilities are made available, we will not be less successful in Surgical cases also." The total number of patients, as we have already said, in the year 1921-22, was 122,238, and the average cost, per head per day, was only 8 pies. The Report of the Baulia Naidu Dispensary—"the most popular among the dispensaries in Madras City, worked on the Western System, and situated in the same neighbourhood as the former"—shows, that the total number of its patients was only 37,626, and the average cost, per head per day, was 3 annas, i. e. six times the cost of the former.

Not less than 170,641 patients (including 5190 cases of poisoning), were treated during the year 1920-21, in the grant-in-aid Ayurvedic Institution of the State, while 115 in-patients and 29,151 out-patients were treated during the same period, at the State Ayurvedic Hospital and Dispensary, Trivandrum. Among the in-patients, 82.4 p.c. were cured, 12.8 p.c. relieved, while death rate was so low as 0.9 p.c.; the death rates in the Government General Hospital and the Government Royapuram Hospital, Madras, were 6.99 p.c. and 10.35 p.c. respectively. The average maintenance cost, per head, for the Ayurvedic Dispensary for the year was only 7 annas, while the corresponding figures for the two Government Hospitals were, approximately, Rs. 10/- and Rs. 4/- respectively. The best traditions of Ayurveda were, according to the Poona City Administration Report, 1918-19, amply vindicated during the terrible outbreak of Influenza in Poona in that year. It observes, "It will not be out of place here, to make a special mention of the temporary Ayurvedic hospitals, started and conducted with conspicuous success, during the terrible Influenza epidemic of the year under report.....The opening of the Ayurvedic hospitals was a novel and unique step. Nowhere, in the whole of the Presidency, was such an experiment tried or even contemplated, at such times of grave crisis; and the Poona Municipality were well-advised, in coming forward to support the beneficial experiment, initiated by the Vaidya Mandal. As to the marvellous success of the Ayurvedic treatment, Dr. Paterson of the Mission Hospital, and Miss Hewey, a nurse of the Willingdon War Hospital, have borne personal testimony. This fact goes a long way to prove, not only that the expenditure of the Municipality on its Ayurvedic dispensaries is necessary and justifiable, but that a permanent Ayurvedic hospital, supported by the Municipality, is a crying need."

In this connexion, we are reminded of the happy pronouncement of Sir Lawrence Jenkins, late Chief Justice of the Calcutta High Court, on the occasion of the unveiling ceremony of my father's marble statue in the Beadon Square, Calcutta. "In India", he said, "with all its hundreds of millions, if we exclude the few who have come under the spell of Western influence, it is to the Kaviraj and the Hakim, that the sick men turn in their sufferings and their ailments for their mental consolation; and it is in the method of their healing art, and in their words of hope, that the patients' confidence is placed." [ Bengalee, June 30, 1912. ]

Extract from the Report of the S. V. Dispensary, Tirupati, for the year



1921-22 shows, that the total number of patients was 16,076, and that the treatment proved quite successful in almost all cases. The average cost of medicines, for one patient, was about 11 pies. The total number of patients, treated in the Madras Ayurvedic College Dispensary, during the year 1918, was 51,930, as against 13,326, 14,155 and 29,482 respectively, for the years 1915, 1916 and 1917. The drugs and medicines prescribed were all indigenous and easily procurable, and the treatment worked out only at the rate of 6 pies per head.

The Report of S. M. Free Ayurvedic Dispensary, Choolai, Madras. from the 9th. July to the 31st. December 1922 shows, that the daily average attendance was 57, and the average cost, per head per day, was only about 6 pies. Similar favourable reports are available from almost all the Ayurvedic Hospitals and Dispensaries, and I think, that even the most sceptic mind will not fail to be convinced of the claim of Ayurveda, on the grounds not only of efficiency, but of economy also, and will fully endorse the views of the Calcutta University Commission that "the entire System of Indigenous Medicine as practised in India, affords a fruitful source of study and investigation."

