

**C O N T E N T S.**

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1. **The Evils of the Military Medical Service Monopoly. By  
Morendhar Gopal Deshmukh. 1993. LXIV p.**  
L(MV4): 98.2.M9 C3
2. **Correspondence re: Indian Medical Service and the Medical  
Profession in India. 1914. (Cd.7547). 21 p.**  
L: 98.2.N1 E4
3. **Report of the Indian Medical Services Committee re:  
Reorganization of the Medical Services in India, 1919.  
(Chairman: Sir Verney Lovett). 1919. 98 p.**

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# THE EVILS

OF THE

## Military Medical Service Monopoly.

BY

MORESHVAR GOPAL DESHMUKH M.D., B.A., B.Sc.

Fellow of the Faculties of Arts and Medicine and Syndic  
of the Faculty of Arts of the University of Bombay,  
Municipal Councillor and Justice of the Peace  
for the City of Bombay, and late Assistant  
Surgeon and Assistant Chemical  
Analyser to the Government  
of Bombay.

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Bombay:

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1893.

A number of important issues arise out of what was written and said during the past year anent my resignation of my office of the Assistant Chemical Analyser to Government in October last. These issues require further discussion and ventilation before they can be finally settled. To facilitate this, such important observations and references, as have been publicly made in regard to these issues, are now offered in a collective form in this pamphlet.

It should be stated at the outset that I have no personal interest in the matter now. For enough has already been said by the profession and the public press regarding the treatment received by me at the hands of the head of the medical department and Government. In cases of this kind nothing more could be effected or desired than a public condemnation and disapproval of the official action. I seek no redress of personal grievance, and my case must, therefore, be looked at now only from the point of view of the interest of the whole of the subordinate medical service. It will serve to illustrate the injustice of the treatment that is systematically given to the members of this service. Members of the Assistant-Surgeon class who are appointed to act in and have held the higher offices at times for long periods to the entire satisfaction of Government are declared by some "rules" ineligible to hold these offices permanently. In my case, where knowledge and experience of a special kind were necessary in the holder of the appointment, I was declared ineligible, even for a temporary appointment, only because I belonged to the Assistant Surgeon class, and an officer in no way specially qualified for the post was appointed to it for the sole reason that he was a member of the Commissioned Service, without any regard to the efficient working of a department of such public interest and usefulness as that of the Chemical Analyser to Government. This incident serves clearly to show how in India, when the interest of a privileged class is concerned, all considerations of justice, departmental efficiency and public interest are deliberately ignored and sacrificed.

I beg to draw the attention of the reader to the consideration of the following important issues :—

- (1) The way in which a tried servant of Government in the subordinate service is treated when he begs his legitimate claims to be considered and recognised.
- (2) The monopoly by a particular Service of all higher grade and important posts in the Medical Department including the professorial chairs in the Presidency Medical College.
- (3) The manner in which the important work of the Chemical Analyser's Department was and probably is, for aught that is known, still allowed to be carried on.
- (4) The way in which the Government and the Anglo-Indian press have tried to stifle inquiry even when demanded in the interests of the public.

As regards the first point, a short history of my resignation will not be deemed out of place here. I was appointed assistant to the Chemical Analyser of Bombay in June 1879, and was in continuous service for more than thirteen years, during which period I had done much independent work of intricate chemical analysis. Having taken honours in the medicine and science faculties of the University and acquired practical experience of every process of chemical analysis (see Appendix pp. LIX, LXIV and pp. VI to X), I naturally hoped to rise to the highest post in my line. When I found that during temporary vacancies men in no way qualified to hold the post requiring special knowledge and experience were appointed to act as Chemical Analysers, I put forth my claim for the Acting appointment, at the next available opportunity. I had spoken more than once to the Chemical Analysers about it but they always regretted that it was not possible for them to persuade the Surgeon-General to appoint the uncovenanted assistant to act, even for a short time, for his covenanted chief. In October 1892 I made a written application (see App. pp. VI) for the acting appointment of Chemical Analyser who was then about to go on short leave. After sending the application through the proper channel, I saw the Surgeon-General personally. It is true that according to the present rules, the appointment of Chemical Analyser is one of the posts in the monopoly of the Commissioned Medical Service. But the rules have an important proviso that whenever a commissioned medical officer is not available, an uncovenanted officer may temporarily be appointed to scheduled posts, reserved though they be for members of the Commissioned Medical Service. I requested the attention of the Surgeon-General to that clause and urged that an officer could not be said to be available if he were not qualified to hold a particular post, and that the officer who was



likely to be then appointed and who actually had before been appointed as Acting Chemical Analyser had not during the whole period of his previous acting appointment performed even a single chemical analysis. It was represented that simply because the officer was near at hand he could not be said to be available for the post. The Surgeon-General, however, had no desire to recognise my claims and I was naturally much disappointed, and resigned my appointment. The resignation was accepted by the Government on the recommendation of the Surgeon-General, who in his reply to Government anent the issues raised in my letter of resignation simply stated that an Assistant Surgeon was not eligible for the post, and did not even make any mention of the clause under which Assistant Surgeons have been appointed to scheduled posts during temporary vacancies (App. pp. x). This instance directly and clearly points out the necessity of so altering the rules as to prevent persistent injustice being done to tried servants of Government who happen to be in the subordinate service.

With regard to the second issue it is to be noted that every post of importance and responsibility in the Medical Service is under the existing rules exclusively reserved for the members of the Commissioned Medical Service. It is certainly high time that these rules should be essentially modified. All these posts should be thrown equally open to all the medical services and to the profession. Medical education of a high order is imparted to Indians in Colleges and they have opportunities of acquiring experience in special branches of medical science in the subordinate medical service and in the open practice of their profession. There can be no conceivable reason why qualified men should not be utilized for the higher posts in the department and thus special knowledge and experience be not accorded just and proper recognition. Unless this field of knowledge and experience and the posts which require them are freely thrown open to the Indian students of medicine, no real interest in the study of that science can be engendered in the Indian mind, and the growth of Indian talent in that direction will be unjustifiably dwarfed. From this point of view it behoves the medical profession to systematically agitate for a legitimate share of responsibility and work in the medical administration of the country and in the scientific field of medicine. Monopolies are so many impediments to progress in science as in every thing else. To this rule climate and race offer no exceptions. The Indian Commissioned Medical Service is recruited in England and Indians cannot enter it without great and unnecessary risk, inconvenience and expense. The strict adherence to the unreasonable and stringent rules of the service have necessitated certain appointments without the slightest regard to efficiency. Complaints have been, from time to time, made about the appointment to the Professorial chairs in the Medical College. In this connection the vehement protest of the Bombay University against the rules of the Medical Service when

those rules were first framed is worthy of careful consideration (see App. pp. i-v). Some improvements were now and then made in the actual working of those rules but the principle has all along remained unaltered. In his report for 1867-68, the Director of Public Instruction of our Presidency remonstrated in strong terms against the injurious system of recruiting the Presidency Medical College staff from what material may be available in the Military Medical Service (see App. pp. vi). The frequent changes in the Professorial staff of the Medical Colleges which are occasioned by the departmental exigencies of the Military Service injuriously affect the continuity of teaching so essential for the efficient working of a college. In this connection it is worthy of note that in the present year, a strong protest against this evil is made by the Director of Public Instruction of Madras in the following terms:—

“These frequent changes are most detrimental to the efficient working of the college, and under the present system of appointing professors it is impossible to avoid altogether these breaks in the continuity of teaching.”

Unless all these appointments are thrown open freely to all classes of medical men and selection made on the ground of merit and ability rather than exclusive class interests and vested rights of certain services, complaint and dissatisfaction must prevail.

The third issue is a natural consequence of the second. Every medical man, though he be a commissioned medical officer is not qualified to hold the post of the Chemical Analyser to Government without the necessary careful and long training in the special scientific work that is to be done by that officer. When, therefore, a Surgeon-General holds that any medical officer near at hand who belongs to the commissioned rank is available for the responsible post, there would be little wonder if the efficiency of the Department was not what it ought to be. It is natural that the head of a close service should look more to the advancement of its individual members and think little of the efficiency of his department. But it is not a little strange that when public attention is drawn to it, the Anglo-Indian press and the Government should try not to see it and stifle all enquiry. This leads us to the fourth issue.

How the Anglo-Indian press behaves when the vagaries, high handedness and class interests of the officials are exposed, can be seen by a perusal of the leading article of the *Times of India*, the leading Anglo-Indian Journal on this side of India appended hereto (see App. pp. xxx and xxxi). How the Government deals with such a question may be seen from their reply to the memorial of the medical profession (see App. pp. xxii). The attention of Government was still more directly drawn to the official irregularities complained of when

the Honourable Mr. Chimanlal Harilal Setalvad interpellated the Government on this question in the following terms :—

“ Have Government read the letter\* that has appeared in the issue of the Times of India of 1st August 1893, under the signature of Dr. M. G. Deshmukh, regarding the working of the Chemical Analyser's Department, and have Government made any enquiries with a view to ascertain how far the allegations made in the said letter against the said Department are correct? If no enquiry has been made about the matter, do Government intend making such enquiry? ”

To this the Government of Lord Harris were pleased to reply in this wise :—

“ The replies to the first and second questions put by the Hon'ble member are in the affirmative. A report has been received from the Chemical Analyser which in the opinion of Government is satisfactory. ”

In commenting upon this very incomplete and unsatisfactory reply of Government, the *Bombay Gazette*, another leading Anglo-Indian Journal attempted to supplement it by its own statement of the case apparently based upon information supplied to it by persons interested in the matter. Here is the defence which this journal offered in behalf of the Chemical Analyser.

“ What was doubtless intended to be a more formidable interpellation was founded on a letter, which Dr. M. G. Deshmukh addressed to the two Anglo-Indian dailies, making sundry allegations against the working of the Chemical Analyser's Department, with which the writer had severed his connection. The allegations were many and various but as we published them at the time *in extenso*, it is not necessary to repeat them here. The Honourable member inquired whether the Government read the letter, and had made any inquiries with a view to ascertain how far the allegations against the Department were correct. The Hon'ble Mr. Birdwood replied very briefly to both inquiries in the affirmative, and added that a reply had been received from the Chemical Analyser, which in the opinion of Government is satisfactory. *No intimation of the nature or scope of the explanation in question was vouchsafed.* But inasmuch as we freely opened our columns to the recital of the allegations, it is right that we should now say that we have seen reason to believe that Dr. Deshmukh's letter was very incomplete and misleading. The allegations were that evidence in courts of law is given by a superior, who has only officially signed the report of the subordinate, who has really made the analysis. And that a subordinate generally did the work which the Chemical Analyser was supposed to do, the inuendo being, that Dr. Collis Barry was eating the bread of idleness, while Dr. Deshmukh was, until his resignation, doing the work of his Department. In every case, we are informed, evidence is given by whoever actually made the analysis. As a matter of fact Dr. Deshmukh was asked to resign his appointment because he declined to give his whole time to office work. The Chemical Analyser, so far from neglecting the duties of his appointment, fulfilled them to the satisfaction of the Surgeon-General and the Government. The suggestion that the Chemical Analyser should himself make every analysis can only mislead those who are absolutely unacquainted with the necessities and requirements of every large laboratory. The routine of the work must of necessity be done by subordinates working under the eye of a superior. What is needed is competent and vigilant supervision, to see that nothing is neglected, and that due care is taken that each step shall be free from error. Dr. Deshmukh, when he wrote the letter referred to in the question addressed to the Government, ought to have been aware that it was

\*See Appendix pp. LV-LVII.

absolutely impossible for the Chemical Analyser to do the routine of the analyses—save in special cases—with his own hands, and that it has been the system at the Grant College as well as at other colleges, that the subordinates should act under guidance and control. Dr. Barry holds two Professorships in the College, one of Chemistry and the other of Medical Jurisprudence. He gives lectures and teaches Laboratory classes in Chemistry and Practical Chemistry on Tuesdays, Wednesdays, and Thursdays; lectures on Medical Jurisprudence on Mondays and Fridays, and on Practical Toxicology—testing poisons—on Saturdays. He is, therefore, occupied every day in the week either lecturing or teaching practical classes. The afternoons are devoted to analyses. There are one hundred and twenty students, all at work at once in the large Laboratory, for a couple of hours, and it is necessary to move about amongst them, and watch and assist them in their work. All this involves incessant occupation. It would be impossible to leave these manifold duties aside in order to carry out the many analyses by the Professor's own hand. It is open to anyone to say that it would be better to separate the Chemical Analyser's Department from the College Professorships. Dr. Wellington Grey strenuously recommended the Government to effect that change, but considerations of cost prevented anything being done in that direction. Much of the work is routine, and can be done by trained subordinates, who must, of course, be under responsible supervision. This is the view of the matter taken by the Government, and in acting upon it, Professor Collis Barry simply obeys orders. The Hon'ble Mr. Birdwood might have stated all this, and much more, in his reply to the Member for the Northern Division, but there were several other questions which his Excellency and Mr. Trevor had still to tackle before the much-debated subject of the investment of Municipal funds came up for further discussion. And that is another story.”

(*Bombay Gazette*, 4th September 1893.)

This defence is so full of misstatements and fallacies that in fairness to myself and the public it required correction. A letter was addressed to that journal pointing out and correcting the misstatements and fallacies contained in its remarks. But the *Bombay Gazette*, as well as the other Anglo-Indian journal of this city refused to allow it to appear in their columns and I had then to publish it in the Indian papers like the *Advocate of India*, and the *Native Opinion*. It ran thus :—

#### DR. DESHMUKH AND THE BOMBAY GAZETTE.

TO THE EDITOR OF THE NATIVE OPINION.

Sir,—There could be no objection to your contemporary of the *Bombay Gazette* taking sides and making a defence of Dr. Barry with facts or even with such matters as it may have been his personal privilege to cull from the report of Dr. Barry submitted by him to Government, or such as he may be privately informed of, but unfortunately, he has preferred to start and back his defence, such as it is, with the utterly unjustifiable and unfair observation that my letter which contained very serious allegations against the Chemical Analyser's Department was very incomplete and misleading. In common fairness, therefore, I trust you will permit me to make my own defence. It is a pity that the report which is said to have satisfied Government is accessible only to a favoured individual like your contemporary and not to the public at large. For then the public could have formed its own judgment on the matter without the help of any *ex parte* comments. The oracular reply of Government to the Hon. Mr. Setalwad could hardly be said to be satisfactory in face of the serious statements I had occasion to make in my letter referred to therein, and I dare say it will not be long before further light is thrown on the whole question. Now as to your contemporary's remarks. His reference to my resignation no less than his remarks on my allegations and his general condemnation of my letter are as groundless as they are misleading. I see, however, that he was advised to withdraw in his very next issue his insinuation as regards the circumstances of my resignation, and I

feel sure that his other remarks will not bear any close examination. For, when he proceeds to put in Dr. Barry's defence he succeeds only in producing a mass of misstatements and fallacies well calculated perhaps to act as a blind, a very temporary one though to the general reader, for, he has only to rub his eyes a little and compare your contemporary's remarks with my allegations to find that his remarks go more to prove the truth than otherwise of my allegations.

As regards the giving of evidence in courts of law your contemporary says: "In every case, we are informed, evidence is given by whoever actually made the analysis." This in respect of the times to which my letter refers is entirely incorrect and unwarranted by facts. It was already made clear in my last letter that the Chemical Analyser has to give evidence in courts of law either orally, as in the Presidency courts, or by means of his reports which are accepted as evidence in the Mofussil courts. It was shown that the number of the former class of cases is very small as compared to that of the latter, while both are equally important as far as the criminality of the cases goes. In your contemporary's official defence he tries to blink over this distinction and his statement, therefore, necessarily becomes incomplete and misleading; for, he himself has admitted that the Chemical Analyser did not do much analytical work, though it be for want of time as he pleads. And the point at issue is that the Chemical Analyser only put his signature to reports of analysis which he neither undertook personally nor even supervised in any way whatsoever though the law in matters of evidence in criminal cases distinctly requires that whoever does the analysis whether he be the chief or his assistant shall sign the reports. He is wrong in attempting to father on to me the suggestion that the Chemical Analyser should himself perform every analysis for the simple reason that no such suggestion finds place in my letter. In describing the duties and work of the Chemical Analyser or of an officer in charge of a Laboratory and responsible for the work done therein and attested to by him, your contemporary rightly says: "What is needed is competent and vigilant supervision, to see that nothing is neglected, and that due care is taken that each step is free from error." But, if, thereby, he intends to convey, that this is what was actually done in the Chemical Analyser's laboratory during the time referred to in my letter, let me assure him he is entirely misled as to facts. For, surely, he does not mean to imply that the Bombay Chemical Analyser employs, even under orders of Government though it be, some *Mahatmic agency* to enable him to look over the steps in the analysis done in the Laboratory from his balmy retreat on the hill tops or over across or through brickwalls of his bureau. Such supervision may be intelligible and satisfactory to Government and official apologists, but scientists are not advanced enough to accept such astral supervision of chemical analysis or scientific operations. Again when your contemporary says that nobody would expect that the Chemical Analyser should perform every analysis, he overlooks what by no means follows that the Chemical Analyser need not *in persona propria* perform even a single chemical analysis or guide or control any of those performed by his assistant as was the practice of the Chemical Analyser during the periods of many acting appointments. And surely your contemporary is not serious when he presumes on the strength of his information—whatever its source—that an officer can pretend to guide or control intricate chemical analysis performed by his assistant so drop as to avoid error at each step of the operation without having undergone the necessary special training of a chemical expert at any period of his life even though it be the practice here to make chemical experts of the nearest available medical officers in the I. M. S. by the mere process of a Government Resolution, under the orders of the Surgeon-General. You will not find scientists of any repute having any faith whatever in such 'dubbed' chemical analysers or agreeing with your contemporary and the Government of the country in such procedures of creating expert knowledge and experience in I. M. S. officers by the mere conferring of vacant appointments on them. And as if to excite sympathy, your contemporary presses into service the special pleading of a *petitio principii* that the Chemical Analyser has so many other duties to perform that he can hardly attend to his own, that he is Professor of this and Professor of that, and he has hardly any time at his disposal to attend to his own legitimate work—an extenuation which justifies rather than disproves

my allegation that by far the major portion and at times the whole of the work and duties of the Chemical Analyser were not performed by him but by somebody else. But although the Chemical Analyser is the Professor of Chemistry at the Grant Medical College and draws a consolidated salary for the two posts, it can be easily ascertained which of the two sorts of duties is the more important which the primary and which the secondary. The Chemical Analyser is also the Professor of Medical Jurisprudence at the Grant Medical College and this appanage of his is worth an extra Rs. 200 per month. A little enquiry will show that the primary duty and responsibility of the Chemical Analyser is that belonging to the work of his Department. Class lectures and even practical classes of College students in which he is assisted by two tutors do not make such demand on his time and indeed they stop altogether in the vacations, when, as I have said before, the Chemical Analyser betakes himself to the hill tops and carries on his invisible astral supervision over the analysis done in the Laboratory but affixes his visible signature to the papers sent up to him. This may be a procedure sanctioned by Government and calling forth no surprise from official apologists, but it is one hard to get common sense and justice to assent to. Your contemporary seems to write as if these professorial duties have sprung up only of late. But he may not be aware that Dr. Lyon held all these appointments and performed all these duties and nobody did then or could say even now that he "ate the bread of idleness" and his assistant did all the work. But your contemporary says that Dr. Barry is acting, as he now does, under the orders of Government and your contemporary knows best on what authority he says so. But on this serious allegation of your contemporary it would be as well to suspend judgment till the public have an opportunity of knowing at first hand the report of the Chemical Analyser that is said to have satisfied Government on each of the questions proposed by me in my last letter. When the Chemical Analyser's report on the working of his Department is allowed to see the light of day and, if it is then found that he chiefly relies for his defence on such pleas as your contemporary has advanced on his behalf and the special pleading of the manifold character of his duties as Chemical Analyser and a Professor in which latter capacity he is assisted by two tutors, there will be time enough to see what this professorial work means and that will be another story.—Yours truly,

Bombay, 18th September, 1893.

M. G. DESHMUKH.

*(Native Opinion of the 21st Sept 1893.)*

These extracts and circumstances will show how the Government and the Anglo-Indian press burk an enquiry in this matter that is necessary in the interest of the public. A perusal of the papers put together in the appendix will amply illustrate the four issues mentioned above. The injustice done to an individual and to the whole class of medical men outside the pale of the Commissioned Medical Service has been universally condemned by the whole Indian press on this side of India barring of course those Anglo-Indian newspapers which act the role of official apologists. (See App. pp. X—XXI.) The attitude of the Government and the Anglo-Indian press towards questions of such interest is not also a new experience. But the other two questions regarding (1) the monopoly of all high grade appointments in the Civil Medical Department including the Professorial chairs of the Medical College to a class of men originally selected to serve as Doctors to the Indian Army, and (2) the consequent inefficient working of certain important departments of Government in many instances, require to be frequently pressed on the attention of higher authorities. The medical profession must in a body take up these questions seriously and agitate till success is attained.

M. G. DESHMUKH.

BOMBAY, 30th OCTOBER 1893.

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APPENDIX.

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# INDEX.

|  | PAGE    |
|--|---------|
| Protest of the University against the restriction of College appointments to the members of the Indian Medical Service... ..   | i       |
| Protest of the Director of Public Instruction against the same ... ..  | vi      |
| Application of Dr. Deshmukh for the acting post of the Chemical Analyser to Government ... ..  | vi      |
| Dr. Deshmukh's letter of resignation of his office as Assistant Chemical Analyser to Government ... ..   | vii     |
| Comments of the Press on Dr. Deshmukh's resignation—   |         |
| Advocate of India ... ..   | x       |
| Gujarati ... ..  | xiv     |
| Letters in the Times of India by "On Looker" and Dr. Bhalchandra Krishna ... ..  | xvi     |
| Indu-Prakasha ... ..   | xxi     |
| Proceedings of the Meeting of the Medical Profession protesting against the circumstances necessitating Dr. Deshmukh's resignation and the manner of appointing professors in the Grant Medical College ... .. | xxii    |
| Times of India on the proceedings of the above meeting ... ..  | xxx     |
| Advocate of India on the same ... ..   | xxxii   |
| Indu-Prakasha ... ..   | xxxv    |
| Native Opinion ... ..  | xxxvi   |
| Indian Spectator ... ..  | xxxvii  |
| Kaiser-e-Hind ... ..   | xxxvii  |
| Gujarati ... ..  | xxxviii |
| Advocate of India ... ..   | xxxix   |
| Memorial of the Medical Profession to Government on the circumstances of Dr. Deshmukh's resignation and the appointments of professors in the Grant Medical College ... ..                                     | xli     |
| Times of India on the memorial ... ..  | xlix    |
| Dr. Bhalchandra Krishna's letter in reference to certain remarks in the Times of India ... ..  | li      |
| Dr. Deshmukh's letter to the Times of India explaining the circumstances of his resignation ... ..   | liii    |
| Reply of Government to the memorial of the Medical Profession ... ..   | liv     |
| Dr. Deshmukh's letter to the Times of India and the British Medical Journal replying to Dr. Barry's explanation or defence in the British Medical Journal ... ..   | lv      |
| Dr. Deshmukh's Testimonials, &c. ... ..  | lix     |



A Meeting of the Faculty of Medicine was held in the Town Hall on Saturday the 18th April 1868 at 4-30 p. m.

PRESENT :—F. S. ARNOTT, M. D., C. B., Dean; W. G. HUNTER, M. D., M. R. C. P.; G. C. M. BIRDWOOD, M. D.; T. B. JOHNSTONE, M. D.; F. S. STEDMAN, Esq.; W. DYMCK, B. A.; J. T. MACKENZIE, M. D.; I. B. LYON, Esq.; A. V. WARD, Esq.; W. GRAY, M. B.; F. G. JOYNT, Esq.; NARAYAN DAJI, G. G. M. C.; J. H. SYLVESTER, Esq.

1. The minutes of the last meeting were read and confirmed.

2. After a prolonged discussion on the G. O. G. I. No. 370 of 4th April 1867 and the references of the Syndicate of 25th January 1868 and 4th April 1868, respectively, the following report to the Syndicate was submitted by W. G. Hunter, M. D., M. R. C. P.

That G. O. G. I. No. 370 of 4th April 1867, by attaching certain chairs in the Grant Medical College to appointments held by officers in the Medical Service of Government without reference to their scientific claims and by adding duties of an incongruous nature to certain other professorships destroys the system of selection to the College chairs, encourages a perfunctory discharge of professorial duties, invades the authority of the Principal of the College over its internal discipline and his privilege of recommendation to the chairs, subverts the control of the Director of Public Instruction over one of the most important educational institutions in his department; and weakens the academical tie between the University and the College; and the Faculty accordingly propose :—

1st. That all Professors should be chosen for their scientific claims, receiving, if desirable, some appropriate Medical Charge in addition to their duties in the Grant Medical College.

2nd. That the Professors should be selected from the Medical Services from Europe or from any other source.

3rd. That Professors of Grant Medical College, as heretofore, should be under the immediate control of a Principal who is subordinate to the Director of Public Instruction.

The 1st Resolution was then moved by W. G. Hunter and seconded by G. C. M. Birdwood, to which an amendment was proposed by F. S. Arnott, M.D., C.B., and seconded by F. G. Joynt in the following words :—

That as sufficient time has not elapsed to test the working of the order of 4th April 1867, and as representations are already before Government on the subject, there is no need at present to proceed further in the matter.

The amendment being put to the vote was lost and the original proposition carried.

The 2nd Resolution was then moved by F. S. Stedman, and being seconded by J. T. Mackenzie, M.D., was carried.

The 3rd Resolution was moved by W. Dymock, B.A., and seconded by G. C. M. Birdwood, was carried.

(Sd.) G. C. M. BIRDWOOD, M.D.,

Registrar.

*Extract from Dr. Hunter's Minute.*

I would suggest that the following might form the basis of the address proposed in the minute of the Vice-Chancellor.

The chief objections to the order of the Government of India are—

1st. That it attaches certain chairs in the Grant Medical College to appointments held by officers of Medical Service at the Presidency without reference to their Scientific claims.

2nd. The additions of inappropriate duties to full Professorships.

3rd. A needless increase in the number of Professors.

4th. The rule prohibiting any increase to the maximum salary of a full Professor even should he be appointed to conduct the additional duties of a minor Chair.

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To remedy the evils which have been shown to exist, the Syndicate would strongly recommend that—

1st. All Professors of Grant Medical College should be chosen for their scientific claims receiving, if desirable, some Medical charge in addition to their duties in Grant Medical College, the charge so added to be attached to the Professorship and not the Professorship to it.

2nd. That the Professors of the College should be selected from either the Indian or British Medical Services, or *from the open profession of Medicine*.

3rd. That the Professors of Grant Medical College should *ipso facto* belong for the time being to the Educational Department, and be under the direct control of the Principal as subordinate to the Director of Public Instruction.

4th. That any Professor when fully qualified should be allowed to undertake one additional Chair to that which he may hold, and that the Chair so added should carry with it the extra pay attached to the appointment; thus, the Professor of Medicine might hold the Chair of Hygiene, the Professor of Ophthalmic Surgery that of Comparative Anatomy, the Professor of Botany that of Materia Medica as extra charges, receiving the allowances respectively belonging to them.

If these recommendations be acted upon, the Syndicate have little doubt that the efficiency of Grant Medical College as a school of Medicine would be materially advanced.

*Extract from Dr. Birdwood's Minute.*

When I moved the Resolution of the Senate of the 21st of December last, on which the present proceedings have been taken, I endeavoured to show that the tendency of the G. O. G. I. No. 370 of April 4th, 1867, must necessarily be to strengthen the authority of the Principal Inspector General of the Medical Department over Grant Medical College, which indeed by implication it absolutely affirms, and thus to aggravate and confirm an *imperium in imperio* in regard to that College, which, already in its mildest exercise, had, as I have always held, enervated the College, and injuriously affected the progress of scientific medicine in Western India. Apart from the utter impossibility of carrying out this order in its integrity—for it was soon found to be difficult to make Professors of certain arbitrarily named military officers and it was easy to order them to be made—the academical objections to it when once its significance was understood, were found to be so weighty that no attempt has been made to enforce it against the Grant Medical College, and at this moment candidates are being recommended for Professorships in the College without any attention to it.

The G. O. G. I. No. 370 of April 4th, 1867, is, in short, self-condemned in its impossible assumptions, and condemned, in being left a dead letter, by those whose duty it is to put it into action. But the University cannot devolve its responsibilities upon others, nor rely upon others not to apply the order in spite of its not being cancelled. So long as it remains in formal force, and the academical status of Grant Medical College can be at any time endangered by its enforcement, or brought in question, it is the simple duty of the University to protest against, and, if in vain, even to withdraw its recognition from the threatened and suspected College, as an affiliated institution. I

most respectfully submit, therefore, that the Syndicate should address Government with a view to the abrogation of the obnoxious order, and the Grant Medical College being placed under the direct control and responsibility of the Director of Public Instruction, as indeed there never was any question of its being, until the publication of this ill-considered, ill-advised and preposterous order, as declared in the terms of its recognition by the University. It should be pointed out that this order in principle directly subverts the proper authority of the Principal over the Professors of the College, makes the salutary responsibility of the Director of Public Instruction as regards it of no effect, and deprives the University of the only guarantee that it can accept of the due prosecution of Medical Studies in the College, which it could not therefore, except under coercion, continue to recognise, so long as this obnoxious order is permitted to remain in formal force.

I would submit to Government that, with a due regard to the progress of University studies in the Grant Medical College, the Principal and Professors of the College should be appointed to the College and attached to Jamsetjee Jijibhoy Hospital on account of their academical qualifications alone, or fitness to hold the College Chairs, being selected from whatever quarters, including the services as well as the open profession of medicine. And here, parenthetically I would observe that the Syndicate cannot allow this paramount question to be hampered by any impertinent and irrelevant questions of the interests of the Military service of Government in Grant Medical College, by which its consideration by some of its members is, seemingly, conditioned and determined. All such questions must be faithfully put aside, and the efficiency of the College, as an affiliated institution of the University, solely and wholly considered. The Principal of the College and the Director of Public Instruction should be responsible to Government for appointments to the College Chairs, and once appointed to them the Professors should be considered, as such, as in the Educational Department. A member of the Medical Service so selected would, as a Professor of the College, be perfectly independent of military control, just as the present Health Officer and Mint Master are, but would still be as much under the military authority, and the influence of the military service as Dr. Hewlett and Dr. Collum are.

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A meeting of the Senate was held in the Durbar Room, Town Hall, on Friday, the 14th August 1868, at 5 p. m.

PRESENT :

The Rev. John Wilson, D.D., F.R.S., in the chair; K. M. Chatfield, B.A.; W. G. Hunter, M.D., M.R.C.P.; G. C. M. Birdwood, M.D.; The Honourable Mr. Justice Newton; The Honourable Mr. Justice Tucker; H. M. Birdwood, M.A.; F. J. Candy, M. A.; The Rev. James Aitken; George Foggo, Esq.; W. Dymock, B.A.; The Rev. T. K. Weatherhead, s.c.l.; The Honourable Mr. Justice Gibbs; I. B. Lyon, Esq.; James Taylor, Esq.; Narayan Vasudevji, Esq.; Dhirajlal Mathuradas, Esq.; C. B. Fox, M.A.; F. G. Joynt, Esq.; Khanderao Chimanrao Bedarkar, B.A. LL.B.; Shantaram Narayan, Esq.

1. The Rev. John Wilson, D.D., F.R.S., was in the absence of the Vice-Chancellor, the Honourable Sir A. Grant, Bart., LL.D., elected unanimously to the Chair.

2. The Rev. Dr. Wilson having taken the Chair, the Minutes of the last meeting were read and confirmed.

3. The Registrar then read the following draft of an address to Government on the Order of the Government of India No. 370 of 4th April 1868, submitted by the Syndicate to the Senate for adoption :—

No. OF 1868-69.

OFFICE OF THE UNIVERSITY REGISTRAR,  
Bombay, August 1868.

To,

C. GONNE, Esq.,  
Secretary to Government.

SIR,

I am directed by the Senate of the University of Bombay to address you as follows :—

2. The attention of the University has been called to the order of the Government of India No. 370 of April 4th, 1867, by which the following changes are effected in Grant Medical College, *viz.* :—

The chair of *Materia Medica* is attached to the Medical Storekeepership at the Presidency ;

The chairs of Medical Jurisprudence and Midwifery to Presidency Surgeoncies ; and  
The new chair of Pathology to the Assistant Surgeoncy of the European General Hospital.

The order also attaches the Principalship of the College to the particular chair of Medicine, and further debars 'the full Professors' of Anatomy, Chemistry, Physiology, Surgery, Medicine and Ophthalmic Surgery, and all officers drawing pay equal to the pay of a 'full Professorship' from drawing any extra pay if appointed to any of the "Minor Professorship" of Botany, Hygiene, Dental Surgery, Pathology, *Materia Medica*, Medical Jurisprudence, and Comparative Anatomy.

It must be mentioned parenthetically that the chairs of Pathology, Hygiene, Dental Surgery, and Comparative Anatomy are new creations under the order.

3. The University considers that these changes must have an injurious effect on the scientific teaching of Grant Medical College. Under this order certain Professors of Grant Medical College would be appointed to their several chairs *ex-officio* : that is to say, the Medical Officers of the Bombay Army, required at the Presidency as District Surgeons, Medical Storekeeper, and Assistant Surgeon to the European General Hospital, would in virtue of these offices be appointed Professors of Medical Jurisprudence and Midwifery, of *Materia Medica*, and of Pathology : not necessarily the men best fitted for these chairs, but certain specified Medical officers stationed in Bombay, would *ex-officio*, under this order, be appointed to them. These Military appointments at the Presidency are usually conferred on Medical officers entitled to them by service claims, and such officers may know nothing of the subjects respectively required to be taught by them, *ex-officio*, in Grant Medical College, and may not have the gift of teaching. This could not but have an injurious effect on the scientific character of the College, and on its efficiency in diffusing the knowledge of European Medicine in this Presidency.

4. It is also felt by many, whose opinion is entitled to attention, that besides a loss of its scientific character, the College would also be impaired in respect of organization and discipline were the order of the Government of India under consideration carried out. Under this order it might happen that so many as three of the four *ex-officio* Professors of the College would be senior in Military rank to the Principal, as the Medical Storekeepership at the Presidency and the Presidency District Surgeonships are offices much coveted in the Bombay Medical Service. This could not but lead to collisions of authority in the College, and to the perfunctory discharge of the duties of the "attached chairs."

5. The University would therefore earnestly request Government to reconsider the order of the Government of India No. 370 of 4th April 1867, and would pray Government to take this opportunity of putting the Grant Medical College on a more scientific basis. *The University would respectfully submit to Government that in the interests of learning and science the Principal and the Professors of the Grant Medical College and the attached Jamsetji Jijibhoy Hospital should be appointed solely on the ground of their scientific attainments and teaching powers, the choice not being limited to the Bombay Military Service, but the best candidates being accepted from whatever quarter they may offer themselves.* The University would further recommend that the Professors of the College should belong for the time being to the Educational Department, and be under the direct control of the Principal as subordinate to the Director of Public Instruction. And finally the University would submit its opinion that it would be advantageous to remove the restriction which under all circumstances prevents a full Professor from holding (with the pay attached), even temporarily, one of the minor Professorships.

6. The University in venturing to address Government on this subject has been actuated by a sense of its duty to an affiliated Institution. By its own regulations the University is bound to review from time to time the teaching qualifications of the Grant Medical College, and only to continue its recognition of that College on condition that it 'has the means of educating up to the standard of the highest degree in Medicine.' (See University Calendar for 1867-68, page 89). Should the scientific teaching of the Grant Medical College fall below what the University considers a proper standard, the University would be compelled to withdraw its recognition from that College.

I have the honour to be,

Sir,

Your most obedient servant,

University Registrar.

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After some discussion on the question, the Chairman ruled that the address should be considered and approved of paragraph by paragraph.

Proposed by Dr. Birdwood, and seconded by Dr. Lyon, that paragraphs 1 and 2 of the draft be approved. Carried unanimously.

Proposed by Dr. Hunter, and seconded by Dr. Birdwood, that paragraph 3 of the draft be approved. Carried unanimously.

Proposed by Dr. Hunter, and seconded by Dr. Gray, that paragraph 4 be approved. Carried unanimously.

Proposed by Dr. Herbert Birdwood, and seconded by Mr. Chatfield, that paragraph 5 be approved. Carried unanimously.

Proposed by Dr. Birdwood, and seconded by Mr. Fox, that paragraph 6 be approved.

Proposed as an amendment by the Honourable Mr. Justice Tucker, and seconded by the Honourable Mr. Justice Gibbs, that the paragraph 6 be approved excepting the following last three lines, *viz.* :—

"Should the scientific teaching of Grant Medical College fall below what the University considers a proper Standard, the University would be compelled to withdraw its recognition from that College."

The amendment was put to the vote, and carried.

*Extract from the Report of the Director of Public Instruction in the  
Bombay Presidency for the year 1867-68.*

It is clear now that the Grant Medical College holds an anomalous position, being regarded by those connected with it, half as an Educational and half as a Military Institution. In the latter capacity it might no doubt perform useful functions, but I am humbly of opinion that if Government wish the College to play a worthy part in the diffusion of European civilization in this country they will reconsider the order which makes it a mere appendage of the Military Medical Department. It seems natural that the Professorships in the College should be regarded as purely scientific appointments to be filled up irrespectively of the claims of Military service. Unless this principle be adopted I should hardly expect to see the College ever emerge from its present mediocre position as an Educational Institution.

BOMBAY, GIRGAUM, ANGRIA'S WADI,

26th September, 1892.

To

THE SECRETARY TO THE SURGEON-GENERAL

WITH THE GOVERNMENT OF BOMBAY.

SIR,

Having heard that Dr. T. D. C. Barry is going on a short leave to Europe, I respectfully beg to apply for the post of the Chemical Analyser to Government that will thereby fall vacant.

I beg to draw the attention of the Surgeon-General to the fact that it is not practicable to obtain a duly qualified commissioned medical officer to fill up the Chemical Analyser's post for such a short period. Chemical analysis, I beg to submit, is a special branch of science to be mastered only by a special study and after long practice and experience. I have been Assistant Chemical Analyser to Government for the last twelve years, and on several occasions, when such vacancies were filled up by the nearest available commissioned medical officer, I have had to do the whole work of the office. Under the circumstances, I beg respectfully to submit that my appointment to fill up the vacancy on the present occasion will not be deemed inadvisable, and will, moreover, be such as may, in justice and fairness to my long services and acknowledged qualifications, be considered proper.

I have also to state that it has been, for the past few years, the practice of your office to appoint Assistant Surgeons to act for Civil Surgeons in charge of mofussil stations for as long a period as eighteen months in some cases, and that, therefore, the appointment, which I now seek for, will not, in any way, be unwarranted by precedents.

I have the honour to be,

Sir,

Your most obedient Servant,

M. G. DESHMUKH, B.A., B.Sc. M.D.,

Assistant Surgeon.

BOMBAY, GIRGAUM, ANGRIA'S WADI,

5th October 1892.

To

THE SECRETARY TO THE SURGEON-GENERAL  
WITH THE GOVERNMENT OF BOMBAY.

