Both Medicine and Law are the oldest and true models of professions. They acquired professional status in India under an act of the legislature and therefore their respective professional bodies in India, the Indian Medical Council (I.M.C) and the Indian Bar Council (I.B.C) enjoy statutory recognition. Both I.M.C and the I.B.C are responsible for prescribing and enforcing certain minimum standards in their respective fields. They prescribe certain code of conduct for its members, the infringement of which can lead to expulsion from the profession.

There is one important difference between the legal and Medical profession, unlike the medical education, the legal education in India has been in a most chaotic and anarchical condition. Most law colleges in the country are part-time evening colleges with hardly any full time or permanent teaching faculty. There is apparently no limit to the intake of students. The result has been the phenomenal mushrooming of the sub-standard institutions and the quality of education imparted in such institutions can easily be imagined. In sharp contrast to the Bar council, the policy of the Indian Medical Council has been to strictly restrict entry into the
profession and prevent its indiscriminate growth. They maintain high educational standards and training.

X. The Legal System in India

The legal system in Modern India has almost entirely displaced the systems of traditional law. The modern legal system is a part of the colonial legacy handed in 1947.

The rise of the legal profession, both in numbers and status, followed a range of legal developments, especially in the second half of the nineteenth century. The enactment of the codes, the founding of the high courts in 1861, and the grants of the right to employ pleaders in civil and criminal suits led to a transformation of the legal system in India.

The growing volume and complexity of legal regulations and the increase in litigation, particularly over land were chiefly responsible for the rapid growth of the legal profession. By 1866 a young educated native aspired for two occupations, either he wanted to join government service or the native bar (Hegde Sasheej, 1984).

The training of lawyers along the western lines and the knowledge of English gave them the opportunity to win a share in the practice of the high courts. By 1886 Indian had succeeded in getting a large share of the practice in Bombay, Calcutta and to a lesser extent in Madras. This essentially
meant an increase in the standing of lawyers and a corresponding increase in incomes.

By the end of the nineteenth century there was an imposition of more stringent educational standards by the high court and government. Qualification rose, lawyers began to view themselves as a group with specialist needs and privileges. At this level the legal profession appeared as a spokesmen of the newly emerging social classes, especially in the urban areas, which evolved in the British society during the British rule (Desai, A.R. 1976:176) As the leading representative of a numerous and influential middle class of professionals, the legal profession strove to maintain the prosperity of the professional classes. In August 1947 British rule came to an end and power was transferred to two independent Dominions, India and Pakistan. The Constituent Assembly (1947-49) of India retained the existing legal system, with new powers granted to the judiciary and its independence was enhanced by elaborate protections. The constitution not only endorsed the prevailing legal system but also necessarily widened the role of law and lawyers in India. (Hegde Sasheej, 1984).

There is a supreme court in New Delhi and the high court at the state level, below them are trial court, (sessions and district courts) and magistrates. The subordinate Judges
belong to each state judicial services (class X and II ). High court and supreme court judges are appointed by the president of India after receiving recommendation from judges and political leaders. After passing 12th class or obtaining a Bachelors Degree (L.L.B) a student can obtain a legal degree, pass the bar exam and join the professional group of lawyers. During the British period there was a distinction in status between the more prestigious "barrister" trained in England and the Indian trained "vakil". Few Indian could afford the expense of legal studies in England. In the Bombay, Calcutta and Madras High courts there was also a dual system of legal practitioners on the original side (These three high courts have original jurisdiction in addition to being appeal courts) clients would go to "solicitors" who would draft the necessary documents and prepare the briefs and then hire an "advocate" to represent the client in court. The solicitors had served apprenticeship and had passed a specialized examination. Recently this dual system has been abolished, there is now only one class of legal practitioners in India (Extracts from The Advocate Act, 1961).

In the nineteenth century British law prohibited women from entering the bar (in England or India), nevertheless, a part Christian, Cornelia Sorabji, studied for the Bachelor of civil law at Oxford in 1892 and became the first Indian women
to earn a law degree. She was appointed as a legal advisor to the women's court of wards in Calcutta by the Governor of Bengal. In response to an agitation by women, the government of India passed the legal practitioners (women) Act in 1923 removing the ban on women practicing law. Some women did obtain law degrees, but few practiced as it was not generally considered respectable among high status families for women to be employed. One lady lawyer by name of Mithun Lam, who was a daughter of women's right activist, Hirabai Tata, was called to the Bar from Lincolus Inn in 1923 and practice before the Bombay high court. She also participated in the women's movement for suffrage and personal law reform. later she founded the Indian Federation of women lawyers. Most women lawyers did not start practicing until after Independence. (Joyce Lehra, etal, 1964)

There is small but growing number of women in law, but few have gained prestigious judicial appointments. In 1960 less than one in one hundred law students were female to be on the supreme court, and only eight women ever appointed to the High court. In 1961 one of the three hundred and fifty one High court judges was a woman, most of the appointments of women to the high court have been made since International woman's year. One of the first women high court judges was Anna chandy born in 1905. Appointed in 1967 to the kerala high court. (Extracts from the Advocates Act, 1961)
The City of Hyderabad where the study is conducted, the high Court was established in 1956. In the year 1989 about 3121 advocates enrolled in the Bar Council of Andhra pradesh. Out of 3121 advocates 1700 are women advocates. Out of which 500-600 women advocates are practicing in the Courts of Hyderabad. (Extracts from the Advocate Act, 1961).