We have already mentioned, gentlemen, that the aim of Ayurveda is two-fold, viz. the treatment of disease and the preservation of health. Recent Census Reports reveal the terrible state of health of the Hindus at the present time. The late Sakham Ganesh Deushkar was one of the first to draw public attention to the deplorable state of our health in Bengal. Later on, Col. U. N. Mukherjee in his "The Dying Race", and Kishorilal Sarkar in his "Dying Race—How dying?" discussed the matter from different stand-points. Recently Dr. Kamakhya Charan Banerjea of Dacca has published a very useful and well-timed book in Bengali, named "*Hindu Dubila*" (The Dying Hindu). It contains many useful informations, and the general theme deserves our most serious attention.

In Bengal the number of Hindus in 1911 was 20,945,379, while in 1921, instead of increasing, it came down to 20,809,148 i.e. less by about 136,000. Side by side with them, Muhammadans have steadily been increasing in number, and now they represent more than one half of the entire population of Bengal. The cause of this gradual decay is to be partially found in the utter disregard, on the part of the Hindus, of the general rules of hygiene as laid down in Ayurveda. With the spread of Western civilisation including Western medical treatment, the death rate in India is going up by leaps and bounds, and unless preventive measures are adopted from now, we are bound to become an extinct race. Charaka, in the third chapter of the Vimanasthana states, that four elements, when vitiated devastate the whole country. They are Air, Water, Soil and Time ( तद्यथा वायुरुदकं देशः काल इति ), and he points out प्रज्ञापराध or faulty judgment as the root of all evil. "तस्य मूलमधर्मः । तन्मूलञ्चासत् कर्म पूर्वकृतम् । तयोर्योनिः प्रज्ञापराध एव," says he, and goes on to observe, यदा वै देशनगरनिगमजनपदप्रधाना धर्ममुत्क्रम्य अधर्मेण प्रजां प्रवर्तयन्ति तदाश्रितोपाश्रिताः पौरजानपदा व्यवहारोपजीविनश्च तमधर्ममभिवर्धयन्ति ।.....तथा शस्त्रप्रभवस्यापि जनपदोद्ध्वंसस्य अधर्मो एव हेतुर्भवति । यस्तिप्रहृष्टलोभक्रोधमानास्ते दुर्बलानवमत्यात्म-स्वजनपरोपघाताय शस्त्रेण परस्परमभिक्रामन्ति, परान् वाभिक्रामन्ति, परैर्वाऽभिक्राम्यन्ते, रक्षोगणादिभिर्विविधैर्भूतसङ्घैस्तमधर्ममन्यदाप्यपचारान्तरमुपलभ्याभिहन्यन्ते ।...That is to say, when the heads or rulers of a country, town or village abandon the path of rectitude, their followers and the people in general also follow the same path of vice.....Then again, vice is the cause of war also. The strong, infatuated with lust or anger, oppress the weak and attack one another; or they are destroyed by supernatural influences necessarily following their evil deeds. That the words of Charaka are but too true is quite evident from a comparison of the present economic state of the country with its reaction upon the mass. Moreover, the blind imitation of the Western method of living has done immense mischief. It is impossible to deal with the question fully within so narrow a compass, and therefore I shall mention several of the most important points only.

Together with the orthodox mode of living, we have now given up our ancient religion, custom, food, dress etc., for those of the West. Such rapid radical changes are sure to bring in their wake terrible results upon our health, and that is exactly the state of affairs that we see around us. We are buying with our lives the fashions of the Western System. We disregard the wholesome hygienic rules laid down in Ayurveda, because they are not in keeping with our modern ideas of civilisation which we are adopting at the cost of longevity. Illustrations taken at random will fully bear out my statement. We have substituted our cheap and easily available tooth-brush (दन्तकाष्ठ)—a twig of certain prescribed trees—for costly tooth-brushes made of animal's hair. Several cases of serious poisoning have resulted from the use of such brushes, and even apart from that, the repeated use of the same brush from day to day is highly reprehensible from the stand-point of hygiene.