SIR,

I called on the Surgeon-General on the 28th ultimo at Poona for the purpose of representing that, in reference to the acting arrangements which may be made during the period for which the Chemical Analyser is about to go on leave, I should not be passed over. To my great surprise I was told by the Surgeon-General that the present rules left no chance of that being done. What disappointment this communication must have caused to my mind can be easily conceived. In holding to the post of the Assistant Chemical Analyser so long and often bearing cheerfully the major portion of the responsibility and doing the intricate and scientific work of the Department more than might legitimately fall on the Assistant, I need scarcely say that the amount of emoluments was never the ruling motive with me. Regardless of the low salary, I never spared myself in qualifying myself for and attending to the work of the office, in the hope of obtaining my reward in the shape of a recognition of my fitness for the discharge of the work. I knew that the post of the Chemical Analyser was a covenanted one, but it might have satisfied my aspirations, which I hope will not be deemed unreasonable or immoderate, to be nominated to act for a short time. To be denied that, in favor of persons whom, without egotism, I cannot but regard as juniors in the practice of Chemical Analysis, brought home to me a conviction that no amount of special qualifications, conscientious discharge of duty or long approved service will ever secure to me the reposing of Government trust even for a short time, in a line which I made the special business of my life. In mentioning this, I do not complain of any personal injustice to me, for I see that the fulfilment of my hopes is barred by the inexorable rules of the service. But I hope I shall be pardoned if I find the disappointment insupportable.

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Under the circumstances I feel compelled to tender resignation of my office as I hereby do. I beg you will move the Surgeon-General to recommend the acceptance of my resignation of the office of Assistant Surgeon and Assistant Chemical Analyser from the 8th November 1892, mentioning to Government what he may have to say about my past services. For easy reference I enclose extracts from past official reports.

I have the honor to be,

Sir,

Your most obedient servant,

M. G. DESHMUKH, B.A., B.Sc., M.D.,

Assistant Surgeon,

Assistant Chemical Analyser.

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*EXTRACTS from the Chemical Analyser's Annual Report and Government  
Resolutions thereon.*

DR. LYON'S REPORT FOR 1879-80.

Lastly, I have only to state that during the greater portion of the year under report, I have been *very ably* assisted in the discharge of my duties as Chemical Analyser to Government by Assistant Surgeon M. G. Deshmukh, L.M. & S., appointed Assistant Chemical Analyser, June 16th, 1879.

### DR. LYON'S REPORT FOR 1880-81.

It only remains for me now to place on record *my appreciation of the great assistance* afforded me in carrying on the work of the Department during the past year by the Assistant Chemical Analyser to the Government, Assistant Surgeon M. G. Deshmukh, L.M. & S.

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### DR. LYON'S REPORT FOR 1881-82.

It now only remains for me to add that in carrying out the duties of this Department, I have, in this as in previous years, been *most ably and efficiently* assisted by Assistant Surgeon M. G. Deshmukh, L.M. & S., Assistant Chemical Analyser to Government.

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### DR. LYON'S REPORT FOR 1882-83.

I have only to add that during the year under report Assistant Surgeon M. G. Deshmukh, B.Sc., L.M. & S., Assistant Chemical Analyser to Government, has, as in previous years, afforded me *most zealous and able assistance* in carrying on the work of this Department.

Government Resolution No. 3481, General Department.

Dated 22nd September 1883.

*His Excellency in Council notices with satisfaction the commendation bestowed by Surgeon-Major Lyon upon Assistant Surgeon M. G. Deshmukh, Assistant Chemical Analyser.*

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### DR. LYON'S REPORT FOR 1883.

Assistant Surgeon M. G. Deshmukh, L.M. & S., B.Sc., B.A., Assistant Chemical Analyser to Government, has, as in previous years, afforded me, during the period under report, *most efficient and valuable assistance* in carrying out the duties of this Department.

Government Resolution No. 1592, General Department.

Dated 14th May 1884.

*Credit is due to Assistant Surgeon M. G. Deshmukh, Assistant Chemical Analyser, for the willing assistance rendered by him.*

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### DR. LYON'S REPORT FOR 1884.

It now only remains for me to state that during the year under report, as in previous years, I have been *most ably and efficiently* assisted, in carrying on the work of the Department, by Assistant Surgeon M. G. Deshmukh, B.Sc., B.A., M.D., Assistant Chemical Analyser to Government.

Government Resolution No. 2117, General Department.

Dated 6th June 1885.

*The thanks of Government are also due to Assistant Surgeon M. G. Deshmukh, Assistant Chemical Analyser, for the assistance rendered.*



### DR. LYON'S REPORT FOR 1885.

In conclusion it only remains for me to state that during the year under report Assistant Surgeon M. G. Deshmukh, M.D., B.A., B.Sc., Assistant Chemical Analyser to Government, has, as in previous years, afforded me *most efficient and valuable assistance* in carrying out the duties of this Department.

Government Resolution No. 2187, General Department.

Dated 21st June 1886.

*The thanks of Government are also due to Assistant Surgeon M. G. Deshmukh, Assistant Chemical Analyser, for the assistance rendered.*

### DR. MILNE'S REPORT FOR 1886.

During the whole year the office of Assistant Chemical Analyser to Government was held by the present incumbent, Assistant Surgeon M. G. Deshmukh, M.D., and I have great pleasure in bearing testimony to the *great industry and ability displayed by that officer in the discharge of his onerous duties.*

### DR. LYON'S REPORT FOR 1887.

During the whole of the year, *the onerous duties* of Assistant Chemical Analyser to Government were carried on by Assistant Surgeon M. G. Deshmukh, M.D., with the *same care and diligence* as I have in previous reports had the pleasure of bringing to the notice of Government.

### DR. LYON'S REPORT FOR 1888.

The duties of Assistant Chemical Analyser to Government were discharged by Assistant Surgeon M. G. Deshmukh, M.D., with the *same praiseworthy diligence and care* as in previous years.

Government Resolution No. 3094, General Department.

Dated 2nd August 1889.

*His Excellency in Council is glad to observe that the duties of the Assistant Chemical Analyser during ten months of the year under review were discharged by Assistant Surgeon M. G. Deshmukh with the same diligence and care as have in previous years gained for him the favourable notice of his superior officer.*

### DR. BARRY'S REPORT FOR 1889.

The duties of Assistant Chemical Analyser to Government were carried out by Assistant Surgeon M. G. Deshmukh, M.D., who, during my period of office, has performed his duties *carefully and to my entire satisfaction.*

### DR. BARRY'S REPORT FOR 1890.

The duties of Assistant Chemical Analyser to Government were efficiently performed by Assistant Surgeon M. G. Deshmukh, M.D., he conducting his work *carefully and to my entire satisfaction.*

### DR. BARRY'S REPORT FOR 1891.

The duties of Assistant Chemical Analyser were performed by Assistant Surgeon M. G. Deshmukh, M.D., who carried out his numerous duties with the *same care and attention as in previous years and to my entire satisfaction.*

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*Extract from Government Resolution No. 188, General Department,  
Bombay Castle, 18th January 1893.*

Letter from the Surgeon General with the Government of Bombay, No. 7053, dated 10th November 1892—submitting correspondence regarding the resignation tendered by Assistant Surgeon M. G. Deshmukh of the office of the Assistant Chemical Analyser to Government; recommending that it may be accepted and observing as follows:—

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4. With regard to the contents of Assistant Surgeon Deshmukh's first letter in regard to—1st his acting as Chemical Analyser to Government, I beg to observe an Assistant Surgeon is not eligible to hold that office—

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“5. Assistant Surgeon Deshmukh has been twelve years Assistant Chemical Analyser, and has always been well reported on by the officers under whom he has served.”

Resolution.—The privilege leave granted to Assistant Surgeon M. G. Deshmukh by Government Resolution, Financial Department, No. 3366, dated 20th August 1892, should be commuted into leave on private affairs and his resignation of the Medical Service should be accepted with effect from the date of expiry of his leave, *i.e.*, 8th November 1892.

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*Extract from Dr. Barry's Report for 1892.*

Assistant Surgeon M. G. Deshmukh, M.D., satisfactorily performed the duties of first Assistant Chemical Analyser during the first eight months of the year under report.

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While on leave Assistant Surgeon M. G. Deshmukh retired from the Service.

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## COMMENTS OF THE PRESS ON DR. DESHMUKH'S RESIGNATION.

*The Advocate of India, Saturday, October 22, 1892.*

Dr. M. G. Deshmukh, the Assistant Chemical Analyser to Government, has been practically excluded from that extraordinary institution the Grant Medical College. No force was used to put the Doctor out, but as choking a dog with butter is not the only way of killing him, so his compulsory retirement was effected by making the ground too hot for him to stand on. The Chemical Analyser to Government has gone away on long leave. His Assistant, who is an assistant only in name, as the two experts do the analytic work of the laboratory in common, naturally expected to act for his colleague during furlough. To fill this acting appointment would be no educational promotion, but it would be a fitting and an appropriate recognition of Dr. Deshmukh as a chemical expert—which he undoubtedly is. He was excluded from this acting appointment, and it has been conferred on one of the young Professors of the College who is not yet a known analytic expert. Whether this transformation is good for chemistry we need not stop to inquire, since the more important inquiry stares us in the face—Why was Dr. Deshmukh excluded from the teaching chair and the laboratory in his own professional branch? He cannot have been excluded for incompetency, for he has occupied the position of Assistant Chemical Analyser for a period of 13 years, and has been doing all the work of his office. That is to say, he has become a better chemical expert than he was 13 years ago. During the last

13 years the progress of general chemistry has been quite as great, if not greater, than the progress of any other of the medical sciences. Dr. Deshmukh must therefore be quite "up" in his speciality and abreast of the progress of the age. It is therefore a matter of wonder how the College could find a better chemist, a better analyst, or a better teacher of Chemistry than Dr. Deshmukh. And yet he has been excluded from the chief post. To be "passed over" is everywhere considered to be a degradation. Voluntarily or involuntarily the individual "passed over" is invested with the badge of "inferiority," and this inferiority is recognized even by the street drabs. Persons, specially trained in Colleges, as Dr. Deshmukh was trained, do not get rid of their natural feelings, and it is just possible they may be able to know and to feel when they are slighted. This is not a question of distinction as between an Englishman and a Brahmin, but a question of stamping on corns, on anybody's corns, for even scientific surgery admits that there is absolutely no difference between English corns and Brahmin corns, and that the sensation produced by stamping on either of these corns is exactly similar. This being scientifically exact, we can understand the shock to which Dr. Deshmukh has been subjected.

Another reason why Dr. Deshmukh has shaken the Grant Medical College dust from his shoes, seems to be that he was requested not to exercise his qualifications as a physician. It is thought that the practice of medicine and the practice of chemistry are incompatible. We should agree with this doctrine if it was upheld in the sanctum of the Grant Medical College, and if it was sedulously maintained by the whole College not only in chemistry and in practical medicine, but in all other branches also. We believe, and feel assured, not only that medical teaching would gain, but that humanity would also gain if the "Professors" in Colleges were compelled to occupy their chairs permanently; under this rule we should have more competent teachers. A very cursory review of the history of the teaching staff of the Grant College reveals the fact that the teachers may teach every thing by turns. From Anatomy to Botany is but a step, so identical is the animal and the vegetable, and from Botany to practical medicine is another step, a step more easily executed in Indian than in British Colleges. From practical medicine to Chemistry is another free and easy step, and from Chemistry to Surgery is merely a slide. The Professors in Indian Medical Colleges are professors of every thing that turns up. It all depends upon the "turning up." If there is any difficulty in the subject, there is no difficulty in the Professor, and in respect of hopping about from chair to chair India beats all the colleges in the world.

Dr. Deshmukh worked at his speciality in his laboratory, where he performed most successful analytic and other chemical work for more than 13 years. At the end of that time he was either an expert or a professor; if he was neither, he was a fool. At least this is how the public would judge him, and this is how his own College have left him to be judged. Dr. Deshmukh may be in a state of indignation at being passed over in the post of Chemical Analyser, and if he is indignant, who will blame him?

Medical Colleges are educational institutions for the learning of the various branches of medicine by Professors, and the teaching of these branches to learners or students. As is the competency of the teacher, so will probably be the competency of the students. When a man like Dr. Deshmukh, who not only came out of his final professional examination with distinction and with flying colours, but who subsequently went up for the highest medical degree which a university can confer and gained that degree, we say that when such a man makes chemistry his speciality for 13 years—13 years during which the teaching chairs of the College to which he belonged changed Professors over and over again—and is compelled to give it up and turn his back upon his own college, and upon his speciality, that chemical science itself suffers by the loss. Not only does science suffer, but the college also.

Dr. Deshmukh's case will astonish the British Medical Colleges, and we confidently appeal to these colleges to give it a fair consideration. Medical education is itself in danger

and the profession is in jeopardy. Even colleges should be taught that the book of judgment may be opened against them when the pages are filled with the record of transgressions. Science knows no distinction of classes or of persons, and it resents all such distinctions whenever and wheresoever they are attempted. If our British medical contemporaries will only dive into the peculiarities of Dr. Deshmukh's case we feel assured they will commend our sense of justice in throwing upon it some of the glare of a healthy publicity.

*The Advocate of India, Monday, October 31, 1892.*

The circumstances connected with the resignation by Dr. M. G. Deshmukh of his appointment of Assistant Chemical Analyser to Government, which he held with credit and distinction for a period of thirteen years, deserve more than the passing notice we gave of it a few days since, giving rise as they do to questions of far-reaching interest and importance. The ostensible reason assigned for the step taken by Dr. Deshmukh is the prohibition attempted to be imposed upon him against his engagement in private practice as a physician. It is an open secret, however, that the real reason is the injustice and slight of his having been passed over and not appointed to the place of Professor of Chemistry and Chemical Analyser to Government during the absence on leave of Dr. Barry, the permanent incumbent of those offices. It is, we believe, perfectly well-known that Dr. Deshmukh by his knowledge, training and experience, and by the fact of having during thirteen years performed the work of Chemical Analyser with conspicuous ability and success, was best qualified to hold the place temporarily vacated by Dr. Barry, and his appointment as Dr. Barry's successor would have been an appropriate and graceful recognition of years of honest and successful work, and, what is still more important, would have ensured the satisfactory and efficient performance of the very onerous and responsible duties devolving on the Chemical Analyser to Government. For some reason or other, however, the arrangement which from every point of view would have commended itself to the acceptance and approval of all right-thinking men has been set aside, and not only a gross injustice done to an old and tried officer of Government, but the interests and claims of the public and the local medical profession treated with a lamentable lack of consideration. If Dr. Deshmukh's engagement in private practice was incompatible with the proper discharge of his duties as Assistant Chemical Analyser, it is strange that the incompatibility was not discovered these 13 years; and it is still more remarkable that Dr. Deshmukh's work in the Chemical laboratory side by side with his private practice should have evoked the cordial appreciation and commanded the confidence of Government and the public during the whole of this long period. No less remarkable is the fact that the Professors of our Grant Medical College, whose duties are such as ought to be quite as absorbing as those of Dr. Deshmukh as Assistant Chemical Analyser to Government if not more so, are allowed to engage in private practice *ad libitum*, not unfrequently to the neglect of their legitimate duties. They are all the same considered to be efficient and qualified for the efficient performance of their professorial work. However much one may wish to deprecate race distinction and to avoid suspicion of serious men being anxious to exclude all out-siders from sharing the loaves and fishes of offices which they have been taught to believe are their exclusive birth-right, it is difficult to resist the conviction, when an anomaly such as is presented by the case of Dr. Deshmukh occurs, that in making appointments in our public institutions, interest and communion rather than merit and claim or even a regard to the interest of the public are allowed to carry the day. We had hoped that with the reforms inaugurated by the enlightened administration of Lord Reay, the old system of pitchforking round men into square holes had been knocked on the head. Time was when a professor of the Grant Medical College was supposed to be good enough to put his hand at a moment's notice to every subject which out-siders fondly hoped required special knowledge and experience, and when a professor was appointed to a place not because he was the best man available, but he had a certain standing and position in the service, and frequent were the instances of professors undergoing fantastic transformation from time to time until they

were supposed to be expert in every subject from Chemistry to Medicine and from Zoology to Hygiene. Lord Reay, with his vigorous common sense and his strong individuality, rose superior to such antiquated notions and regardless of so-called vested interests ruled that merit and special learning and experience should alone be the qualifications for holding professorial appointments. Thanks to this change in the programme, the chairs of Pathology and Physiology, for instance, were awarded to men very junior in this division, who under the old regime would have wasted their abilities in out-of-the-way places doing nothing in particular, but who on such appointment found themselves entrusted with work for which they were by training and experience qualified. But the old order changeth giving place to new, or rather the new order changes giving place to the old. Dr. Barry, the Professor of Chemistry and Chemical Analyser to Government, goes on leave, and his place is given not to a tried expert but to one whose specialty is a different subject altogether. It is no disparagement of Dr. Childe to say that successful as he is believed to be in his own subject, Pathology, he cannot lay claim to work as a specialist and an expert in teaching Chemistry and conducting difficult and responsible analytical work as Chemical Analyser to Government, and this arrangement is made although Dr. Deshmukh was at hand, and was the fittest person by knowledge and experience to be appointed to the place. But the personal element of the case is by no means the element with which the public are primarily concerned. This anomalous arrangement, which it has nothing to recommend it, is liable to serious objection, and we trust that Government will give their earnest consideration to this aspect of the matter. While the appointment of the Professor of Pathology to the chair of Chemistry will disorganize and unhinge the teaching both of Chemistry and Pathology without any advantage to either, the work of the Chemical Analyser to Government cannot be satisfactorily performed by those who with all their care and correctness cannot bring to bear on the discharge of such work the knowledge and experience which can be received only by a long course of previous learning and experience and practical work in the laboratory. On the accuracy and reliability of the analyses performed by the department of the Chemical Analyser to Government depends the decision of momentous questions of life and death; and it is in the highest degree necessary that the work should be performed by known and trained experts so as to command confidence and respect. By a singular coincidence, while the officer who holds the office of Chemical Analyser to Government must after this be absent from his post, his assistant who was the one man qualified to do the work has also been obliged to give up his appointment, and the department is thus in the hands of those who must themselves feel the heavy responsibility resting on them of being called upon to do work for which they cannot acquire special aptitude and knowledge except after undergoing a course of training which they have hitherto had not. We wish it to be distinctly understood that the view of the case which we urge on the attention of Government and the public has reference solely and exclusively to the interests of an important department, in the proper administration of which the public are keenly interested, and apart from all personal considerations, it is certainly unjust to the present workers themselves to require them to perform work which pre-supposes special knowledge and experience and which cannot be thoroughly learnt in a month or in a year, and the efficient performance of which is a matter in which the public are vitally concerned. It is of course no answer to urge that the arrangement is only temporary. There can be no justification for an arrangement of this character however temporary it may be, and when it is made in the face of the fact of a thoroughly competent and reliable man being available, its impropriety becomes all the more manifest and inexcusable. We are at a loss to understand why considerations of the greatest importance be so lightly subordinated and sacrificed to considerations and reasons of an ephemeral character, and why the convenience of those who are accustomed to regard the preserve of Government appointment as their monopoly should be allowed such fictitious value and importance. We venture to say that such considerations will never be allowed or tolerated in any civilized country, and apart from the injustice

done to a deserving and modest officer of Government, the case presents features of such importance and gravity that we trust that public bodies and associations will take up the matter and vigorously agitate so as to expose the mischief of the system which renders it possible to perpetrate a private and personal injustice, and still more, to expose public interests to grave danger. It is strange that the sense of justice of our daily English contemporaries usually so keen should not have been aroused to the anomaly and danger of the situation, and that they should think the matter not worthy of notice or criticism. The subject also opens up questions of the rights and claims of our graduates and members of the medical profession outside the charmed circle of the Indian Medical Department ; but these questions are of sufficient interest and importance to demand a separate treatment.

*The "Gujarati," Bombay : Sunday, October 30, 1892.*

The facts connected with Dr. Deshmukh's resignation of his post as Assistant Chemical Analyser to Government are more than of personal interest. They show how shabbily able men belonging to the subject population are treated by alien rulers even after long and useful service to Government. It is an open secret that Dr. Lyon, who was entirely satisfied with Dr. Deshmukh's work, recommended him on the eve of his departure to the post which he himself had occupied. The medical service is, however, a close service more or less entirely monopolised by Europeans and Dr. Deshmukh's claims were ignored. Since then the post of the Chief Chemical Analyser to Government has more than twice fallen vacant for short periods. Lord Ripon appointed Sir Romesh Chunder to the acting Chief Judgeship of the Calcutta High Court, but the local Government has persistently slighted Dr. Deshmukh's claims to the acting appointment. The injustice of the situation does not end here. It is well-known that some of the incumbents who have acted as Chief Chemical Analysers to Government were not experienced men, and their assistant had to do almost the entire work. Now Government tell him that he will not be permitted to practise as a private medical practitioner. When all the Professors of the Grant Medical College are allowed to carry on a very lucrative profession, it is scandalously unfair for Government to prevent Dr. Deshmukh from practising, especially when for years past he has been permitted to do so. We believe if some of the professors were similarly prohibited, their lectures would be more thorough, instructive and useful to students than at present. Government have not, however, the moral courage or the consistency of principle to carry out this much-needed reform. Even if there were some rules in the way of Dr. Deshmukh, Government could have treated his case as a special one. Have not tenth-rate European mediocrities been pitchforked into elevated posts contrary to rules on the ground that their nomination was entirely within the discretion of Government ? Discretion is a very convenient principle in certain cases, but when natives are concerned, Government anyhow forget the very word and drive men like Dr. Deshmukh to resign service through sheer disgust after nearly thirteen years' useful work. The present case is a typical one and demonstrates in the most convincing manner how differently natives and Europeans are treated, when the interests of the ruling caste are concerned. Lord Harris' Government has certainly not enhanced its reputation for fairness and impartiality by the shabby treatment it has accorded to Dr. Deshmukh. On the contrary, the incident will confirm the popular belief that the much-talked of professions of equality between natives and Englishmen are simply a mockery and a delusion. One of the blighting effects of foreign conquest is that indigenous talent scarcely meets with the same encouragement and recognition which mediocrities of the ruling caste almost always receive. A distinguished officer in this Presidency is never tired of proclaiming that Brahmins were selfish enough to make invidious distinctions in their own interests. But in preferring this indictment, he forgets that he directly encourages others to bring a similar indictment against the modern Brahmins of India who, making due allowances for the times in which they live, are scarcely much superior to the Brahmins of old.

*The "Gujarati," Bombay: Sunday, November 6, 1892.*

On the last occasion we briefly endeavoured to show how unfairly Dr. Deshmukh has been treated by Government. We feel perfectly sure that if he had been an Englishman with his present qualifications and university distinctions, he would have received a totally different treatment. Since the matter has now attracted public notice, we invite the attention of Government to certain facts which it is, we think, difficult for any one to contradict. During Dr. Lyon's tenure of the post of the Chemical Analyser to Government it will be found, on inspection of the records themselves, that nearly half the work used to be done by him personally. Now let Government examine the records after he left. The result of the examination will be found to be that, with the exception of a few simple cases, the brunt of almost the whole work fell on Dr. Deshmukh. Now the public have a right to inquire whether Government have resolved to convert the Chemical Analysership into a sinecure or ornamental office. If so, let them say so; if not, what is the meaning of putting inexperienced service men into a responsible position if the services of an experienced officer like Dr. Deshmukh are to be ignored whenever a vacancy occurs? According to S. 510 of the Criminal Procedure Code, any document purporting to be a report under the hand of any Chemical Examiner or Assistant Chemical Analyser to Government, upon any matter or thing duly submitted to him for examination or analysis and report in the course of any proceeding under this Code, may be used as evidence in any inquiry, trial or other proceeding under this Code. Such is the value and importance of the reports of the Chemical Analyser to Government in courts of justice. Is it fair to the public and conducive to the administration of justice that any one and every one, provided he holds Her Majesty's Commission in the Indian Medical Service, should be appointed Chemical Analyser to Government? We have no doubt that if the whole question were impartially considered apart from the vested interests of particular cliques, the injustice of driving away Dr. Deshmukh from a post where he has virtually done work for his superiors would become at once manifest. The subject has a public aspect, and it is from that standpoint that we would ask Government to consider it. Lord Reay, whose keen sense of justice and righteousness and abhorrence of wrong endeared him to the people of this Presidency, endeavoured to reform the anomalous system under which any professor became qualified to teach any subject at a moment's notice. An anatomist could easily play the rôle of a botanist or a zoologist; a professor of medicine and surgery could, as it were by magic, be converted into a professor of hygiene. This most beautiful system of shuffling professorial chairs was, we believe, checked for some time. Why the reforming spirit did not extend to the Chemical Analyser's Department is more than we can say. Dr. Deshmukh never claimed any such anomalous privilege which members of the Indian Medical Service enjoy. He looked for legitimate encouragement and promotion in the line in which he has worked for his inexperienced superiors for a long time. His was a just claim, and our enlightened Government, which professes to administer public affairs in accordance with the principles of honesty and justice, will yet, it is to be hoped, approach the whole question in the spirit of their public professions. We think the medical profession in Bombay ought not to remain silent at this moment. No doubt the interests and influence of the Indian Medical Service are very strong; still persistent agitation would be fruitful of some good. It is little short of a scandal that the medical line should still continue to be a close preserve and the ablest natives be excluded from it. In the Arts Colleges and even in the Engineering College natives can be appointed professors, while the doors of the Grant Medical College alone still remain closed against them. The instruction imparted there is either what it should be or it is not. If it is, it is grossly unfair that even eminent graduates in medicine should be debarred by unjust rules from availing themselves of the opportunities of extending their knowledge, which professorships afford. The Medical College, as advocated by Dr. Bhalchandra, ought to be independent of the control of the Surgeon-General's Department. It is strictly an educational institution and ought to be administered like

other institutions by the Director of Public Instruction. Unless Government are honestly inclined to carry out the reforms which the public have several times pressed upon their attention, the present anomalous system would continue to be a perpetual source of heart-burning and friction and adverse public comment.

*The "Times of India," 29th October 1892.*

## PUBLIC APPOINTMENTS AND THE GOVERNMENT MEDICAL SERVICE.

TO THE EDITOR OF THE "TIMES OF INDIA."

SIR,—Your recent announcement of Dr. Deshmukh's resignation of the post of Assistant Chemical Analyser to Government raises some important questions which demand the careful and anxious consideration of Government and the leaders of public opinion.

1. Why has Dr. Deshmukh resigned an office the duties of which he conducted for thirteen years with credit and distinction to himself and to the Chemical Analyser's Department, and with the repeatedly recorded approbation and confidence of Government?

2. Is it because, as was announced in your columns, he was asked to give up private practice, or because he was passed over, and not put in charge of the Chemical Analyser's Department in the absence on leave of Dr. Barry, the Chemical Analyser to Government?

3. If it is the no private-practice-clause that has precipitated his resignation, does it not require elucidation whether the clause was in existence when Dr. Deshmukh joined his appointment? If it did, how was it that it was allowed to be set aside for thirteen years? Or is it, indeed, only a provision which had been allowed to fall into disuse, and suddenly and capriciously reimposed?

4. The Chemical Analyser's Department and the Professorship of Chemistry serve two chief purposes. One is to ensure continuity of sound teaching of Chemistry by one who has made Chemistry his special study, and is a Professor of the subject in the literal sense of the word, having been engaged in Chemistry work specially for a sufficient period; and the other that the public and Government shall be served with reliable and accurate analyses and reports on matters sent up to the department for investigation, by experts in the science of Analytical Chemistry. Are these two purposes now being properly and efficiently fulfilled, and have the new appointments been made with due regard to the efficiency and continuity of the Professorial work in Chemistry, and the efficiency and responsibility of the reports from the Chemical Analyser to Government?

5. Are the requirements of the College for the teaching of Chemistry and the needs of the public and Government for chemical analyses from trained experts as paramount as they should be, or is the first consideration given to service claims, so that people are led to ask whether public appointments are intended for the good of the public or for departmental convenience? The question is asked solely on public grounds, and without regard to any personal consideration whatever.

6. Are we to believe that it matters little whether or no the Professor of Chemistry is a chemist by training and experience, so long only as he holds Her Majesty's Commission in the Indian Medical Service, and that Government and the public do not care whether or no the chemical reports they receive are the work of trained experts in Chemistry and Analysis?

7. What has become of the recent reforms in the Grant Medical College? Not long ago Government Resolutions were promulgated to put an end to the frequent and unmeaning shifting and arranging of men on the Professorial staff of the College, which used to be resorted to, to meet service conveniences. For instance, it used to be held in the Surgeon-General's Department that a Surgeon-Captain may be Professor of, say, Botany or Pathology; but as he rose to be a Surgeon-Major, the Botany or Pathology chair was not high enough for him, and he was raised to the Professorship of Physiology or Anatomy. But,



again, as the Surgeon-Major became senior, and was perhaps posted a Brigade-Surgeon and Principal of the College, it was necessary to invest him with the honour and position of a Professor of Medicine or Surgery. So that, as a Surgeon-Captain ripened into Brigade-Surgeon or Principal, his Botany ripened into Anatomy or Physiology, and the latter, again, budded forth into Medicine and Surgery. Furthermore, by a touch of inspiration as it were, the Medicine Professor taught also Hygiene, a specialty in itself, just as the Professor of Ophthalmology is also, by some mysterious relationship between Ophthalmology and Zoology, a born zoologist and naturalist. In other words, promotion to each grade carried with it a complete change of aptitude and function.

8. The recent reforms provided that for the good of the College and medical education this turning of a Botanist into a Physiologist or Anatomist, and his finishing as a Professor of Medicine or Surgery, was to be put a stop to, and that the service seniority of the Professor was not to affect the subject he taught. Men were to be appointed to teach subjects for which they had special qualifications or training, and they were to remain Professors in their special subjects in spite of their rise in the service. Was not this reform actually put into practice when the Chemistry Professor was made, through his seniority, the College Principal, at the same time retaining his Chemistry Professorship; and were not men with special qualifications and training in Physiology and Pathology brought in to teach these special subjects?

9. Dr. Childe was specially selected to teach Pathology and work at original research in Pathology and Bacteriology. Why, when he has done so well in this, has he been suddenly asked to put on the cap of Analytical Chemist? Why should a Pathological expert be turned into an Analytical inexpert? If regard had been had to the need both for continuity and efficiency of work, would not the most simple and natural arrangement that could suggest itself to ordinary minds have been to keep Dr. Childe where he was, as a specially selected Pathologist and Bacteriologist, and to have put the Analytical and Chemical teaching and work in the hands of the trained and expert Chemical Analyser, Dr. Deshmukh?

There is much more that might be said on the subject, but I will forbear, at all events until some one thinks it worth while to answer the pertinent questions which I have put above.

ON-LOOKER.

*The "Times of India," 2nd November 1892.*

*(Also "Bombay Gazette.")*

THE CHEMICAL ANALYSER'S DEPARTMENT.

TO THE EDITOR OF THE "TIMES OF INDIA."

SIR,—I am glad to see that attention is being called to the question of Dr. Deshmukh's resignation of his office of Assistant Chemical Analyser to Government. It is a question of serious public importance. There are underlying it principles which affect not only the profession and the public service, but the public at large. It is time our public bodies took up the question seriously, for it vitally affects the progress of medical education and the growth and rise of the local medical profession on the one hand, and the rights and interests of the public on the other. Medical education demands that the teaching in the Medical College be in keeping with what one expects from a first-class medical school. It must, therefore, be entrusted in every branch to admittedly capable specialists and experts. In order that the work may be efficient, it must be continuous, and to be continuous, there should be no unmeaning and unnecessary shuffling of the Professors. Further, the public interest in the Chemical Analyser's Department demands that the reports of analyses done in the department, which are regarded as conclusive and authoritative, shall be the work of men who can lay claim to expert knowledge and experience. Recent moves in the College, which have evidently been made to suit the convenience of the Surgeon-General's Depart-

ment, call for some prompt action on the part of the public. They have not only given cause for the profession to feel aggrieved at a glaring injustice done to one of its members, and at the unreasonable neglect of the interest of the College teaching in chemistry, but have shown utter disregard of the public interests—interests which involve questions of life and death. It is incumbent, under the circumstances, on our leading public bodies to memorialize Government and to take such steps as will conduce to restore confidence in the reliability and responsibility of the work done by the Chemical Analyser's Department. There ought to be at least one person posted there who, by his special knowledge, will be able to check the work of novices. At present mere beginners are suddenly called upon to do and be responsible for the work of masters of the science and art of analytical chemistry. The present assistants are not experts, for they have such knowledge of the elements of chemistry as they possessed when they passed their L.M. and S. examination and no more. Their present chief is one who has been always regarded as a pathological expert, but is not known to have any special qualification in chemistry. At any rate, he cannot be expected to be familiar with the work, and is, moreover, not very senior to his assistants. Can the public have any confidence in the quality of the work done in the Chemical Analyser's Department under such circumstances? Are these the experts who are to assist the cause of justice in the Courts of the Coroner, the Magistrates, and the Judges, and to assist various other Government departments and the community that have to depend on the Government chemical experts for their action in matters requiring the aid of the analytical chemist? It is too serious a subject for the Government to neglect it. There are grave public and State interests involved, and they ought not to be sacrificed to personal or departmental considerations.—Yours, &c.,

BHALCHANDRA KRISHNA.

*Bombay, November 1.*

*The "Times of India," 3rd November.*

THE CHEMICAL ANALYSER'S DEPARTMENT.

TO THE EDITOR OF THE "TIMES OF INDIA."

SIR,—What seems to have principally weighed against Dr. Deshmukh's appointment as Chemical Analyser is the strong service interest arrayed against him. There is a disposition habitually to subordinate efficiency of administration to the personal and class interests of the Service, a disposition which calls for a strong protest from the public, to whom efficiency is the principal object, and individual and class interests a matter of but little, if any, importance. The vested rights of the Indian Medical Service are often proclaimed from the house-tops, but have never been explained and have never borne criticism. It is difficult to conceive on what ground the Grant Medical College is deemed to exist for the Indian Medical Service only. It will be insulting the meanest understanding to urge that an institution which is supposed to be the means of providing and promoting medical education for the country, and of elevating the tone and status of the profession, exists only to supply appointments for the supernumerary or reserve officers in the Indian Army, for whom no regimental duties could be found. The primary duty of Army Medical officers will naturally be to be attached to the Army, so that when any exigencies of war arise they will be drafted to their military duties. Are we, then, to suppose that the Grant College is to be shut up and medical education suspended? It is high time the shibboleth of the Service were abolished, as far as the Grant Medical College is concerned. As an educational institution it ought to be governed strictly according to its own wants. The best available men, whether in the Service or out of it, should be chosen as Professors, and they should be induced to stick to their posts and cultivate the special sciences which they are chosen to teach. It was only recently that Government seemed to recognise and to give effect to this principle, as evidenced by the two appointments specifically made with that view. This was done, as is well known, in spite of the traditions of the Service, and it may be hoped that the beneficent policy so inaugurated will be continued, especially as any departure

from such a policy in the case of an important department of the State Service like that of Chemical Analyser to Government must be fraught with mischief. The teaching and training in the Medical College are proclaimed to be second to none in the world. If so, why should its *alumni*, taking the highest degrees in a first-class University, be not held fit to rub shoulder with those in the Army Medical Service? If the Indian graduates, whatever distinction they attain in their own University and in the world, are to be stamped with a permanent badge of inferiority, the College and the University are not worth all the praise that is bestowed upon them. What is the value of the Bombay M.D. if its distinguished holders are not deemed entitled to hold rank with persons who cannot lay claim to any such academic or professional distinction? In the Arts Colleges men trained and passed in this University are held qualified to fill the chairs of Professors. Why should it be otherwise in the Grant Medical College? It cannot be that there is any intellectual inferiority in the Indian graduates who have invariably distinguished themselves at the British and European Universities, which is answerable for the rejection of the College graduates as regards their eligibility to be Professors. It must be still within the memory of many what opposition was provoked when Government proposed to offer opportunities to selected members of the medical profession to enlarge their knowledge and experience and at the same time advance the usefulness of the College and Hospital, by granting them honorary connections with the Hospital; and it is the same spirit that seems to have suggested the arrangement regarding the administration of the Chemical Analyser's Department during Dr. Barry's absence.

I am sensible there have been not a few men in the Army Medical Service who have borne aloft the torch of medical science in this Presidency, and to whose generous and kind nature we owe a deep debt. But unhappily the generation who laid the foundations of medical science in this Presidency, men like Doctors Morehead and Peet, Drs. Haines and Hunter, and more recently Drs. Cook and Carter, have gone. The present generation, I regret to say, have no sympathy with the College graduates and College students, and boast that they have not. The College is an educational institution, and ought not to be made a preserve or an appanage for any particular service or class. The dual control of the Director of Public Instruction on the one hand and the Surgeon-General on the other ought to be abolished. Competent men of the Army Service may be appointed Professors, but in that case they should cease to be controlled by the Surgeon-General. As educational officers they should be subordinate to the Educational Department. The other Colleges of Arts and Science are under the control of the Director of Public Instruction. The Grant College should likewise be put on a catholic basis, with a staff of Professors having no need to look outside the College for promotion. It should be an entirely civil educational institution, existing not for this or that body of men, but for the sake of education and science. If this object is strictly kept in view, there is no reason to doubt that native medical graduates would find fitting opportunities of cultivating special branches of medical science, and filling professorial chairs with distinction and honour to themselves, as well as the institution which reared them. I put in no special plea in favour of native graduates. I say the standard of selection should be entirely fitness and merit. On the present occasion there are all these qualifications combined. Dr. Deshmukh by his knowledge and culture, no less than by his work in the Laboratory for over twelve years, has peculiarly qualified himself to be Professor of Chemistry and Chemical Analyser. He has gained the highest University honours. The only ground of his exclusion from the office is that he is not a member of the Army Medical Service, a disqualification which the Government should set its face against.—Yours, &c.,

BHALCHANDRA KRISHNA.

*The "Times of India," 8th November 1892.*

**PUBLIC APPOINTMENTS AND THE GOVERNMENT MEDICAL SERVICE.**

TO THE EDITOR OF THE "TIMES OF INDIA."

SIR,—In my first letter I asked a few questions suggested by the circumstances attending Dr. Deshmukh's resignation, and paused for a reply. It appears that the questions cannot be answered except by prolonged and assiduous references to out-of-date and out-of-print codes. Whilst these references are being made, it is as well, perhaps, to save a second reference, and I venture to submit a few more queries, which suggest themselves on a perusal of Dr. Bhalchandra's letters.

1. It appears that there is a dangerous interregnum in the Chemical Analyser's Department. Mere beginners are in charge of the actual work of the Department, and the heads seem to be there simply to sign papers. That being so, what need is there for a highly paid specialist at all to sign the papers of the Department, and still more a specialist of quite another branch altogether?

2. The work of the Department being in the hands of those who have had no special training or necessary qualifications for it, would the Judiciary, the Police, the Executive, the Customs, and the Commissariat be justified in accepting and acting on reports which cannot be relied on as authoritative and conclusive?

3. Is the safety of the public at large, and of important State departments, to be sacrificed to the delusion of anybody and everybody being able and compellable to do the work of the Chemical Analyser at a moment's notice?

4. If the Service was unable to provide from amongst its ranks a qualified Professor of Botany, a subject comparatively easy and capable of being taught by mere references to text-books, and an outsider had to be appointed to the post, why should not an outsider, competent and available as he was, have been appointed in the Chemical Analyser's Department, the work of which cannot be done by text-books at one's elbow, but requires long and careful training and experience and special and practical knowledge of a high order, instead of one from the Service ranks, who admittedly is not trained to the work?

5. Is it not time that the College and the Chemical Analyser's Department were taken out of the control of the Military Department, when the control is exercised with such supreme disregard to the fitness of things and important public interest?

6. Is it right that the College should be under the control of a department which has no sympathy with it, and the destinies of which are presided over by those who do not seem to be mindful of its interests and dignity?

7. The rule in the Surgeon-General's Department being that young officers have to do military duty at least for two years before being put on civil duty, much less posted as Professors in the Medical College, one is tempted to ask, 'Is this in accordance with the known principles of education, and does two years' military service polish up the special qualifications of the would-be Professors or develop in them special aptitudes?'