II Medical System in India:
The practice of Medicine in India is of ancient origins. One can trace it back to the Vedic age and to the prescriptions in the Artharva Veda, which gave rise to a body of practices known as Ayurvedic. Ayurvedic medicines is integrally related to a cosmology of five elements - space, air, energy, water and earth, all of which are essential to life and must be kept in balance to assure good health. Illness is conceived as caused by an imbalance in these elements, treatment involves administering the herbs necessary to restore the proper balance and thus cure the illness. (Joyce Lehra, 1984)

Two other systems of Medicine probably unknown in England and America are also practiced in India; Unani and Homeopathy medicine. Unani medicine is of ancient Greek Origin. Its practice today is restricted largely to Muslim patients (a small community) and it is often practice by hakims. Homeopathy medicine is of more recent origins, having been founded in Germany at the end of the nineteenth century by a
German physician familiar with Sanskrit and ayurvedic medicine. Homeopathy and Ayurvedic doctors are trained at certified medical schools, but the training period for both is shorter than for allopathic doctors.

The most popular system of medicine in India is Allopathy. Modern or western medicine and medical education in India were introduced by the English during the colonial rule. A large number of missionaries came to India to improve the medical care.

In 1877 the London School of Medicine and Royal Free Hospital were opened in India, which provided impetus for the first English women doctors and nurses to appear in India. Indian were trained informally in Nursing by western doctors to assist them.

Ida Scudder, came as a missionary from U.S. in 1869-70, to India and saw a woman dying in childbirth, without medical care. She returned to the United States to enter medical school, and came back in India opened a nursing and medical school for women in Velore, the Christian Medical College. Before the opening of the Medical Colleges in India, the first few Indian Women doctors studied in Western Countries. (Joyce Lebra, 1984).

In India recognition and assistance were given to the goal of training Women doctors and nurses by the creation of the Lady
Dufferin Fund in 1885 to provide medical aid to women by training women doctors. A number of Dufferin Hospitals were opened, and women physicians were trained on scholarships from the Dufferin Fund. Women were admitted to Bombay University Medical classes for the first time in 1883, and in 1885 Calcutta Medical College opened its doors to women. The first medical school was opened in Ludhiana in 1905, followed by the Lady Hardinge Medical College in Delhi in 1916. The graduates from these colleges staffed the hospitals for women opened through the Dufferin fund. Women also staffed the maternity and child Welfare Centres opened in cities and smaller towns throughout the country. An early problem in attracting women students to these schools was that the teaching was done by man, and the families were reluctant to allow their daughters to attend such schools. (Elibeth Wilson, 1925).

A variety of other private agencies and individuals followed the example of the Dufferin Fund in providing voluntary financial assistance to improve health care and to train medical practitioners.

Missionaries led the way also in opening hospitals staffed by women and thus accessible to women. In 1927 there were 183 hospitals staffed by women, 93 of these managed by medical missionaries, 25 by members of the women's medical service,
and 62, by other women in the employment of the local government or states. Medical missionaries provided in hospital training for women and began to standardize the training and examination of nurses. Since the independence of the country, 1947, the number of medical colleges has increased in the country. In 1946 there were fifteen medical colleges with an annual enrollment of 1,200 students. By 1963 there were 75 colleges with the admission capacity of over 10,000 students, and by 1909 there were 9 colleges with 33,000 students, 23,800 men and 8,000 women. In Andhra Pradesh there are 105 medical colleges with the admission capacity of 12,000 students. In the city of Hyderabad where the study is conducted there are three Medical Colleges, Osmania Medical College with the admission capacity of 250 students, Gandhi Medical College with the admission capacity of 150 students and Deccan Medical college with the admission capacity of 100 students.

The curriculum and system in Medical Colleges generally follows the British pattern, reflecting the influence of early efforts of missionaries to initiate the formal training of doctors and Nurses. The minimum age for admission to medical college is 17 years; after four years in college a student enters a year's internship. If the student wishes to specialize, there follows an additional three years post graduation course.
After Independence scholarships and seats in Medical Colleges were reserved for Women, as in more recent years they have been for the backward and scheduled castes. Today Most states prescribe that a third of all seats in Medical colleges be reserved for schedule castes / tribes and also for the backward classes. Reservation in professional colleges has been made to give a fair chance to all sections of the population.

Medical education in India is highly competitive. To enter professional colleges a student should not only have good academic record but he should pass an entrance test which is conducted at all India level. The proportion of seats to the population is fractional and there is a large number of students aspiring to enter medical education because, not only the profession is lucrative but also because of the value of treating the sick and needy held in high esteem by the general populace.