We now use costly tooth-powder and tooth-paste, instead of powdering some such thing as nimba-leaf, haritaki etc.; they contain among other things soap and alkali. But alkaline dentifrice is highly injurious to the system. Research has shown that they depress the tooth-protecting agents in the mouth. The failure of all alkaline past methods is now attributed largely to the use of soap and alkali. You all further know that teeth are very intimately connected with the visual organ. Thus, the decay in teeth causes impaired eye-sight, one of the most prevalent diseases of the day. In food, we are now accustomed to exactly the very articles that go against health. Not to speak of Eastern sages, even Western scholars, like Dr. Parker, say, "Avoid stimulants, condiments, spiced food, pepper, mustard, fat, pickles, onions etc." (New Marriage Guide). Dr. Deo Lewis of America says, "Avoid spirits and malted liquors, tea, coffee, tobacco...Tea is a strong stimulant which acts directly upon the nervous system...It is a prolific cause of constipation." Fruits on the other hand, so favourite of our Rishis of old, are equally praised now by eminent Western Doctors. It is really horrible to think to what state the modern civilisation has led its votaries. Out of a hundred women in America, the "most civilised" country of the day, there may be found perhaps only one who has normal play of all the functions of her body; the remaining ninety-nine are troubled with neuralgia, nervous disease or one or other of the many female complaints.

"Unfortunately this is an age of luxury," says Dr. Chavassi in his Advice to a Wife. "Everything is artificial, and diseases and weakness and even barrenness follow as a matter of course." In another place he observes that "the system of the bringing up of the young ladies of the present day is rotten to the core."

The use of the modern tight dress including corset, jacket etc., is highly prejudicial to health, especially in the case of pregnant women. Need we wonder that with so artificial and perverse a mode of living, the infant mortality should be 226 per thousand before they are one year old in Bengal, while in Calcutta it is seven times as great as that in New Zealand? It is a notorious fact, that a radical change in the general mode of living and diet tells seriously upon a nation, especially upon the infants. Who knows but our young ones may be atoning with their lives for the sins of their parents.

In other important matters also, such as marriage, widow remarriage and so on, modern Europe is now discovering with a shudder her terrible error of judgment, and is beginning to realise the value of the commands of our Rishis.

Gentlemen, I do not wish to prosecute the point any further, as I hope to have clearly explained the claim of Ayurveda to be not only our physician in case of disease, but also the best practical guide for the preservation of normal health.

But gentlemen, when all is said about the former development and glory of Ayurveda, we have still to face, explain and remedy the fact that the present condition of our healing art is anything but satisfactory. Before a remedy can be



found, we must trace the origin and development of the disease, and must ascertain how and why, inspite of all its splendid traditions, Ayurveda came to fall into disuse. Of the two branches of Ayurveda—Medicine and Surgery—the latter has suffered most, and we propose to deal with that branch first.

The religious tendency and susceptibility of the Hindus played a considerable part in the abandonment of the practice of dissection and operation on dead bodies. The fear of ceremonial uncleanness hampered greatly the spread of anatomical knowledge, and thus struck at the very root of the practice of Surgery. "Even in the Manu Samhita" says Dr. Mukherjea in the Surgical Instruments of the Hindus, Vol I, "we can trace the decline of Hindu Surgery, and his law forbidding anyone from eating food from the hands of a Doctor (Manu III, IV) evidently refers to a Surgeon." Susruta recommended the practice of Surgery on models, but his salutary advice is honoured more in breach than in observance. This, together with the comparative success of internal and external medicines, and the charm-cures and spells so prevalent in the Middle Ages, contributed not a little to the decay of Surgery. The Surgeon's knife was sought to be replaced, and in many cases with considerable success, by caustics, leeches and the like. As to the cause of the decay of Ayurveda in general, including both Medicine and Surgery, it is much more complicated, and the economic and political conditions of our country have had a very large share in bringing about the result.