8. How long are the College appointments to be made to suit the wants and conveniences of the Indian Medical Service, irrespective of the requirements and interests of the College and of medical education, and will the College always be used as a means for supplying appointments to generations of the Indian Medical Service, instead of being, as it was intended to be, a centre of medical education and progress and scientific work?

9. Are we to believe that the generous and enlightened members of the Service, who laid the foundation of medical education and worked for its development and honour, intended their noble work to be undone by their successors; and is it thus that the fair fame and name of these illustrious pioneers is to be preserved and held in respect and veneration?

10. If the medical school is an institution for the developing of medical education and cultivation of medical science, and if the votaries and professors of science must be catholic and cosmopolitan, why should the selection of its workers be scrupulously limited to a particular class or service, ignoring professional merit and talent outside the narrow circle?

11. Formerly many an institution was governed by the Military Department, but as things have moved on, the military control has been gradually confined to its own proper sphere of action, and when even third rate towns and principalities and institutions of minor interest and importance are no more subordinated to a Military Department, is it not a strange anomaly that a Presidency College, in a Presidency town, should still be left under the primitive forms of military government, and is it because the department of medical education and science has not kept pace with the progress of civilization elsewhere?

12. Should not specially trained men be invited to compete for posts in the medical schools of India, and the door to professorial appointments thrown open to all who are fitted to hold them without distinction of caste or class?

13. When capable and fit men are to be had straight from the Universities without any two-years' polishing up in military duty, and on more reasonable salaries, is it right to burden the tax-payer with an expensive department of military professors?

But the question of an expensive Medical College will bear separate treatment.

ON-LOOKER.

November 5.

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*The "Indu Prakash," Bombay: 31st October 1892.*

#### THE CHEMICAL ANALYSERSHIP.

Our correspondent "On-looker" brings to light an act of official injustice which cannot be too strongly condemned. Dr. Moreshwar Gopal Deshmukh, M.D., B.Sc., has been serving as Assistant Chemical Analyser ever since he graduated, that is, for over twelve years. The post of the Chemical Analyser fell vacant a short while ago by Dr. Barry, the permanent incumbent, going away on a short leave. Dr. Deshmukh applied to have the temporary post conferred upon him. It seems Government regards it as a preserve for the Army Medical Service, and has declined to give it to Dr. Deshmukh. The latter has resigned his office in consequence. Surely, if Dr. Deshmukh is the most competent man for the post, as he certainly is, why should Government set aside his claims and look out for some raw novice who will have to learn his work afresh at the laboratory? If Dr. Deshmukh's resignation is accepted, both the head and the assistant will be new men. The consequences of such an arrangement may be serious. The Chemical Analyser's work has considerable bearing on the judicial administration. The lives of persons may be saved or lost according as the new nominees have stumbled on the right or wrong conclusion. For Dr. Deshmukh himself, the change from official trammels to the free life of a Bombay practitioner must be welcome relief. But it is as a matter of principle that he is fighting. His retirement will have to be greatly regretted on the score of public administration.

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*Proceedings of the Medical Profession Meeting assembled on the 12th of November  
1892 in the Rooms of the Presidency Association, Fort, Bombay.*

MEDICAL EDUCATION IN BOMBAY AND THE GRANT  
MEDICAL COLLEGE.

*The "Times of India" 14th November, 1892.*

A well attended meeting of the Medical Profession of Bombay was held on Saturday evening under the auspices of the Bombay Medical Union, in the rooms of the Presidency Association, to consider "the important questions and principles involved in the resignation by Dr. Deshmukh of his appointment of Assistant Chemical Analyser to Government, and their bearing on medical education and the system of making appointments to the Grant Medical College and the Sir J. J. Hospital, and to decide on the action to be adopted in reference thereto." The hall of the Presidency Association was fairly filled, and among those present were : Drs. Atmaram Pandurang, Dossabhoy Bezonjee, Bhalchandra Krishna, K. N. Bahadurjee, S. V. Kane, A. D. Mody, A. P. Cama, N. N. Katrak, Jumnadas Premchand, V. V. Gokhale, J. A. Da Gama, R. K. Vacha, N. R. Umrigar, B. D. Kapadia, A. D. Contractor, K. M. Gimi, R. M. Mody, D. R. Tata, F. G. Gandavia, K. E. Dada-chanjee, Dadabhai Jamasjee, D. B. Master, D. D. Mistri, V. Dias, J. C. Sukia, S. D. Nadershah, Byramjee Nowrojee, B. H. Dantra and B. S. Shroff, Secretaries of the Union, Cowasjee Pestonjee, L. B. Dhargelkar, D. A. Adia, D. K. Patel, M. R. Setna, M. K. Barucha, R. P. Kertac, Shivdas Parmonandass, B. B. Darabsett, J. C. Merchant, K. M. Heeramaneck, A. G. Viegas, P. M. Davda, Abookhan Khoja, Fakirjee Ruttonjee, S. R. Coachman, A. Bocarro, Shantaram Vithal, H. D. Pesikaka, A. D. Talpade, N. H. Sukhia, G. B. Prabhakar, De Monte, H. T. Apoo, H. K. Tavarria, O. N. Bisni, D. M. De Silva, M. D. Cama, K. N. Sahiar, J. P. Nicholson, John De Cunha, &c.

Dr. Da Gama said that, in the absence of the President of the Medical Union, he begged leave, as Vice-President of the Union, to open the proceedings by explaining why that meeting had been convened. He thanked, in the first place, in the name of the Medical Union, the members of the local profession who had responded to their invitation. That meeting was called, not to protest in the matter of Dr. Deshmukh's resignation, nor to air his grievances, nor to make any complaint against the authorities ; but it was called simply to discuss the question if the time had not arrived for the profession to respectfully ask the Government to change the rules laid down by them for nearly half a century in respect of the appointments made by them on the teaching staff of the Grant Medical College. They could very well now ask Government to so alter the rules as to permit the members of the local profession who were found duly qualified to fill up the posts hitherto reserved for men employed in the Indian Medical Service, and not to disturb the continuity in the teaching staff of the Grant Medical College. (Hear, hear, and applause.) This was an excellent opportunity for them to take the matter in hand. There was a time when no medical men were available in Bombay, except the members of the Indian Medical Service, who had for the last half a century or so discharged the duties assigned to them in a most able, efficient, and conscientious manner ; but now when the local profession counted amongst them several eminent men who were able and willing to occupy the several professorial chairs, Government might be respectfully asked that the appointments hitherto held by the service men only might be kept open for members of the local profession of approved merit and ability. (Applause.) By pursuing such a course, Government would not only be giving a stimulus to the profession, but they would at the same time be raising the status of the members of the local profession. (Applause.) He then proposed that Dr. Atmaram Pandurang, who was the oldest Graduate of the Grant Medical College, be requested to take the chair.

The Chairman, who was cordially received, then addressed the meeting. Returning thanks for the honour done him, which he considered was due to age, and as the oldest member of the profession present in the room, he spoke of the past with some personal knowledge, and gave a short history of early medical education in Bombay, which he believed was not altogether irrelevant to the purpose for which principally they had met that evening. He then said that the Grant College was placed under the control of the Director of Public Instruction, and the hospitals and their management under that of the head of the Surgeon-General's department. The dual control, however necessary it might have been at the beginning, was not, he said, necessary now, and was, moreover, not conducive to any desirable result in the interests of the public or the profession at large. (Hear, hear.) Was not the complaint made that Indian medical men did not cut any brilliant figures in the world despite the advantages of the education they received in the medical colleges! Had this dual control anything to do with it? Law and art had no such double controlling authority, and they worked well under the single authority of the Director of Public Instruction. If their hospitals—not the regimental hospitals—were placed under a board like the old Board of Education, working direct under the Government or through the controlling authority of the Director of Public Instruction; and their medical education placed under it, and its present connection with the Surgeon-General's department severed, and when in this manner the true interests of the College was not subordinate to the individual interest of any particular body of men; when, in short, their medical colleges and hospitals were conducted on the same principles on which similar institutions were in Europe, the result would be similar; and Indian Medical men would in no way be inferior to those brought up in Europe. And they had before them examples of distinguished graduates from the Arts Colleges, who had been able to rise to the highest offices open to them in their line, because there were no class interests which put a barrier to their elevation. The questions which they were called upon to consider related to important principles, and it was with these principles that they were primarily concerned, though the occasion for considering them had been afforded by a particular instance. (Hear, hear.) On the proper application of those principles depended the advance of medical education, the promotion of science, and the elevation of their countrymen; and they might confidently hope that the result of their deliberations would meet with proper consideration at the hands of the powers concerned. (Applause.)

Dr. Bhalchandra Krishna proposed—“ That this meeting greatly regrets that Dr. Deshmukh should have been under the necessity of resigning the post of Assistant Chemical Analyser to Government, which he held for thirteen years with credit to himself and to the satisfaction of his superiors and of Government, and that his special knowledge, training, and experience as Chemical Analyser should not have been recognised and utilized in making appointments consequent on Dr. Barry's absence on leave.” He said that before he addressed himself to the resolution, he might take that opportunity of disabusing the minds of the profession as well as of the general public that they were in no way agitating or raising their voice on behalf of Dr. Deshmukh for the purpose of moving the Government to reinstate him. (Hear, hear.) He might say once for all that they had nothing to do with the individual aspect of the question; all that they had assembled for was for the purpose of discussing the important principles involved in the appointment in question. They had not met to say anything against one department or the other. All that they wished to say was that the action taken by certain officials was contrary to the just and equitable policy enunciated a few years ago by their most able, enlightened, and liberal-minded Governor, Lord Reay. (Applause.) They regretted for two reasons that Dr. Deshmukh was in a manner compelled to resign his post. The first reason was that by his resignation the College had been deprived of a very able teacher, and the students and the general medical education of the Presidency suffered on that account. If they allowed a principle of that sort to be established without a constitutional agitation or a respectful protest on the part of the profession, it might be cited as a precedent in the future to the

great detriment of their posterity. (Hear, hear.) It was, therefore, their bounden duty, without looking at the question from a personal point of view, to fight their battle strictly in the interest of the profession, the public, and humanity, for the sake of the important principle involved in the question. (Applause.) The second reason why they regretted Dr. Deshmukh's resignation was that the authorities should have completely ignored the actual wants and interests of the general public. The department of the Chemical Analyser was a very important one, inasmuch as it dealt with cases of poisoning brought before courts of law, and with articles sent to them for analyses from the Customs and Excise Departments. If there was one department more than another where it was necessary to appoint an expert or a man who had received a good and special training for a number of years, and who had a special and practical knowledge of the analysis of drugs and other articles, it was the Chemical Analyser's Department. To place a man without any such experience and training in charge of a department like that was subversive of all public interest. (Applause.) Another point on which he would like to dwell was the want of continuity of policy by the present Government in the filling up of the professorial chairs. He had but just referred to the resolution issued in the year 1889 by the Government of Lord Reay, in which the policy with regard to continuity in respect of the teaching of the several branches in the Grant Medical College had been so ably and so distinctly enunciated. He might take that opportunity of mentioning that the present Government by their appointment of the Acting Chemical Analyser had shown in the most unmistakable manner that they had no sympathy whatever with the policy enunciated by their predecessors. (Hear, hear.) The resolution issued by the Government of Lord Reay was received with the greatest satisfaction by the local profession, who thought that there was a very bright future for them, and that they were considered fit and capable of entering the wider and broader fields of science and research; but now when they saw that the doors laid open by one Government were closed or attempted to be closed against them by another, it was their bounden and their sacred duty to raise their voice and express their regret at the action taken by Government in the matter of Dr. Deshmukh's appointment. (Applause.) The resolution submitted by him stated that Dr. Deshmukh had served the Department with great ability and success and entire satisfaction to the authorities themselves for a period of thirteen years. He (the speaker) did not say that without book, because the statement made in the resolution was confirmed by what appeared in the reports made by the Chemical Analyser to Government. That officer often expressed his entire satisfaction at the way in which Dr. Deshmukh performed the duties of his office, and the Government in their Administration report were pleased to observe that his superior under whom he worked should speak so highly of him and his services. (Applause.) Was it, therefore, right and proper and just on the part of the Government to have dealt with Dr. Deshmukh, who was a man of great distinction in the profession, and with whose ability, integrity, and sterling merit and character they were all so very well acquainted in the manner they had done? (Hear, hear.) Was it at all proper in the interest of the profession that a man, who held one of the highest ranks in the local profession, should have been so treated as to feel himself compelled to resign his post? (Hear, hear.) It had been alleged that Dr. Deshmukh was compelled to resign because the authorities thought that he should not be allowed to carry on his private practice. If there was any truth at all in that statement, it existed only in an infinitesimal portion. Dr. Deshmukh continued to occupy the post for such a long time, because he was distinctly given to understand that he would be allowed to carry on private practice. But apart from the question of private practice, he (Dr. Deshmukh) continued in his post because he often received encouragement from his superiors that in case of a vacancy arising his worth and merit would in due time be recognised by Government. He represented his case on the occasion the last vacancy occurred, but he was curtly informed that the rules were stiff and would not permit of any such appointment. The authorities, if they had chosen, might have relaxed the rules in favour of Dr. Deshmukh. He



(Dr. Bhalchandra) might give an instance in which the Government had relaxed the rules, which were to a certain extent elastic and flexible. If they referred to the Civil List, they would find that the appointment of the Superintendent of the Yerrowda Jail was a scheduled appointment, and yet, when the permanent incumbent of the post went on three months' leave, the man who was immediately under him was appointed to take his place, the local Government afterwards applying for and obtaining the sanction of the Government of India to the arrangement. That clearly showed that if the Government of Bombay had chosen to appoint Dr. Deshmukh to the post of Chemical Analyser, they could have easily given effect to their wishes, and thereby given the greatest possible satisfaction to the whole of the local profession, who would have hailed with delight the continuity of the policy laid down by the Government of Lord Reay, and at the same time the recognition of merit and ability among the graduates of the local University. (Applause). Instances in which the rules were relaxed could be multiplied if desired. The appointment made by Government to fill up the vacancy of Chemical Analyser was useless for all practical purposes, because, however able a man might be in his own special branch, he was not expected at such a short notice to fill a chair which required knowledge quite different from that of his special subject. A Pathologist, however eminent he might be, could not become a successful Chemical Analyser within such a limited period. (Hear, hear, and applause.) Where was then the necessity of unhinging and breaking the existing professorial arrangement in the College and impairing the efficiency of the Chemical Analyser's Department? If that was before the mind's eye of the authorities, they would not have committed the error of judgment which they seemed to have committed in the present case. (Loud applause.)

Dr. Dadabhoj Jamaspjee, in seconding the proposition, spoke in high terms of the ability and integrity of Dr. Deshmukh, who, he said, by his long training and experience was best qualified to fill up the appointment temporarily vacated by Dr. Barry. A glaring injustice had been unconsciously done to Dr. Deshmukh, and he hoped that the Government of Lord Harris, who had the interest of the profession at heart, would not fail, when all the circumstances of the case were brought to their notice, to do justice to one who deserved better at their hands. (Loud applause.)

Dr. John de Cunha, in supporting the proposition, said :

" I rise with much pleasure to support the proposition you have just heard.

I confess that I am sceptical about the benefit to Dr. Deshmukh from this evening's proceedings beyond the poor consolation he will probably derive from our expressions of condolence and sympathy. Our affection, as he well knows, he has always had and always will have.

The real gain will be to the Indian public which will be able to see for itself how its best men may sometimes be ruthlessly strangled by red tape.

Will the feeling awakened in the breast of the public be akin to that excited by the spectacle of a bull-fight? Will it view with indifference the ineffectual struggles of the hapless victim in the coils of the official python? Time will show. What hope of answer or redress? I see none here.

Perhaps in Gehenna where the iron heel and heart of stone are presumably amenable to the softening influence of heat, perhaps in the Circumlocution office *lucus a non lucendo* in Sheol where the refined and purified official hath ceased to circumlocute and hath too much self respect to lie like a missionary, to lie like the common or garden missionary of commerce. But not here certainly, not here.

Just one word about our dispensaries, Mr. President and Gentlemen. It is often cast into our teeth by the greatest traffickers in men's goods and men's lives that the world

has ever seen—I say it is often cast into our teeth that we lower the dignity of the profession by keeping dispensaries. Our revilers don't seem to know that Aristotle kept a doctor's shop and that Plato sold oil, but that is by the way.

We at least take fair money for fresh drugs. We have never extracted money from the public in exchange for dead Jews and defunct Hebrews two thousand years stale.

We never went around town and held the Bible before the eyes of the public with our right hand while we picked its pockets with our left.

The proposition was then put to the vote and carried unanimously.

Dr. N. N. Katrak proposed—“That this meeting is of opinion that the system of making appointments to the Grant Medical College and the allied institutions mainly with reference to departmental convenience and the interests of a class is mischievous in principle and in practice, and that it is calculated to affect the interests of the public and important State departments no less than the status of the local medical profession and the advancement of higher medical education. He said that the Grant Medical College, in addition to imparting medical instruction, was expected to advance the theoretical and practical portion of their science, and there must, therefore, be efficient and intelligent teachers attached to that institution. (Hear, hear.) After comparing the education imparted and the progress medical science had made since the time when Dr. Atmaram, the chairman of the meeting, had received his training at the College, the speaker proceeded to say that the several Professors were drafted from the Indian Medical Service, and by the time they obtained mastery of a particular branch of the study they were appointed to teach, they were shifted to some other branch of study. There was besides the distraction of private practice which acted prejudicially to the interest of the students and the College. (Hear, hear.) The resolution of Lord Reay might be called the Magna Charta of the medical men of this city. (Applause.) Thousands of rupees out of the public money were spent for the maintenance of the College which had not yet been able to do anything which would occupy a permanent place in the medical literature of the world or in the shape of original researches. (Hear, hear.) Although the College had existed now for more than half a century, there had been no original researches made in respect of indigenous drugs and diseases. An assistant surgeon was paid Rs. 100 per month, and it was only after twenty years' service that he was able to earn double that amount, whereas a service man began with Rs. 300, ending in Rs. 2,000 or Rs. 3,000 a month as the case might be. (Hear, hear, and laughter.) The disparity was too great to be seriously overlooked. (Applause.) He did not for one moment wish to say that the service men should be driven away. They must all acknowledge the deep debt of gratitude they owed to the service men—(applause),—who were the pioneers of medical education, and through whose exertions so many hospitals had been established in the city. (Renewed applause.) They were all indebted for their education to the men of the Indian Medical service, but that was no reason why they should have a monopoly of the collegiate posts and hold them permanently to the detriment of those who received their education at that institution. (Applause.) It might be that a Telang, a Mehta, or a Budrudin might be vegetating in some distant corner of the Presidency getting a hundred rupees a month, because he had the misfortune to join a service which was not highly paid by Government. (Hear, hear.) If the Hon'ble Mr. Justice Telang, instead of taking up the law, had joined the medical service, he would, with all his knowledge and ability, now have been drawing Rs. 100 instead of Rs. 3,750 that he was deservedly drawing at present. (Loud laughter, and applause.) They ought to consult the best interests of the profession and not of any individual. In conclusion, Dr. Katrak earnestly appealed to the meeting to adopt a moderate and respectful tone towards Government, not only while they were discussing the question that evening, but also in the memorial which would have to be forwarded to them in the matter in due course. (Loud applause.)

Dr. V. V. Gokhale seconded the proposition.

Dr. Dinshaw Bomanjee Master, in support of the proposition, said that it was absolutely necessary that Government rules with regard to the College appointments should be altered. The Surgeon-General could have given the Chemical Analyser's post to Dr. Deshmukh if he had liked it. There were instances in which rules had been relaxed by Government. The late Drs. Narayen Daji and Succaram Arjoon and Dr. MacDonald were given the post of Professor of Botany at the College though they were not service men.

The proposition was then put to the vote and carried unanimously.

Dr. K. N. Bahadurjee said: Before I present to you the resolution that is placed in my hands, I would crave your indulgence to bear with me a while and to allow me a few words of explanation. We are met here to-day to decry no person or party, but to give a collective expression to our thoughts and feelings on the unsuitability of some traditional customs to the present needs of our profession and science which it is our privilege to cultivate and practice for the good of our fellow-beings. And if there is any measure which may be indicated for the raising of our science and our profession, as an humble servant of both, I feel it my duty to join my brethren in their endeavours, even though it be that peculiar specific instances may give the occasion to point out the unsuitability of such traditional customs; and, indeed, it is only particular instances of a strong character that forcibly impress one with the general principles they illustrate. I do not appear here as an advocate for this person or party, but, as will appear later on, I speak for our science and profession, and in doing so, I am certain that I shall be speaking the minds of my College colleagues who, I am sure, have equally at heart the interests of the profession which has given them such high positions in the service to which they belong. They are, no doubt, military men and are attached to their service, but all the same, they are fellow servants with us in the Imperial Service of the medical profession, and the instincts and traditions of this Imperial Service must have a superior claim on them. We cannot believe that they will allow them to be subordinated to the interests of a society to which their profession and science gave them their passport. And I do not think I am wrong in stating that my service colleagues themselves must be feeling that their society rules are now coming in the way of the advancement and higher cultivation, by the sons of the country along with the sojourners, of the liberal sciences which are ours. And with such common feelings and common aspirations as co-workers in the field of medical science, it cannot but be that my service colleagues are with us to-day, though silently, in proclaiming that this state of affairs requires mending. (Cheers.) Now I shall read to you the resolution I have the honour to propose:—"That this meeting is of opinion that for the advancement of medical science and scientific work, and for raising the dignity and the status of the local medical profession and encouraging graduates of the local and other universities appointments to the Grant Medical College and the J. J. Hospital should be thrown open to all who by reason of special merit and fitness should be qualified to hold the same, and not limited to any class or service irrespective of the necessary qualification and fitness for the same, and that the time has come for modifying and improving the existing order of things which is unsuited to the circumstances and requirements of the times." This is a resolution which is sure to strike sympathetic chords in the hearts of not only my brethren assembled here, but of our brethren in every part of the world—(hear, hear),—for it deals with a subject which is concerned with the welfare no less than the glory and honour of the noble profession and service to which we have the honour to belong. (Applause.) Our own service and profession recognise no "covenant" for its cultivation and advancement beyond that of faithful work, and this covenant has no limitations of caste or creed or class, but is extended to recruits from all ranks and conditions of men, the only standard of admission being capacity and merit. In other words, the liberal professions make no selection of their votaries on any other principles but those of merit and special aptitude. (Hear, hear.) Why, when we were elected members of our great profession, we did not suffer any handicapping. Our examinations did not prescribe prohibitions of caste, colour,

or creed? We won or lost, as we deserved, by our professional qualifications and training. Nor were we told that absence of any other qualifications, barring those of our profession, will exclude us from the covenant of working for the advancement of our sciences, and thereby contributing to the growth and welfare of our profession. The doors of institutions for scientific and medical work,—the colleges and hospitals,—could not, from their very nature, be closed to any but those who are disqualified by reason of incapacity and unfitness for the work; nor can such institutions be reserved for any special society of professional men. (Hear, hear.) The Grant College was founded as a centre for the rearing up of a medical profession in India. It was the principle of humanity which governed our rulers that made them found the College and Hospital. "It was not founded," said Sir Erskine Perry, "for any governmental or executive wants;" but the great object of the State was not only to supplant the ignorant *hakims* and *vaidis* by dispensary doctors taught in the English language, but to "provide opportunity of promoting the diffusion of knowledge amongst your countrymen and the increase of happiness throughout India." (Cheers.) History teaches us further that to justify the existence of the College as not only a first-rate medical school, but also as a centre for medical and scientific work in the country, and by the sons of the country, the genius who steered its course and strove to elevate it to the position of similar institutions in England, took on the graduates of the College as members of its staff, for he felt that he could thereby amplify and better its teaching resources, and, what is more, he was convinced that "the more thoroughly and highly the graduates of the College are trained (by the opportunities of self-improvement which teaching and actual scientific work afford) the more certainly will the object for which the College was founded be attained." Dr. Morehead strove to do away with the unscientific method of Professors teaching separate branches of our sciences by publicly recommending the principles on which the constitutions of public medical schools in England are based; and he was not afraid to point out the defects of his own institution in a public manner, for, to use his own words, "there is probably no better mode of improving our institutions than pointing out the defects and so fixing attention upon them as to lead to every opportunity of correcting them being steadily and systematically taken advantage of." In creating the class of teachers or tutors from amongst the fresh men, both to provide better teaching in the College and Hospital, and to raise the status and dignity of the College graduates by arranging for them a systematic course of self-improvement, he had "still further ultimate advantages" in view. And as the profession rose, there came the necessity of raising the tutors to the dignity of Professors, and the Government of India specially provided some professorships for the advancement and culture of the local graduates. We had non-service Professors of Botany, Materia Medica, Jurisprudence, and Hygiene, and men of distinction too; but for reasons difficult to fathom, the non-service professorships got "docked" into the schedule of the Indian Medical Covenant. This is a state of affairs, however, which seems almost to have been predicted by the genius of Dr. Morehead who, in his great anxiety to keep the aims and objects of the institution, for which he showed such fatherly care strongly before the public and professional mind, lest they be forgotten, gives expression to this fear in these words:—"Who, I would ask, that has lived for any time in this country has not witnessed well-digested plans of public good marred in their execution, simply because, in the changes of Governments and the fluctuations of society, the grand principles on which they were based has been forgotten and overlooked, and its place usurped by secondary and subordinate purposes?" There may have been times to which the present exclusive system of appointments to teaching institutions may have been suited. But it is abundantly clear that not only are they unsuited to the instincts of progressive times and the needs and requirements of the times in which we are now living, but that they were actually against the very intentions of the founders of the Grant Medical College, and the time has come, therefore, when there should be a removal of the rules which hamper, if they do not altogether prevent, the development of indigenous talents and even preclude the well-intentioned amongst the executives from administering

the educational institution (loud cheers) according to its own wants and to the wants of the profession which it offers the only field for scientific work and intellectual advancement. For, as I have already said, service or no service, the instincts of the science and its creed must govern the thoughts and actions of professional men, especially when they are concerned with the honour and glory of their science. All honour to men of those broad and sympathetic views, who never missed an opportunity of advancing and encouraging their own pupils by raising them to places for which they were qualified, and in which they might be useful, without any narrow-minded prejudices about so-called prestige and dignity. Strange as it may appear in these days, it must be mentioned that such a distinguished scholar as Peet was pleased to serve under his own pupil as Vice-President of a Society of which the Professors and practitioners were members. I mean the Grant Medical College Society, of which Peet was content to be the Vice-President, allowing the honour of Presidential Chair to his distinguished pupil, the late Dr. Bhau Daji. I cannot more fittingly conclude this tribute of respect and admiration for the distinguished and liberal pioneers of medical education in this city, and my appeal to their worthy successors, than by referring to the noble and high-souled words of one who, though a service man himself, was still a greater and more eminent votary of his profession. In addressing an audience of his colleagues and pupils, this is what he said:—"Let there be amongst us the spirit of frankness, cordiality, and fair dealing, by which an honourable competition should alone be characterised. May our intercourse here have the effect of checking that tendency which a feeling of rivalry is apt to excite, to disparage the qualifications of those who are running the same race; and above all, let it remind us that, in the honourable struggle in which we are to engage, our course will not be quickened by unfairly endeavouring to keep back those who are manfully disputing the palm with us. Let us rather endeavour to realize to ourselves the sense of humiliation and disgrace, which success by such means cannot fail to produce; and while attaching a due measure of importance to the distinction which success confers, let us never forget that it is only a source of happiness when fairly earned and deserved by honourable exertion,"

Dr. A. G. Viegas seconded the proposition, and Dr. H. Tavoria having supported it, it was carried unanimously.

Dr. A. P. Cama proposed—"That this meeting greatly regrets that the beneficent policy recently enunciated by Government in their resolution, dated 9th November 1889, and partially given effect to by Government in appointing persons of special merit and fitness to places in the College and Hospital, and ensuring continuity and efficiency of teaching and practical work by retaining them in their special places, irrespective of rank or position in the service, should have been departed from, and thereby important reforms impeded and rendered nugatory." In support of the proposition, Dr. Cama praised the action taken by Lord Reay in the matter.

Dr. S. V. Kane, in seconding the proposition, said that they must have meritorious and duly qualified men for the College, and not that the College should be intended for any particular class of men. Dr. Anna Moreshwar Kunte, under whom they had all received their training with all his ability and experience, was still a Demonstrator of Anatomy, because he had not the good fortune to be a service man. (Hear, hear, and applause.) Professors Meyer and Bahadurjee were liked by the students because they imparted their knowledge of their special branches with zeal and ability, and they threw their whole heart and took a pleasure in the duty which they were asked to perform. (Applause.) They were grateful to the Indian Medical Service for all that they had done for them, and they would be still more grateful if they were to give them a helping hand in acquiring that which would improve and elevate the status of the local profession. (Loud applause.)

Dr. G. B. Prabhakar having supported the proposition, it was carried unanimously.

On the motion of Dr. Byramjee Nowrojee, seconded by Dr. P. M. Davda, it was resolved that a committee of the following gentlemen, with power to add to their number, be

appointed to submit a respectful memorial to Government on the subject of the resolutions passed by this meeting, and to take such other steps as may be considered necessary and expedient to give effect to the aims and the object of this meeting :—Drs. J. C. Lisboa, Atmaram Pandurang, Dosabhoy Bezonjee, K. N. Bahadurjee, Gerson da Cunha, M. B. Colah, Byramjee Nowrojee, L. P. de Rozario, Hormusjee Bezonjee Dantra, J. A. Da Gama, Dadabhai Jamasjee, H. D. Pesikaka, S. V. Kane, A. P. Cama, V. V. Gokhale, A. D. Mody, N. N. Katrak, Ismail Jan Mahomed, N. H. Choksey, M. R. Setna, and others, with Drs. Bhalchandra Krishna, Burjorji H. Dantra, and B. S. Shroff as secretaries.

Resolutions were then passed thanking the Medical Union for having taken the initiative in convening the meeting, and thanking the chairman of the Presidency Association for the use of their rooms.

Dr. S. K. Nariman, M.D., proposed a vote of thanks to the chairman, who, he said, endeavoured in days gone by to establish another Medical College, but failed through circumstances over which he had no control. Unless they tried and established another college, all their greivances would not be easily remedied. (Applause) This was not a meeting of the Medical Union only, but a meeting of the profession. (Loud applause.)

The vote of thanks to the chairman was then carried by acclamation.

The Chairman, in acknowledging the compliment, advised the profession to continue to agitate in the matter.

The proceedings then terminated.

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## LEADER OF "THE TIMES OF INDIA."

*Monday, November 14, 1892.*

The meeting of the native medical profession on Saturday, which we report to-day, sums up, and we hope concludes, the somewhat long discussion that began in our columns concerning the claims of unofficial practitioners to Government appointments in the Grant Medical College and elsewhere. It is not our fault if the discussion has been one-sided, and we imagine that the public will not think that the whole truth of the matter has been conveyed in the letters that we have printed. Government officers do not enjoy the polemical liberty that belongs to other people, or we should certainly have been asked to give the professors of these coveted appointments an opportunity of reminding the public that one story is good until the other is told. It will not escape notice that the leaders in the movement have made remarkably free use of the occasion which chance has brought to their hands. An Assistant Surgeon who for thirteen years held the appointment of Assistant Chemical Analyser is passed over, when the Chemical Analyser takes three months' leave, and the acting appointment is given to a commissioned officer, the Professor of Pathology. The facts are made to serve as the text for many disquisitions upon the injustice of reserving Professorships in the Grant Medical College and cognate appointments to members of the Indian Medical Service, and upon the unwisdom of Government in departing from their own declared policy of keeping Professors continuously in the posts for which they are fitted, instead of shifting them indiscriminately from one appointment to the other without any regard to their special aptitudes. All this, of course, is far afield of Dr. Deshmukh's particular grievances, which, taking them in isolation from the large general question with which the promoters of Saturday's meeting have dexterously associated them, do not seem to us to be extraordinarily clamant, It is part of the case urged in his behalf that he was forbidden to carry on private practice, and the allegation has been made as though the provision had been suddenly and unfairly

sprung upon him. There was, we understand, no such suddenness; there was no unfairness, because the prohibition to take private practice extends to every Assistant Surgeon.\* Moreover, those who bring this into the tale of his grievances ignore the fact that if he had been appointed to act as Chemical Analyser, he would have been under the same prohibition.† Up to this point, then, we fail to see where the injustice comes in.‡ Then there comes the question why an officer who had served Government for many years—creditably and efficiently as every one admits—in the subordinate appointment should have been debarred from enjoying the transient honour of acting in the higher appointment during a temporary vacancy. The answer to this is that the appointment is specially reserved for members of the Indian Medical Service, and so far as the Surgeon-General and the local Government are concerned, this is a final answer.§ To carry the controversy further is to raise the general question of the policy of reserving college and hospital appointments to members of a particular service—a question which, it will be seen, was discussed at Saturday's meeting with no lack of energy. We see no reason for deprecating reasonable discussion of the subject, and the discussion certainly should not start from the assumption that the principle of reservation is a desirable one in itself. The object aimed at in the present arrangements must, however, be fairly recognized. The Secretary of State, in reserving certain appointments in the Indian hospitals and medical colleges to commissioned officers, desires, not merely to make the Service attractive enough to bring good men into it, but to ensure that the clinical and teaching staff of these institutions shall be recruited by men who have had the advantage of the best teaching that the medical colleges of the United Kingdom can give. If the expression of dissatisfaction with the "monopoly" of the present system had been tempered with a reasonable recognition of this fact, the denunciations which have been passed upon it would have been pitched in a somewhat lower key. It is possible to look at the question, as one of Saturday's speakers said it should be looked at, from the point of view of the interest of the profession, of the public, and of humanity, and still to see that on the whole the present arrangements are well devised. At the same time, if they could be so far modified as to make the barrier which to-day separates the practitioner who has been trained in an Indian College from all the higher appointments less absolute than it is, the benefit to the local profession would be considerable. An ill-considered reduction in the list of scheduled appointments is to be deprecated, and we suspect that it would require a good many meetings of the local profession to bring that about. But it would certainly be worth while, when new chairs are constituted or new hospital appointments are created, to bear in mind that every profession is benefited by the application to it of the Napoleonic principle of *La carrière ouverte aux talents*. We confess that it would be no easy task to translate this general principle into fact, and there are no signs just now of a desire to take up and complete the reforms in medical education which were devised by Lord Reay's Administration. The present controversy, absurdly though it has gone beyond the limits of the occasion that has called it forth, will not be without advantage if it invite inquiry into the practical possibility of a judicious amendment of the system in that direction. But the promoters of Saturday's meeting will do well not to look for much more than that. They would find, if they had their way, that anything like a radical change in the hospital and college organization would bring little advantage to them, and the public, who also have an interest in the quarrel, we suppose, might have to pay dearly for the experiment.

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\* This statement is, to say the least, incorrect. (1) The prohibition to carry on private practice was not in existence during the first twelve years of his service, but was suggested only in the thirteenth (see his letter of explanation, page LIII). (2) All Assistant Surgeons, with only one exception, are allowed private practice.

† True, but the pay of the appointment would have been more than double his own.

‡ It is impossible to see any injustice if the facts are so misrepresented consciously or otherwise.

§ This again is incorrect. The appointment under the existing circumstances was quite possible to be made without infringing the regulations of the service at present in force (see his letter of explanation, page LIII and para. 4 of the Medical Profession's Memorial, page XLII).

*The Advocate of India, Friday, November 18, 1892.*

The meeting of protest which was held by the Bombay Medical Union on Saturday last will be widely sympathised with by the medical profession all over India, including medical men great and medical men small, medical men in the service of Government and medical men out of the service of Government, medical men with army commissions and medical men without commissions. The subject of the protest is the recognition of the rights of all the members of the medical profession in India to a share in the professional teaching in the medical colleges. The medical profession in India have been slow to recognize the fact that the *alumni* of the medical colleges of this country have been designedly excluded from the teaching chairs of their own colleges. It has taken fifty years to awaken the Indian medical profession to the unparalleled fact that no medical man trained in India, or trained partly in India and partly in Europe, has been able to claim a teaching chair in his own college as a right. One or two special selections of individuals to fill an inferior chair have been made, but the selections have been made as a grace and have never been conceded as a right. The Indian medical profession are thus placed in the position of slavery in their own colleges.

This anomalous condition of the Indian medical colleges forces on the questions—to whom do the colleges belong? Who rules them? And how are they supported? The colleges are educational institutions of the country, raised and equipped out of general taxation, and are designed to impart to Indian students the soundest and highest possible professional training in medicine and its cognate subjects, including national and domestic hygiene. As educational institutions the responsibility for the quality of the instruction imparted is wholly in the hands of medical men, who are all commissioned medical officers and service men holding military rank. The colleges are ruled by the State through the channel of the Director of Public Instruction. This officer has no medical qualifications, and being an official, his sympathies go with officials and not with the unprivileged profession. The Director takes upon trust the quality of professional education imparted to the students. He is unable of his own knowledge to decide upon the qualifications of the teachers of the various branches of medicine, and he cannot judge of the amount of proficiency of the students. The colleges are supported in part by the State, that is to say, the tax-payers contribute a certain proportion of the revenue. But as the State cannot maintain the colleges without levying fees, the students pay for their education. Moreover, as medical education would probably suffer unless prizes were provided to stimulate the industry of the students, prizes have been liberally provided by benevolent citizens. It will thus be seen that though the State exercises supreme control over the medical education of the country, and in doing so provides lucrative posts for its own commissioned medical men—a patronage of immense value to the holder—the public, as tax-payers, and the past graduates of the Colleges, as financial contributors have no voice in institutions for which they, and they alone, provide the means. It is a foreign profession who hold in their grip the destiny of the Indian medical profession.

In the history of all medical colleges the teaching chairs are nearly always filled by men taught and trained in the colleges. It is by this process of direct succession of Students to their previous teachers that the seal of successful teaching is affixed to the colleges. If any medical college were to go on training students for fifty years without producing one man qualified to fill any of the teaching chairs, the presumption would at once arise that that college was a failure, and that the students of fifty years were not only all born fools, but if any of them were invested with professional diplomas or licenses to practice, that a gang of unqualified and dangerous men were let loose on the public. What would be said of the medical colleges in London, Dublin or Edinburgh, if the former students of these colleges were excluded of set purpose from the teaching chairs in their own colleges? And yet this is the condition of the colleges of India. The shibboleth is that the medical services hold the men best qualified to impart medical education. If this is granted, the



service are entitled to be impaled on the other horn of the dilemma that they have failed to impart to their students an education equal to their own. Now, if any one will engage in studying the annual reports of the Indian colleges for the last twenty years, the study will reveal that the praises of the medical reporter have been pitched in a high key. Again and again has the judgment been pronounced that the final professional examinations of Indian medical graduates have demonstrated to these critics that the Indian qualifications are not a whit behind those of the best of the British colleges. When we hear the shibboleth that there is no real medical education in India except that which is in the possession of the members of the service who have passed through Netley, the exercise of a calm judgment compels us to believe one of two things—either that the annual reports of the Indian medical colleges are a compilation of involuntary taradiddles, or that the shibboleth of exclusive knowledge of the Netley men is a self-imposed plausibility which the service men come to believe in their hearts by frequent repetition in the unmixed company of one another. If the Netley story is true, the interests of humanity, as well as the interest of truth demand that it should have been freely published in the annual report of every medical college in the country. This bold statement, if they dared to make it, would secure to the service men the stability of their position and would show their right to the possession of all the teaching chairs. It would also afford a proof that they mean what they say and say what they mean. But they have not ventured to make any such statement officially; it is reserved for the clubs, for private patients and for a very virtuous Anglo Indian Press.

