Hematology has been practised in this subcontinent from ancient times. Charaka Samhita, which is one of the well known works on Ayurveda contains descriptions of anemia, jaundice, lymph node enlargement, hepatosplenomegaly and hemorrhagic diathesis. Medical treatment and dietary prophylaxis of anemia have been dealt with in detail.

With the advent of modern medicine, attention of many physicians was focussed on the problem of anemia which was widely prevalent among the various population groups. The Indian Medical Gazette founded in 1865 and published from Calcutta devoted a large number of its pages to hematological problems such as anemia, splenomegaly and the hematological effects of chronic infections such as malaria and leishmaniasis. This was also true of the Indian Journal of Medical Research started in the early part of this century. Detailed studies on macrocytic anemia\(^2\), Cooley's anemia\(^3\) and the famous accounts of Lucy Wills on megaloblastic anemias have been published from this country. Several epidemiological studies on nutritional anemia were documented in Indian literature during third, fourth and fifth decades of this century.\(^4\)

During the fifties and sixties hematological works focussed mainly on limited epidemiological studies to establish the relationship of diet and other socio-economic factors with anemia and impact of blood loss on morbidity patterns. Modern methods of investigation were employed in detecting the cause and nature of anemias.\(^5\) Interest in abnormal hemoglobins and thalassemias developed with the demonstration of the existence of HBS in tribals in India and several abnormal hemoglobins and thalassemia syndromes have been described.\(^6\)

Attention was focussed on hematological malignancies—leukemias and lymphomas—with the detection of large numbers of these cases in our population and the introduction of modern therapeutic regimens.\(^7\) All the hematological problems met with in other parts of the globe are encountered here, but nutritional anemias, hemoglobinopathies, genetic defects in the red cells, leukemias, lymphomas and hemorrhagic disorders predominate.

The present position

In India this speciality has not reached its deserving heights commensurate with the magnitude of the problem or the clinical opportunities it offers. Perusal of the reports of the Indian Society of Hematology and Blood Transfusion\(^7\) (ISHBHT) reveals that active work in hematology is conducted in about 25 centres in this country and full fledged hematology departments are less than 20.

The reasons for this lack of growth are not too difficult to identify. Hematology can develop fully only in the presence of a closely integrated team consisting of

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the clinician, pathologist, laboratory personnel, immunohematologist and epidemiologist, all dedicated to the common goal. Such an integrated team is hard to find and this, to my mind is the most evident reason for the present state of affairs. Perfect understanding between the clinical and laboratory teams is essential for the proper functioning of this speciality. In many centres only one of these components is available. In others where both are available, coordination has been poor. It is high time, our hematologists realise that without full co-ordination among the subgroups a fully functioning hematology service cannot be offered.

A third reason is the lack of glamour offered by this speciality, when compared to disciplines such as cardiology and neurology. A dedicated worker has to be trained for a long period in both clinical and laboratory work before he can become a hematologist. Such training facilities are woefully lagging behind. Many physicians take it for granted that hematology can be practised even by the non-specialist. More of young talent has to be attracted towards this speciality before it gains momentum to grow fast. At present the total membership of the I.S.H.B.T. (which is the national organisation) is over 200 and the membership from this country in the International Society of Hematology is only 30.

**Challenging hematological problems in India**

Analysis of the cases attending the hematology clinic of the Medical College Hospital, Trivandrum over a 20 year period from 1960 gave the following distribution: anemias 71.5%, leukemias 13.3%, purpuras 5.8%, lymphomas 2.4%, coagulation defects 1.0%, and others 5.0%. The same pattern is seen in many other parts of this country. It is clear that the most pressing problem is the prevalence of nutritional anemia on a wide scale. This problem is more severe in the case of pregnant women and pre-school children, among whom 30-40% are significantly anemic. Studies undertaken to reveal the special problems in each group, with the goal of eradication will be most rewarding. The Indian Council of Medical Research should set up regional centres in this country with a central coordinating unit to go into the general and especially local problems, and suggest remedial measures. Since the people of India are different in racial, dietary and environmental factors strategies have to be designed for each zone based on common principles but differing in details to suit local needs.

The other exciting field demanding skill and team work from the hematologist is the diagnosis and management of malignancies. Both leukemias and lymphomas are prevalent and they account for 0.3% to 0.6% of the total medical admissions of the general hospitals. Indian patients differ from their western counterparts in their tolerance to drugs and response to treatment. Many complicating factors like malnutrition and inter-current infection worsen their prognosis. Want of adequate supporting services such as blood component therapy, germ free environment and expensive antibiotic combinations add to the problems of the attending physicians. All these factors certainly point to the need for developing indigenous therapeutic modalities, if needs