The Committee on the Indigenous Systems of Medicine, already referred to, in tracing the cause of the downfall of the Indian Systems, observes, "We are also clear that the chief causes of the present decadent condition of the Indian Systems are mainly two :—(1) Lack of recognition and support by the State, and following the example of the State by other agencies (Princes, Zamindars, Local Bodies, Universities &c.) who were their natural patrons in the past, but have now ceased to be except in a few instances. (2) The establishment of the Western System as the *official* System, recognised and supported by the State, and enjoying the sole monopoly of State patronage.....The study of Western Medicine gives a State-recognised status, and a good chance of entering into the service of the State, the Local Boards, the Railways and the like ;.....on the other hand, the prospects of those who would take up the study of Indian Medicine are dreary and discouraging to a degree ;.....in the eye of the State and the Law, they are more or less "Quacks".....Is it any wonder, that under such circumstances, the Indian Systems have progressively suffered decay, and that sufficient number of the best brains of the nation are not attracted to it ?"

Of course there is no exception to be taken to these well-considered pronouncements, and the above two reasons have very largely been responsible for the downfall of Ayurveda ; but there have been other causes, and very potent ones too. The beginning of the decay should be sought for elsewhere also.

There is no gainsaying the unfortunate fact, that our Government has been sadly wanting in the performance of its duty towards our national healing art, replacing it altogether, without adequate reason and enquiry, by the more costly system of their own, which very often proves alien to the health and temperament of those for whom it is intended. But in our zeal for condemning others of negligence, we must not forget our own sins, both of omission and commission, which have contributed so largely in bringing about the sad predicament in which we now find ourselves. As I am not however competent to speak with authority on other Indian Systems such as Siddha and Unani, I shall confine myself to Ayurveda. I have already referred to the downfall of Ayurvedic Surgery. One of the causes of decay of Ayurveda as a whole, is the high regard which the Hindus have always cherished for the writings of their sages. As a result of this, the entire Medical Science has become stereotyped, all subsequent authors copying more or less correctly the few authorities including Charaka and Susruta. There was no printing system.

and the entire Sastra was orally handed down from generation to generation, with the occasional help of written Mss. No one had the courage or opportunity to rectify any mistakes that might have crept into the text-books oral or written, the result being, that obscure or faulty portions were explained by more obscure and faulty commentaries. Later writers differed in many places among themselves, whenever they fell into any error. Thus the Medical Science had its final say once for all, and instead of being progressive, it became stereotyped. Far be it from me to question the authority and wisdom of our sages, but with the deepest respect for them, I must say, that no Medical Science can ever become complete and exhaustive, without the slightest need of modification or addition in any way even after ages. Charaka and Vagbhata say :—

विकारनामाकुशलो न जिज्ञीयात् कदाचन ।

न हि सर्वविकाराणां नामतोऽस्ति ध्रुवा स्थितिः ॥

स एव कुपितो दोषः समुत्थानविशेषतः ।

स्थानान्तराणि च प्राप्य विकारान् कुरुते बहून् ॥

तस्माद् विकारप्रकृतौ रधिष्ठानान्तराणि च ।

बुद्ध्वा हेतुविशेषांश्च शीघ्रं कुर्यादुपक्रमम् ॥

“Let not a Physician feel shame, if he cannot identify any particular disease of a patient with a name given in his book ; for all possible diseases have not exhaustively been enumerated in Medical treatises. One and the same dosha (Vayu, Pitta or Kapha), owing to the difference of the exciting cause and its seat, produces innumerable diseases of different types. The Physician therefore should make prompt arrangements for treatment, after carefully considering the nature of the disease, its seat and the producing causes”. Unfortunately there has up to now only been a servile following of Ayurveda, instead of intelligent handling, and numerous inaccuracies and mistakes have in the meantime crept into the System. I had to experience the greatest difficulty in deciding the correct reading of the text when in writing my Sanskrit Commentary on Charaka, I collected fifteen old Mss. from different sources for collation. A blind respect for the rules of Panini arrested the growth and sounded the death-knell of Sanskrit as a spoken language, and the same has been the case with our science also.