Judged by the official records of the colleges, Indian medical education has produced a large number of well qualified professional men. This is an official, if not a professional fact. Now, without venturing to prove the official record any further, experience may be appealed to as to the professional qualifications of Indian medical graduates. This experience shows that there are graduates of all gradations. The scientific, the observant, and the mediocre. But even the best of them are denied the opportunity of exhibiting their qualifications. They are trained in the persuasion to expect no professional recognition, hence they all reach the dead level of striving to subsist by private practice. As a profession the Indian medical profession has made no mark, has aspired to no professional eminence, and has secured no great amount of public approval. That profession now perceives through the view afforded by Dr. Deshmukh's case that no medical titles or degrees, and no amount of special professional qualification can gain the recognition of Government. Government, in this instance, consists of a limited service clique who have constituted themselves a professional monopoly.

It may seem to the *Times of India* that gratitude for the medical education they have received in Grant College, should induce the members of the medical profession to be satisfied with their lot and bless their educators. The members of the profession may desire to acknowledge the parental homage they owe to their instructors—the service lecturers and teachers—but on totalling up their obligations to these teachers, they find a balance in their favour. Let us explain. Discontent culminates and becomes insufferable when wrong is followed by wrong and is oftentimes repeated. This is really how the graduates of Grant College have been served. Instead of throwing open the teaching chairs of the college to the profession and encouraging its own students to endeavour to succeed to these chairs as an inheritance to which they are justly entitled by an unwritten law, the chairs are claimed as belonging exclusively to the service, and are held as a closed preserve. On half a dozen occasions a non-official teacher has been admitted, but admitted with reluctance. How they have been allowed to stray into the preserve need not now be discussed. It is sufficient to say they got in, and unnecessary to say they got out again before very long. Doctors of medicine fared no better than licentiates of medicine, it was the non-official presence that was hateful and not that the teaching qualifications were defective. The whole profession were watching these nominations and ejections. In

process of time it became evident that the service men were determined to maintain their exclusiveness, and the most ingenious as well as the strongest effort they made in this direction was to persuade Government to make all the teaching chairs of the college scheduled appointments. Such a rule obtains in no medical college in the world, and when it was made in Bombay it banged to the door of access to the college in the face of the whole of the non-official profession. It may be said that Dr. Bahadurjee, Dr. Anna Moreswar Kunte, Dr. Khory and one or two other members of the Native medical profession are now clinical teachers in the hospital even if they are nothing in the college. Their position as medical teachers is anomalous. Instead of being proud of the position in which they find themselves, they are discontented, and very justly discontented as will be found if they will only speak out. For several years the non-official medical men have been striving with might and main for a share of clinical work in public hospitals. Here, again, they have succeeded pretty well in getting in, but have succeeded better in getting out again. The college is not for them nor is the hospital. They are allowed to believe, and they do believe it most thoroughly, that their ambition must terminate when they obtain the licence of the University to practise medicine. The outside profession have been looking on at these movements within the college and the hospital, and have been observing with regret, not unmingled with indignation, the exclusive policy of the service men. Lord Reay was scandalized at the policy and interfered for a moment and with a chance of bringing about a desirable reform. But he began this work at the close of his administration instead of taking it in hand at an earlier period. On looking round at the middle of the succeeding administration, we search in vain for a continuance of the teaching policy which it was his earnest wish to carry out. The medical teaching in Western India is in the hands of a close preserve. This is the scandal: A Deshmukh slips out to-day, a Bahadurjee disappears to-morrow, and a Khory evaporates into the evening dew the day after.

We say the profession have observed the rise and progress of all these disabilities, and have seen with regret, the strength of the official fencing and the tightness with which the exclusive meshes have been drawn. That profession has seen that there is not hope that any of its members will ever be invited or encouraged to enter as teachers in their own college. Their position as pariahs is outside, they are disowned by the mother that gave them birth. There is no filial or loveable relation between them and their former teachers, and no association between them and the present teachers. Hope itself is gone. It is with feelings such as must be created by continued opposition and continued obstruction over a series of years that the observers have been viewing their professional position with increasing discontent. The cup of that discontent was fast reaching the brim when the Deshmukh case came and caused it to overflow in a howl of indignation. And was the *Times of India* surprised at that indignation? If it was surprised, is it surprised now that the mountains of the grievance have been to a certain extent exposed?

For, nigh upon fifty years, the graduates and licentiates who have been trained in the Grant College have been excluded from their own college, and have borne the exclusion with exemplary patience. In official reports they have been commended as highly educated medical men, and behind the back and round the corners they have been maligned as professional imposters. All this has been done in the one breath, and yet the profession has preserved its temper. Nay some of that profession have showered gold mohurs upon their opponents and have applauded the repulsion practised against their fellows.

Government are appealed to by the profession to bring the college in line with modern views. Will Government consider the memorial with patience, and will they ask themselves if the position into which 400 medical men have been fixed by semi-responsible persons it not a degradation? If it is a degradation, has it been deserved? Above all, will they inquire into the dual statement as to the qualifications of the medical licentiates of the Bombay University! The truth cannot be in opposing statements. Lastly, will they inquire, whether amongst the 400 members of the medical profession in India, there are not

a few who give promise of becoming useful and even eminent as teachers in modern medicine?

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*The "Indu Prakash" 14th November 1892.*

#### THE MEDICAL PROFESSION'S PROTEST AGAINST THE SUPERSESSION OF DR. DESHMUKH.

The Native Medical Profession of Bombay has taken a praiseworthy step in making a united protest against the action of the Surgeon General in the matter of Dr. Deshmukh's appointment. A public meeting of the profession was held on Saturday last, and adopted resolutions regretting the action of the Surgeon-General, suggesting that the appointments to the College Professorships and other connected posts should be made without respect to any service interests, and deciding to send a memorial to the Government in the light of those resolutions. Against Dr. Deshmukh's appointment the argument urged is that the post of Chemical Analyser to government is reserved for the Covenanted Medical Service. Against this it was pointed out at the meeting that the post of the Superintendent of Yerrowda Jail, also a scheduled post, was only recently conferred by the Local Government on the Assistant Superintendent for three months with the requisite sanction of the Government of India. This shows that where the Surgeon-General has a will to confer a scheduled post on a non-commissioned officer there is the way for him to do it. The service rules are not an absolute bar to an acting appointment. The meeting of the Profession has taken its stand principally on the Government Resolution of 9th November 1889, which declared that the appointments to posts requiring special knowledge and aptitude should be made with special reference to merit and capacity. The meeting eschewed all personal references. It fought the principle underlying the appointment. The plain issue is: "Here is a post of Chemical Analyser vacant for a short time. The Assistant Chemical Analyser, who has held that post for thirteen years, expresses a wish that the acting appointment should be bestowed upon him. He is admittedly the man best qualified by training and experience. The Surgeon-General refuses to make the acting appointment on the ground of service rules. The contention of the Medical profession is that the appointment should be made with reference to merit, and that service rules must give way where the condition of merit cannot be satisfied. The meeting protests against the entire system of appointments which makes service rules and service interests the predominant element and treats merit as subsidiary. The service rules, moreover, are not an absolute bar, they are set up to be, and are in fact departed from in cases when the Surgeon-General himself wished it.

In reference to Dr. Deshmukh's resignation of his post as Assistant Chemical Analyser there is some misunderstanding prevailing in the public mind. The real cause of the resignation is the refusal of the Surgeon-General to give Dr. Deshmukh the acting post of Chemical Analyser. His sense of self-respect would not permit him to bear the indignity and injustice done to him. A secondary cause is the prohibition against private practice which, as if to add insult to injury, was imposed upon him, even in his post of Assistant Chemical Analyser. A Correspondent of the *Times of India*, signing himself "One who Knows," says the prohibition was a condition attached to the appointment when it was made. We fancy "One who Knows," knows more than Dr. Deshmukh himself. Dr. Deshmukh has been utterly unconscious of the prohibition these thirteen years and he has been carrying on his private practice in the most open and public manner. How is it the authorities awake to the prohibition just at this time? It is worthy of note that the Civil List contains a remark about a bar against private practice put against the names of some of the medical officers. Such a remark is put against Dr. Barry's name and against the name of Dr. Shantaram V. Kantak. No such remark is, we are told, to be found against Dr. Deshmukh's name. The inference is obvious. The prohibition now

sought to be imposed on Dr. Deshmukh is an after-thought, and is resorted to as a means of annoyance and a counter-blast against his claim to the acting post of the Chemical Analyser.

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*The "Native Opinion" Bombay: Thursday, November 17, 1892.*  
**THE INDIAN MEDICAL SERVICE AND THE MEDICAL  
 PROFESSION.**

AT the instance of the Bombay Medical Union, a large and representative gathering of the local medical profession was held in the rooms of the Bombay Presidency Association on Saturday last, to protest against the unjustifiable action of the medical authorities in respect of Dr. Deshmukh's request to be appointed acting Chemical Analyser to Government and in respect of the general policy of the present Government nullifying the reforms enunciated by the Government of our late popular Governor, Lord Reay, in 1889 in connection with the appointments to the different professorial chairs of the Grant Medical College. At that meeting the medical profession expressed its opinion in plain and unmistakable terms and resolved to send a respectful memorial to Government embodying a strong protest against the baneful and unjust policy pursued by the medical authorities in making the medical appointments of the Presidency. It is true that under certain rules all the important medical appointments have been reserved for the members of the Indian Medical Service. But it must be remembered that those rules were framed some quarter of a century ago when the European system of medicine was unknown to our people and when it was necessary to attract medical students of the British schools of medicine to India by high emoluments and posts of honor. But now that the Western system of medicine has become widely popular among us, now that a number of well qualified and some eminent medical graduates are turned out by our University every year, and now that there are amongst us medical men of our own who have obtained high degrees of medical knowledge at first hand in the reputed schools of medicine in the West, it is time that at least some of the places of high emoluments and honor, in the medical department, should be thrown open to men of acknowledged abilities, outside the privileged ranks. The rules, stringent as they are represented to be, allow the authorities to take up temporarily men outside the sacred circle of covenanted service to fill up acting posts if none of the privileged class are available. But this wise provision of the rules is not taken advantage of, as often as it should be. It is sometimes acted upon, as was pointedly shown by one of the eminent speakers of the last Saturday's meeting when the exigencies and convenience of the service make it inevitable. But in the instance which was the occasion for the present public agitation, it was most unwisely set aside, and the claims and just expectations of one of the acknowledgedly best men in the subordinate medical service of Government were not satisfied. If there was any occasion suitable for the exercise of this wise provision, it was undoubtedly this. The post of the Chemical Analyser to Government is so important and is vitally connected with so many departments of public service that the omission of appointing the best man available for the post in favour of one of the covenanted service in no way qualified for the post, has greatly agitated the public mind, and the whole native press is loudly protesting against the inadvisability of the step. It is no wonder that the medical profession should have thought it right in giving expression to its disapproval of and great regret at the turn of events that should have compelled an old and accredited servant of Government to throw up service in disgust at the treatment accorded to him. It has done well in seizing on this opportunity to memorialise Government on the unsuitable and mischievous character of the rules which afford plausible grounds for the perpetration of such sins of commission and omission. We hope that our other public bodies, such as the Graduates' Association and the Presidency Association will take up this question on general principles of policy and memorialise Government and even the Secretary of State for India, praying that, in the interest of medi-

cal education and the whole public service, a radical change in the policy of guarding interests of a class and privileges of a service to the detriment of general interests and right privileges of the people, has become necessary and fit to be undertaken at an early date. We believe this question of breaking down the unjust privileges of the Indian Medical Service is fit to be attended to in the same spirit as that in which the question of Indian Civil Service has been so long.

*The "Indian Spectator" Bombay, November 20, 1892.*

It is well the Bombay Medical Union is united enough to send forth a loud voice against what looks like a monopoly of the loaves and fishes at the disposal of the Grant College and the J. J. Hospital. But it would be better if the Union and those who support it worked steadily till they obtained some measure of success. In the matter of vested interests success is never speedy; it often comes painfully in small instalments. But come it must, in response to honest perseverance. It is the absence of persevering, self-sacrificing effort, that accounts for the failure of so many of our public movements, political and other. Even justice is not to be had, in these days, for the asking.

*"Kaiser-i-Hind," Bombay, 20th November 1892.*

The Army Medical Service of Bombay seems at present to be all on fours. We cannot say that it can boast of half-a-dozen officers of the highest rank who know how to conduct the duties of the administration they are entrusted with. They seem to fancy that the people exist for them. This conceit, it is impossible to knock off their sterile brains, for it is the conceit, which permeates the entire army services, of which the medical is a branch. The army in India, as the Simla Army Commission sarcastically observed in its report in 1884, supposes that the people, whose pockets contribute to their fat salaries and allowances and fatter pensions, exist *for them and not they for the people!* What is true of the whole is true of the part. It is not surprising, therefore, that the medical branch of the Bombay army pretends to think exactly in the same way.

Some of its members, specially the majority of those from time to time attached for some years past to the Grant Medical College, are the most bumptious. Of Course, they say, bumptiousness and conceit exist in the inverse ratio of genuine talents. A cocoanut and potato headed class of little experience are attached as physicians to the Sir J. J. Hospital and are converted by the grace of "His Excellency the Governor in Council" for the time being, by some occult official process, known only to His Excellency's Secretariat witches, into "professors" of this, that and the other! Though Heaven only knows whether they ever do the scantiest justice to the professorial chairs they are appointed. And as to hospital attendance, the less said the better. The hospital has for years grown into a byword of reproach. It sadly needs reformation under the strict discipline of a rigid martinet of the type of Dr. Vandyke Carter. It was a most unfortunate circumstance in the history of that hospital that he did not long remain at its head to complete the reforms he inaugurated midst much professional obloquy and high-handed administrative obstruction. Grabbing at private practice has now been carried to such a dangerous extent that we hear on all sides that public interests woefully suffer at the hospital. And thanks to the sterility of mind which generally characterises the professorial staff the same interests suffer so far as medical education at the college is concerned. And yet this selfish and extremely envious class of peddling physicians and professors so-called, sit on judgment on their elders, far above them in intellectual capacity and real medical practice or research, to get themselves elected as University fellows and try to dominate the whole domain of medical education in divers ways, with the set purpose of belittling indigenious ability and putting every conceivable obstacle in the way of its growth.

This is the sorry condition under which the Sir J. J. Hospital is being conducted and the teaching at Grant Medical College carried on for the last few years. It is a pure and

unmitigated imposition and demands the prompt action of Government. Otherwise we should not be surprised that one of these days a thorough exposure takes place overwhelming those who are supposed to administer these two great public trusts, and bringing the conniving Government into discredit.

ONE most unwholesome and absolutely to be condemned spirit seems to pervade among these physicians who are from time to time appointed to these institutions, namely, that native medical ability, however superior, however active, and however conscientious, should not be allowed to have the slightest chance of asserting itself. No. Envious and bumptious noodledom alone should dominate at the Hospital and the College and every other but the great vested interest must be ruthlessly and unjustly sacrificed.

It is this most discreditable spirit in one important branch of our public administration, which is allowed such unrestricted play, without reproof from head quarters where, too, there is a growing disposition to secretly encourage it which needs to be destroyed. It is this rampant selfishness which has made Dr. Deshmukh its victim, and which has long been threatening to reduce to the same condition another Indian physician of repute. The letters of "On Looker" and Dr. Bhalchandra amply expose to public view the sores which are disfiguring and disintegrating the Hospital and the College. The white leperdom is gnawing away with a vengeance what little remains of the sound parts of those institutions. But it is high time that the public cry should be heard, and heard in no uncertain tone. Not only it ought to protest against that mean and jealous spirit of selfishness which is casting such discredit on one branch of the public service, but demand an exhaustive inquiry into the internal administration with a view to institute the reforms which are imperatively wanted.—

*The Gujaratti Bombay, 20th November 1892.*

## MEDICAL EDUCATION IN BOMBAY AND THE GRANT

### MEDICAL COLLEGE.

Apart from the personal grievances of Dr. Deshmukh, the medical profession in Bombay have, we think, a just grievance and we are glad to find its members have laid it before the public in sufficiently distinct terms. We do not believe that they demand any radical changes in the present system of filling up professional appointments from the Indian Medical Service. Their contention that they should not be for ever debarred from occupying some at least of the posts now exclusively reserved for service men seems to us eminently just and reasonable. Supposing it had been laid down that no one could be a Judge of the High Court, unless he had passed his professional examination in England, how many of the present native High Court Judges in India would have found a place there! No sane man will urge that their duties are less responsible than those of the professors of the Grant Medical College. The creation of the Statutory Civil Service was also an attempt to remedy what was felt to be an injustice to the natives of India. In the Arts and Engineering Colleges natives are qualified to become professors, and we shall certainly like to know on what grounds of justice and reason they have been excluded from the portals of the Grant Medical College? Government justly acknowledge the services rendered by members of the Indian Medical Service; but it is inconsistent to tell in the same breath their pupils, however able or accomplished, that they ought never to aspire to the position of their professors. Thirty years ago there were very excellent reasons why the professorships and other posts were confined to service men. But with so much progress all round since that time, it is inequitable and we think thoughtful service men will themselves admit that it is so—that artificial barriers should be placed in the path of even the ablest native medical practitioners in their attempts to raise the dignity of their profession in Bombay.

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*The "Advocate of India" Wednesday, November 30, 1892.*

It is a pity the controversy in the *Times of India*, under the heading "The Indian Medical Service and its Critics," should have been closed somewhat abruptly. The subject cannot be too fully discussed, and the discussion was entering upon an interesting stage when our contemporary, with great consideration for the service, put an end to it. Interesting and instructive as was the analysis of the first official apology, the analyst would have had an easier task in resolving the second into its component elements and showing how innocent alike of logic and argument this contribution was. If the claims of the service to place and distinction rest on no more solid basis, the less we have of such ill-judged advocacy, the better for the service itself. We are no longer treated to the double distillation process under which the I. M. S. prodigies acquire such universal knowledge and marvellous adaptability. We have now the genesis and development of our College Professors which for delightful logic and unconscious though faithful portrayal of the real state of facts it would be difficult to beat. The official apologist must be very hard put to it for facts and arguments if he can give us no better ratiocination. Reduced to syllogisms, the arguments amount to this: The best men of the English schools who become professors and teachers sit in certain class-rooms and attend certain courses of lectures, gain their appointments at a certain age and attain distinction in their ranks. The I. M. S. men sit on the same benches, hear the same lectures and enter the service at about the same age. Therefore, the I. M. S. men are on a par with the best men of the English schools. Q. E. D. It is difficult to believe that such arguments could be seriously advanced; it is certainly difficult to accept such reasoning as worthy of any consideration. Embryo professors must, undoubtedly, have, like all things, a beginning, and it may moreover be conceded that both the English and the Indian College Professors may attend the same classes. But there the whole similarity ends. The professors at home have, to begin with, a very different standard of admission into the medical profession than that of most of the professors in the Indian Colleges. We have heard a great deal about the necessity of high general culture in our under-graduates seeking admission into the G. M. C. and the steps taken to raise the standard of admission, but it may not be generally known that no higher proficiency or general culture than reading, writing, and the simple rule of three afford to constitute the entrance for the diplomas which are the general passports of admission into the I. M. S., with a little undigested knowledge rammed in by a "coach;" but this certainly is not the groundwork of the professors in the first-rate English schools of medicine, and moreover they attend the advanced courses of instruction for University Examinations. The development of the English and the Indian College Professors from their embryo stage proceeds on equally divergent lines, and the official advocate himself describes these different processes of development. In the case of our Professors, the Professor emanates from a *Medecin militaire* who has seen a good deal of "mess" for two years. He then becomes "civil," and acts as a general practitioner and perhaps looks after the jail birds, and this is deemed to qualify him for "professing" any and every branch of medical science. In England and all over the West, Professors of the leading medical schools are never drawn, to begin with, from simple holders of College diplomas, even though they may have sat on the same benches and heard the same lectures as the best University men. These best men, who mount the rungs of the steep ladder of professorial distinction, are never *Medicins militaires* of whom each country has to maintain a certain number for special (army) purposes. Instead of seeing a lot of "mess" for two years, these men have to undergo a special training to be qualified for professorships in the shape of holding more or less important teaching appointments in their own college and hospitals. After this grounding and training, they have not to act the general practitioner or custodian of jail birds in a "civil" capacity as a necessary training for professorial aptitudes in all branches of medical science. In England the best men cannot, and indeed do not, "profess" to teach different branches of science at different seasons of the year, nor are they ever raised to professorships once they are merged into G. Ps. (general practitioners). It will thus be

seen that there is the greatest possible diversity in the processes of evolution which affect the best men of the English schools and our omniscient professors, and that it is certainly rash and indiscreet to venture on such comparisons as those which have been hazarded.

The best men of the English schools, or those holding appointments there, do not enter the I. M. S., the fact being that only a very few of such men decide to compete for the "service," and it is not the freely advertised advantages of the service that tempt or attract these men, but they seek admission "owing to circumstances" as is very properly and frankly admitted, and even in these cases it is understood that interest in head-quarters goes further than anything else in ascending the rungs of the steep ladder of distinction. But these best men fortunately do not leave the noble traditions of their colleges behind so as to be capable of assuming that "messing" for two years followed by general practice as a "civilian" constitutes the necessary training for a professorship in a first class school of medicine. It is consoling to have at last wrung out the admission that the I. M. S. men do not possess a monopoly of teaching and clinical excellence. With the disappearance of the dimness which the clouds of learned dust may have engendered, we might expect a recognition of the justice of the principle that public and professional convenience and interest alike demand that the monopoly of official appointments must be broken open, now that we have the tardy and grudging acknowledgment of merit and fitness being available outside the charmed circle of the service guild.

The spokesman of the service naturally attaches great value to the official "hall-mark" for admission to professorial appointments in our colleges and hospitals, but he apparently forgets that this hall-mark, like the much-abused rupee, has considerably depreciated, and may cease to be accepted as current coin at all in India, and that it has never been accepted as legal tender by European medical schools. Perhaps it is not known that several of our College students who were "ploughed" at the L. M. & S. Examination, which it is so much the fashion in some quarters to decry now-a-days acquired the qualifying diplomas and the final "hall-mark" by simply paying their passage to England. This does not impress us with the value of the methods of special selection and double distillation on which the excellence of the I. M. S. men is said to depend, and it is noteworthy that with one or two lucky exceptions where a fortunate accident rather than merit comes into play, these black "hall-marks" are not deemed worthy to rub shoulders with the brethren of the same service in professorial chairs, and we have not forgotten the unseemly hue and cry raised over the appointment of a well-known native member of the service to a chair in the G. M. C. The official apologist's idea of proving his assertions and carrying conviction in the mind of his readers seems to be as original as his logic is refreshing. Chapter and verse were cited to refute his allegation regarding the qualification for the D. P. H. and analytical chemist, and his only answer to the refutation is a bare re-assertion of his original statement. While on the subject, we might point out some Bombay realities side by side with the pictures of De Chaumont forging the double distilled Netley men into chemists. Even the specially selected Netleyites require a six months' course, and that under a De Chaumont only, to develop into potential chemists. But the much-abused L. M. & S. of our University is shown to be capable of a more remarkable feat, and of developing in a Bombay laboratory, without a De Chaumont or any analytical head at all, into a veritable and actual Chemical Analyser to a Presidency Government, and that only in four months' time!

The argument that because the late meeting of the medical profession was a protest against the present method of appointing service men alone to important college and hospital appointment, it could only receive one interpretation of hostility to the service, is of a piece with the reasoning already noticed, and shows to what extent prejudice and interest are capable of obscuring the intelligence and judgment of those to whom we are taught to look up for light and leading, for knowledge and enlightenment, and for cultivation of science for its own sake. If some people are unable to see that the aims and ambi-



tion of the native doctors are not to obtain with the least possible labour and under no special system of selection appointments which must, under existing rules, be reserved for a certain class, it is certainly not for want of the clearest and amplest light to dispel the darkness, and vain will be the attempts to misconstrue and misinterpret a movement of the real nature and object of which no one need be in doubt or ignorance unless he chooses. The ejaculations and pleasantries regarding the attractions of Greater and Lesser Britain and the cant about disciplines and rules are altogether beside the main purpose of the controversy, or it would be easy to show how subversive of the rules and ethics which happily govern the profession at large and the College Professors and hospitals at home this boasted system of discipline is.

To

His Excellency The Right Hon'ble

GEORGE ROBERT CANNING HARRIS, BARON HARRIS,

G.C.I.E., &c.,

Governor and President in Council,

BOMBAY.

MAY IT PLEASE YOUR EXCELLENCY,

We, the Chairman and the Secretaries of the Managing Committee appointed at a meeting of the local Medical Profession held on 12th November 1892, humbly beg to submit this memorial for the favourable consideration of Your Excellency in Council in accordance with a resolution in that behalf unanimously passed at such meeting.

2. From the annexed copies of the resolutions passed at the meeting bearing on and explaining the real purpose and objects of the meeting, it will appear that these objects, briefly stated, were: (1) respectfully to invite the attention of Government to the desirability and necessity of so modifying and amending the existing rules and practice of making appointments in the Grant Medical College and the attached Hospital as to admit of the same being thrown open to proved merit and ability wherever found, and thereby ensure the maximum of teaching and clinical efficiency, encourage healthy competition, and advance the cause of Medical science; (2) to solicit Government to pursue in a sympathetic spirit and to complete the reforms indicated by the recently declared policy of Government to appoint to particular posts in the College and the Hospital men of special knowledge and ability best fitted to hold the same, and to retain them in these posts irrespective of promotion in College or advancement in the service, so as to secure efficiency and continuity of teaching and research work, and stimulate and foster devotion to special sciences; and (3) to submit to Government the justice and expediency of removing, as far as practicable, the present absolute barrier in the way of locally-trained graduates and local practitioners being appointed to places for which they may be admittedly qualified.

3. We venture to submit that these are objects which, from whatever point of view they may be regarded, will meet with cordial approval and acceptance, and we feel sure that they will be considered and dealt with by Government on their own merits and apart from any accidental or secondary considerations. We are conscious that it is when these principles have to be translated into action and practical effect that difficulties and anomalies arise, and it is to these anomalies that we take the liberty to solicit the attention of Government with the view of their being remedied as far as practicable.

4. The particular case which prominently called attention to the necessity of reform in the existing system of making appointments in the Grant Medical College and the attached Hospital only served to illustrate and emphasise the inexpediency and anomaly of rules which not only permit, but are said to necessitate, the making of important educational appointments with less regard to the training and qualifications indispensable for the proper and efficient discharge of arduous and responsible duties, than to the conveniences and claims of a particular class or service. Dr. Deshmukh, B.A., B.Sc., M.D., the late Assistant Chemical Analyser to Government, not only had a brilliant University career and enjoys high reputation as a local Medical Practitioner, but he also served in the Department of the Chemical Analyser to Government and performed the onerous duties of that office for no less than 13 years with credit and distinction and to the entire satisfaction of Government. Having thus acquired special knowledge and practical training necessary for the efficient performance of the duties of that important department of the State in addition to his academic and professional qualifications, he was admittedly fitted to hold the office of Chemical Analyser. But it was supposed that the appointment being reserved for the Commissioned Officers of the Indian Medical Department, he was permanently disqualified from aspiring to, or holding even for the brief space of three months, that post during the temporary absence on leave of the permanent incumbent, though instances of outsiders being temporarily appointed to scheduled posts with the sanction of the Government of India are by no means unknown, as appears from the cases noted below :—

Mr. A. G. Mackenzie, Non-medical Superintendent of Her Majesty's Common Jail, Criminal Side, Bombay, was appointed to act as Superintendent of the Yeroda Jail during the absence of Surgeon-Major S. M. Salaman, while he was granted five months' leave in 1891.

In August 1892, Mr. H. Hall, a Non-medical man was appointed to act for Surgeon-Major Salaman, Superintendent of the Yeroda Jail, when the latter was appointed to officiate for Mr. T. M. Filgate, Inspector-General of Prisons and of Registration and Stamps.

Sub-Assistant Surgeon A. M. Kunte acted as Professor of Anatomy and Curator of the Museum, Grant Medical College, from 19th February to 18th April 1872. P. 743, B. G. G., Pt. 1, 1872.

The Bombay Civil List for October 1892 shows that the following Assistant Surgeons are at present holding acting appointments of Civil Surgeons :—

1. Assistant Surgeon Manilal Gangadas Desai, Civil Surgeon, Broach.—P. 546, B. G. G., 1892.
2. Assistant Surgeon P. M. Mullen, Acting Civil Surgeon, Ratnagiri.—P. 1033, B. G. G., 1892.
3. Assistant Surgeon Mulchand Gangaram Kadanu, Acting Civil Surgeon, Shikarpur.—P. 881, B. G. G., 1892.

5. The result of the rigid enforcement of the existing rules in the case of Dr. Deshmukh was not only to exclude the person who was best fitted for the post of Chemical Analyser and might reasonably look forward to it as a reward for years of faithful and successful work, but to necessitate the appointment of one who, whatever else he might be, was not a qualified and trained analyser, and thereby to disorganize two departments without any benefit to either. We need scarcely point out to Your Excellency in Council the extreme importance of providing for the adequate and efficient performance of the work of the department of Chemical Analyser to Government, which is so intimately connected with and so vitally affects the interest of the public and of important departments of the State.

6. But the meeting on whose behalf we respectfully submit this representation was concerned mainly and primarily with the important principles to which the case of Dr. Deshmukh forcibly called attention, and it is only in reference to these principles in their relation to the cause of higher medical education and the advancement of science, no less than to the interest and well-being of the profession and the public, that we take the liberty to address Government.

7. We feel confident that Government will be the first to recognize and to concede that the only safe rule to be borne in mind in making important educational appointments such as are attached to the Grant Medical College and the Sir J. J. Hospital is to have regard solely to academic and scientific claims and qualifications, and we feel equally certain that it must be the desire, as it certainly must be the policy of Government, that the Grant Medical College should be maintained as a first-class school of medical instruction and as a purely educational institution. Be it gratefully acknowledged to the honour and glory of the then Professors of the Grant Medical College itself that they firmly and successfully resisted, so far back as 1868, the serious and powerful attempts made to introduce a system under which certain appointments to the college and hospital were sought to be attached to certain Military appointments in the Medical Department without regard to the necessary scientific qualifications, and that it was these College Professors again who, in their anxiety to maintain the College as an efficient and high-class school of education, vehemently resented the insinuation that the College was but an appendage of the Military Medical Department, and not a purely educational institution concerned with the diffusion of medical science and knowledge. To the credit of our University, too, it may be added that the University loyally supported the protest of the College Professors, and even went the length of threatening to withdraw its recognition of that institution should its scientific teaching fall below what the University considered a proper standard, which the proposed innovation was believed to be calculated to impair.

8. We humbly solicit the permission of Your Excellency in Council to refer at some length to the important discussion which took place on the subject in 1868, as it has a very material bearing indeed on the subject under consideration, and emphasises the necessity of the reform which the meeting of the Medical Profession unanimously advocated more clearly and forcibly than we could hope to do.

9. It appears that early in the year 1868 it was proposed by the Government of India to attach certain chairs in Grant Medical College to appointments held by certain officers of the medical service in the Presidency, and to attach duties to certain full Professorships in addition to the legitimate work of these posts. The proposal was considered by the Faculty of Medicine, and it was reported to the Syndicate that the proposed order of Government (G. O. G. I. No. 370 of 4th April 1867) by attaching certain chairs in Grant Medical College to appointments held by officers in the Medical Service of Government *without reference to their scientific claims*, and by adding duties of an incongruous nature to certain other Professorships, *destroys the system of selection to the College chairs, encourages a perfunctory discharge of professorial duties*, invades the authority of the Principal of the College over its internal discipline and his privilege of recommendation to the chairs, subverts the control of the Director of Public Instruction over one of the most important educational institutions in his department, and weakens the academical tie between the University and College. The Faculty accordingly proposed, and it was resolved *that all Professors should be chosen for their scientific claims, and that the Professors should be selected from the Medical Services from Europe, or from any other source*, and that the Professors should continue to be under the immediate control of the Principal who is subordinate to the Director of Public Instruction. Dr. (now Sir William Guyer) Hunter in the course of an able minute remarked; "In consequence of the chairs being attached to the Presidency appointments, the *system of selection which formerly existed is virtually abolished, and scientific attainments are made of secondary importance*

*to Military claims.* The Professorial duties would therefore come to be performed in a perfunctory manner as experience has already shown in the case of *ex-officio* Professors. Under these circumstances the efficiency of Grant Medical College as an educational institution could not fail to be seriously impaired, and he accordingly recommended that *all Professors of Grant Medical College should be chosen for their scientific claims, and that the Professors of the College should be selected from either the Indian or British Medical Services, or from the open profession of Medicine.* Dr. (now Sir George) Birdwood was even more outspoken, as will appear from the following extract from his minute; "I would submit to Government that with a due regard to progress of University studies in Grant Medical College, the Principal and Professors of the College should be appointed to the College and the attached Sir J. J. Hospital *on account of their academic qualifications alone or fitness to hold the College chairs, being selected from whatever quarters, including the services as well as the open Profession of Medicine, the most eligible candidates offered themselves,* and here parenthetically I would observe that the Syndicate cannot allow this paramount question to be hampered by any impertinent and irrelevant questions of the interests of the Military Service of Government in Grant Medical College by which its consideration by some of its members is seemingly conditioned and determined. All such questions must be faithfully put aside, *and the efficiency of the College as an affiliated institution of the University solely and wholly considered;* and Dr. Birdwood very pertinently added that it was as difficult to make Professors of certain arbitrarily named military officers as it was easy to order them to be made. The University cordially endorsed this view, and submitted to Government that in the interest of learning and science the Principal and Professors of Grant Medical College and the attached J. J. Hospital should be appointed solely on the ground of their scientific attainments and teaching powers, *the choice not being limited to the Bombay Military Service, but the best candidates being accepted from whatever quarter they may offer themselves,* and to Sir Alex. Grant, the then Director of Public Instruction, it seemed natural that the *Professorships in the College should be regarded as purely scientific appointments to be filled up irrespectively of the claims of the military service.*

10. We venture to say that it will be impossible to state the most important portion of the case which this memorial seeks to place before Your Excellency in Council more clearly and more forcibly than has been urged by these eminent authorities. They had the foresight to see, and the enlightenment to protest against, the mischievous principle involved in the proposed innovation, which, by subordinating and sacrificing academic and scientific attainments and qualifications to the mere conveniences of a certain service, was calculated injuriously to affect the scientific teaching at the College, and the progress and diffusion of scientific medicine. They probably foresaw also, and were anxious to provide against the reality of the danger to which the great Dr. Morehead had given eloquent expression in these words: "Who, I would ask, that has lived for any time in this country has not witnessed well-digested plans of public good marred in their execution simply because in the changes of Government and the fluctuations of society, the grand principle on which they were based has been forgotten and overlooked, and its place usurped by secondary and subordinate considerations?"

11. The all important principle of throwing open careers to talent wherever found, and of having regard only to scientific and academic attainments irrespectively of the interests or claims of any particular class in making appointments to the college and hospital, has thus from the earliest times met with such cordial and emphatic support from the highest quarters that it may not be too much to expect that similar recognition will be continued to be extended to it irrespectively of changes of Government and the fluctuations of society, as the only means of guarding against and counteracting the dangerous consequences of a disregard of the principle.

12. As bearing on the subject we may be permitted to refer here to the vigorous protest of the then Principal and Professors of Grant Medical College against a remark of the Director of Public Instruction to the effect that the College was regarded by those connected with it half as an educational and half as a Military Institution. In vehemently combating the expression of this opinion, Dr. Hunter took care to point out with pardonable pride, as a proof of the interest which the Professors of the College took in endeavouring to get rid of any claims to appointments in the College on the score of Military Service, that the resolution of the Medical Faculty urging that the claim to appointments in the College should be based on scientific attainments only and that Professors should be obtained from *any source whatever*, was carried solely by the unanimity of the Professors of the College against counter and high official pressure which was brought to bear against them, and the protest raised by Dr. Hunter was considered by Government to be of sufficient importance to require the issue of a resolution pointing out that Sir Alex. Grant was under a misapprehension in supposing that those connected with the College looked on it in any other light than as an educational institution, and that in that light and no other it was the desire of Government that it should continue to be viewed.

13. We have taken the liberty to refer at some length to these principles and sentiments, not from any apprehension of their justice and soundness being called into question, but to point out how incompatible with these principles and objects are the rules which necessitate the making of important college and hospital appointments in violation of the letter and the spirit of these principles, and how necessary therefore it is that such rules must be modified to the fullest extent practicable, alike in the interest of science and the welfare of the public, and the dignity and honour of the profession. We submit that the adoption and recognition of any other standard than that of merit and fitness and of the best men being selected from whatever quarter they may offer themselves, would be at variance with the progressive and enlightened instincts of the times, and inconsistent with the maintenance of the efficiency and the high scientific character of our only medical school. We submit that the principle of a too rigid reservation of appointments for a particular class is in itself undesirable and inexpedient, and still more so when that class cannot be recruited from the best available men, for without any disparagement of the Indian Medical Service which has in its ranks many distinguished and eminent members it may be asserted as a fact that for a variety of reasons the best men of the advanced schools of science and medicine in Europe do not compete for the service. And in connection with this point, it may be as well to refer to the deliberate opinion of Dr. H. V. Carter, one of the most eminent members of the Indian Medical Service and late Principal of the Grant Medical College, quoted by Government in their Resolution of 1888 on the subject of making professorial appointments in the Grant Medical College, and the subject introducing the scheme of Honorary Surgeons and Physicians in the College Hospital to the effect that the Indian Medical Service did not offer a wide enough field for selection of Professors to the College and Hospital. If, as may readily be admitted, it is of the highest importance to the profession and the public that the clinical and the teaching staff at the college and the hospital should be recruited from time to time from those who have had the advantage of the best teaching in the most advanced schools and colleges of medicine, the obvious course for the attainment of the object is to throw open the appointments, as urged by the Professors of the Grant Medical College and the University, to the most eligible candidates wherever found, and not to reserve them as is the case at present for a particular class or service, under rules which sternly reject outsiders however eminent and qualified and limit the selection to the class irrespective of scientific attainments and qualifications.

14. We submit that the same considerations which suggest themselves when the question is viewed as one of science and policy generally, force themselves on our attention when it is regarded with special reference to the aims and objects with which the

college was founded, and for which it must be supposed to be maintained. "The college was not founded," said an eminent man (Sir Erskine Perry) "for any governmental or executive wants." But the great object of the State was not only to supplant the ignorant *hakims* and *vaids* by dispensary Doctors taught in the English language, but also to "provide opportunity of promoting the diffusion of knowledge and the increase of happiness throughout India." It was further pointed out that the more thoroughly and highly the graduates of the college were trained (by the opportunities of self-improvement which teaching and actual scientific work afford) the more certainly would the object for which the college was founded be attained. These objects, we submit, cannot be attained by regarding the College and the hospital as supplying a reserve for military purposes, and such a view is so manifestly at variance with the aims and objects for which the College was founded and is maintained as scarcely to deserve any serious consideration. The high scientific character and the general efficiency of the College, we submit, can scarcely be maintained or augmented, or the diffusion of medical knowledge stimulated, by any hard and fast reservation of high educational appointments for members of a particular service irrespective of fitness and merit, and the equally rigid exclusion of outsiders however eminent their attainments. We have already pointed out how jealous the College professors themselves were at one time to guard the institution even from the reproach of being considered a mere appendage to the Indian Medical Service, and how honorably they strove to maintain its character and to obtain its recognition as an entirely educational institution, and how Government themselves cordially supported that view, and desired that it should not be viewed in any other light. It cannot be easy for the college to maintain and uphold that character, or to play a worthy part in the diffusion of European civilization in this country, so long as the appointments thereto are reserved as the exclusive right of a particular service, and the claims and conveniences of the service are allowed greater weight and importance than scientific attainments in making selections to the professorial chairs.

15. We have dwelt at some length on the first object of the meeting as it also is the most important and the basis of the scheme of reform which the meeting so earnestly advocated. A few remarks will suffice as to the second and third objects, and these we beg to submit for the favourable consideration of Government.

16. The scheme of reform enunciated and partly carried out by Government in the year 1888 was most beneficent, and was hailed by the profession at large as marking an important epoch in the history of medical education in this country. It was calculated to raise the dignity and advance the efficiency of the Grant Medical College as a first class scientific institution, and to stimulate earnest and devoted scientific work, and recognizing as it did the necessity and importance of appointing to the College staff officers selected with special reference to their knowledge and ability to teach one or more special subjects and allowing them to pursue those studies irrespective of promotion in college or advancement in military service, it was a reform capable of doing incalculable good to the college and to the cause of science by ensuring efficiency and continuity of teaching, and encouraging the pursuit of special subjects with enthusiasm and devotion. As the first instalment of the practical effect of this reform, Government some time ago appointed to the chairs of Pathology and Physiology members of the Military Service who were comparatively junior in rank, in view of their special fitness for the posts, and with the object of retaining them in these posts for the cultivation of their special subjects. The profession and the public have noticed with regret that this policy could not have been pursued in making the recent appointments in connection with the Chemical Analyser's department, and that it should have been necessary to remove the Professor of Pathology from the chair which he was most qualified to hold and to appoint him the Professor of Chemistry and Chemical Analyser to Government,—posts for which he himself, we venture to say, would be the first to disclaim the requisite special knowledge and practical experience.

Thus two important departments have been thrown out of order, not to mention the exclusion of an old and tried servant of Government from the post for which he is acknowledged to be in every way fit and qualified. It need scarcely be pointed out that if any rules compel the perpetration of such anomalies, they are undesirable and require to be modified, so as to be brought in harmony with the principles above mentioned, and to prevent the working of the mischief which Dr. Morehead imputed to the change of Government and the fluctuations of society in this country. We may be permitted to express the hope that the government of your Excellency in Council will be pleased to pursue in a liberal spirit the reforms inaugurated by the late administration so as not only to ensure a continuity of the policy of Government—in itself a very important consideration,—but also the fulfilment of the high object with which the policy was declared and enforced.

17. It is unnecessary to submit any lengthy remarks in explanation of the third and last object which the meeting had in view. In every civilised country the rights and claims of the *alumni* of its own colleges and universities to educational appointments and preferment in these institutions are cordially recognized, and no medical school in the civilised world has persistently and deliberately closed against its own *alumni* the avenues to its professorships for close upon half a century as the Grant Medical College has done. We submit that the desire of our graduates to be allowed to share in these offices when qualified to hold them, is a perfectly legitimate aspiration deserving of recognition and encouragement, and justice and policy alike suggest that effect should liberally be given to this aspiration whenever practicable. We respectfully submit that as on the one hand the mere entrance into the Indian Medical Service ought not *ipso facto* to be accepted as a sufficient and undeniable scientific qualification, so on the other the mere fact of being outside the service should not be set down as an insuperable disqualification for appointments in the College and hospital. This absolute exclusion of locally trained men and of the open profession generally outside the rank of the service is a slight on our College and our training, and an indignity to the whole of the non-military medical profession, and it is a matter of serious regret that not a single important appointment in the College or hospital should be open, as of right, to any outsider however high his attainments or undoubted his merit and fitness. The Professors of the Grant Medical College and the University strongly urged the claims of the whole profession to appointments in the College and hospital at a time when the local medical profession had not attained the rank it now holds and did not include in its ranks persons trained in European Schools and Colleges. It is, therefore, more than ever fair and necessary that the present monopoly should be discountenanced. Not only is such monopoly inconsistent with general principles, but it is at variance with the practice of making appointments to our Arts and Science Colleges which are not reserved for any class or service, but are made by the Secretary of State from the most eligible candidates,—an arrangement calculated to secure the fittest men for the posts, men fresh from their Universities, and under which no subordinate considerations are allowed to influence the selection of candidates.

18. The local medical profession in general meeting assembled, therefore, most respectfully invite inquiry into the hardship and mischief of the practical working of the present arrangements for making important appointments in the Grant Medical College and the attached hospital. They submit that these arrangements are calculated injuriously to affect the efficiency and continuity of teaching, discourage the growth of indigenous talent, cripple the development of scientific work, impair the dignity and prestige of the whole of the Medical profession outside the small circle of the military department and sanction and perpetuate an undesirable monopoly in a department where, if any where, the only rule of selection must be fair field and no favour. They pray that the reforms lately introduced by Government may be pursued and completed, and that the present insuperable barrier to the way of qualified local graduates and practitioners not members

of the service being appointed to places in the college and hospital be rendered less absolute, and that recognizing as Government must do that all monopolies must be mischievous and indefensible, and still more so when allowed to invade the realms of science and of the healing art, Government will be pleased to give effect to the principle of *La carrière ouverte aux talents*.

We have the honour to remain,  
Your Excellency's most obedient Servants,  
ATMARAM PANDURANG, G.G.M.C.,  
*Chairman.*

BHALCHUNDRRA KRISHNA, L.M.,  
B. S. SHROFF, L.M. & S.,  
B. H. DANTRA, L.M. & S.

*Secretaries.*

BOMBAY, }  
4th January, 1893. }

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RESOLUTIONS, referred to in the Memorial, and passed by the Public Meeting of the Profession held on November 12th, 1892.

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I.

"That this Meeting is of opinion that the system of making appointments to the Grant Medical College and the allied institutions mainly with reference to departmental convenience and the interests of a class is mischievous in principle and in practice, and that it is calculated to affect the interests of the public and important State departments no less than the status of the Local Medical Profession and the advancement of higher medical education."

II.

"That this Meeting is of opinion that for the advancement of medical science and scientific work, and for raising the dignity and the status of the Local Medical Profession and encouraging graduates of the local and other universities, appointments to the Grant Medical College and the J. J. Hospital should be thrown open to all who by dint of special merit and fitness should be qualified to hold the same, and not limited to any class or service irrespective of the necessary qualification and fitness for the same, and that the time has come for modifying and improving the existing order of things which is unsuited to the circumstances and requirements of the times."

III.

"That this Meeting greatly regrets that the beneficent policy recently enunciated by Government in their resolution, dated 9th November 1889, and partially given effect to by Government of appointing persons of special merit and fitness to places in the College and Hospital and ensuring continuity and efficiency of teaching and practical work by retaining them in their special places irrespective of rank or position in the service should have been departed from and thereby important reforms impeded and rendered nugatory."



The "Times of India," Monday, January 16, 1893.

### MEDICAL PROFESSORSHIPS AND THE MEDICAL SERVICE.

The Memorial to the Government of Bombay against the restriction of appointments in the Grant Medical College to members of the Indian Medical Service, the substance of which we printed on Saturday, is a well-reasoned and weighty representation, which will claim the careful consideration of Government. There is no doubt a good deal to be urged on the other side, but it is not likely that less than due weight will be given to such reasons as exist for leaving things as they are. The contention of the memorialists concerning Dr. Deshmukh's case need not trouble us much. We have already contended that he had no real ground of complaint in the fact that he was prohibited from private practice, and we suspect that the memorialists have no serious expectation of winning a verdict from Government on that particular case. There is, however, much wider and more solid ground for argument in the proposal that appointments in the Grant Medical College and the attached Hospital shall be "thrown open to proved merit and ability wherever found," and the facts and arguments thereon which are put in evidence by the memorialists are of sufficient weight to ensure the memorial against hasty dismissal at the hands of Government. It is not likely that many of the present generation are aware of the strong protests that were recorded nearly twenty-five years ago against the tendency to regard service claims upon these appointments as superior to scientific claims. At that time it was proposed by Government to attach certain chairs in the Grant Medical College to appointments in the Indian Medical Service. The proposal was strenuously resisted in the Faculty of Medicine—notably by the present Sir William Guyer Hunter and Sir George Birdwood—and it was recommended that all Professors should be chosen for their scientific claims, and that they should be selected from the Medical Services, from Europe, or from any other source. Dr. Hunter, who was the last man to do injustice to the prerogatives of his own service, complained that in consequence of the chairs being attached to the Presidency appointments, the system of selection which formerly existed had been abolished, and scientific appointments were made of secondary importance to military claims. It is fortunate for the memorialists that they have found their main contention already set out for them by two such distinguished members of the service as Drs. Hunter and Birdwood. The principle which was contended for in 1868, and which is being contended for now, cannot indeed be lightly set aside; and if medical education has been as much advanced by the Grant Medical College as we are sometimes assured it has, the reasons for not excluding its *alumni* from the hope of appointments therein must be stronger to-day than they were then. There is certainly something far from ideal perfection in a *régime* under which the student is told that no matter how he may work, whatever scientific and professional distinction he may attain, he can never look for an appointment in the college that reared him, unless he enters a particular service. How far practical considerations can be made to reconcile us to the theoretical imperfections of such a system is another matter, and one upon which the memorialists may expect issue to be joined with them.

We shall do no disservice to those who are asking that these appointments shall be thrown open if we invite them to look at the question for a moment as one not so much of principle as of practical working. Frankly, we should rejoice if a potential professorship in his *alma mater* could stand out in the horizon of every diligent student in the College. It would be a potent stimulus to study; it would raise the tone and status of the local profession in a very desirable degree. But those who ask for this must be prepared to answer certain objections which fall rather within the practical than the theoretical domain. They will be asked if no difficulties are to be feared in the working of a composite staff, part of whom are members of a service, subject to service discipline, and working together in subordination to their immediate Principal, and responsible in the

fullest degree to him, and through him to Government ; while the others are bound by no ties of training or discipline or rank either to the Principal or to Government. Could friction and rivalries and class jealousies be avoided—have they, indeed, been avoided in the brief and partial experiment that was begun with the honorary appointments made four years ago? We know less about the working of that experiment than is necessary to help us to judge as to what the result would be if heterogeneous elements were introduced into the substantive staff. But occasionally whispers are heard out of doors which suggest a doubt whether perfect harmony prevails within. Before the advocates of open appointments can be deemed to have made out their case, they will be expected to show the groundlessness of the fear that a staff composed of service and non-service Professors would be difficult to control and difficult to keep in harmonious working. If the obstacles which have already been experienced are personal, the problem may not be an insoluble one ; the case would be different if they were essential and in the nature of things. Again, although the College is meant primarily for the advancement of medical education in Bombay, and not for the satisfaction of the claims of any service or profession, the Secretary of State may possibly be less mindful of that fact than the memorialists have been. It is a matter of imperial importance that the Indian Medical Service should be attractive enough to bring in good men. "Eligibility" for these appointments is one of the attractions which are held out by the India Office to candidates for the service. Whether there is anything in the nature of an undertaking that these appointments shall be reserved is another question. But it is necessary to have regard to the point of view from which the question is certain to be looked at by the Secretary of State, and anything like a radical change in the present arrangement is not to be looked for. This aspect of the case has been very fairly stated in a by no means unsympathetic article in the *British Medical Journal*, which says, "The Government of India is bound by many serious considerations to make the great European medical service of India sufficiently attractive to men of high attainments to exile themselves during all their active life to this country, and our native fellow subjects must not be offended if we say that for a long time to come the Government of India will naturally prefer for their educational appointments men who have from their youth been trained in the schools and Universities in Great Britain and on the Continent of Europe."

The memorial, as we have said, is an able presentation of the case. But the claims set forth in it would be greatly strengthened if those who are responsible for the drafting of it would answer the objections that we have indicated above. If these could be satisfactorily disposed of, and an assurance could be given that the throwing open of College and hospital appointments would not mean the letting in of strife, the memorialists would be entitled to a favourable answer to their appeal. On one point judgment must certainly go in their favour. They are indisputably right in their complaint concerning the way in which the scheme of reforms that was given effect to by Lord Reay's Government has been allowed to miscarry. The root idea of that scheme was the specialization of teaching in the College—the allotting to particular Professors of the special subjects which they were best fitted to teach, and their retention of the chairs for which they had shown a vocation. There have been so many departures from the scheme that it can scarcely be said to be any longer in existence, and a reform from which much, with good reason, was expected, has led to no result. If the College appointments are to be reserved to members of the Indian Medical Service the least that can be asked for is that they should be systematically given to men whose vocation for them has been proved, and that they should be distributed with more regard to the claims of medical education than to the convenience of the Service. Men should be found for appointments, and not appointments found for men, otherwise even those who are reluctant to see a change in the present arrangements will have to acknowledge that the last argument in its favour has lost its efficacy. For the principle of reservation would be inequitable, impolitic, and

indefensible if it did not ensure that the teaching in the College shall be the best that is available, and that the Professors shall be men of special capacity. Such, indeed, is the assumption that underlies the present system, and we do not know that in the public interest it is to be regretted that an opportunity has been given for bringing the assumption into contact with the facts. The question, in its ultimate bearings, is, of course, one that concerns the public even more than it concerns the doctors, whether service men or non-service men. It is of obvious advantage to the public that men who have had the advantage of the best scientific teaching in Europe should be at the disposal of the Indian Medical Colleges, and that they should thus have within their reach the clinical experience that the hospitals supply. Whether, however, we should proceed from that general proposition to the conclusion that the training of the medical profession in India should be in their hands alone is another question, the answer to which cannot be given without a closer acquaintance with the practical aspects of the subject than is available to laymen. If it were a question of principle alone we should have no hesitation in giving it in favour of the memorialists. The *British Medical Journal*, in the article from which we have quoted, while it counsels patience on the part of the local profession, goes quite as far as we do when it says, "We are sure that the rulers of India are too wise and too far-seeing to go on encouraging Western education and culture without, as far as possible, opening a career for those they have, by their own act, called to the full light of modern knowledge."

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## GOVERNMENT APPOINTMENTS AND THE MEDICAL SERVICE.

TO THE EDITOR OF THE "TIMES OF INDIA."

SIR,—You have laid the medical profession under a deep obligation by your leader of the 16th instant, reviewing their memorial to the Government of Bombay against the restriction of appointments in the Grant Medical College to members of the Indian Medical Service. In the course of your remarks you point to certain objections, which you say fall rather within the practical than the theoretical domain, and call for an answer to the difficulties which you suggest. The main difficulty has reference to the peaceful and harmonious working of a composite staff of service men and outsiders. Assuming that the difficulty is as serious as it is imagined to be, the first thing to consider is, who are responsible for the creation of such a difficulty? and I submit that no such difficulty ought to prevent or hamper a very necessary reform, especially as it is purely accidental, and not of the essence of the thing, and might, under proper conditions, be easily overcome. And I make bold to say that a careful examination of the case will satisfy any unbiassed mind that the outsiders are far less responsible for the difficulty than those who are more solicitous of vested rights and interests than of the claims of science or the cause of medical education. It may safely be assumed that the difficulty, such as it is, did not escape Sir W. G. Hunter and Sir George Birdwood and others, when they so ably and earnestly advocated the very reforms now urged by the memorialists, and they certainly must have considered that it was quite practicable so to arrange the working of the College and Hospital as to obviate the jealousy and friction and to maintain discipline and control to which you give such prominence. So long as those responsible for the control and discipline and for the peace and harmony of the institutions work in a loyal, enlightened and sympathetic spirit, and if they are only made to recognize that outsiders are not interlopers, but have as much right to be in the College and Hospital as the service men, it cannot be difficult to avoid class jealousy and friction. It ought not to be difficult to

lay down clear and definite rules for the guidance and control of the staff, and if these rules are judiciously enforced, there is no reason why the most perfect good-will and accord should not prevail. All the members of the staff will be bound to obey the rules, and once it is clearly understood that the non-service men are not there merely on sufferance, but as a matter of right, and that science and learning recognize no caste or class distinctions or mercenary considerations, the petty jealousies which unfortunately are but too rampant now-a-days and productive of friction must disappear. If the staff will only remember the rules governing the staff of the British hospitals and colleges at which they were educated, and not import field-hospital rules capable of infinite expansion as occasion and convenience may suggest, there is no reason why the same harmony should not prevail here as happily characterises the relations of the composite staff of British hospitals and colleges. If when an outsider is appointed the members of the staff learn to look upon him not as a stranger and an interloper poaching on their preserves and to be boycotted, but as a professional brother and colleague to be treated as such, the most complete good-will and union must arise. The whole staff might, under proper regulations, be easily made to work for the good of the institution, and such working would be greatly facilitated if attention were directed less towards making the position of the outsiders as uncomfortable and intolerable as possible, and more to the promoting of good-will and harmony all round. It seems it would be affording a premium to the present unsatisfactory state of affairs, for which non-service men are much less responsible than seems to be assumed, to urge the possibility of class jealousy and friction as a reason for keeping out outsiders, however well qualified, and perpetuating a mischievous monopoly. There will always be a personal element in the circumstances which engender the friction as the easiest way of discrediting and wrecking a cause, however good, is to discredit the individuals representing or working for the cause, and the proper remedy is to eliminate the elements tending to the production of such a result, and not to set aside the cause altogether.

You hit the nail on the head when you refer to professional jealousy as being a potent factor in the problem, for whispers, sometimes very loud, are not infrequently heard that a principal reason for the disfavour with which the non-service staff is regarded is the practice and independence which their connection with the College and Hospital are supposed to bring to them. As regards the objection on the ground of discipline, I venture to say that discipline properly understood is easily enforced and maintained, if the rules and regulations which generally govern the members of a learned profession are faithfully observed, and it may be assumed that the students of our College learn both by precept and example, like the students of other similar institutions, those rules and ethics no less than the science of medicine and surgery, and the knowledge of these rules and principles is not the exclusive monopoly of the Army medical men.

It is a pity, Sir, that in quoting the *British Medical Journal*, to anticipate the other side of the case, you just stopped short at the concluding sentence, which throws considerable light on the case, and especially on the principles contended for by the memorialists. The *British Medical Journal* says :—"Let them, by their conduct, diligence, and professional zeal, show themselves worthy of the positions to which it is right and reasonable they should aspire, and they must rest assured their claims to positions of trust and responsibility will be recognized and supported by their fellow-subjects and brethren in England as well as by those who have been called to administer the Government of India."

This is all that the local medical profession wants, and does not receive; and hence the representation to Government.—Yours, &c.,

BALCHANDRA KRISHNA.

January 26.

*Extract from the Times of India, dated 31st January 1893.*

**DR. DESHMUKH EXPLAINS.**

**" TO THE EDITOR OF THE TIMES OF INDIA."**

SIR,—The circumstances which led to my resignation of the office of Assistant Chemical Analyser to Government, which I had the honour to hold for more than twelve years, have been so persistently misconceived and misrepresented, that I hope you will, in common fairness, allow me to lay the facts of the case before the public. I could not do so earlier for obvious reasons, the acceptance of my resignation having been officially communicated to me only on Saturday last. It has been repeatedly represented in your columns, at times, on so-called authentic information that my resignation was due to my being debarred from private practice which I was said to have followed in contravention of departmental rules to the contrary, and that, under the circumstances, I had no just ground for complaint. But the facts are far otherwise. It is true that the Surgeon-General sent me a verbal message, through Dr. Barry, that he did not like my taking private practice. But Dr. Barry was told in reply that it was difficult to understand the wish of the Surgeon-General, considering that the rules against certain officers taking private practice did not apply to the Assistant Chemical Analyser as could be seen by a reference to the Civil List; that no intimation of the kind was ever given to me during the past twelve years, and that my private practice notwithstanding, Government had themselves recognized in their resolutions year after year that my official work gave full satisfaction to the authorities. The matter was then allowed to drop. And in September last, when the Surgeon-General, at the interview I had with him, in reference to my application for the acting appointment of the Chemical Analyser to Government, with which the Chairs of Chemistry and Toxicology in the Grant Medical College are inalienably attached, told me that in fact there was no order of Government nor any binding on me against my taking private practice, but that it was only his personal wish that as the Chemical Analyser was debarred from taking private practice, his Assistant should be treated similarly. However, in order to get over the difficulty, he very kindly offered to remove me from the post of the Assistant Chemical Analyser and attach me to some other institution in Bombay, the Bai Motlibai Hospital, for example. Thus had I chosen to remain in the service and enjoy my private practice at the same time, I could have done so by availing myself of the kind offer of the Surgeon-General.

It was all along my single aim to qualify myself for and to remain in touch with the work of an expert in analytical chemistry, in the hope that Government, on an opportunity offering itself, would be pleased to reward approved work and merit by recognizing my eligibility for the sole charge of my department and for the Chairs of Chemistry and Toxicology; especially as since Dr. Lyon left charge of the office I had to do almost all the important and complicated analysis done at the laboratory, and at times, when the post of the Chemical Analyser to Government was temporarily held by commissioned medical officers of little or no experience in Analytical Chemistry, I had to do the entire work of the department excepting, of course, the signing of reports prepared by myself. When I applied last September for the acting appointment on Dr. Barry going home for three months, I drew the attention of the Surgeon-General to these facts, pointing out at the same time that as there was no specially qualified commissioned medical officer available for the post, the entire work of the department would again devolve on the assistant, and that it was, therefore, to be hoped that my application would be acceded to, in accordance with the rules which admit of scheduled appointments being held by non-commissioned officers when no commissioned officers are available. But the Surgeon-General told me that the rules of the service were hopelessly against me, for a commissioned medical officer would always be available as he appeared to believe that the Acting

Chief Chemical Analyser was not expected to do any chemical analysis at all, but that it was enough if he merely signed the reports prepared by his assistant without being able even to check the results of the analysis he certified, and saw that the work of the department was duly disposed of. It was clear, then, that the rule allowing a non-commissioned officer being appointed to a scheduled post would remain a dead letter, when the Surgeon-General held such views on the necessary qualifications of an acting Chemical Analyser to Government. Any commissioned medical officer who might be at hand would be held to be available for the post, his *eligibility* resting not on the ground of his scientific or professional qualifications, but on the ground of his being a commissioned medical officer. Naturally, I was greatly disappointed to see that no amount of special qualifications or practical experience of the work and duties of an expert analytical chemistry could ever enable me even to hope for a temporary charge of the department, and that no plea of "proved merit and ability" would at all avail, when the Surgeon-General possessed such peculiar notions about the qualifications for an acting Chemical Analyser to Government and about the requirements of a department in which work of such great responsibility and public importance is conducted.

Seeing that I would have again and again to be Assistant to heads who could not lay any claim to special knowledge of the work of the department, but who were really put there merely to sign papers and see that the men in the department were at work, I felt constrained to resign the post altogether rather than remain in a service which afforded no prospect of recognition of "proved merit and ability."

The *British Medical Journal*, in advising patience to the members of the local medical profession, says: "Let them by their conduct, diligence and professional zeal show themselves worthy of the positions to which it is right and reasonable they should aspire, and they may rest assured their claims to positions of trust and responsibility will be recognized and supported by their fellow-subjects and brethren in England as well as by those who have been called to administer the Government of India." That I had done my part of the obligation would appear clear from the repeated official acknowledgments of my work. Whether "those who have been called to administer the Government of India" did their part of the obligation, I leave the public to judge.—Yours, &c.,

M. G. DESHMUKH.

January 28.

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No. 998 OF 1893.

EDUCATIONAL DEPARTMENT,  
Bombay Castle, 12th May 1893.

From

G. C. WHITWORTH, Esq.,  
*Acting Secretary to Government, Bombay.*

To

B. S. SHROFF, Esq., L.M. & S.,  
*Secretary to the Committee of the  
Local Medical Profession.*

SIR,

I am directed to acknowledge the receipt of your letter, dated the 10th of January 1893, to the address of the General Department, submitting a Memorial, dated 9th January 1893, from the Chairman and Secretaries of the Managing Committee appointed at a meet-

ing of the local Medical Profession held on the 12th November last, praying that the reforms lately introduced by Government as regards appointments in the Grant Medical College may be pursued and completed, and that the present insuperable bar in the way of qualified local graduates and practitioners not members of the Indian Medical Service being appointed to places in the College and Hospital rendered less absolute, &c.

2. In reply I am to observe that the first and second resolutions passed at the meeting and the first and third explanatory heads in the Memorial appear to be directed against the orders of the Secretary of State who has scheduled certain appointments at the Grant Medical College and at certain Government Hospitals for officers of the Indian Medical Service.

3. Whilst recognizing that the desire of the petitioners to have these appointments thrown open to them and the Medical profession generally is, from their point of view, natural and deserving of sympathy, His Excellency in Council is compelled to point out that it is not in the power of a Provincial Government to change the above system. His Excellency in Council is not therefore in a position to discuss, with a view to any practical result, the arguments advanced in the Memorial in support of the resolutions, but he is decidedly of opinion that the allegation in the first resolution that the system is mischievous in principle and practice is unwarranted.

4. As regards the third resolution and the second explanatory head, it appears to His Excellency in Council that the best proof of the desire of Government to adhere to the principle laid down in Government Resolution No. 19791, dated 9th November 1888, is that it has been departed from only in the case of short acting vacancies due to privilege or sick leave. The first occasion was when owing to a sick leave vacancy in March 28th, 1890, Surgeon-Captain Childe had to be transferred from the chair of Pathology to that of Physiology and previously to the occasion referred to by the petitioners, Surgeon-Captain Childe had twice during privilege leave vacancies acted as Chemical Analyser. On the occasion in question the arrangements made appeared to His Excellency in Council to be the best possible, and he is informed by the Surgeon-General that they worked well and that no department was disorganized.

5. His Excellency in Council has every desire to adhere, as far as possible, to the principle laid down in Government Resolution No. 19791, dated 9th November 1888, but occasional vacancies cannot be avoided, and when they do occur, it may not always be possible to avoid temporary transfers.

I have the honor to be,

Sir,

Your most obedient Servant,

(Sd.) G. C. WHITWORTH,

*Acting Secretary to Government.*

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THE CHEMICAL ANALYSER'S DEPARTMENT.

TO THE EDITOR OF THE "TIMES OF INDIA."

SIR,—It cannot be that the general public here and our Government are less interested than the readers of the *British Medical Journal* in what concerns the working of the important department of the Chemical Analyser to the Government of Bombay. It is

necessary, therefore, to seek the aid of your columns to call public attention here to what has appeared in the *British Medical Journal* about the Chemical Analyser's Department.

My letter of explanation of my resignation of the office of Assistant Chemical Analyser to Government, which was published in your columns some times since, called forth from the *British Medical Journal* some very pointed remarks which had the effect of drawing out Dr. Barry himself in defence of his department. The *Journal*, after quoting a portion of my letter, said in its issue of the 1st of April 1893: "In the face of such a statement as this we ask, did the commissioned medical officers, to whom Dr. Deshmukh refers as acting as chemical analysts to Government, professors of chemistry and toxicology in the Grant Medical College, appear in the witness-box in cases of poisoning before the High Court of Judicature, and give evidence on the strength of an analysis made by another without informing the Court that the report of the analysis was only signed by them? This, or something nearly akin to this, is implied by Dr. Deshmukh's grave statement. It is probable—nay, we hope, certain—that ere this a satisfactory answer has been given, particularly by the Surgeon-General referred to by Dr. Deshmukh as having expressed an official opinion approving the appointment of incapable men as professors of chemistry, toxicology, and chemical analysts to Government. As this statement is purely *ex-parte*, it would be highly unjust to comment upon it one way or the other; but, we repeat, it demands an answer."

Referring to Dr. Barry's letter of defence, the *British Medical Journal* has in its issue of the 27th of May 1893 the following:—"The Analytical Department of the Bombay Government.—Under this heading we commented in the *British Medical Journal* of April 1st on a letter addressed by Dr. Deshmukh, late Assistant Chemical Analyser to the Government of Bombay, to the *Times of India*, stating the circumstances and causes which had led to the resignation of his appointment. The allegation contained in this letter reflected seriously, we considered, on the administration of this most important department, and demanded an explanation. Surgeon-Captain Collis Barry, F.R.S.E., F.C.S., F.I.C., Chemical Analyser to the Government, has now forwarded to us a letter which removes some of the unpleasant inferences deducible from Dr. Deshmukh's letter. He declares that evidence in courts of law is given by the officer who has actually made the analysis, and not by a superior who has *ex-officio* signed his subordinate's report. This is of course as it ought to be, and in accordance, we understand, with the practice which obtains in other Presidencies. He explains that the officer who acted as his *locum tenens* on the occasion on which Dr. Deshmukh tendered his resignation had acted for him on two previous occasions, and was well versed in the work of the department. As Dr. Deshmukh had not considered it right to retire on these and other occasions, and as pressure was being put on him to discontinue private practice, which, in the judgment of the Surgeon-General, was inconsistent with the proper performance of the duties of his office, he indicates that this was the real motive of his retirement."

Dr. Barry's personal reading of the motives of my resignation is a small matter and of no interest or concern to the public, but his statements as regards the work of his department involves issues in which the public here are equally, if not more, interested and concerned than the readers of the *British Medical Journal*. How far Dr. Barry's statements represent the actual working of the department will be clear to your readers on a perusal of my letter addressed to that paper, a copy of which is enclosed for publication in your columns.—Yours, &c.,

M. G. DESHMUKH.

July 30.



The following is the letter addressed by Dr. Deshmukh to the *British Medical Journal*.—

TO THE EDITOR "BRITISH MEDICAL JOURNAL."

SIR,—It is somewhat strange that no attempt was made here to controvert the serious statements contained in my letter to the *Times of India* of the 30th January last, both as regard the peculiar working of the department of the Chemical Analyser to the Government of Bombay and the no less peculiar views of the responsible adviser of Government as regards the qualifications necessary for the post of the Chemical Analyser. Only recently Government informed the public, apparently on the assurance of their adviser, that all went well with the Chemical Analyser's department. It becomes, therefore, more than ever necessary to inquire and ascertain how far the faith that is in Government is well founded, and whether or not this much-lauded department does stand in any need of reform. It augurs well for the coming in of the necessary reform and awakening of the official conscience that your pointed remarks on and the inferences deducible from my letter have drawn out Dr. Barry with an apology and a defence of a sort on behalf of his department, and I venture to hope that your independent comments and the exposure of the real state of facts will rouse the powers that be to a sense of their duty and responsibility.

It may be necessary to remind your readers that the gravamen of my charge against the department was that the head of the department during the time of Dr. Barry's absence on leave confined himself merely to signing the reports of analyses and examinations conducted by me, his then assistant, and did not do any analytical work himself as he was required and supposed to do, and that much the same state of affairs was noticeable during the time Dr. Barry was qualifying himself for the permanent appointment. The reasons that led to my resigning my post were matters of comparatively small importance, and Dr. Barry may, if so minded, indulge in a little thought-reading, which seems to be one of his varied accomplishments, on the subject of my resignation, after he has satisfied the public that the department over which he presides works as it ought to and is supposed to work.

It is to be regretted that while Dr. Barry was at it, he merely confined himself in answering my letter to giving a certificate of competency to his *locum tenens* and to stating that evidence in criminal cases is given by the officer who has done the analysis—a statement perfectly accurate as far as it goes, but which, as I shall presently show, is incomplete and misleading—instead of giving a categorical denial or specific answers to the main points raised by me. But the statement, such as it is, gives rise to certain important questions which I note below, and which I hope Dr. Barry, for the sake of the good name of the department, will take the trouble to answer categorically and explicitly. But before proposing the questions it may be necessary to state with reference to Dr. Barry's statement of the evidence in criminal cases for the information of those unacquainted with the procedure of our law courts, that under the Indian Criminal Procedure Code a document purporting to be report signed by the Chemical Analyser may be and, in the courts outside the presidency town, is as an almost invariable rule accepted as evidence, the personal appearance of the Analyser to give evidence on oath being dispensed with, but the law assumes, and very properly so, that the reports so accepted should be signed by the officer who detected the poison, and who from personal knowledge could certify to the result therein embodied. In accordance with the provision the reports are accepted as evidence in the courts in the districts, and it is only in the presidency courts that the officer is required to give evidence in person. Now it so happens that as shown from the annual official reports of the department the total number of cases in which the Chemical Analyser had thus to give evidence during the years 1890-91-92 was only 5, 6, 7, respectively, while the total number of the medico-legal cases examined during those years was 353, 321, and 320, respectively. In view of these facts I would leave it to the

profession and the public to judge whether Dr. Barry's guarded and incomplete statement is an ingenuous answer to my assertion, or whether it looks like an attempt at the prevarication. But however that may be, it is more important to have definite answers to the following queries :—

1. Is it not a fact that evidence in medico-legal cases is given in person only in the presidency courts, and that in the district courts documents purporting to be signed by the Chemical Analyser are usually accepted as evidence ?

2. Is it not a fact that during the last three years there were only eighteen cases in which the Chemical Analyser had to give evidence in person, against which very nearly a thousand medico-legal cases were examined and reported on and reports admitted as evidence ?

3. Is Dr. Barry prepared to assure the public that every one of these examinations was conducted by the officer certifying the result of the examination as required by law ?

4. Is it not the fact that the one case in which Dr. Barry's *locum tenens* gave evidence in person was one requiring no chemical analysis, but mere microscopic examination ?

5. Do not the office books and files show that the whole work of the department during Dr. Barry's absence was done by me, and that as regards the reports embodying evidence for the mofussil courts I was solely responsible for all, but the signature, with the affixing of which alone the acting Chemical Analyser concerned himself ?

6. Is it not the fact that exactly the same thing used to happen when Dr. Barry was supposed to be qualifying himself for the permanent appointment of Chemical Analyser to Government during the absence of Dr. Lyon ?

7. Is there not a large quantity of miscellaneous analytical work including water analysis and examinations of various articles of food, quantitative analysis of metallic alloys, limestones and limes, &c., required to be done by the Chemical Analyser for the Sanitary, Commissariat, Military, and Public Works Departments, and is it not the fact that of these not a single examination requiring knowledge and experience of practical details of complicated chemical analysis was undertaken by Dr. Barry personally during the three years previous to my resignation—a period during which Dr. Barry was first acting and then permanent Chemical Analyser to Government ?

8. Is it not a usual or at least a frequent practice during the hot months of the year to send up to the chief, who may be enjoying himself on the nearest hill sanitarium, copies of report of analysis done in the Laboratory on the plains for his signature ?

9. Is it in accordance with the actual facts for the head of the department to certify "I did so and so and I found so and so," when his only part or share in the analysis he is supposed and is said to have conducted personally consists in merely signing the document embodying the result of the examination made by some body else ?

10. On what facts or circumstances does Dr. Barry base his testimonial of efficiency to his *locum tenens* ?

11. Was it thus that in the time of his predecessor, Dr. Lyon, the work of the department was performed and the chief's duty discharged ?

It is a pity the whole of Dr. Barry's letter is not before the public, but I assume that the summary is a complete and accurate representation of Dr. Barry's communication. If a thorough and independent inquiry is made I feel sure it will show beyond any reasonable doubt that the department requires to be thoroughly overhauled, and that there is no foundation for the confident assertion made to the public that everything is best in the best of all departments, namely, that of Chemical Analyser in Bombay.—Yours truly,

M. G. DESHMUKH.

Bombay, July 21.

To

THE DIRECTOR OF PUBLIC INSTRUCTION,

MADRAS.

BOMBAY, *June 2nd*, 1884.

SIR,

I have the honor to forward, for your favorable consideration, an application from Assistant Surgeon M. G. Deshmukh, Assistant Chemical Analyser to Government, who is desirous of obtaining the appointment of Professor of Chemistry and Botany in the Agricultural College, Saidapeth.

I have known Mr. Deshmukh intimately for several years past as a student and a graduate, and can bear testimony to the very high qualifications he possesses for the post he seeks. His career both as a professional and as an arts student was a most distinguished one, while the careful training he has undergone in the Laboratory during the last five years has furnished him with a knowledge of Analytical and Practical Chemistry, which fits him in an eminent degree for the duties of a Professor of Chemistry. His attainments in Botany, too, are of a high order.

Were Dr. Lyon, for whom I am acting temporarily, in Bombay, I am confident he would speak more strongly in favor of Mr. Deshmukh's qualifications than even I have done.

I have, &amp;c.,

(Signed) W. GRAY, Surgeon-Major,  
Acting Chemical Analyser to Government,  
(Some time Professor of Botany,  
Grant Medical College).

To

H. B. GRIGG, Esq., M.A., C.S.,

DIRECTOR OF PUBLIC INSTRUCTION,

MADRAS,

OOTACAMUND.

SIR,

Understanding that it is in the contemplation of the Government of Madras to sanction for the Agricultural College at Saidapeth two chairs, one of Botany and one of Chemistry, I beg to offer myself as a candidate for one of them.

As to my qualifications I beg to state that, since my passing the Matriculation Examination of the University of Bombay in 1872, I have passed successively and successfully six University Examinations, viz., First Examination in Medicine (1875); Second Examination for the degree of L. M. & S. (1878); Previous Examination in Arts (1880); First Examination for the degree of B. Sc. (1881); Second Examination for the degree of B. Sc. (1882); and Second Examination for the degree of B. A. (1883); and thus graduated in three different faculties of the University of Bombay, viz., Medicine, Science and Arts, being a L. M. & S., a B. Sc. and a B. A. Moreover I passed each of these six University Examinations in the first class. While studying Medicine at the Grant Medical College, I stood first at every annual examination, and the first Scholarship was always awarded to me. At the First Examination in Medicine of the University I was

placed first in the First Class. At the Second Examination for the degree of L. M. & S., I also stood first in the First Class, and obtained a Gold Medal, a Silver Medal and a Scholarship. At the Previous Examination in Arts I obtained Gibbs' Prize in Natural Science of the University. At the First Examination in Science I passed with first class marks in the assigned portion of Mathematics, Experimental Physics, Chemistry and Biology. At the Second Examination for the degree of B. Sc. I was placed first in the First Class. This Examination is the highest Examination in Science, which the Bombay University holds, and the subjects chosen by me at that Examination were:—Chemistry—Organic and Inorganic—Botany and Physiology. At this Examination more than 70 per cent. marks were assigned to me. In the year 1883 I passed the Second Examination for the degree of B. A., the voluntary portion of the subjects for the Examination having been formed by the Biological group of sciences, viz., Botany, Physiology, and Zoology.

For the last about five years I have been in Government Service as Assistant Surgeon and Assistant Chemical Analyser to Government. With what ability, care and zeal I have worked as Assistant Chemical Analyser to Government, the enclosed extracts from the Annual Reports of Dr. Lyon, Chemical Analyser to Government, his letters to the Surgeon-General with the Government of Bombay, and the Government Resolutions on those reports will testify.\*

With these University distinctions and special training in Chemistry, especially analytical and practical, acquired by me as Assistant Chemical Analyser to Government, in which capacity I had to deal with every sort and variety of analytical process, I venture to state that I shall not be found unfit to teach Chemistry and Physics and undertake laboratory work and original research at the Agricultural College, Saidapeth, as well as to teach Biology if it be necessary. The excellent training that I have had the rare opportunity of obtaining for the last five years under such a distinguished Chemist as Dr. Lyon, Surgeon-Major, F. C. S. and F. I. Ch., Chemical Analyser with the Government of Bombay, has created in me great liking for original analytical work and research in chemistry, and by far the highest attraction which the post I apply for holds out to me, is the opportunity it would afford me of indulging my aforesaid taste.

I might be permitted to add that I have reconciled myself to resigning my present post on the understanding that the Professorship to be created is a graded appointment.

I beg to enclose certificates from some of the Professors under whom I have studied or by whom I have been examined at the different University Examinations through which I have gone.

I beg, &c.,

MORESHWAR GOPAL DESHMUKH.

BOMBAY, June 2nd, 1884.