The downfall of Hindus as a political nation has been another factor. In Asoka Inscriptions we find that hospitals were established by him in different parts of his kingdom, not only for men but for brutes also. We learn further from the accounts of Hieunth Sang and Fa Hian that charitable medical institutions were quite common in ancient India. We have also evidence that our standard Medical works were translated into Arabic in or about the 8th century.

But with the end of their political supremacy, the Hindus lost their fine traditions. They adopted the fashions of the Court, and Vaidyas were often replaced by Hakims just as Vernaculars were replaced by Persian and Urdu. Muhammedans did not take real interest in our science, for the conquerors had their own Hakims whom they patronised. Then the English came, and they in their turn supplanted the Hakims by their Doctors. We have again become so enamoured of the Western civilisation, that we do not even care to know whether our science can afford us any relief, but we must consult foreign Doctors even on trivial occasions. Our children no more like our homely products, but are now accustomed to—nay, dependent upon malted milk, condensed milk, biscuit and similar artificial food. Even meat juice, in order to be palatable to us, must come tinned from Europe. Ordinary purgatives and digestives are no more prescribed by Charaka, but supplied by British firms. We prefer preserved fruits and jellies of Europe to the fresher and cheaper ones of our own country. Could mental perversity and slavishness go further ? I do not like to exhaust the subject, for that would



exhaust your patience too ; but, gentlemen, I cannot let the matter pass without considering the effect of some of the strong medicines and artificial food-stuffs of the West, especially on our infants. "The large amount of carbonate of soda that is used," says Dr. Fisher, M. D., "at the present day in one of the popular methods of feeding infants may be viewed in the light of stupefaction." Most of the patent foods and malted milks are highly injurious to children, for they contain very little fat and too much carbo-hydrates as revealed in their analysis. Even the rubber tubes in feeding-bottles have on very many occasions proved a fruitful source of disease in children. Mother's milk, supplemented by cow's milk is the best food for children, and this method of feeding them would greatly reduce the infant mortality.

Fortunately for India however, with the national awakening, there are unmistakable signs of the revival of Ayurveda. We must not forget here to pay our deepest respects to the great Acharya Gangadhara of Berhampore, who was the pioneer of Ayurvedic renaissance, at least in Bengal. Indeed, such was the decadent condition of Ayurveda in Bengal before the time of Gangadhara, that a complete Ms. of the Charaka Samhita was a rare thing, and people did not even know the nature of the work. The Sabdakalpadruma—a Sanskrit Encyclopaedia—which was published about one hundred years back, does not contain the name of Agnivesa at all, whereas under "Charaka" it says, **मुनिविशेषे, तत्कृतग्रन्थे च** i.e. "First, a sage of that name, and next, his treatise." The authors and editors had no information that Charaka was merely the redactor of the treatise of Agnivesa—a fact clearly stated at the end of every chapter of the Samhita. It was with the greatest difficulty that Gangadhara collected fragments of the Ms. from different sources, and then wrote and published his masterly commentary upon the work, and thus gave the first impetus to the study of Charaka after its dark age. His was a genius equally at home in all branches of Sanskrit learning, but his monumental work, the Jalpa Kalpataru is the landmark in the revival of Ayurvedic study. Certainly there were stray and feeble attempts, before Gangadhara, to keep up the tradition of Ayurveda, but these attempts coalesced into a complete whole under the able guidance of this intellectual giant who will for ever be remembered with the deepest veneration by all lovers of Ayurveda.

It might be mentioned also that Vridhha Vagbhata's Ashtangasangraha too existed in name only. From Chakrapani who flourished about one thousand years ago, down to Gangadhara who died in the eighties of the last century, no Medical author has quoted from him. Now however, his work has been published and is easily available.