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*EXTRACT from Letter No. 835 of the 8th February 1883, from the Chemical Analyser to Government, to the Secretary to the Surgeon-General with the Government of Bombay.*

I have the honor to report, for the information of the Surgeon-General with the Government of Bombay, that Assistant Surgeon M. G. Deshmukh, L. M. & S., Assistant Chemical Analyser to Government, at the recent Convocation of the University of Bombay, was admitted to the degree of Bachelor of Science.

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\* For extracts from the annual reports, &c., see pp. vii-x.

To obtain this degree, Assistant Surgeon Deshmukh had to pass three examinations, *viz.*, 1, the previous examination in Arts; 2, the first examination for the degree of Bachelor of Science; and 3, the final examination for the same degree. These examinations he passed in, respectively, 1880, 1881, and 1882, being placed in the first class in each, and obtaining the Gibbs' Prize at the previous examination in Arts, and at the final examination for the degree of Bachelor of Science no less than 71½ per cent. of the total marks obtainable.

During the three years of study necessary for the degree which he has just obtained, Mr. Deshmukh, I would also state, has discharged the duties of Assistant Chemical Analyser to Government with the greatest care and attention and to my entire satisfaction.

In these circumstances I would suggest, for the favorable consideration of the Surgeon-General, that in recognition of Mr. Deshmukh's University success, his period of service as an Assistant Surgeon of the 3rd Class might be shortened.

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*EXTRACT from Letter No. 860 of the 19th February 1883, from the Chemical Analyser to Government, to the Secretary to the Surgeon-General with the Government of Bombay.*

In reply to your letter No. 692 of the 12th instant, I have the honor to state that Mr. Deshmukh's zealous assistance in carrying on the work of the Chemical Analyser's Department has been greatly instrumental in enabling the Department to make the various contributions to Medical Science recorded in its Annual Reports for the last three years. I would also point out that from the nature of the duties of the appointment of Assistant Chemical Analyser to Government, one of the most suitable ways in which an incumbent thereof can contribute to Medical Science, is by devoting himself to the prosecution of the various inquiries which from time to time have to be carried out in the Chemical Analyser's Laboratory \* \* Moreover \* \* the fact that Mr. Deshmukh has just obtained this degree and obtained it also with an exceptionally high percentage of marks, has induced me to bring the matter to the notice of the Surgeon-General.

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### TESTIMONIALS.

I have much pleasure in certifying to the eminent ability and efficiency of Mr. Moreshwar G. Deshmukh, L.M. & S., B.Sc. and B.A., both as a Student of Medicine of this College, and since his obtaining his degree as Assistant Chemical Analyser to Government. As a student Mr. Deshmukh was always prominent amidst the distinguished students of the year, and evinced an earnestness of purpose and clearness of mind which ensured success, and since passing the final examination in Medicine in the University, he has continued his studies with success, and further graduated in Science and Arts.

I should think him well qualified for the post of Professor either of Chemistry or Biology.

HENRY COOK, M.D., F.R.C.P.,

Principal, Grant Medical College.

BOMBAY, June 2nd, 1884.

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BOMBAY, 2nd June 1884.

I have known Mr. M. G. Deshmukh for several years. He is one of the most distinguished Graduates of the University of Bombay, and unusually well worthy of the encouragement of Government.

H. V. CARTER, M.D., Lond.,  
(Surgeon, G. T. Hospital,  
Some time Principal, Grant Medical College,  
and Dean of the Faculty of Medicine of the University of Bombay.)

BOMBAY, 2nd June 1884.

Mr. Moreshwar Gopal Deshmukh, B.A., L.M. & S., B.Sc., has been known to me since his connection as a student with the Grant Medical College. He is possessed of rare abilities, and his intelligence and grasping powers are beyond the ordinary run. His connections are highly respectable, and his habits steady and persevering. He has a turn of mind for original observation and research.

As a University Examiner in the subjects for the degrees of B. A. and B. Sc., I found it quite a treat to go through his answers. The subject of Chemistry is quite a speciality with him. In those of Biology and Botany his knowledge is wide and far ahead of the generality of candidates who pass in these subjects.

I have no hesitation in giving expression to my conviction that in any of the above-mentioned subjects, he is fitted in every way to undertake the duties of a Professorial chair.

SAKHARAM ARJUN, L.M.,  
Professor of Botany, G. M. College,  
Examiner, Bombay University,  
Honorary Assistant Surgeon to H. E. The Viceroy.

CHEMICAL ANALYSER'S OFFICE,  
Bombay, 13th June 1884.

I have read Dr. Gray's letter dated June 2nd, 1884, forwarding Assistant Surgeon Deshmukh's application for the Chair of Chemistry or Botany in the Agricultural College, Saidapeth, and I cordially endorse everything Dr. Gray has said in regard to Mr. Deshmukh's very exceptional scientific attainments.

I would add that during the five years Mr. Deshmukh has filled the post of Assistant Chemical Analyser to Government, he has worked most industriously, carefully, and conscientiously. He has during this period undertaken almost every variety of Analysis, and has acquired a knowledge of Chemistry such as few possess, such in fact as is only possible to be obtained by an industrious student, of great natural ability, after long practical experience. I can only say that although I have great pleasure in bearing testimony to Mr. Deshmukh's exceptional qualifications for the post he has applied for, I shall very greatly regret losing his services.

I. B. LYON, F.C.S., F.I.C., Surgeon-Major,  
Chemical Analyser to Government, and Professor  
of Chemistry, Grant Medical College.

Having examined Mr. M. G. Deshmukh at the Previous, the 1st B. Sc. and the 2nd B. Sc. Examinations of the Bombay University, I can, from personal knowledge, bear testimony to the very high qualifications he possesses in Chemistry and the allied sciences. At these Examinations he has always been 'facile princeps' in science. At the practical examination for the degree of B. Sc. an incident occurred which proved him to be an extremely careful analytical worker; and I have no doubt that during the five years' training as Assistant Chemical Analyser under Dr. Lyon he has acquired considerably more practical experience than is ordinarily possessed by young chemists fresh from the European Universities. His abilities and training undoubtedly qualify him for a chemical professorship.

SAMUEL COOKE, M.A., F.I.C., F.G.S, &c.,  
Professor of Chemistry and Geology,  
College of Science, Poona.

4th June 1884.

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I have been acquainted with Dr. M. G. Deshmukh since 1874 when he attended the class of Zoology in the Grant Medical College. He was the most distinguished student of his year, and I consider him to have been the most distinguished student who has passed through the College since I became connected with it in 1871. In addition to a degree in Arts, he has taken the highest degree in Science and Medicine given by the University of Bombay. Latterly he has devoted much of his time to the subjects of Chemistry and Biology, and I consider him competent for a professorship in either of these branches.

G. A. MACONACHIE, M.D., C.M.,  
Professor of Comparative Anatomy  
and Zoology and Ophthalmology,  
Grant Medical College  
(sometime) Syndic in Medicine,  
University of Bombay.

1st March 1885.

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Mr. M. G. Deshmukh, M.D., has had a remarkably distinguished University career. He has on six occasions obtained first class honours and several prizes. He is the only native graduate, who, for many years, has passed the examination for the degree of M.D. I have had few opportunities of forming a judgment about his later career and studies; but he was formerly a diligent and successful student of this Institution, and I know that his intelligence and attainments are valued very highly by the most competent judges.

W. WORDSWORTH, B.A.,  
Principal, Elphinstone College,  
Dean of the Faculty of Arts  
of the University of Bombay.

ELPHINSTONE COLLEGE, 4th March 1885.

I have read the Testimonials granted to Dr. Deshmukh by several of the Professors of the Grant Medical College, and I appreciate as fully as my colleagues do the high order of his qualifications and abilities. It gave me great pleasure in my capacity of Dean of the Faculty of Medicine to present him for the Degree of Medicine at the last Convocation of the Bombay University.

A. N. HOJEL, L.K.Q.C.P., Surgeon-Major,  
Professor of Physiology, Grant Medical College.

BOMBAY, *3rd March* 1885.



EAST INDIA (MEDICAL)

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CORRESPONDENCE

REGARDING THE

INDIAN MEDICAL SERVICE

AND THE

MEDICAL PROFESSION IN INDIA.

[*In continuation of Cd. 4666.*]

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Presented to both Houses of Parliament by Command of His Majesty.

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## TABLE OF CONTENTS.

| No. | Document.                      | Date.            | From                             | To                               | Subject.  | Page. |
|-----|--------------------------------|------------------|----------------------------------|----------------------------------|---|-------|
| 1   | Letter                         | 1910.<br>17 Nov. | Government of India              | Secretary of State<br>for India. | Views regarding the promotion<br>of an independent medical<br>profession in India. Limita-<br>tion or reduction of the Civil<br>Cadre of the Indian Medical<br>Service. | 3     |
| 2   | Despatch                       | 1912.<br>22 Nov. | Secretary of State<br>for India. | Government of India              | Reply to No. 1 ... ..   |       |
| 3   | Letter with two<br>enclosures. | 1914.<br>5 March | Government of India              | Secretary of State<br>for India. | Development of the questions<br>raised in No. 1. Registration<br>of medical practitioners. Un-<br>official medical institutions.<br>Bogus medical degrees.              |       |

# EAST INDIA (MEDICAL).

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## CORRESPONDENCE

REGARDING THE

## INDIAN MEDICAL SERVICE AND THE MEDICAL PROFESSION IN INDIA.

[*In continuation of Cd. 4666.*]

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### No. 1.

*Letter from the Government of India (Home Department) to the Right Honourable the Earl of Crewe, K.G., His Majesty's Secretary of State for India, No. 21 (Sanitary, Medical), dated Calcutta, the 17th November, 1910.*

Lord George Hamilton, in his despatch, No. 45, dated the 4th May, 1899, referred to the great increase in the Indian Medical Service which had taken place between the years 1884 and 1899, and asked whether means could not be found to reduce the establishment or at any rate to restrict its increase. Later, in his despatch, No. 5, dated the 18th January, 1900, written in reply to the despatch from Lord Curzon's Government, No. 185, dated the 26th October, 1899, he remarked that the question of reducing the establishment of the Indian Medical Service or of restricting its growth was one which deserved attention, both on the ground of economy and also with reference to the recruitment question; and that the two questions were closely connected, because any failure in the supply of candidates might call for remedies involving considerable permanent increase of expenditure. He observed that it was clear that if the increase of the number of medical officers in the pay of Government, or the specialisation of their functions, were to keep pace with the growth of an immense population, the extension of the service might proceed indefinitely. He assumed that he would have the concurrence of the Government of India in thinking that an attempt to organise medical relief or research on a scale which would be much larger than that which was required for administrative duties was neither expedient nor practicable, and added that it was of material importance that no impediments should be placed in the way of the gradual spread through the interior of India of an independent medical profession, which alone could adequately supply the needs of the people.

2. Lord George Hamilton reverted to the question in his despatches, No. 29, dated the 15th March, 1900, and No. 157, dated the 13th December, 1900, in connection with a scheme for improving the administration of asylums in India by the appointment of officers of the Indian Medical Service as whole-time superintendents. In the former he raised the question whether, if persons possessing special knowledge and experience of mental diseases were required, it would not be better to obtain, at the beginning, one or more experts from England for the purpose. In the latter he said that the point for discussion was whether Government were bound to provide from the Indian Medical Service for the growing needs beyond the ordinary administrative duties, of the country in respect of medical relief, and suggested that the time might have come for determining whether the Indian Medical Service should continue to be treated as the sole source of supply for demands that were sure to multiply indefinitely and that were provided for in other countries by resort to an open profession. He then went on to urge the advisability of giving some of the appointments which were reserved for the Indian Medical

Service to men selected from the medical profession generally. He observed that such men existed at present in India in limited numbers only, but that that was partly the result of their practical exclusion from all official recognition in connection with public offices. He added that it would be of great benefit to India generally if medical men were to establish themselves in private practice in the country in the same way as they did in other parts of the Empire, without increasing the medical service connected with the army. In his despatch, No. 43, dated the 26th April, 1901, he repeated several of these arguments, and emphasised the fact that the Indian Medical Service was primarily a military service, and that its first and only indispensable duty was the medical charge of the Indian Army. Lord Curzon's Government, in paragraph 14 of their despatch, No. 86, dated the 13th June, 1901, expressed their full concurrence in Lord George Hamilton's opinion that it was most undesirable to attempt to provide from the Indian Medical Service for the growing needs, beyond the ordinary administrative duties, of the country in respect of medical relief. They observed that the growth of an independent medical profession in India was a development which they would welcome, and that they would be ill-disposed to recommend any measures which might retard it. On the other hand, they expressed the opinion that the development of such a profession must necessarily be a slow and gradual progress.

3. Throughout the whole of this correspondence the point on which most stress was laid was the impossibility of providing by extensions of the Indian Medical Service for the growing medical needs of the people of the country, as distinguished from the ordinary requirements of the administration. No suggestion was made that medical officers of Indian nationality should be substituted for European medical officers, and in fact Lord George Hamilton appears to have thought that European medical men, if encouraged by the prospect of obtaining Government appointments, could be induced to establish themselves in private practice in India as they have done in other parts of the Empire. We think it necessary to emphasise this point, because the fact that the previous correspondence was not sufficiently referred to or considered in our despatch of the 20th August, 1908, or in the letter which we addressed to local Governments after we received Your Lordship's despatch of 11th December, 1908, has, we find, given rise to much misunderstanding. Several of the local Governments, in particular the Punjab, have inferred that the main object aimed at was the transfer of a considerable number of appointments, now held by a service mainly European, to medical officers of Indian nationality, even at a serious loss of efficiency. We regret that this misunderstanding should have occurred, as it has obscured the main issues raised, which are (1) how far it is possible for Government to stimulate the growth of an independent medical profession; (2) whether, and, if so, how far, the allotment to the Indian Medical Service of the civil posts, which they now hold, operates to discourage the growth of such a profession; and (3) how far the withdrawal of such appointments, so far as practicable and expedient, from that service, would serve to encourage it. The question how far it is possible or expedient to substitute for officers of the Indian Medical Service medical men of Indian nationality or medical men recruited in India, though one which merits our most careful attention, cannot be considered as more than one of the subsidiary points for consideration.

4. In 1908 we pointed out that about one-third of the civil appointments now held by the Indian Medical Service do not form any part of the war reserve, and that consequently there would be no objection, from a military point of view, to their transfer to medical men not belonging to that service. Starting from that premise, we concluded that, subject to certain specified conditions, a considerable number of the appointments not included in the war reserve might gradually be transferred to medical men not belonging to the Indian Medical Service. We had not at that time had the advantage of the opinions of local Governments, and we regret to find that we gravely underestimated the objections, on other grounds than those connected with the requirements of the Indian Army in time of war, to the transfer of appointments which we contemplated. We have now given the whole question our most careful consideration in the light of the opinions of local Governments, copies of which are enclosed with this despatch. We recognise most fully the importance of encouraging the growth of a private medical profession and the impossibility of the Indian Medical Service being expanded so as to meet all the medical needs of India. But we feel bound to recede from the position which we previously took up, because, on further consideration of the question, we are convinced that the mere transfer of a certain number of Government appointments from the Indian Medical

Service to private practitioners would do practically nothing to encourage the growth of an independent profession; that most of the civil appointments now held by the Indian Medical Service could not suitably be given to men not in regular Government service, with whom their private practice would be the first consideration; and that the retention of a considerable number of superior civil medical appointments for the Indian Medical Service is essential, not only in the interests of administrative efficiency, but also for the purpose of making the service itself attractive to able medical men. In short, while we adhere to the views previously expressed, that it is impracticable to provide from the Indian Medical Service for the growing needs, beyond the ordinary administrative duties, of the country in respect of medical relief, we hold strongly that the appointments now held by officers of the Indian Medical Service are required strictly for ordinary administrative duties, which cannot suitably be performed by men otherwise recruited.

5. As indicated above, the most important question which we have to consider is what can be done by Government to encourage the development of an independent medical profession. It has been assumed in previous correspondence that the chief, if not the sole, cause operating against the development of such a profession is the fact that most medical appointments have hitherto been retained for the Indian Medical Service. The letters received from the local Governments prove conclusively that this is not the case. In the first place, it is manifest that before a large supply of medical practitioners qualified according to Western methods can be called into existence, there must be a wide-spread demand for them. The fact that there is not, at the present time, such a demand is almost entirely due to the circumstance that the mass of the people are still content with the *kaviraj*, *hakim*, *vaid*, *ojha*, and the like, who are trained according to indigenous methods, and who exist in very large numbers everywhere. When the mass of the people become dissatisfied with men of this class and require the services of medical men qualified according to Western methods, the supply will readily be forthcoming. The demand already exists in some of the cities and large towns, and will no doubt increase in such places as time goes on, and it will, doubtless, similarly extend in due course to the country districts. The letters of the local Governments show very clearly that what is wanted for the encouragement of the school of allopathic medicine is the gradual conversion of the people to this system, and that the mere transfer of a certain number of appointments from the Indian Medical Service to private practitioners would have no effect in that direction. On the contrary, as the Bombay Government have pointed out, such a measure might have a positively detrimental effect, as it might lead young men to try by various methods to secure Government appointments, instead of settling down to private practice. The withdrawal of Indian Medical Service officers, except with due circumspection, would also operate in another way against the development of an independent medical profession. We would instance the city of Ahmedabad, in the Bombay Presidency. There, originally, the civil surgeon had all the allopathic practice, and there were no private practitioners other than the *kaviraj* and the like, trained according to indigenous methods. At the present time the civil surgeon has scarcely any private practice, almost the whole of his time being devoted to his administrative duties. On the other hand, there are a large number of private allopathic practitioners, and this happy result has been due entirely to the confidence in the allopathic system engendered by successive Indian Medical Service officers. This beneficial process has been going on everywhere in India, and it would be, in our opinion, a fatal mistake to check it by withdrawing the very men who are making allopathic medicine popular.

6. Government can, however, assist the development of an independent profession, and some of the chief ways in which they can do so are:—

- (1) By providing, as they do at present, and as they should do in an increasing measure in the future, so far as may be necessary, Government colleges and schools for the instruction of qualified practitioners.
- (2) By throwing open, as has already been agreed to by the Government of Bengal, the appointments of house physician and house surgeon in the large Presidency Government hospitals to the best students of each year, whether or not they propose to enter Government service.
- (3) By encouraging the establishment of medical colleges and schools affiliated to the Universities or to Government medical schools, but conducted by independent medical practitioners. We are already taking

steps to this effect in Calcutta and Bombay. It is well known that the Government colleges and schools cannot provide for more than a fraction of those who apply for admission. There is, therefore, ample room for well-equipped and adequately staffed unofficial colleges and schools. The professorships at such colleges and schools, if established, would afford the experience which can be derived from practice in hospitals, which is so important, and which we wish to see extended.

- (4) By demonstrating, as they do at present, and as they should do in an ever-increasing measure in the future, both through the agency of their own officers and through that of the various local authorities, the advantages of Western methods in hospitals and dispensaries.
- (5) By associating selected private practitioners with the staff of Government hospitals, as honorary physicians and surgeons, and by allowing them facilities for consultations at Government hospitals and the use of the operating theatre, as has already been done in some instances in Bombay, the United Provinces and the Central Provinces. We regard this as a most important measure. It will not enable us to make any reduction in the number of the Indian Medical Service officers at present at the hospitals, but we hope that it may operate to prevent a further increase of such officers.

We have also under our consideration another important question, referred to by the Punjab Government and the Central Provinces Administration, namely, whether anything can be done to stop, or at any rate to lessen, the abuse of charitable hospitals and dispensaries and the unfair competition caused to private practitioners by allowing free attendance and free medicine to well-to-do persons. We have consulted the local Governments on this subject, and propose to examine it carefully when we receive their replies.

7. A further most far-reaching step which Government can take towards assisting the development of an independent medical profession is by making provision for the registration of medical practitioners qualified to practice according to Western methods. This question has attracted attention in this country for many years, but hitherto nothing effectual has been done, because too much has been attempted or proposed. The difficulties connected with the subject have undoubtedly been great, owing to the fact that the mass of the people still prefer to patronise the *kaviraj* and other practitioners trained according to indigenous methods. Any measure which purported to confer benefits on medical practitioners, qualified according to Western methods, and consequently the rivals of the *kaviraj* and the like, was bound to provoke opposition. It was, therefore, necessary to wait until the former class had become considerable both in point of numbers and influence before action could profitably be taken. The Government of Bombay have now proposed to enact a local Registration Act, and to provide for the creation of a medical council. They propose to secure their object as far as possible in the first place by the grant of privileges to qualified practitioners, rather than by the infliction of penalties upon unqualified persons. When a register of qualified practitioners has been framed, the fact of being a registered practitioner will in itself be a qualification; unqualified practitioners will be sufficiently marked out by the fact that they are not registered; and registered practitioners will take care to make the most of the fact. The registered practitioners, backed by the medical council, will, in course of time, become a powerful body capable of making their influence felt; and then it will be easy, if it is thought desirable to do so, to make the provisions of the law more stringent. The Government of Bengal, which also desires to legislate on the subject, have been advised to frame their Bill on similar lines.

8. We propose to examine separately a suggestion made by the United Provinces Government that the rules regarding retirements should be modified so as to allow an assistant surgeon or sub-assistant surgeon, who may have a chance of an opening in private practice, to take it up without losing all the benefit of his Government service. We have already authorised local Governments to empower properly qualified medical practitioners to sign medical certificates regarding non-gazetted Government servants without requiring that the certificates should be countersigned by a Government medical officer; the old rule in the Civil Service Regulations having tended to divert to Government medical officers practice which might otherwise have gone to private practitioners.

9. Having explained what appear to us to be the chief practical means of developing an independent medical profession, we will now deal with two of the further questions referred to in paragraph 4 of this despatch, viz. :—

- (1) whether, and, if so, how far, the allotment to the Indian Medical Service of civil posts, which they now hold, operates to discourage the growth of an independent medical profession;
- (2) how far the withdrawal of such appointments, so far as practicable and expedient, from that service, would serve to encourage it.

10. As regards these questions, we cite some of the views expressed by the local Governments. The Chief Commissioner, Central Provinces, writes :—“ This cry, that the existence of the Indian Medical Service and of the salaried medical services of Government subordinate to it, is militating against the creation of an independent medical profession, is a specious one which will not bear close examination. So far as the Indian agency employed is concerned, the change suggested merely substitutes one set of men for another set of men, a set of men engaged by temporary contract for particular posts for a set of men engaged by permanent contract for a particular service, men without discipline for men under discipline, men who cannot be replaced by transfer if inefficient or guilty of misconduct, for men who can be replaced. There is involved, therefore, a very serious loss of efficiency, there is no addition to the medical practitioners of the country, and no increase in the number of patients treated. As regards the Indian Medical Service, if the civil portion of this service were replaced by Indian doctors, there would again be no net increase in medical practitioners nor in patients treated. There would, in the Central Provinces and Berar, be some 10 or 12 appointments held by Indians which are now held by Europeans, but the objections already urged are so formidable as to make such a step unthinkable. The cry for an independent medical profession therefore resolves itself into the familiar cry for appointments under Government and for the substitution of Indian for European agency.” Again he writes :—“ In a single sentence, what the budding Indian medical profession is really asking for is salaries; what it really requires for its proper establishment and expansion is not salaries but patients; and patients, if it is worth anything, it will obtain for itself out of India's untreated millions.” The Government of the Punjab have made certain proposals for giving up certain appointments, against the wishes of their officers and their own judgment, in the belief that it is the settled policy of Government that this should be done. The letter of the local Government adds, however—“ But Sir Louis Dane does not disguise from himself the fact that the course which he is thus prepared to adopt for the purpose of promoting the more extensive employment of Indians in the medical service cannot be described as a step in the direction of fostering a profession of private medical practitioners.” The Government of Bengal write :—“ Once an officer has accepted an appointment under Government he necessarily ceases to be independent, and the work which he undertakes on behalf of Government will occupy the greater portion of his time; that is to say, he will be a Government servant first and only secondarily a private practitioner.” The Government of the United Provinces observe—“ That it is desirable to encourage the growth of such a profession (an independent medical profession) is an opinion which is strongly held by the Lieutenant-Governor. He fully agrees in this respect with the view of the Secretary of State and of the Government of India. But he does not consider that the growth can be fostered by petty changes in the system of Government service. The establishment of such a profession is impossible without the existence of a demand for it.” And again :—“ If any independent practitioner accepted Government service, he would either cease to be independent or he would be useless as a Government officer.” And further :—“ There are only 46 such officers (Indian Medical Service officers) in a province containing 47½ millions of people, in which there are always on duty about 190 Indian civil servants, 85 police officers recruited in England, and 60 or more officers of the Public Works Department similarly recruited. His Honour recognises that the main strength of this argument lies in the acceptance of the fact that the administrative duties which the Indian Medical Service officer has to perform are of an importance equal to that of the duties of officers of the other departments named. He himself has no doubt that this is the case. He does not consider it necessary to elaborate the argument that among 47½ millions of people a staff of 46 Indian Medical Service officers is the lowest that could be entertained. A body of highly qualified men of at least this number could always be fully employed (apart from the necessity of entertaining them for the purposes of the Government itself) as

consultants in the practice of assistant surgeons and the existing private practitioners." The Government of Bombay are of the same opinion, and, in connection with the memorial (referred to in paragraphs 29 and 30 of this despatch) of Sir Bhalchandra Krishna urging that more appointments should be given to private medical practitioners, they say:—"The acceptance of the proposals contained in the memorial would, in the opinion of the Governor in Council, result in the creation of a Government medical service wholly recruited in India, and this would in no way further the object in view, which is to foster the growth of an independent medical profession apart from Government service."

11. We fully agree with the local Governments, whose remarks we have quoted above, that the giving of a few appointments here and there which are now held by the Indian Medical Service to men not belonging to that service would not have any appreciable effect on the development of an independent medical profession. It is necessary, we think, to lay particular stress on this point, because once it is admitted, it follows that, throughout the remainder of the discussion of the proposed withdrawal of appointments from the Indian Medical Service, the question is not one of encouraging the growth of an independent medical profession, but that referred to at the close of paragraph 4 of this despatch, viz., the question of substituting, so far as expedient and practicable, for officers of the Indian Medical Service medical men of Indian nationality or medical men recruited in India. The distinction between these two quite separate questions was not, we consider, sufficiently brought out in our previous despatch. We will now proceed to consider how far it is expedient and practicable to give effect to such a policy.

12. In this connection the first point which we think it desirable to emphasise is the importance of not doing anything which would lower the attractiveness of the Indian Medical Service. As Your Lordship is aware, of the total number of officers of that service in civil employ, two-thirds represent the war reserve, which cannot in any circumstances be encroached upon, while the remaining one-third are officers who are employed solely on civil duties. Although we stated in our despatch of the 20th August, 1908, that there would be no objection, from a military point of view, to the transfer to independent practitioners of all the civil appointments held by that one-third, it is obvious that, if all or a large number of these appointments were to be given away to private medical practitioners, the attractiveness of the Indian Medical Service would be greatly diminished. We admitted in that despatch that this danger existed, but we were inclined to think that, as the process would be gradual, and as, by the time that a large number of local candidates was forthcoming, it was possible that the number of medical schools and professorial chairs would have increased, there would be no difficulty in retaining for the Indian Medical Service a proportion of prize appointments sufficient to maintain its attractiveness. There is ample evidence, however, that the publication of our despatch, together with Lord Morley's despatches of the 9th August, 1907, and the 11th December, 1908, has already given rise to widespread uneasiness in professional circles. We have examined the "*British Medical Journal*," the "*Lancet*," and the "*Indian Medical Gazette*," and we cite below the gist of some of the more important articles on this subject. An article of the 15th May, 1909, in the "*British Medical Journal*" stated that the despatch of the Secretary of State had produced a feeling of serious apprehension among the officers of the Indian Medical Service; and a further article, published on the 22nd May, 1909, observed that, if the civil list of the Indian Medical Service were reduced, the result would be that instead of nearly two-thirds of the service being able to look forward to the professional opportunities in civil life which practically all enter in the expectation of attaining within three or four years of reaching India, only a minority would be able to obtain civil work, and that only after a number of years in military employ. The article expressed the hope that the present uncertainty as to the future of this famous service would soon be settled in such a manner as fully to maintain its prospects and traditions, as otherwise the standard of entries would inevitably deteriorate rapidly. On the 4th September, 1909, an article appeared in the same journal pointing out that the prospects of the Royal Army Medical Corps had materially improved in recent years, and that this was another reason for circumspection as regards curtailing the attractiveness of the Indian Medical Service. The "*Lancet*," in an article of the 10th July, 1909, expressed the opinion that the proposals of the Government of India and the Secretary of State would affect the Indian Medical Service injuriously. Again, on the 20th August, 1909, an article in the same journal pointed out that there was less competition now than formerly for the various medical services, that this was



the more unfortunate, inasmuch as fewer men were now entering the medical profession as a whole in England, and that it was undesirable that the attractions of the medical services should be reduced, as those of the Indian Medical Service would inevitably be, if the proposals in the published despatches were carried out. The "*Indian Medical Gazette*" had two articles (in January and August, 1909) on similar lines. We would remark, in addition to what is stated in the articles above cited, that it is well known that, owing to the advance already made by Indian private practitioners, particularly in the cities and large towns of India, the private practice of members of the Indian Medical Service is considerably less than it was years ago. While this is most satisfactory as evidence of the progress made by the independent medical profession of this country, it seems to us a further reason for not adding unnecessarily to the growing difficulties of recruiting for the Indian Medical Service.

13. Lord Morley referred in his despatch of the 11th December, 1908, to difficulties in the matter of recruitment if further increases to the Indian Medical Service were allowed. We submit, however, that it is, on the other hand, necessary to take into account the fact that recruitment must be affected by proposals which tend to make the Indian Medical Service less attractive. Statistics of the examinations for the last five years show that there have been hardly more than two qualified candidates for each vacancy, and that on one occasion (February, 1907) there were only 25 candidates for 23 vacancies. We have no statistics for years immediately preceding 1904, but we are informed that in previous years the proportion was very much larger. We have also been informed by the Director-General, Indian Medical Service, that the general standard of the candidates for the January, 1910, examination was below the average, and that the results were still worse at the examination of July, 1910.

14. We will now discuss the difficulties which have been pointed out by local Governments as regards giving effect to the proposed policy. In the first place, local Governments make it clear that civil surgeoncies, which form the bulk of the appointments held by Indian Medical Service officers, cannot possibly be held by private practitioners. We recognised, in paragraph 7 of our despatch of the 20th August, 1908, that difficulties might arise in connection with giving such appointments to locally recruited men, on account of the multiplicity of gratuitous services which are demanded of civil surgeons, and that patients entitled to such services might complain of neglect. We hoped, however, that these difficulties would not be insuperable and would tend to diminish with the increase in the number of practitioners who were qualified to hold such appointments and were anxious to hold them. We are constrained to abandon this opinion, as the reports of the local Governments make it clear that the proposal is impracticable. For instance, the Government of Bombay say:—

"The question of appointing private practitioners to hold charge of mofussil civil surgeoncies is one of great importance. The difficulties of carrying on the duties of a civil surgeoncy with a man in charge who is entirely independent of Government seem to be insuperable. The civil surgeon is not only entrusted with the medical care of Government servants and their families, but he is also the final medical and surgical authority in a district containing often a million or more of souls; the administrator of a hospital, a jail and several dispensaries; the sanitary adviser of a municipality; the professional adviser of the civil servants and most of their families; the Government medical referee in the enrolment of the subordinate civil servants and police, and on questions relating to sick leave and retirements on pension caused by ill-health; and last, but by no means least, he is the final and expert adviser of the Crown on all matters pertaining to homicide, suicide, rape, infanticide, grievous hurt and all other medico-legal work of the gravest and most responsible character. It appears impossible for Government to exercise the necessary control over any private practitioner, and it is certain that, if he pursues any practice of his own, the interests of Government will be sacrificed to it. The ordinary duties of a civil surgeon, if efficiently performed, are of themselves sufficient to occupy nearly all his time, and most civil surgeons have little leisure to devote to private work. It cannot therefore be supposed that a private practitioner, with even a fairly large practice of his own, can possibly give that time to Government work which is necessary."

The other Governments are equally emphatic. Their letters show that the civil surgeon is the right-hand man of Government in respect of medical matters, and that his appointment is an administrative post which can only be held by a whole-time servant of Government. Of the many important duties of the civil surgeon, medico-legal work alone would require that he should be a whole-time officer. Jail work is also of a great importance, and, combined as it is at every point with medical work, must be performed by a Government servant. It is not work which a private practitioner would ever care to take up. The proposal referred to in our despatch of August, 1908, to break up the service of civil assistant surgeons and to make over such appointments to private medical practitioners has since been found to be entirely impracticable, and, for the reasons given in our despatch of the 26th May, 1910, we have abandoned it definitely. The Government of Burma has indeed appointed a private practitioner as civil surgeon in the Tharawaddy district, which is close to Rangoon, but the difficulties which they have experienced in obtaining a suitable man have served to illustrate the much greater difficulties which would occur if any attempt were made to employ private practitioners as civil surgeons in up-country stations. The work of civil surgeons, like that of civil assistant surgeons, is chiefly of an administrative character, and it is not the class of work which men who look chiefly to private practice can be expected either to do well or to be anxious to do at all. We have no hesitation in coming to the conclusion that the proposal to appoint Indian private practitioners as civil surgeons is, generally speaking, impracticable and that it should be abandoned.

15. Nor is it practicable to recruit locally, save in exceptional cases, European medical men suitable for civil surgeoncies. Lord George Hamilton, in urging that it would be "a great benefit to India generally that medical men should establish themselves in private practice in the country in the same way as they do in other parts of the Empire without entering the medical service connected with the army," seems to have had in mind the conditions which obtain in Great Britain and in the Colonies, where the population is of European race or birth. As a matter of fact, European doctors can never be expected to establish themselves in this country outside the largest towns, save in exceptional areas, such as Assam, where there is a considerable European population, and the appointment of such men to civil surgeoncies in those exceptional places would seem to be a matter of very doubtful advantage. It would merely mean the recruitment here and there of an individual man, who would have to be replaced by his employers by another recruit from England. It would be of no practical advantage to Government, and would in most cases cause considerable inconvenience to the employers who had brought the men out from England. Similarly, a European who had settled in a city or large town might, here and there, be willing to enter the service of Government, but it is by no means clear that such an arrangement would be of advantage to Government.

16. We agree with the local Governments that the only practical method of recruiting civil surgeons locally is to promote selected civil assistant surgeons to such posts as far as is practicable. This is, we consider, a perfectly legitimate and proper way of rewarding merit in men who have succeeded in their profession and who have been trained to administrative work. Civil assistant surgeons are, for the most part, men with qualifications superior to those of the ordinary private medical practitioner, with the exception of the pick of those engaged in practice in the cities and large towns. We think it desirable to lay stress on this point. Lord Morley's recent despatch on the subject of the Chair of Anatomy at Calcutta seems rather to suggest that he regarded the civil assistant surgeon as being inferior to the ordinary Indian independent practitioner, whereas, as a matter of fact, the reverse is the case. The civil assistant surgeon—unlike the military assistant surgeon, who is a warrant officer trained at Government expense in a Government medical college, and given a college certificate to enable him to work in Government employ and as a general practitioner—begins his career as a private medical student, pays for his own education, and must, previous to his entry into Government employ, have obtained either the M. B. degree or the licence (L. M. S.) of a recognised Indian University. Many civil assistant surgeons are extremely distinguished men, and a considerable number of them have European qualifications. These men would naturally object strongly to being considered inferior, as candidates for Government posts, to the ordinary practitioner who has neither their knowledge nor experience. It is to these men that any appointments which may

be withdrawn from Indian Medical Service officers should, in our opinion, be given, and it will cause great discontent and will lower the standard of efficiency if they are not given the preference which they deserve. A certain number of civil surgeoncies is already reserved for civil assistant surgeons, and it is possible that a few more may from time to time, without objection, be made over to them.

17. There is, however, a very decided and sharp line which indicates the limit of employment of these men in the posts referred to, and that is the obligation which rests upon Government to provide medical aid to their European officers in the various services. This matter, which is not referred to in our recent correspondence with your predecessor, is very clearly set forth in the replies of local Governments. Although it is nowhere laid down that European officers are entitled to attendance by European medical officers, it is perfectly natural that they should wish to be treated by such officers, just as it is natural that persons of other nationalities should wish to be treated by medical men of their own race. This is a matter of special importance in a country like India, where Europeans are living under what are, climatically, very trying conditions. Still more important is it that European officers should know that they can, without unreasonable expense, procure the services of European medical officers for their families. Anything which would spread a belief that Government were careless of the interests of their European officers in this respect would, we are convinced, have a very adverse effect upon the recruitment of the European services in general. Nothing ought to be done, therefore, which would lead to such a reduction of European civil surgeons as would have the disastrous result referred to, and we would deprecate with the strongest emphasis such a proposal as that made by the Punjab Government, against the wishes of their own officers and against their own judgment, but in deference to what they thought were the wishes of higher authorities, to give up to civil assistant surgeons such a number of civil surgeoncies as would lead to the unfortunate result alluded to. In this connection we would invite Your Lordship's attention to the memorials from Government officers forwarded with our despatch of the 24th February, 1910. We support these memorials strongly, and do not propose to take the action suggested by the Punjab Government.

18. We now turn to the case of civil appointments, other than civil surgeoncies, usually held by officers of the Indian Medical Service. These are posts held by high administrative medical officers (such as the Director-General, Indian Medical Service, surgeons-general and inspectors-general of civil hospitals), inspectors-general of jails, sanitary commissioners, deputy sanitary commissioners, professors, chemical analysers and officers assigned to other special posts. It is, we think, obvious that the chief administrative officers of Government in the medical, sanitary, and, in some cases, the jail, departments should belong to that service. It is also necessary that the Government medical colleges and schools, which not only train the medical subordinates, civil and military, whom Government require for their own immediate work, but which afford at present the only opportunities for satisfactory medical instruction available in India, should be manned to a considerable extent by officers of that service, in order that discipline and a high standard of efficiency may be maintained. There would be no objection, however, provided that fully qualified local candidates were forthcoming, and subject to the limitations indicated in this despatch, in giving some of the professional appointments to such persons. It should, however, be understood that any such candidates must be fully qualified, and that the claims of civil assistant surgeons would receive adequate consideration. For the men who complain most that they cannot obtain Government appointments are not, generally speaking, the successful private practitioners, whose practice is far too good to allow of their taking up Government work, but men who cannot make a sufficient living for themselves.

19. We are of opinion, therefore, that when locally recruited medical men are required for appointments which are, or which have been in the past, held by officers of the Indian Medical Service, they should ordinarily be taken from the ranks of the civil assistant surgeons. We would recruit from amongst private medical practitioners European and Indian, resident in India, only in exceptional cases, and in such cases would appoint them, not as members of a service, but on special terms and for a specific period; as we have already done in the case of Maung Aung Tun, House Surgeon of the General Hospital, Rangoon, and of Mr. Bentley, who has been employed on special investigations in Eastern Bengal and in Bombay. When European medical men are required from England, we are convinced that it is both

expedient and in the long run economical to recruit them in the Indian Medical Service. To recruit in England a small number of men for isolated posts would give rise to administrative difficulties. To recruit a large number of them would practically mean the formation of a second European medical service, which would, as stated in paragraph 6 of our despatch of the 20th August, 1908, doubtless put forward claims to be treated precisely in the same way as the Indian Medical Service. Further, the recruitment of Europeans for particular posts, such as those of the bacteriological department, would probably result in our having to engage, on special rates of pay, precisely the same men who, if existing arrangements are maintained, would come into the Indian Medical Service in order to spend their lives on research, and who would be content with lower rates of pay as members of the service than they would demand if they were especially recruited for isolated posts.

20. Before leaving this question, we would invite Your Lordship's attention to Chapter VIII (pages 129-136) of the Report of the Decentralization Commission. The Commission considered the question of the civil medical department and discussed the proposals, made by the Government of Madras in 1899, but not accepted by the Government of India, for a completely separate cadre of Indian Medical Service officers for duty in that Presidency, and the proposal made in 1903 by the Government of Bombay for a separate civil medical service. The Commission was, however, of opinion that any such proposals would revolutionise the character of the Indian Medical Service and might lead to serious difficulties in recruitment, and would not, even if the members of such a service were given preliminary training with Indian troops, adequately provide for military requirements. The Commission had not before it the particular proposal now under discussion, *viz.*, that that portion of the civil cadre, which must, in the event of war, be retained for civil purposes, should be recruited, as far as possible, locally, but it is clear that it was impressed by the general advantages of the present system.

21. Finally, we give some statistics to illustrate the impracticability of making any reduction in the number of Indian Medical Service officers employed solely on civil duties, that is to say, those not belonging to the war reserve. Excluding eleven officers in the bacteriological department, who do not hold cadre posts, three officers in the assay department, to which we have decided to make no further permanent appointments from the Indian Medical Service, the Surgeon Naturalist and the whole of the civil leave reserves, there are at present 114 Indian Medical Service civil cadre appointments not included in the war reserve. Of these appointments 98 are under local Governments, 10 under the Foreign Department, and 6, including the Director General, Indian Medical Service, and our Sanitary Commissioner, under the Home Department. Of the 98 posts under local Governments, 29 are held by administrative medical officers, sanitary commissioners, inspectors-general of prisons and chemical analysers, 16 by professors at Government Medical Colleges, and 53 by civil surgeons, jail superintendents and the like. We have already referred to the posts held by administrative medical officers and heads of departments and to the professorial and other special posts. As for the remaining 53 appointments under local Governments, we would point out that, in the event of a mobilisation of the whole army, not only the war reserve of the Indian Medical Service, but all military assistant surgeons, would be withdrawn, and each of the local Governments would be left with only 7 or 8 Indian Medical Service officers, in addition to heads of departments and a few officers holding special posts, to conduct the ordinary civil medical administration, to hold charge of the larger jails and to cope with epidemic disease. Local Governments would, no doubt, be able to increase their medical staff by re-employing pensioned civil assistant surgeons and sub-assistant surgeons, and they might succeed in securing the services of a few private practitioners. But we are strongly of opinion that the margin of European medical officers, which would be left at the disposal of local Governments in the event of the mobilisation of the army, would be the minimum which would be compatible with safety.

22. We sum up our conclusions as follows :—

- (1) An independent medical profession trained on Western lines is steadily growing up in India, but it has yet to overcome its universal rival in the form of the *kaviraj*, *hakim*, *vaid*, *ojha*, and the like, who are trained according to indigenous methods and in whom the mass of the population still trust.
- (2) Government can do much to encourage an independent medical profession in the various ways enumerated in this despatch.

- (3) The giving up of a few appointments to private medical practitioners will have no appreciable effect on the development of an independent medical profession, and might, on the contrary, tend to hinder a healthy development.
- (4) The present policy of reduction, which was inaugurated without previous reference to the local Governments, has already given rise to considerable uneasiness in professional circles, and, if carried further, is likely to cause a decided deterioration in the Indian Medical Service.
- (5) The bulk of the civil surgeoncies must be manned by officers of the Indian Medical Service, exceptions being made in favour of civil assistant surgeons.
- (6) The Government medical colleges and schools must, in the main, be manned by officers of the Indian Medical Service, but a few professorial posts can be made available to locally recruited men.
- (7) European medical men cannot be expected to establish themselves in this country, except in cities and large towns and in special areas where there is a large European population, and it is, generally speaking, undesirable to recruit from among them.
- (8) When European medical men are required, they should usually be recruited in the Indian Medical Service. Indians and Europeans recruited locally in special cases should be employed on special terms.

23. We now turn to the specific orders passed in Lord Morley's despatch of the 11th December, 1908, that there is to be no further increase in the civil cadre of the Indian Medical Service, and further, that we should endeavour to reduce the present strength. We have considered that decision with special reference to the question as to how many of the superior medical appointments in India can safely be made over to men recruited in India. The Public Service Commission of 1887 discussed a similar question in regard to the Indian Civil Service, and it was decided that the officers recruited to that service should form a *corps d'élite*, a certain proportion of superior posts not assigned to that service being made available for the provincial civil service. The proportion of superior posts so made available was 16·6 *per cent.* Similar principles have been applied to the recruitment of other services. In the Public Works Department out of 434 superior posts, namely, those of executive engineers, superintending engineers, and chief engineers, 75, or 17 *per cent.*, are reserved for the provincial, and the remainder for the Imperial, service. In the Forest Service it is proposed to divide the higher forest appointments into major and minor charges, and to allot to men recruited in India 20 *per cent.* of the major posts. As regards the superior medical service the question has never been raised, owing to the necessity of providing for the employment in times of peace in civil work of the war-reserve of the Indian Medical Service. We find that, excluding plague and bacteriological appointments and appointments in the Assay Department, to which department, as has already been stated, it is proposed that medical officers should not be appointed in future, the total number of superior medical appointments actually in existence, or which it is proposed to create in the immediate future, is 464. Of these, 354 are actually held by officers of the Indian Medical Service in the civil cadre (240 by officers belonging to the war-reserve, and 114 by officers in civil employ outside the war-reserve), while 110 are held by, or are open to, medical men recruited in India. Of these 110 posts, 35 are held, or are to be held, by civil assistant surgeons, 55 by military assistant surgeons, 10 by uncovenanted medical officers (of whom no more are being recruited) or by private practitioners; while the balance of 10 has not yet been assigned, but may be given either to civil assistant surgeons or private practitioners. The military assistant surgeons are Europeans or Eurasians, but they all receive their medical education in India, and must, therefore, be classed as indigenous practitioners. The proportion of posts at present available for men recruited locally is, therefore, 23·7 *per cent.* It is, we consider, a very reasonable proportion and it compares very favourably with the percentages fixed in respect of other services.

24. The existing orders place us in a position of considerable difficulty. When a new appointment is proposed and we are convinced, after considering the possibility of providing for it otherwise, that it cannot be filled satisfactorily at the moment except by an officer of the Indian Medical Service, we cannot give effect to this decision without calling on some local Government to resign a civil surgeoncy held by an officer of the Indian Medical Service and to appoint in his place an assistant surgeon or a private practitioner. For example, the

increase in the staff of the Rangoon General Hospital recently sanctioned by Lord Morley led to a reduction of the number of Indian Medical Service civil surgeons in a province in which, as is shown convincingly in the Government of Burma's letter no. 1521, dated the 30th June, 1909, the number of civil surgeons belonging to that service is already inadequate. To take another instance, we have recently, in accordance with the recommendations of the Conference on Malaria which met at Simla last year, placed a specially qualified officer of the Indian Medical Service on deputation to investigate endemic malaria in particular areas. Under the orders contained in Lord Morley's military despatch no. 4, dated the 21st January, 1910, we are permitted to second this officer, as his deputation is expected to last for more than a year, but, if we do so, we must ask some local Government to surrender an Indian Medical Service civil surgeon temporarily. We would urge strongly that the orders in Lord Morley's despatch of the 11th December, 1908, and in that just referred to, should be withdrawn. The object aimed at should not be, we think, merely the negative object of limiting or reducing the number of civil appointments held by the Indian Medical Service. We propose, as we have said already, to do all in our power to further the growth of an independent medical profession, and we propose also, as fully qualified candidates become available, and so far as consideration of efficiency and the legitimate claims of European servants of Government residing in the interior of the country will admit, to increase the number of superior medical appointments open to men recruited in India. But we are convinced, on the grounds urged in this despatch, that it is disastrous that the creation of an appointment of undoubted utility, whether permanent or temporary, for which at the moment no really qualified candidates are available in India outside the Indian Medical Service, should involve as at present the reduction of another Indian Medical Service appointment, usually a civil surgeoncy in a remote station. We propose, therefore, that, in lieu of the arrangements rendered necessary according to the orders at present in force, which we have found to be most detrimental, the case of each new appointment should be considered on its merits, and that, if we are convinced that in existing circumstances it can only be filled from the Indian Medical Service, and if we succeed in satisfying Your Lordship that this is the case, no reduction of an Indian Medical Service appointment should be made when the new appointment is created. We would apply the same rule to temporary appointments and deputations, but we would ask that we may be allowed to sanction temporary appointments and deputations of Indian Medical Service officers without corresponding reductions in the cadre, without reference to Your Lordship or, at least, without your previous sanction.

25. We would also ask Your Lordship to reconsider, in the light of the above remarks, and of those contained in paragraph 21 of this despatch, that the decision given in Lord Morley's despatch no. 134 (Revenue), dated the 13th November, 1908, rejecting our proposal that, when sanctioned appointments in the bacteriological department are held by Indian Medical Service officers, they should be treated for the time being as cadre appointments of that service. We have no desire to reserve these special appointments for the Indian Medical Service, and we would welcome the opportunity of allotting them to natives of India if there were any who were fully qualified for them. The success of the department, however, and the benefits which its work can confer on the country, depend entirely on the class of men whom we can recruit. The man appointed to investigate the etiology of disease must not only have had a very complete general scientific training, but must possess powers of observation, initiation, industry and enthusiasm. So far we have not been able to find, among the Indian assistants employed in the department or among candidates in this country for Government posts, this special aptitude in a degree sufficient to warrant their employment on an independent or semi-independent investigation. We could no doubt recruit men in England for the department on special terms. But to do so, would, as we have already indicated, almost certainly be more expensive and would undoubtedly be less convenient. While bacteriological appointments are actually held by Indian Medical Service officers, we think that it is only reasonable that they should be treated, for the time being, as cadre appointments, for the purpose of calculating the usual leave reserve for the Indian Medical Service. We trust, therefore, that Your Lordship will now be able to sanction the proposal made in our Finance Department despatch no. 211 of the 23rd July, 1908.

26. We desire to assure Your Lordship that we have made the proposals contained in this despatch only after the most careful and protracted consideration.



We are convinced that if the orders in Lord Morley's despatch of the 11th December, 1908, restricting the Indian Medical Service civil cadre to its present strength, continue in force, and still more if any reduction of that cadre is insisted on, the attractiveness of the service will be greatly diminished, the efficiency of the medical and sanitary administration of the country will be gravely impaired, the substitution of inferior for superior men will retard, instead of accelerating, the spread of Western medicine in India, and a grave amount of discontent, which could not fail to affect recruitment, will be provoked among all the Indian services which are recruited in England. We would also reiterate what we stated in paragraph 5 of this despatch, that the appointments now held by officers of the Indian Medical Service are required strictly for the ordinary administrative duties of the country in respect of medical relief, which cannot suitably be performed by men otherwise recruited.

27. Before we conclude this despatch we must invite Your Lordship's attention to the memorial\* from Sir Bhalchandra Krishna, herewith forwarded, which we held over until we could include our observations on it in a discussion of the whole question. We fully concur with the view expressed by the Bombay Government that acceptance of the proposals contained in the memorial would result in the creation of a Government Medical Service wholly recruited in India, and that this would in no way further the growth of an independent medical profession. The memorial, which, we may observe, overlooks the fact that Indians are admitted to the Indian Medical Service, is based, we consider, on a misconception. It is in no way unreasonable that Government medical colleges and schools should, in the main, be officered by whole-time Government servants, especially when, as in the case of the Grant Medical College, Bombay, military assistant surgeons (Europeans and Eurasians) are trained in the college for service with the army. As we have already explained, we are willing that, subject to certain specified conditions, fully qualified Indians should be appointed to a certain proportion of the professorships in Government institutions. What, however, the independent medical profession ought to aim at chiefly is not to secure appointments in Government institutions, but, as is indicated by the Bombay Government, and as we have already suggested to the Government of Bengal, to establish their own medical colleges and schools affiliated to the University or to Government medical schools and competing in healthy rivalry with the Government institutions. In such institutions there would be ample scope for local talent.

28. The complaint made in the memorial regarding the combination of professorships at the Grant Medical College is adequately answered in paragraph 12 of the letter of the Bombay Government and in the analysis forwarded with that letter.\* Apart from the regular combination of major and minor chairs, which is an economical arrangement, such combinations lasted only for a comparatively brief period in each case, and the arrangements were made as a matter of administrative convenience. The complaint made in paragraph 11 of the memorial that the military head of the service claims a share in the control of the Grant Medical College and the Jarnsetji Jijibhoy Hospital seems to us particularly unreasonable. The control exercised by the Director of Public Instruction is an anomaly dating from a time when that officer was supposed to control every kind of education. In our opinion the Director of Public Instruction should have nothing to do with medical institutions, and the military head of the service, namely, the Surgeon-General, should have sole control. We are unable to support the prayers made in the memorial with the exception of the last, which relates to civil assistant surgeons. The position of these officers and the possibility of assigning to them a larger share of superior appointments have been discussed elsewhere in this despatch.

We have, &c.,

(Signed) MINTO.  
O'M. CREAGH.  
G. FLEETWOOD WILSON.  
S. P. SINHA.  
B. ROBERTSON.  
J. L. JENKINS.  
R. W. CARLYLE.

\* Not printed.

## No. 2.

*Despatch from the Secretary of State for India to His Excellency the Right Honourable the Governor-General of India in Council, No. 243 (Public), dated 22nd November, 1912.*

I have carefully considered in Council your predecessor's despatch in the Home Department, No. 21, dated 17th November, 1910, regarding the unofficial medical profession in India, and the civil cadre of the Indian Medical Service.

2. I may say at once that after a full examination of the despatch and its enclosures I accept the view of your Government that the question of the steps to be taken to promote the growth of the unofficial medical profession must be treated as distinct from the question of limiting or reducing the civil cadre of the Indian Medical Service, and that I am in general agreement with your Government on both questions. For this reason, instead of following in detail your predecessor's examination of the recent discussions in which these two questions have been considered in relation to one another, I propose to state, without direct reference to the previous correspondence, the conclusions to which I have been led by my own examination of the question.

3. In the first place, I am much impressed with the military considerations involved. The efficiency of the Army in the event of mobilisation requires that a War Reserve amounting to at least two-thirds of the civil cadre of the Indian Medical Service should be available at short notice, and no more economical method of providing this War Reserve than the existing one has yet been discovered. There is also a large proportion of civil posts, including the highest administrative appointments, amounting to hardly less than one-third of the whole cadre, which it would be most unwise in time of stress to entrust to others than members of a trained and disciplined service. It is also, I believe, generally admitted that the attractiveness of the Indian Medical Service to young doctors is largely dependent on the number and character of the civil posts, and to diminish this number materially or to withdraw even a comparatively small proportion of the higher posts hitherto included in the cadre could not fail to have an unfavourable effect upon recruitment, and consequently upon the efficiency of the whole service, both on the civil and on the military side. Furthermore, in the interests of the western system of medicine generally, including those of the unofficial medical practitioners themselves, it is desirable, at least for the present, to maintain a system by which in every part of the country demonstrations of its practical value will be continuously afforded by medical officers of undoubtedly good qualifications. Moreover, it is impossible to disregard the special needs of European officers and their families. I am thus unable, under existing conditions, to contemplate any substantial reduction of the service.

4. I have read with interest and satisfaction that portion of Lord Minto's despatch (paragraphs 6-8), in which he indicated a variety of methods by which Government can assist, and in some cases are already assisting, the development of the unofficial medical profession. Perhaps the chief of these is the making provision for the registration of medical practitioners qualified to practise according to the western methods. The Government of Bombay have taken the first step in this direction by passing a Registration Act, and I trust that, before long, experience of its working may justify the introduction of similar legislation for other provinces. I may here observe that in my opinion the value of such legislation will to a great extent depend on the maintenance of some fixed minimum standard of attainment for all medical men.

5. I observe, however, that while your Government have come to the conclusion, in which I agree, that the constitution of the Indian Medical Service must remain for the present at least substantially unchanged, you, at the same time, indicate certain directions in which it may be possible and desirable to continue the policy of increasing, so far as is permitted by considerations of efficiency and the reasonable claims of European servants of Government residing in the interior of the country, the number of superior medical appointments open to men recruited in India. I welcome, as did my predecessors, every opportunity of taking a step, however small, in furtherance of this policy. Your despatch mentions that some more professorial appointments might be filled by local candidates provided they are fully qualified, and that it is possible that a few more civil surgeoncies may, without



objection, from time to time be handed over to Civil Assistant-Surgeons. In this connection it is to be remembered that a Royal Commission on the Public Services has been appointed, and that it would be undesirable to make any large change of the kind until the Commission has reported; in the meantime, proposals affecting individual appointments can of course be considered on their merits.

6. I also accept the view of Lord Minto's Government that there is ordinarily no advantage in recruiting a medical man from the United Kingdom, otherwise than through the Indian Medical Service. But I am not prepared to say that this course should never be adopted. Circumstances have arisen in the past in which there was immediate need for men of special experience who were not available in India either from the Indian Medical Service or otherwise, and I know of no reason to suppose that a case of the kind will never occur again. Such a case must be dealt with on its merits, and if a man has to be recruited specially from the United Kingdom for a particular post a special contract should be made with him, the terms of which in each case will require the closest scrutiny.

7. The present appears to me to be a suitable opportunity for considering the case of the Military Assistant Surgeons employed as Civil Surgeons. It is necessary to have a reserve of Military Assistant Surgeons; and, as with the Indian Medical Service, it is convenient and economical to employ this reserve in civil duties. Their professional efficiency is also advanced by this means. These men, however, are not recruited with reference to any qualifications for the important duties of a Civil Surgeon, and they are, as a rule, unsuitable for the work. It may, therefore, be desirable that as far as possible civil surgeoncies not reserved for the Indian Medical Service should be given to Civil Assistant Surgeons. I leave it to your Government to consider whether effect can usefully be given to this suggestion.

8. I pass now to the request of Lord Minto's Government that the existing orders under which there can be no further increase in the civil cadre of the Indian Medical Service may be withdrawn, that in future the case of each new appointment may be considered on its merits, and that if I am satisfied that in existing circumstances it can only be filled from the Indian Medical Service no reduction of another Indian Medical Service appointment may be made when the new appointment is created. The orders in question were based on the belief that the development of the unofficial medical profession would be aided by leaving as many Government appointments as possible to private practitioners whether recruited in India or in England. As I have already said I am persuaded that this view is not supported by the recent investigations. But I still consider that the Indian Medical Service should be restricted to the military needs of the country, and this for two reasons, first, the necessity for economy, and secondly, the desirability of increasing, as far as may be, the number of important posts held by Indians. Whether any important step can be taken towards attaining this latter object is a question with which it will be easier to deal effectively after the Public Service Commission has issued its report. In the meantime it does not appear to me necessary to maintain an order which has served its purpose in causing a searching investigation to be made into the important subjects dealt with in this despatch, and which at the same time has, as you point out, caused some serious administrative inconvenience. I am, therefore, prepared to consider the case of each new appointment on its merits in accordance with your views, but it must be understood that any proposal for an increase in the civil posts included in the cadre of the Indian Medical Service will in future, be subjected to the closest scrutiny.

9. I have also decided, on consideration of paragraph 25 of your despatch, to accept the proposal that when sanctioned appointments in the Bacteriological Department are held by Indian Medical Service officers they should be treated for the time being as cadre appointments of that service.

10. Your Excellency's Government will understand that the conclusions now stated must be regarded as provisional, and that it is possible that the enquiries to be conducted by the new Public Service Commission may necessitate a re-examination of the whole question.

I have, &c.,

(Signed) CREWE.

## No. 3.

*Letter from the Government of India (Home Department) to the Most Honourable the Marquess of Crewe, K.G., His Majesty's Secretary of State for India, No. 2 of 1914 (Medical), dated Delhi, the 5th March, 1914.*

We have the honour to refer to Your Lordship's Public despatch, no. 243, dated the 22nd November, 1912, regarding the unofficial medical profession in India and the civil cadre of the Indian Medical Service. We are glad to learn that Your Lordship has accepted the view of Lord Minto's Government that the question of the steps to be taken to promote the growth of the unofficial medical profession must be treated as distinct from that of limiting or reducing the civil cadre of the Indian Medical Service. Our predecessors' despatch of the 17th November, 1910, suggested a variety of methods by which Government could assist or, in some cases, was already assisting, the development of the unofficial medical profession in India, and we indicate briefly the subsequent developments of some of the questions then raised:—

- (i) The questions of the registration of medical practitioners, of the growth of unofficial medical institutions and of penalising bogus medical degrees have been considered further, and we forward for Your Lordship's information a copy of our Home Secretary's letter of the 23rd May, 1913, which has been addressed to local Governments and Administrations on the subject. We feel no doubt that reforms on the lines indicated will commend themselves to all those who have the interests of medical education in India at heart, and we trust that before long something effectual will be done in the direction indicated.
- (ii) In February, 1911, we consulted selected local Governments with regard to the suggestion to employ passed students of medical colleges, whether they enter Government service or not, as house physicians and house surgeons in Government hospitals, a plan which had commended itself to the Government of Bengal, but in view of the generally unfavourable replies received we decided not to proceed further with this specific proposal.
- (iii) The suggestion to associate selected private practitioners with the staff of Government hospitals has been received favourably by the majority of local Governments.
- (iv) The question referred to at the end of paragraph 6 of the despatch of the 17th November, 1910, has been disposed of by the issue of the resolution on the subject of gratuitous medical assistance in charitable hospitals and dispensaries, which Your Lordship had approved in your Public despatch, no. 252, dated the 6th December, 1912.

2. Your Lordship has left it to our discretion to decide whether effect can usefully be given to the suggestion that, as far as possible, civil surgeoncies not reserved for the Indian Medical Service should be given to civil assistant surgeons instead of to military assistant surgeons. This matter has received our careful consideration, but we are strongly averse from any reduction in the number of civil surgeoncies held by military assistant surgeons or of any redistribution of the proportion of posts held by this class of officer. There are altogether 712 military assistant surgeons in the cadre, of whom 164 are serving under local Governments, but the total number of civil surgeoncies reserved for them is only 51. The question of reducing the proportions of independent to subordinate posts held by military assistant surgeons, by the substitution of civil assistant surgeons in the independent appointments, was considered in 1903, when it was decided that no change was necessary, as it was feared that such a proposal might tend to discourage military assistant surgeons of the best type from becoming candidates for civil employment, and of seriously affecting recruitment for the Service. To that opinion we still hold. All military assistant surgeons in civil employ are liable to recall for active service, and they constitute an important part of the war reserve. Since they already fall short of the number required for complete mobilization, any reduction in their number would, in our opinion, be a grave mistake. Some of them possess exceptional qualifications, and the majority make up in administrative capacity what they may lack in professional ability, and given equal medical attainments,

the military assistant surgeon frequently makes a better civil surgeon than a civil assistant surgeon. We have under consideration proposals made by our Director-General of the Indian Medical Service to provide facilities for the better medical education of military assistant surgeons, and when effect is given to these recommendations the professional qualifications of these officers should be greatly improved.

3. There are several proposals pending before us for an increase of the civil cadre of the Indian Medical Service, which we shall hereafter submit separately for Your Lordship's orders. In all these cases we hope that we will be able to show that, looking to the work to be done, the services of Indian Medical officers are indispensable. In view of the growing medical needs of the country which necessitate the employment of a larger staff of medical officers, some expansion of the Indian Medical Service is inevitable, and such expansion should not, in our opinion, be regarded from a different standpoint from the enlargement of any other cadre in response to the development of the work to be performed.

We have, &c.,

(Signed) HARDINGE or PENSHURST.  
O'MOORE CREAGH.  
R. W. CARLYLE.  
HARCOURT BUTLER.  
R. H. CRADDOCK.  
W. H. CLARK.  
W. S. MEYER.

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Enclosure 1 in No. 3.

*Circular letter from the Honourable Mr. H. Wheeler, C.I.E., Secretary to the Government of India, to Local Governments\* other than Bombay and Bengal, Nos. 305-312 (Home Department, Medical), dated Simla, the 23rd May, 1913.*

I am directed to invite your attention to the question of legislating in order to penalise the use of bogus medical degrees. The Governor General in Council is satisfied that there is a growing opinion in this country in favour of the stricter supervision of persons who practise Western methods of medicine. Evidence of this opinion is to be found in the general acceptance accorded in Bombay to the Medical Registration Act which became law in that Presidency last year, and in the initiation of legislation on similar lines by the Government of Bengal. Both these provincial measures proceed on the principle of conferring privileges upon qualified persons rather than of inflicting penalties on the unqualified. They create representative Medical Councils which will maintain a register of all medical practitioners and of their qualifications; and they restrict the exercise of certain definite functions to those practitioners whom the Medical Council has registered. The Governor-General in Council, however, considers that it is now possible to take a step further, and to proceed by means of a general Act to prohibit all institutions not affiliated to any University nor recognised by Government, from granting any medical degrees and titles which bear a colourable resemblance to registrable qualifications and further to prohibit individual practitioners from advertising that they hold such degrees.

2. It is as much in the interest of the independent private practitioner as in that of officers of the Indian Medical Service and of the subordinate medical departments that the field of private practice should not be overrun with untrained or half-trained men, whose titles may convey to the ignorant that they hold degrees or qualifications to which their actual attainments give them no claim whatever. The mischief caused by the unscrupulous assumption of medical degrees by men who had no right to them was observed as long ago as 1882, but it did not assume serious dimensions for another twenty-five years. The same aspect of the general question was again brought to notice by the Government of Bengal in 1908: but the fact that the evil was of comparatively recent development and practically confined to a single city, disposed the Government of India to a policy of caution. They approved the

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\* Madras, United Provinces, Punjab, Burma, Bihar and Orissa, Central Provinces, Assam and Coorg.

principle of a provincial Medical Registration Act, but while recognising the evil of bogus degrees they suggested to the local Government that an opportunity of reform should be first afforded to those medical institutions whose privileges would be threatened by the further legislation which the Government of Bengal had in view; and of combining their forces into one improved college which might receive Government recognition. Unfortunately the experience of the past few years has shown that no such spontaneous reform can be expected; and the Government of India feel no longer any hesitation in proposing to undertake general legislation.

3. In putting their suggestions for legislation before local Governments, the Government of India think it well to remove certain possible misapprehensions. In the first place they have no desire to discourage the growth of independent medical institutions. They would rather wish to see such institutions extended; for, in Calcutta and probably elsewhere, the existing Government Medical Colleges are unable to meet the demands for instruction. Private institutions should provide valuable opportunities for professional and clinical work to private practitioners, which cannot fail to raise the standard and promote the development of an independent medical profession; and provided that a minimum standard of efficiency in equipment and training is insisted upon, the Government of India desire that every possible encouragement may be given to them.

4. In the second place the Government of India have no intention of legislating to prevent "Ayurvedic" Colleges and similar institutions from conferring degrees, nor to penalise *Kavirajs*, *Hakims*, *Vaids* and such practitioners in the exercise of their profession. On the other hand they consider that the public is clearly entitled to be protected against a practitioner who professes to treat his patients according to the European system of medicine under cover of spurious qualifications, whether conferred by one of the correspondence colleges of America, or by proprietary institutions such as exist in Calcutta or Dacca.

5. The Government of India have considered carefully whether the evil of bogus medical degrees should not be checked rather by provincial than by imperial legislation. They find, however, that private medical institutions in Calcutta are attended by pupils from almost every part of India, and particularly by students whose general educational attainments are inferior to those required for admission to the Government medical colleges of their own provinces: and that students from these institutions return to their homes and there compete with the better equipped candidates who have gone through a recognised course under qualified teachers. In these circumstances the Government of India think that if the evil is to be effectually combated, legislation in the Imperial Council is preferable.

6. The legislation which the Government of India have in view would penalise the conferment of any medical diploma or degree by any unrecognised institution and would permit persons who use such degrees or diplomas or notify that they possess them, to be prosecuted. If legislation were directed only against institutions which confer degrees without proper authority, the mischief caused by the use of bogus degrees issued by institutions outside India would remain untouched; and inasmuch as the object of penalising individuals who assume degrees to which they have no claim or which have been conferred by unrecognised institutions is not to penalise professional inefficiency, but to prevent fraud the Government of India think that the further remedy is justified.

7. Accordingly the Government of India propose that legislation be undertaken:—

(1) To prohibit—

(a) Unauthorised persons or bodies from granting any degrees or diplomas or licences, or colourable imitations thereof, to practise the Western methods of medicine, which are recognised by the Indian Universities and the General Council of Medical Education and Registration in Great Britain; and

(b) The issue by any person of any such degrees, diplomas or licences or colourable imitations of such documents; and

(2) To penalise—

(a) The granting or issue of such degrees, diplomas or licences; and

(b) The use of such degrees, diplomas or licences by medical practitioners.

8. If the principle of this legislation is agreed to, the Government of India would ask you to consider further whether a bill to effect the registration of medical

practitioners should not also be introduced, with the object of providing that the control of the registration of degrees in each province may be placed in the hands of a Medical Council (such as has already come into existence in Bombay) which will declare what degrees, licences, and diplomas are registrable, and will take disciplinary action against medical practitioners convicted of crime or of misconduct.

9. The Government of India anticipate indeed that before long it may be desirable that the work of these provincial Medical Councils should be co-ordinated by one supreme body, more particularly if the Councils, in addition to performing their ordinary functions under the Registration Act of the province, are given power to confer recognition upon those medical schools and colleges whose training, staff, syllabuses and equipment merit it or to establish, subject to their general supervision, a College of Physicians and Surgeons as at Bombay, on the lines of those in the United Kingdom, to appoint examiners and grant diplomas such as the M.R.C.S. or the L.R.C.P for persons whose means do not permit them to proceed to the University degree in medicine.

10. The Government of India have now indicated the scope of the legislation which they contemplate, and the directions to which, as at present advised, they are disposed to look for a further development of medical policy. They feel little doubt that reforms on such lines will commend themselves to all those who have the interests of medical education in India at heart, but they would be glad to be favoured with any criticisms which you may wish to offer, after consulting associations or persons whose opinions are of value with particular regard to the scope or aims of the proposed bill. I am to request that if possible a reply may be sent to this letter by the 15th October next.

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Enclosure 2 in No. 3.

*Letter from the Honourable Mr. H. Wheeler, C.I.E., Secretary to the Government of India, to the Governments of Bombay and Bengal, Nos. 313-314 (Home Department, Medical), dated Simla, the 23rd May, 1913.*

With reference to correspondence ending with your letter No. (8196, dated 30th November, 1912) (486 Medl., dated 17th February, 1913), I am directed to forward for the consideration of His Excellency the Governor in Council a copy of a letter, Nos. 305-312, dated the 23rd May, 1913, which has been addressed to all local Governments other than the Governments of Bombay and Bengal, and to request that the Government of India may be favoured with the opinions of His Excellency the Governor in Council after consulting associations and persons concerned upon the proposals made therein.

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CONFIDENTIAL.

MEDICAL SERVICES COMMITTEE

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REPORT

OF THE

COMMITTEE APPOINTED BY THE  
GOVERNMENT OF INDIA TO EXAMINE  
THE QUESTION OF THE RE-ORGANIZATION

THE

MEDICAL SERVICES IN INDIA

April 1919



SIMLA  
GOVERNMENT CENTRAL PRESS  
1919.

# MEDICAL SERVICES COMMITTEE.

No. 51-1.

Simla, the 22nd April 1919

FROM

THE PRESIDENT,  
MEDICAL SERVICES COMMITTEE,

TO

THE SECRETARY TO THE GOVERNMENT OF INDIA,  
ARMY DEPARTMENT.

SIR,

I have the honour to submit herewith the report of the Medical Services Committee.

2. The orders of the Government of India appointing the Committee, as well as the terms of reference, are contained in your letter No 16239-1 (A. D.), dated the 15th January, 1919, to the address of the Director-General, Indian Medical Service, the first four paragraphs of which run as follows :—

I am directed to say that the Government of India have decided to appoint a committee, composed as under, to examine and report on the question of the re-organization of the medical services in India, both civil and military :—

## PRESIDENT.

The Hon'ble Sir Verney Lovett, K.C.S.I., I.C.S.

## MEMBERS.

Major-General G. Cree, C.B., C.M.G., A.M.S.

Major-General P. Hehir, C.B., C.M.G., C.I.E., M.B., I.M.S.

Major-General H. Hendley, M.D., K.H.S., I.M.S.

The Hon'ble Major-General G. G. Giffard, C.S.I., I.M.S.

Lieutenant-Colonel A. Shairp, C.M.G.

Lieutenant-Colonel G. B. A. Rind.

An officer of the Home Department to be nominated later.

## SECRETARY.

Major A. A. McNeight, M.B., I.M.S.

" 2. The committee, which will meet in Delhi in January, 1919, should examine the question from the standpoint that it is desirable that there should be a unified medical service for India. The committee is not a travelling committee, but if they or any of their sub-committees consider it desirable to visit other places in the course of their enquiries, they are authorised to do so.

" 3. The committee is empowered to summon to Delhi officers whose oral evidence is considered necessary or to consult by means of correspondence any officer whose views might be valuable.

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" 4. The Government of India desire that the committee, in carrying out their duty, should first formulate a general scheme for the future organization of the medical services in India. This portion of the work is urgent and the views of the committee should be submitted to this Department as early as possible, in order that the opinions of Local Governments and Administrations may be obtained. As soon as this report has been submitted, the committee should proceed with the examination of the position of military and civil assistant and sub-assistant surgeons and provincial subordinate medical services under the scheme, and also the future organization of the Medical Store Department. In dealing with these points sub-committees may be formed, co-opting, if necessary, other officers to serve thereon. In this connection it is desirable that the views of Indian medical men should be obtained and for this purpose, therefore, one Indian officer of the Indian Medical Service and one Indian private practitioner will be co-opted. I am to ask that the names of suitable Indians may be intimated to this Department as soon as possible."

3. The officer nominated by the Home Department to serve as a member of the committee was Mr. S. R. Hignell, C.I.E., I.C.S.

Owing to my duties in connection with the Imperial Legislative Council, I was unfortunately prevented from presiding over all the meetings of the Committee and was compelled to return to Delhi from Calcutta when the remainder of the Committee proceeded to Madras. I rejoined my colleagues at Bombay. During my absence Mr. Hignell officiated as President.

Lieutenant-Colonel Rind was unable, owing to his duties at Army Headquarters, to accompany us on tour, or to serve with the Committee after our return to Simla. Major M. T. Cramer-Roberts, D.S.O., of the Adjutant-General's Branch at Army Headquarters, took his place on the Committee.

Three Indian gentlemen, instead of two, were co-opted as members of the Committee. These were the Hon'ble Colonel H. E. Banatvala, C.S.I., I.M.S., Inspector-General of Civil Hospitals, Assam, Lieutenant-Colonel Bhola Nath, C.I.E., I.M.S., and Sir Temulji B. Nariman, Kt., of Bombay. Lieutenant-Colonel Bhola Nath and Sir Temulji Nariman served with the Committee during our sittings at Calcutta, Madras and Bombay. Colonel Banatvala was not relieved of his civil duties in time to join us before we reached Bombay. He sat with us there, and continued to serve on the Committee after our arrival at Simla. He has taken part in all our consultations here and authorises us to say that he concurs in all our recommendations.

The only other officer whom we co-opted was Lieutenant-Colonel H. Ross, O.B.E., I.M.S., Assistant Director-General, Indian Medical Service (Stores). He assisted our colleague, Lieutenant-Colonel A. Shairp, C.M.G., in examining the question of the future organization of the Medical Store Department.

4. The Committee assembled at Delhi on the 22nd January, and examined the first witness there on the 11th February. The time allowed for our enquiries was, as we speedily discovered, very short, as they obviously must embrace a variety of thorny and delicate questions. We considered that we would be most likely to elicit full facts and real opinions if we sat *in camera*. We, therefore, held our sittings in private throughout—they numbered 46 in all.

On the 23rd February we proceeded on tour, visiting successively Lucknow, Patna, Calcutta, Madras and Bombay, and examining witnesses at each of these places. On the conclusion of our inquiries at Bombay we proceeded to Simla to prepare our report. While at Delhi, and on tour, we examined in all 102 witnesses, consisting of 43 officers of the Indian Medical Service (including 3 Indians), 4 officers of the Army Medical Service and Royal Army Medical Corps, 7 members of the Indian Medical Department, 21 independent private practitioners (of whom 6 were Europeans and 15 Indians), 9 civil assistant surgeons, 5 civil sub-assistant surgeons, 2 medical missionaries, 6 non-official Indian gentlemen not connected with the medical profession, and 5 other witnesses including the Adjutant-General in India and a representative of the Government of Bombay. Among the 43 Indian Medical Service officers were 2 Surgeons-General with Local Governments, 5 Inspectors-General of Civil Hospitals and 3 Medical Storekeepers to Government. The views of 5 Local Governments were presented to us by officers of the Indian Medical Service, who appeared as witnesses. The Government of Burma sent us a written



statement of their views. We received other written statements from public bodies and individuals. At the end of our examinations of witnesses our co-opted colleagues favoured us with their views which are submitted with the records of these examinations.

5. The sub-committee formed to consider the future organization of the Medical Store Department visited the Government Medical Store Depots at Lahore, Calcutta, Madras and Bombay. The main committee visited the depots at the three last-named places, and examined the Medical Storekeepers on the spot.

6. We have carefully considered the views of the non-official Indian members of the Imperial Legislative Council, as expressed in the debate of the 8th March, 1918. We invited the mover of the resolution on that occasion to favour us with any further expression of his views. He informs us that they remain unchanged.

7. Whenever asked if statements or evidence were to be treated as confidential, we have always replied that the decision of that question rested with the Government of India, but that, so far as we were concerned, the report and its appendices would be confidential.

8. We submit separate volumes containing the evidence recorded and the more important papers which have been placed before us.

9. We have to express our great obligation to all who have assisted us, to the witnesses, to the Governments of the various provinces, and to the Heads of Departments at Delhi.

10. We have framed a scheme for a unified medical service; but, as we have stated in the report, we fully realise that this scheme cannot be carried out unless it commends itself to the War Office. We trust that it will be acceptable, as it is, in our opinion, the only scheme of a unified service which is practicable; and if a unified service be not introduced, many present difficulties will continue. We should state that it was impossible to separate our work into two parts, and to submit two reports as was contemplated by the orders of the Government of India. The formulation of our scheme demanded as careful an examination of details as we could accomplish within the time, and has occupied us continuously up to the very day of submitting this report.

11. We endeavoured to estimate the financial effects of our proposals, but found time and data alike insufficient for the purpose. Moreover, we understand from paragraph 3 (iv) of the Secretary of State's despatch of the 11th October, 1918, to the Government of India, that what is required of us is to produce a scheme the details of which can be worked out in England.

12. In conclusion we wish to bring to your favourable notice the valuable and untiring labours of our Secretary, Major A. A. McNeight, I. M. S., to whom we are greatly indebted.