Gangadhara left behind him a host of worthy disciples who continued and spread his work. Then with the change in the national outlook, Ayurveda is steadily gaining in popularity. Though much more remains to be done, we cannot but view with hope the interest in Ayurveda evinced not only by the general public but by the Government, and following in its wake, Local Boards, Corporations and similar institutions. Several District Boards in Bengal have opened Ayurvedic charitable dispensaries. Recently I was requested by the Civil Surgeon of Maldah to spare some medicines for their charitable dispensary in order to start experiments on patients suffering from Malaria and Kala-azar. I most gladly accepted the proposal, and I am sure that the results will be quite satisfactory.

Here I must gratefully make a mention of the kind interest evinced by the Madras Government which appointed in 1921 a Committee "to report on the question of the recognition and encouragement of the Indigenous Systems of Medicine in vogue in this Presidency." The object of the enquiry was "to afford the exponents of the Ayurvedic and Unani Systems opportunity to state their case fully in writing, and to justify State encouragement of these Systems." The Committee, presided over by Khan Bahadur Muhammad Usman Sahib Bahadur, B. A., M. L. C., made thorough enquiry into the matter, and submitted a report full of interesting and important informations. I have already referred to the Report more than once. Our grateful

thanks are due to the Madras Government and the Committee for their sympathetic attitude.

Towards the end of February last, I received a letter from my friend Pandit M. Duraiswami Aiyangar which ran as follows, 'It is proposed to form an association of practitioners of Indigenous Systems with a view to advise the Government on the question of the curricula of Indian Medical Schools, and the standard to be attained by registered practitioners of Indigenous Systems.' He further informed me that the Government had appointed an Advisory Board of which Dr. Duraiswami himself was a member, to discuss and determine as to how to start an Indigenous Medical College. It may be pointed here, that the All India Ayurveda Vidyapitha is steadily progressing; and the Government will be well advised to recognise it while starting an Ayurvedic College. In fact, the Vidyapitha may be transformed into, if I may say so, a Medical University to which the Indigenous Institutions should be affiliated. It is strongly hoped that the example set by the Madras Government will be followed by other Governments and States in India.

The Bengal Government also appointed a Committee of Indigenous Systems of Medicine. The result of the labours of this Committee, when published, promises to be instructive and interesting.

In the beginning of March last, it appeared in the Amrita Bazar Patrika, that at a recent Conference of Hakims and Kavirajes held at Patna under the presidency of my esteemed friend the Hon'ble Khan Bahadur Sir Mahammad Fakhruddin, Minister of Education, means were discussed to improve the methods of teaching Ayurvedic and Tibbi Sciences. Both the Ministers, the Hon'ble Sir Muhammad Fakhruddin and the Hon'ble Mr. Ganes Dutt Singh said that the Government was ready to help the study of Ayurvedic and Tibbi methods of treatment. Our sincere thanks are due to the B. & O. Government and the two Ministers.

Throughout India, as you all know, Ayurvedic Institutions have been started where regular examinations are held. Vaidyas and Hakims are now holding meetings and conferences to devise means of improving their respective sciences, and we fervently hope, that the day is not far distant when we shall once more find the Indian Systems in their full glory and splendour.

Gentlemen, before I pass on to the discussion of the ways and means for the revival of Ayurveda, I should like to refer to a very popular topic of the day—namely the combination of the Eastern and Western Systems. I must confess gentlemen, that I really do not understand the exact meaning and scope of this demand. First, is the combination desired for the betterment of the Western System or for that of ours? If the former, it is, at least on the present occasion, beyond my province, for I am not just now advocating the cause of the European System. If the latter, we have got to consider the problem thoroughly, for, I am afraid, the question is not quite so simple as it seems. There are many, at least in Bengal, who would prefer an Ayurvedic student to start with an English degree such as L. M. S., M. B., or the like. Now gentlemen, as the matter stands, no student who has not at least passed the Intermediate Examination is admitted into the Medical Colleges, though among the selected ones every year we find many B. Sc's and several M. Sc's also. Five or six years' very hard labour is the minimum work that is expected of him before he has any chance of obtaining the Medical degree. I hope you will not differ from me very much when I hold, that after undergoing the strenuous labour and meeting the exorbitant charges in a medical college for about six years, an average student who has already graduated or at least passed the Intermediate Examination, finds neither the leisure, inclination, energy nor the money wherewith to start on a fresh medical career, namely the Ayurvedic, extending over several years more. For, the study of Ayurveda is not a matter of joke. An M. B. may derive some benefit from his previous knowledge of Anatomy, Physiology &c., but he has got to read entirely anew the portions



embracing Medicine, Therapeutics, Toxicology, Diagnosis, Midwifery, Treatment of women and children, Rasayana, Vajikarana, etc., even if we leave Surgery out of account, for the present. In these departments of Ayurvedic study, he will hardly derive any assistance from his previous Western degree, except what is of a more or less comparative value, and he will require several years to complete his study properly. I repeat gentlemen, that this is certainly too much to be expected of a student of the average merit and means.

One thing more. We generally find that our first impressions are very strong, and man by nature is conservative. Once a student has had a medical knowledge through the Western method, he will, later on, test the merit of Ayurveda according as it tallies with his science. The result will be, that not only will he be very likely to reject all portions in Ayurveda that will appear to him to be conflicting with his former ideas, but even where both equally apply, it is ten to one that he will avail himself of the Western System rather than Ayurveda. He will hunt up the European Pharmacopoea for medicine, rather than Indian, and want of strong faith in Ayurveda will entirely vitiate his medical practice. Of course there may and will be honourable exceptions, but they will, so to say, prove the rule. We do not want staunch Doctors with some superficial knowledge in Ayurveda for which he feels no very high regard. Rather we want staunch Ayurvedic Physicians who may have their stock of knowledge increased by the rational and supplementary study of other Systems of Medicine. We want other systems to supplement and not to supplant Ayurveda. It would therefore be more to our purpose to educate our students thoroughly in Ayurveda first, and then to allow them to make comparative studies of other systems. Of course even during their Ayurvedic study of Anatomy, Physiology, Surgery etc., they may derive help from the Western System, but they must remember that other systems are always to supplement their national science and never to replace it. My remarks apply more forcibly in the branches of Diagnosis, Medicine etc., for, the method of diagnosis in Ayurveda is entirely different from that of the Europeans who have never heard of Vayu, Pitta and Kapha. We must first of all master these things thoroughly; *then* we may, if we like, go through the same in other systems also, but never before; and similar is the case with other branches too.

Before I conclude gentlemen, I beg to place before you some of my humble suggestions for the proper cultivation of Ayurvedic science. The first two aims ought to be (1) to make the study and practice of Ayurveda popular and (2) to make Ayurveda self-sufficient and efficient. For the attainment of these, State aid and patronage by Zemindars, Local Bodies and Corporations are essential. Offer of stipends, guarantee of service and the establishment of proper schools with laboratories and hospitals will go a very great way to solve the problem. Of course the details have to be worked out according to the special circumstances of every case, and ever modified in the light of practical experience. What I say now is only a very general outline to start with. To make the science and art of Ayurveda self-sufficient, thorough investigation is to be made into the forgotten portions, such as Major and Minor Surgery, Midwifery etc.; and text-books have to be selected, compiled, and written in the light of the modern tendency, method of expression and mode of study. Work in this direction is a-foot in all provinces in India, and many schemes have been formulated. All of them require a considerable sum of money not only initial, but of a recurrent nature too. But that need not dishearten us. One may not see eye to eye with it in every detail, but the scheme drawn up by the Committee for the Indigenous Systems of Medicine, Madras, is one of the best that I have come across, and it requires an annual grant of about five lakhs of rupees. "We cannot imagine", the members observe in putting forward their suggestion, "that at a time when we are voting nearly 57 lakhs per year for the maintenance of the European System of Medicine, which reaches but a small 10 to 20 p. c. of our population, and that too mostly those who reside at urban centres, it will be possible for anybody to grudge a comparatively small provision of barely five lakhs for the promotion of those Indian Systems

which minister to nearly 80 to 90 p. c. of our total population, and which are practically the only solace of our sick and suffering brethren resident in the vast and far-flung rural tracts."

Our Universities also can well make provisions for the study of Indian Medicine. Examinations are now held almost all over India every year for conferring Ayurvedic degrees, and the Hindu University and several States have already taken up the teaching of Ayurveda in right earnest. Such encouragements have not yet been sufficient, nor even, in cases, satisfactory, but undoubtedly they are a move in the right direction, and they have got to be followed with patience and discretion.

Another point is the true identification of drugs and other ingredients of the Ayurvedic pharmacopoea, as also the proper preparation of Ayurvedic medicines in strict accordance, except where obvious advantages are to be gained otherwise, with the instructions and provisions in the Ayurveda. I say advisedly, 'in accordance with the provisions in Ayurveda', for there now seems to be a general desire for preparing indigenous medicines according to the modern scientific methods of the West. But these variations in very many cases take away much from the quality of the preparations. Several instances are quite well-known to you all; e. g. substitution of metal pots for earthen or stone ones in storing acids will cause reaction of the acid on the metal. In many instances, special fuel is recommended for the preparation of particular medicines. There the substitution of one kind of wood for another, or for the matter of that, of gas or electricity is very likely to interfere with the medical qualities of the preparations. It is a fact known to even the women of Bengal, that rice cooked on a slow fire of cow-dung cakes is much more easily digestible than that boiled on some other kind of fire. Sveda (fomentation), to take another example, is not a matter of mere application of heat, but the source of heat as also the article to be heated and applied are of very great importance. A kind of Makaradhvaja has recently been prepared in Germany, and it sells in Calcutta at a rupee per tola. It appears a little blackish in comparison with ours; it may be quite faultless as regards the general appearance and certain chemical properties even, but I have very grave doubts about its medicinal effect. Several chemical and pharmaceutical works now manufacture extracts from drugs and many Ayurvedic medicines. Far be it from me to minimise the services of such companies, but I must firmly advocate the closest possible observance of the orthodox procedure in such manufacture.

Then, the Exhibition held in connexion with the annual sitting of the Conference serves a great deal to awaken a general interest in our healing art. The value of such Exhibitions, wherein very rare medicines and drugs, as also Mss., books and articles of medical interest are shown in a systematic way, can hardly be over-estimated; and our sincere thanks are due to you, the people of Ceylon, for opening such a splendid Exhibition. The holding of such Exhibitions will go a great way to popularise Ayurveda and help its revival.

Last, though most emphatically not the least, we have got to re-kindle our strong faith in the rich treasures and immense possibilities of Ayurveda. We must learn to recognise and to love Ayurveda as our own, and we must look to it and not to foreign systems in our medical needs. Unwavering faith must precede all our attempts for its revival, paving our way and sustaining us in despair.

Gentlemen, I do not wish to detain you any more. There are here, as I find around me, many intellectual giants who are much more competent to speak authoritatively and in detail on the points that I have merely touched. I am as eager as you, if not more, to listen with interest and benefit to the speeches of these savants. Before however, I resume my seat I feel it my duty to thank you once more for the honour you have done me in electing me for the second time your Chairman, and secondly for the patient hearing which I have been fortunate enough in obtaining from you. Gentlemen, I know fully well, that I have not been able to



discharge my duties as I would have, but I crave your indulgence and hope to be excused for my defects and short-comings. My intense love for Ayurveda and deep respect for your commands have been the chief factors that induced me to accept this heavy responsibility, and I hope that with your able guidance and hearty co-operation, our Conference will be crowned with success and glory.

Now ladies and gentlemen, let me conclude with the hope that,

स्निग्धैः स्निग्धैर्यदतिकरुणापुण्यपौष्टवर्षैः

कामं कामं सुचिरमभवत् तर्पितः सर्वलोकः ।

आयुर्वेदो ग्रहपरिगतः पार्वणः शर्वरीशः

सोऽयं भूयः प्रकटितरुचिर्जीविजीवातवेऽस्तु ॥ इति

शम ।