I have the honour to be,

SIR,

Your most obedient servant,

H. V. LOVETT,

*President, Medical Services Committee.*

## TABLE OF CONTENTS.

|  | PAGES. |
|--|--------|
| Letter from the President, Medical Services Committee, to the Secretary to the Government of India, Army Department ...  | 1—3    |
| The Report ... ..  | 5—56   |
| Annexures to the Report— ... ..  | 57—98  |
| I.—Short history of the Royal Army Medical Corps ...   | 58—60  |
| II.—Note on the introduction of the station hospital system for Indian troops ... ..   | 60—61  |
| III.—Memorandum, dated February, 1918, by Sir G. H. Makins, K.C.M.G., C.B. ... ..  | 61—63  |
| IV.—Speech by the Hon'ble Major-General W. R. Edwards, Director-General, Indian Medical Service, in the Imperial Legislative Council, on the 10th March 1919 ... | 63—67  |
| V.—Proposals for equalizing the seniority of officers of the Indian Medical Corps ... ..   | 67—68  |
| VI.—Proposed organization of the Indian Medical Corps Depot, Training School and Record Office, and skeleton syllabus of instruction ... ..                      | 68—69  |
| VII.—Examination proposed for candidates for the Indian Medical Corps. ... ..  | 69     |
| VIII.—Organization of the Indian Medical Corps ... ..  | 70—72  |
| IX.—Report of the sub-committee appointed to examine the question of the re-organization of the Government Medical Store Department ... ..                       | 72—96  |
| X.—Short history of the Queen Alexandra's Military Nursing Service for India ... ..  | 96—97  |
| XI.—Proposed future organization of the nursing services of the Army in India ... ..   | 97—98  |

## THE REPORT.

|  | PAGE. |
|--|-------|
| CHAPTER I.—INTRODUCTORY  | 9     |
| 1. Purpose of appointment of this Committee  | 9     |
| 2. Medical services in India—the Royal Army Medical Corps  | 9     |
| 3. The Indian Medical Service  | 9     |
| 4. Military subordination of both services to the Director, Medical Services in India  | 10    |
| 5. Comparative advantages of the two services  | 11    |
| 6. History of the Royal Army Medical Corps in India and of the Indian Medical Service from the year 1879. The proposals of that year | 11    |
| 7. The proposals of 1897-1902  | 11    |
| 8. Lord Morley's proposals and discussion thereon  | 12    |
| 9. Discussion of 1911. Sir Pardey Lukis's note   | 13    |
| 10. Declining popularity of the Indian Medical Service   | 15    |
| 11. The recommendations of the Public Services Commission  | 15    |
| 12. Circumstances in which the Commission reported   | 16    |
| 13. The medical services and the War   | 17    |
| 14. The Indian Medical Service and the War   | 18    |
| 15. Indian political views regarding the future of the medical services in India   | 18    |
| 16. Sir G. Makins's views  | 20    |
| 17. The Secretary of State's anxiety for the future of the Indian Medical Service  | 20    |
| 18. The despatch of the 11th October, 1918   | 20    |
| 19. The pay of the Indian Medical Service raised materially  | 21    |
| 20. Appointment of this Committee  | 21    |
| 21. A brief survey of present circumstances  | 21    |
| CHAPTER II.—PROVINCIAL AND MINOR MEDICAL SERVICES  | 22    |
| <i>A.—Military.</i>  |       |
| 22. The Indian Medical Department  | 22    |
| 23. Military assistant surgeons  | 22    |
| 24. Duties   | 23    |
| 25. Civil employment   | 23    |
| 26. Military sub-assistant surgeons  | 23    |
| 27. Recruitment and training   | 23    |
| 28. Duties   | 24    |
| <i>B.—Civil.</i>   |       |
| 29. Establishment  | 24    |
| 30. Position and duties of the head of the department  | 24    |
| 31. Indian Medical Service officers  | 24    |
| 32. Civil assistant surgeons. Recruitment and training   | 24    |
| 33. Duties   | 25    |
| 34. Civil sub-assistant surgeons. Recruitment and training   | 25    |
| 35. Duties   | 25    |
| 36. Compounders  | 25    |
| CHAPTER III.—THE MAIN PROBLEM  | 26    |
| 37. Lessons of the War   | 26    |

|  | PAGE. |
|--|-------|
| 38. Exceptional circumstances of the present   | 26    |
| 39. One Indian medical service must serve military and civil needs   | 27    |
| 40. The service should be a corps  | 27    |
| 41. Is absorption in this corps of all Army Medical Service and Royal Army Medical Corps officers serving in India practicable? Advantages of such a unification | 28    |
| 42. It would lead to more co-ordination between military and civil hospital administration   | 28    |
| 43. Scheme of unification and formation of one corps   | 29    |
| 44. Composition of the military side of the Indian Medical Corps   | 29    |
| 45. A central depot and school of instruction for the Indian Medical Corps   | 30    |
| 46. Training of officers in tropical medicine  | 31    |
| 47. The Special Reserve  | 31    |
| 48. The civil side of the Indian Medical Corps   | 32    |
| 49. Provincial medical services  | 32    |
| 50. European medical attendance on Europeans in outlying districts   | 34    |
| 51. A system of optional retirement on gratuity desirable, to attract candidates to the new corps  | 34    |
| 52. Conditions of admission to the corps   | 35    |
| 53. Miscellaneous departments and residuary posts  | 36    |
| 54. The only alternative to our proposals  | 37    |
| 55. Consent of the War Office necessary for the adoption of our scheme   | 37    |
| 56. Our proposals considered in the light of some other proposals detailed in our introductory chapter   | 38    |
| CHAPTER IV.—IMPROVEMENTS IN THE OFFICER GRADE  | 39    |
| 57. General causes of discontent   | 39    |
| 58. Remedies   | 40    |
| CHAPTER V.—IMPROVEMENTS IN THE MINOR AND PROVINCIAL SERVICES   | 41    |
| <i>A.—Military Assistant Surgeons.</i>   |       |
| 59. Their future place in the medical organization   | 41    |
| 60. Future standard of education   | 41    |
| 61. Obligations and conditions of service  | 42    |
| <i>B.—Military Sub-Assistant Surgeons.</i>   |       |
| 62. Their importance to the army   | 42    |
| 63. Abolition suggested by some witnesses  | 42    |
| 64. Summary of grievances of sub-assistant surgeons  | 42    |
| 65. Preliminary education  | 42    |
| 66. Difference in training of assistant surgeons and sub-assistant surgeons  | 43    |
| 67. Hostels  | 43    |
| 68. Change of designation  | 43    |
| 69. Indian commissioned rank to all sub-assistant surgeons   | 43    |
| 70. Physical training at medical schools   | 43    |
| 71. Study periods  | 43    |
| 72. Pay  | 43    |
| 73. Sub-charge allowance   | 43    |
| 74. Expenses connected with transfers from one station to another  | 44    |
| 75. Allowances while travelling on duty  | 44    |
| 76. Pensions   | 44    |

*C.—Civil Assistant Surgeons.*

|                                     | PAGE. |
|-------------------------------------|-------|
| 77. Claims to superior appointments | 44    |
| 78. Alleged disabilities            | 44    |
| 79. Remedies proposed               | 45    |

*D.—Civil Sub-Assistant Surgeons.*

|   |    |
|---|----|
| 80. Status and qualifications                                     | 45 |
| 81. Pay   | 45 |
| 82. Designation   | 46 |
| 83. Standard of education   | 46 |
| 84. The war reserve of sub-assistant surgeons in civil employment | 46 |
| 85. Post-graduate courses for sub-assistant surgeons              | 46 |

## CHAPTER VI.—MEDICAL STORE DEPARTMENT

|   |    |
|---|----|
| 86. The question of re-organization referred to a sub-committee                         | 46 |
| 87. Report of the sub-committee   | 74 |
| 88. The necessity for improved accommodation  | 47 |
| 89. Closing of the laboratory at Lahore   | 47 |
| 90. Status and emoluments of medical storekeepers                                       | 47 |
| 91. Designation of medical storekeepers   | 47 |
| 92. Establishments  | 47 |
| 93. Emergent indents  | 48 |
| 94. Institutions to be supplied by the depots   | 48 |
| 95. Measures to prevent the adulteration of drugs                                       | 48 |
| 96. Employment of military assistant surgeons in medical store depots                   | 48 |
| 97. Employment of research and pharmaceutical chemists                                  | 48 |
| 98. Equipment list and forms in use in depots   | 48 |
| 99. Increase in the staff of the office of the Director-General, Indian Medical Service | 48 |
| 100. Verification of stocks   | 48 |
| 101. System of accounting   | 49 |
| 102. The future control of the department   | 49 |

## CHAPTER VII.—MISCELLANEOUS

*A.—Sanitary and Bacteriological Departments.*

|  |    |
|--|----|
| 103. Co-operation between research and clinical medicine | 49 |
| 104. Health boards                                       | 49 |
| 105. Expansion of the departments                        | 49 |
| 106. Officers for sanitary work                          | 49 |
| 107. Co-operation in the provinces                       | 50 |

*B.—Alienist Department.*

|   |    |
|---|----|
| 108. History  | 50 |
| 109. Central and district asylums                               | 50 |
| 110. The recruitment of alienists                               | 50 |
| 111. Formation of a department                                  | 50 |
| 112. Medical officers and assistants                            | 50 |
| 113. Superintendents of central asylums as military consultants | 50 |

## MEDICAL SERVICES COMMITTEE:

*C.—Women's Medical Service in India.*

|   | PAGE. |
|---|-------|
| 114. History ... ..                                     | 50    |
| 115. The Dufferin Fund ... ..                           | 50    |
| 116. Demand for more medical women of a lower grade ... | 51    |
| 117. Women serving under local bodies ... ..            | 51    |
| 118. Post-graduate courses of instruction ... ..        | 51    |
| 119. Women doctors as a reserve ... ..                  | 51    |

*D.—Nursing Services of the Army in India.*

|   |    |
|---|----|
| 120. Unsatisfactory state of nursing in military hospitals in India ... | 51 |
| 121. The present organization ... ..                                    | 51 |
| 122. Defects in British station hospitals ... ..                        | 52 |
| 123. Queen Alexandra's Military Nursing Service for India ...           | 52 |
| 124. British nursing orderlies ... ..                                   | 52 |
| 125. Ward servants ... ..   | 52 |
| 126. Station family hospitals ... ..                                    | 52 |
| 127. Indian station hospitals ... ..                                    | 52 |
| CHAPTER VIII.— ... ..   | 53 |
| 128. Summary of recommendations ... ..                                  | 53 |

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# REPORT.

## CHAPTER I.

### INTRODUCTORY.

1. We have been directed to examine and report on the question of the re-organization of the medical services in India, both civil and military. We are to do this from the standpoint that it is desirable that there should be, if possible, a unified medical service for India. We are first to formulate a general scheme for the future re-organization of the medical services. We are then to examine the position, under our scheme, of military and civil assistant and sub-assistant surgeons, and of provincial subordinate medical services, as well as the future organization of the medical stores department. In dealing with these points we were invited to form sub-committees, co-opting, if necessary, other officers to serve thereon, and further co-opting one Indian officer of the Indian Medical Service and one Indian private practitioner.

Purpose of  
appointment  
of this  
Committee.

2. The medical services in India are, first, the Royal Army Medical Corps, which is headed and directed by majors-general and colonels of the Army Medical Service, and, secondly, the Indian Medical Service. The Royal Army Medical Corps is exclusively military and solely concerned with the care of British troops. It forms part of a powerful and highly efficient corps which is entrusted with the medical and sanitary care of the British Army in all parts of the world. Its strength in India is determined by the War Office, which nominates the officers detailed for duty in this country. The normal tour of service in India for a Royal Army Medical Corps officer is five years; but this period may be extended to seven years. The sanctioned establishment of Royal Army Medical Corps officers in India is 320. Of these, 15 hold staff appointments and the rest perform executive duties. The arrangement provides 4 Royal Army Medical Corps officers per mille of a pre-war garrison of 75,000 British troops. This strength includes a leave reserve and allows for casualties, but it does not provide any war reserve whatever in this country. A short history of the Royal Army Medical Corps is given in our annexure I.

Medical  
services in  
India—the  
Royal Army  
Medical Corps.

3. The Indian Medical Service is primarily military\*, but its considerable war reserve has hitherto been employed on civil duties. Four hundred and twenty-two civil medical appointments may be held by Indian Medical Service officers, but of these 133 are not absorbed by the ordinary war reserve, and some may be held by medical men who do not belong to the Indian Medical Service.

The Indian  
Medical  
Service.

The civil duties performed by Indian Medical service officers have been described in paragraph 3 of annexure XII of the report of the Public Services Commission (page 246) in the following terms:—

- “ (i) attendance on the police and on all Government servants entitled to free medical attendance;
- “ (ii) the administration and inspection of all Government hospitals and dispensaries;
- “ (iii) the charge of the headquarters hospital of each district and the performance there of the more important surgical operations;
- “ (iv) the medico-legal work connected with the administration of justice;

\* “ The question whether the Medical Service is primarily military or civil is one which has repeatedly been brought forward during the century and a half of its existence. On two occasions in the eighteenth century, in 1763 and again in 1796, it was divided into two separate services, military and civil. On both occasions separation was found impracticable and the two services were speedily again united. With these two exceptions, the question has always been decided in one way, and has been finally so settled. This decision is, that officers of the Indian Medical Service are all primarily military officers, that those in civil employ are only temporarily lent for civil duty, in which they form a reserve for the army, and that they are all liable to recall to military duty at any time.” Crawford, *History of the Indian Medical Service*, vol. I, page 249.

“(v) the examination of recruits for the army, police and State employment generally ; and

“(vi) the issue of health certificates to all Government servants”.

The Commission go on to state that there are also other duties of a quasi-medical character, particularly in connection with jails and the public health, which, as a matter of economy and convenience, are entrusted to medical officers in addition to their public duties. To perform all these duties a regular service of officers is maintained in each province. At the head of these organizations is the surgeon-general in Madras, Bombay, and Bengal, and the inspector-general of civil hospitals in other provinces. Below them, at the headquarters of each civil district, is a medical officer, known in Madras as the District Medical and Sanitary Officer, and in other provinces as the Civil Surgeon. The civil surgeon has under his orders a provincially recruited staff of assistant and sub-assistant surgeons.

The Commissioners say, and say truly, that, “in the present conditions of India, if there were no State service there would be large tracts of country which would be left without any regular provision of medical relief. We are also convinced that State control is necessary in order to secure the continued and extended diffusion in India of western medical knowledge.” These remarks this Committee entirely endorses for reasons which we shall state further on. The Indian Medical Service has not only performed its military functions, administered jails, asylums, and dispensaries, and initiated measures relating to sanitation and public health—it has conducted the medical education of the country. That education is, as we shall show later, in a decidedly incomplete state.

All officers of the Indian Medical Service at first serve with troops. After two years' service they may apply for civil employment in particular provinces, but of late transfers have not generally taken place until after the completion of 6 or 8 years' service. Before the war about 62 per cent of Indian Medical Service officers were ordinarily in civil employment, and each of these could be reverted to military duty at his own request. The total strength of the service at the same period averaged from 750 to 775, including leave reserves. In March, 1914, the number of officers on military duty was 265, of whom 19 were employed in staff and administrative appointments. The remaining 246 were employed on executive duties in connection with Indian troops and followers, giving a ratio of 1.28 per milia. The total strength of Indian Medical Service officers in civil employment at the beginning of August, 1914, was approximately 470. Of these 331, distributed among 7 calls, were looked upon as available for military duty in the event of general mobilization. In fact, about 350 officers were reverted from civil to military duty before the end of the war. Even these, however, did not suffice for military needs, and it was found necessary to utilize the services of private practitioners and civil assistant surgeons. At present the Indian Medical Service includes about 800 Indian temporary officers.

**Military subordination of both services to the Director, Medical Services in India.**

4. Both the Royal Army Medical Corps in India and the Indian Medical Service are, so far as military work is concerned, under the Director, Medical Services in India. He is a staff officer of the Commander-in-Chief and is charged with the distribution of the entire medical forces at the disposal of His Excellency. He is not, however, responsible for the recruitment, promotion or retirement of officers of either service, except, to the extent stated below, for the promotion of Indian Medical Service officers. These responsibilities pertain, in the case of the Royal Army Medical Corps, to the Director-General, Army Medical Service, at the War Office, and in the case of officers of the Indian Medical Service to the Director-General of that service, who is ordinarily a member of the Imperial Legislative Council, and works with the Government of India in regard to civil matters through the Home Department. In promoting his officers he has to obtain the concurrence of His Excellency the Commander-in-Chief, whose adviser in such matters is the Director, Medical Services. The latter has hitherto been an officer of the Army Medical Service and, although the appointment may be held by an Indian Medical Service officer, it has in fact never been so held, except for short periods in an officiating vacancy.

The fact that the Director-General, Indian Medical Service, cannot promote even officers in civil employment without obtaining the concurrence



of the highest military authorities is explained by the circumstances that at any time such officers may be needed for active service with troops, and that, even in peace time, some are reverted to military duty after years of civil employment and given military administrative appointments after short periods of preliminary training.

5. It follows then that, although an officer of the Indian Medical Service has often been for years together in civil employment, he has in fact always been largely subordinate to a military chief and has been liable to recall to military duty. An officer of the Royal Army Medical Corps, on the other hand, has served always in India as a military officer pure and simple. In peace time the Indian Medical Service officer has had more varied chances and more opportunity of adding to his income by private practice. But in time of war, and especially during the past four and a half years, Indian Medical Service officers who have served for years in civil employ have been at some disadvantage in comparison with officers of a purely military medical service. It is not unnatural that a measure of friction has resulted. This friction existed before the war; but in endeavouring to frame some plan for removing it, we have found ourselves confronted by larger issues; and, in order that these may be thoroughly grasped and that the ground may be cleared for the consideration of constructive proposals, we will endeavour to trace briefly the history of our subject for the past thirty years.

**Comparative advantages of the two services.**

6. After receipt of the report of the Indian Army Commission of 1879 the Surgeon-General, Her Majesty's Forces in India, and the Surgeon-General with the Government of India (who then corresponded to the present Director, Medical Services in India, and Director-General, Indian Medical Service) were directed to draw up a scheme for the unification of the Army Medical Department and the Indian Medical Service into a single service under the Government of India. They fulfilled their mission and submitted proposals, which were not, however, approved by the War Office. That authority propounded an alternative scheme recommending that the whole charge of the army in India, British and Indian, should be handed over to the Army Medical Department, and that in future the Indian Medical Service should confine its energies to civil work. This scheme was promptly rejected by the Government of India, and nothing was done.

**History of the Royal Army Medical Corps in India and of the Indian Medical Service from the year 1879. The proposals of that year.**

7. In the year 1897, the Army Medical Department, which had become the Army Medical Staff, was unpopular and unable to attract sufficient recruits. The Indian Medical Service however was, and had been for years, in a highly flourishing condition. The Secretary of State for War (Lord Lansdowne) addressed the Secretary of State for India to the following effect: "The time has come to consider whether this difficulty cannot be successfully overcome by the severance of that portion of the Army Medical Staff which is necessarily and permanently required for Indian Service, from that which is sufficient for the Imperial Service at home and in the Colonies, and by a corresponding increase of the Indian Medical Service."

**The proposals of 1897-1902.**

Discussion took place, and eventually in 1901 the Secretary of State for India addressed the Government of India proposing:—

- (a) that the establishment of officers of the Army Medical Staff, which had become the Royal Army Medical Corps, serving in India should be increased by 40; and,
- (b) that the rates of pay of officers below the rank of major while serving in India should be increased so as to bear to the proposed British rates the same ratio that then existed between the British and Indian scales.

To this the Government of India replied on the 13th of February, 1902.

They pointed out that the existing strength of Royal Army Medical Corps officers in India (322) was sufficient for peace requirements. The proposed addition must therefore be regarded as an addition to the war reserve. It was unnecessary for India to maintain a larger reserve of Royal Army Medical Corps officers for war; whatever additional number of officers might be necessary for war should belong to the Indian Medical Service, which could employ

its officers usefully in either war or peace service in this country. An available surplus in the Royal Army Medical Corps could not be utilised on peace service, and could not be employed to relieve a strain on the Indian Medical Service.

The Government considered that the existing system of maintaining the two services side by side promoted friction. They considered the arrangement an anachronism, only justifiable in the days when the army of the East India Company was entirely separate from that of the Crown. The real desideratum was a single medical service for the whole army in India—British and Indian. To obtain this, either the military side of the Indian Medical Service must be divorced from the civil side and united to the Royal Army Medical Corps, which would then supply medical officers for the whole army in India; or charge of British troops in India must be taken away from the Royal Army Medical Corps, and all the medical work, whether military or civil, must be undertaken by the Indian Medical Service.

The first alternative Lord Curzon's Government rejected on the following grounds :—

- (a) separation of the military from the civil side of the Indian Medical Service would result in the deterioration of both ;
- (b) the war reserve, then economically provided by the liability of recall to military service of medical officers in civil employ, would disappear ;
- (c) it was impossible for the Royal Army Medical Corps to take over charge of the Indian Army, as that service was unpopular and could hardly be kept at its then existing strength.

The second alternative Lord Curzon's Government advocated. They put forward the following arguments :—

- (a) it would not, in their opinion, be injurious to the officers of the Royal Army Medical Corps to close to them the field of Indian service ;
- (b) the exclusion of the Royal Army Medical Corps from India would not tend to any narrowing of the professional attainments of officers of the Indian Medical Service. (No difficulty was then found in maintaining the high standard of qualifications possessed by officers entering that service) ;
- (c) they thought that a reduction in the proportion of civil appointments to the total strength of the Indian Medical Service would not seriously impair the attractions of that service ;
- (d) only nine Indians had received commissions in the Indian Medical Service during the preceding two years, and it was therefore obvious that it would be easy to arrange that this small proportion should always be employed with Indian troops, or in the civil department, so as to keep a legitimate career open to the best Indian talent ;
- (e) efficiency would be promoted ; friction would disappear ; power would be economized ; the machine would work more smoothly ; the Director-General, Indian Medical Service, would administer the whole service.

It was proposed to call for volunteers from the Royal Army Medical Corps for permanent service, and (among senior officers) for temporary service, in India.

The Government of India submitted a detailed scheme in accordance with their proposals, but the Commander-in-Chief, while signing the despatch, added a note which entirely dissented from its main proposition. He was strongly against the abolition of the Royal Army Medical Corps, so far as India was concerned. He also considered that "it would be most unwise to divorce the civil from the military side of the Indian Medical Service." He gave clear and substantial reasons for his views.

The proposals of the Government of India for a unified medical service were not accepted by the Secretary of State.

Lord Morley's proposals and discussion thereon.

8. The years 1903-8 were marked by a very rapid development of educated Indian ambitions, and the then Secretary of State, Lord Morley, consulted the Government of India on the possibility of fostering the growth of an independent

medical profession in India by transferring to independent practitioners some of the posts then held by officers of the Indian Medical Service. The Government of India replied that, as about one-third of the Indian Medical Service officers in civil employ did not form part of the real war reserve, there would be no military objection to the transfer to independent practitioners of the civil appointments held by them. They stated, however, that any transfer of this kind should be gradual, tentative, and mainly from the bottom; that it should be made only as really qualified candidates became available; that nothing should be done to lower the efficiency of the medical schools and their hospitals; that a sufficient number of civil appointments should be reserved in order to provide for the economical employment of the war reserve of the Indian Medical Service, and that, in determining what these appointments should be, the necessity of maintaining the attractiveness of the Indian Medical Service should be borne in mind. Lord Morley agreed and asked to be informed of the measures which the Government of India would suggest in order to carry out their proposals. At the same time he ruled that no further increase of the Indian Medical Service could be allowed, and that efforts must be made to reduce its strength by gradually and increasingly recruiting in India independent medical practitioners. The Government of India then consulted local Governments, and replied to the Secretary of State that, in their original despatch, they had "gravely underestimated objections," on other than military grounds, to the contemplated transfer of appointments. They were now of opinion that the mere transfer of a certain number of government appointments from the Indian Medical Service to private practitioners would not materially encourage the growth of an independent medical profession; that most of the civil appointments then held by the Indian Medical Service could not suitably be given to men not in regular government service, with whom private practice would naturally be the first consideration; that the retention of a considerable number of superior civil medical appointments for the Indian Medical Service was essential, not only in the interests of administrative efficiency, but also for the purpose of making the service itself attractive to able medical men. It was important to do nothing which would lower the attractiveness of the Indian Medical Service; and, even though there might be no objection, from the military point of view, to the transfer to independent practitioners of the civil appointments held by one-third of the Indian Medical Service officers in civil employ, it was obvious that the subtraction of these appointments would greatly impair the advantages of the service.

The Secretary of State (Lord Crewe) accepted these views. He, also, was of opinion that the question of the steps to be taken to promote the growth of the unofficial medical profession in India must be treated as distinct from that of limiting or reducing the civil cadre of the Indian Medical Service. He considered that the criterion to be adopted was that the Indian Medical Service should be restricted to the military needs of the country, both from the point of view of economy and from that of the desirability of increasing as far as possible the number of important posts held by Indians. He subsequently asked for some form of statement showing approximately the manner in which military requirements were estimated from time to time, in order to facilitate a closer scrutiny of any proposed additions to the civil cadre of the Indian Medical Service. In reply, the Government of India wrote on the 5th March, 1914: "The civil side of the Indian Medical Service is the medical war reserve of the army in India, and in the event of the mobilization of the field army on a large scale our deficiency in medical officers (Royal Army Medical Corps and Indian Medical Service) would be in round numbers 360, of which the shortage in the Indian Medical Service would be about 150, while in addition there would be a deficiency in military assistant surgeons of 246. We feel no doubt that Your Lordship will be convinced by the figures referred to that the civil side of the Indian Medical Service can be largely increased without exceeding potential military requirements." This correspondence was edited and published in 1914.

9. In 1911, the question was further considered in the Army Department of the Government of India. The number of Indians entering the Indian Medical Service was materially increasing. Again it was proposed to make the Indian Medical Service a purely civil service and to organize the Royal Army Medical Corps in such a manner as to enable it to fulfil all military requirements.

Discussion of  
1911.  
Sir Pardee  
Lukis's note.

Indians would enter the former but not the latter. A full and interesting note was recorded by Sir Pardey Lukis, then Director-General, Indian Medical Service. He objected that the scheme would abolish the Indian Medical Service war reserve. There was already a complete mobilization scheme, and the civil authorities were bound to supply 326 officers, distributed over six calls. In fact, complete mobilization of the Indian Army would require a total number of 652 executive Indian Medical Service officers. Sir Pardey Lukis supported this statement by figures. He pointed out that 234 Indian Medical Service officers were in military employ. This figure included officers on furlough; the number who would be medically unfit might be computed at 5 per cent, or 12 in all; 326 officers might be surrendered from civil employ, making a total of 548 officers available for 652 appointments. In no way could this reserve be replaced either from England or from the independent medical profession in India. The introduction of the 5 years' curriculum had materially decreased the number of medical students in England, and the employment of civilian practitioners in war had been by no means an unqualified success. The independent medical profession in India was chiefly represented by 201 European and Eurasian, as well as 49 Indian practitioners with British qualifications. The majority of these were under contract with private firms and companies. The best men among ordinary Indian practitioners were enjoying lucrative practices among their fellow-countrymen. The army could not afford to lose the services of "well-trained and highly qualified civil surgeons, all of whom possess four to seven years' previous military experience; who have an intimate knowledge of the country, and who have had unrivalled opportunities of acquiring skill as operating surgeons, and as administrators of large hospitals."

Sir Pardey Lukis went on to show the large percentage of higher qualifications among Indian Medical Service officers, especially in the matter of surgery. He proved that the standard was still being maintained, and that the death rate among Indian troops had within the past 30 years fallen from 39.22 to 5.62, while that among British troops had only fallen from 24.85 to 6.25. He emphasized the valuable services rendered by Indian Medical Service officers in civil employ in connection with the training of the assistant surgeons and sub-assistant surgeons who constitute an important part of the personnel of British and Indian military hospitals and, when drafted to civil employ, go to swell the numbers of the war reserve. He referred to the work done by Indian Medical Service officers in imparting post-graduate instruction to officers of both services. He asserted that if, as a military medical machine, the Indian Medical Service fell short of the standard attained by the Royal Army Medical Corps, this deficiency was due to the maintenance in the Indian army of the obsolete regimental as opposed to the station hospital system.\* The latter should be introduced and specialists should be grouped at brigade and divisional headquarters, as was done in the case of the Royal Army Medical Corps.

Sir Pardey pointed out, however, that the medical schools in England were beginning not to send their best men into the Indian Medical Service as the future of that service was considered uncertain. Indian candidates were thus entering in greater number, but, if the Government of India would definitely proclaim that they contemplated no further radical change in the constitution of the Indian Medical Service, equilibrium would be re-established.

He considered that the grievances of Indian Medical Service officers in military employ were remediable and that to convert the Indian Medical Service into a civil service would mean worse men and higher salaries. "With all the glamour of military rank and titles taken away, is it conceivable that good men will come to India to struggle for a pittance with the ever increasing tide of Indians, except on the condition that they receive far higher pay than they do at present?"

Sir Pardey Lukis's note resulted in the dropping of the question. It was intended that a station hospital system for Indian troops should be inaugurated, but this intention was not carried out till quite recently. It was believed in some influential quarters that the maintenance of the regimental doctor was better adapted to the needs and administration of the Indian Army.

\* See "Notes on the Introduction of the Station Hospital System for Indian Troops" (Annexure II).

10. With effect, however, from the time when Lord Morley's proposals and views regarding the future of the Indian Medical Service became known, uncertainty as to its prospects began to affect competition for entrance in England. Indian candidates too increased, and Indian private practitioners, who had been for some years growing in numbers and improving in quality, greatly extended their practice among their fellow-countrymen. Private fees and practice had already been by regulations restricted for Indian Medical Service officers, and dwindled rapidly before this extra competition and rising Indian nationalism. Salaries, however, remained absolutely stationary. The service speedily declined in popularity, and in September, 1913, the Secretary of State for India invited the assistance of the British Medical Association in order to ascertain the causes of discontent. After careful inquiry, the Association drew up a memorandum which was placed by the Secretary of State before the Indian Public Services Commission which sat in London in July, 1914. The chief points dealt with in the memorandum were: (1) the inadequate scale of remuneration; (2) the difficulties in obtaining ordinary and study leave; (3) the constant irritating and damaging interference with private practice; and (4) the unsatisfactory position of the director-general and surgeons-general in relation to the Government of India and local governments. Evidence on these matters was given by Colonel Elliott, on behalf of the Association, before the Public Services Commission. The Commission supplemented this evidence by the testimony of a number of witnesses examined in India.

**Declining  
popularity of  
the Indian  
Medical  
Service.**

11. Their report was completed on the 14th of August, 1915, but was, on account of the war, not published until January, 1917. Their field of inquiry was limited to civil services, imperial and provincial. It related to "the method of recruitment and the systems of training and probation; the conditions of service, salary, leave and pensions"; and last but not least "such limitations as still exist in the employment of non-Europeans and the working of the existing system of the division of services into imperial and provincial." In dealing with medical services they included in their inquiry all those appointments which, though not necessarily medical in character, were then filled by officers possessing medical qualifications, e.g., the professorships, chemical examinations and their connected posts, and the posts in the alienist, bacteriological, sanitary, and jail departments. The more important of these were then filled by officers forming the war reserves either of the Indian Medical Service or of the Indian Subordinate Medical Department. The Commission dealt with pre-war conditions. They found that there were 772 Indian Medical Service officers in all, of whom 475, or 62 per cent, were engaged on civil duties. In the assistant surgeon branch of the Indian Subordinate Medical Department there were 713 officers, of whom 41 per cent were in civil employment. Only a few of them held superior appointments. Altogether, out of a total of 566 officers in superior civil medical employment within the sphere of the Commission's investigations, 493, or 87 per cent, were military and 73, or 13 per cent, were civil officers.

**The recom-  
mendations  
of the Public  
Services  
Commission.**

The Commission observed that the dependence of the civil medical administration on the military was a subject of complaint on the part of most non-official witnesses. It was, however, obvious that under the existing arrangements the civil medical work of the country had hitherto been performed satisfactorily and economically, and that no case had been made either on the ground of expense or of efficiency, for ceasing to employ the medical war reserve of the army in India on civil duty. As regards the needs of the civil population, Government must obtain such additional assistance as might be necessary by some form of civil recruitment. The machinery of the present system had stood the test of previous wars, but must be re-examined in the light of experience gained in the present great war.

The Commission laid stress on *the necessity for calculating separately on their merits the needs of the army and of the civil administration, and for abandoning the idea that the civil medical administration should be dependent on the requirements of a military reserve.* "At the conclusion of the war," they wrote, "it should be possible to estimate more closely than has hitherto been the case what are the military requirements, and to what extent these can be met by private practitioners in England or in India.

Calculations should also be made, and reviewed from time to time, of the civil needs of the country, and a purely civil machinery should be created to meet all civil requirements. The officers forming the medical reserve of the army should be admitted to the civil cadres so formed. But if, after an estimate has been made of the military requirements in time of war, it is found that the number of Indian Medical Service officers available for civil employment, as determined solely by military requirements, is insufficient for the needs of the civil administration, then every civil medical post for which no war reserve officer is available should be filled by civil recruitment, the method of which we shall proceed to indicate."

They recommended imperial and provincial civil medical services. The provincial medical services would, in each province, carry out duties of minor importance, and would be called after the name of their province, Madras (Bombay, or Punjab) Civil Medical Service. The Commission wrote as follows: "Officers of the Indian Medical Service, who have been admitted permanently to the Indian Civil Medical Service, should be at the disposal of the military authorities only if they are not of administrative rank, and only in the event of war. The present practice by which senior officers on the civil side are promoted to hold medical commands on the military side towards the end of their careers produces an unnecessary disturbance, and should be discontinued in the case of all future entrants. Officers already in the service should maintain their existing privileges."

They further recommended that, if the military reserve were increased so largely as to endanger seriously the maintenance of a civil element in the civil medical administration, it should be considered whether a minimum number of civil officers in the civil medical service should not be fixed. They thought it important that the military officers admitted to civil cadres should take their place with civilian officers in the manner in which officers of the army hold Indian Civil Service posts in the regulation provinces, or are employed in the Public Works and Railway Departments. Steps should also be taken to secure that, even under the gravest war conditions, the civil cadres should not be unduly depleted, and in particular that no dislocation of the educational and scientific work of the country should take place. They would entrust the imperial Indian civil medical service mainly with the work of supervision. It would include all the civil surgeoncies and posts of similar or superior position; and all the officers holding them should be on one list with seniority as amongst themselves, counting from the day of their entry on the list. All would be equally eligible for appointments of a purely civil character.

As regards appointments in the civil medical service not reserved for the war reserve of the Indian Medical Service or for officers of that service, they would fill those by the promotion of assistant surgeons and otherwise by direct civil recruitment, regard being had to the special needs of European officers entitled to free medical attendance and of their families.

The Commission recommended increases of salaries for higher administrative officers, and a temporary increase of 12½ per cent in the salaries of all other officers of the Indian Medical Service.

Circumstances  
in which the  
Commission  
reported.

12. These were the main proposals of the Public Services Commission. Two Indian members, Sir Mahadeo Chaubal and Mr. Justice Abdur Rahim, submitted separate notes. The former recommended that only a fixed proportion of the war reserve should be employed in the civil medical administration. Mr. Rahim recommended that military officers should be admitted only to a limited proportion, about one-third, of the superior appointments in the civil medical service. The proposals of both these gentlemen were dictated by the desire that civil should not be subordinated to military requirements. This, in a minor degree, was the view of the Commission.

At the time of the Commission's inquiries, out of 772 officers in the Indian Medical Service, 54, or 7 per cent, were Indians; but the number of Indians competing in the entrance examinations in London had risen from 5 in 1910 and 3 in 1911, to 8 in 1913 and 14 in 1914.

It must be noted that the Commission considered one side only of the problem before us, and also that they wrote before the scheme of provincial

decentralization proposed by the Montagu-Chelmsford report had come into outline, and before the present great shrinkage of medical students and medical men in England had occurred. It does not appear that anything of this kind entered into their calculations. Thus they did not take into account various factors which have perplexed us.

As we have already shown, their report was pigeon-holed from August, 1915, to January, 1917. Nothing whatever was done to alleviate the discontent of the Indian Medical Service, and in the meantime events moved fast. The great war had begun before the report of the Public Services Commission was completed and, as it proceeded, gradually searched out weak spots and defects in military preparations and organization.

13. Twelve officers (5 lieutenant-colonels, 5 majors and 2 captains) on the Indian strength of the Royal Army Medical Corps were on leave or sick leave in England on the 4th August, 1914. These were all transferred to the home establishment. Between the beginning of the war and the 31st December, 1915, 38 more officers of the Army Medical Service and Royal Army Medical Corps (12 colonels, 11 lieutenant-colonels, 9 majors and 6 captains) were transferred from India to England. Other regular officers of the British medical services left India for service with the Indian Expeditionary Forces, in addition to those who had actually accompanied them on mobilization. In place of these officers whom she gave up, India received 82 Royal Army Medical Corps officers (1 lieutenant-colonel, 3 majors, 30 captains and 48 lieutenants). Only 3 of these were regular officers; the remainder belonged to the Territorial Force, or Special Reserve, or held temporary commissions. It is therefore, obvious that the War Office used the Army Medical Service and Royal Army Medical Corps contingent in India as a valuable trained reserve, for spheres of war outside India.

**The Medical services and the War.**

The civil side of the Indian Medical Service was considerably depleted by the war. On the 8th of April, 1915, the Director-General, Indian Medical Service, prepared a memorandum showing that, whereas under existing arrangements the civil administrations were bound to surrender 337 officers on mobilization, they had in fact already surrendered 286 officers, and had warned 15 more to be in readiness to proceed on active service without delay, should their services be required.

The following officers had been surrendered: 188 civil surgeons, 15 officers on plague duty, 17 superintendents of central jails, 8 professors, and 13 officers employed on bacteriological work. Minor details are needless.

The vacancies so caused had been filled by various expedients, principally by recalling all officers from leave and by promoting civil assistant surgeons of the provincial services. Only 15 had been filled by the employment of private medical practitioners, or uncovenanted medical officers; 31 had been filled by appointing civil surgeons to be in visiting charge of neighbouring districts; while 11 had been filled by placing civil surgeoncies in collateral charge of officers in military employ. The administrative charge of central jails had been made over either to members of the Indian Civil Service or to police officers, or to retired military assistant surgeons and uncovenanted officers who, whilst on the active list, had been in charge of district jails. Whenever a non-medical officer was placed in administrative charge of a central jail, the civil surgeon took over the medical duties connected with the jail, as a collateral charge. Great care had been taken to prevent any interference with teaching in the various medical colleges. Only 8 officers holding professorial appointments had been surrendered. One hundred and thirteen military assistant surgeons had been reverted to military duty.\*

The total number of Indian Medical Service officers in civil employment who were surrendered for military duty between the 4th August, 1914, and the 31st December, 1918, was 393. During the same period 71 officers were returned to civil employment. The 393 officers surrendered included 197 civil surgeons, 15 officers on plague duty, 36 superintendents of central jails, 6 superintendents of lunatic asylums, 24 professors, 24 officers of the bacteriological department, and 28 of the sanitary department.

\* See page 20 of the Report of the Public Services Commission.



**The Indian  
Medical  
Service and  
the War.**

14. The war thus meant dislocation in the domestic and financial arrangements of many Indian Medical Service officers. Some, too, on returning to military duty of a peculiarly exacting kind, after years of civil employment, found themselves at a disadvantage when serving alongside officers of the Royal Army Medical Corps who had devoted the whole of their active careers to the army. It is clear, moreover, from the reports of the Mesopotamia and Vincent-Bingley Commissions, that many Indian Medical Service officers must, for the first two years or so, have suffered severely in the field for the manner in which military medical expenditure in India had been starved in the past, for the long continued omission to introduce the station hospital system, and for the lack of sufficient medical personnel and equipment. The deficiency in assistant surgeons and sub-assistant surgeons was severely felt in Mesopotamia, and other medical establishments were quite inadequate. The supply of stores also was unsatisfactory. The reports referred to above, while strongly emphasizing the evils of parsimony in medical administration, suggest the conclusion that, as the medical organization of an army is an integral part of its military organization, its administration will be best conducted by officers whose training has been almost exclusively military. The reports advised the immediate institution of the station hospital system in the Indian Army and their advice has since been followed. Their publication exercised a further depressing influence on a service already depressed.

It is clear from various evidence that cases of friction between officers of the two medical services occurred during the war. It is probable that these largely resulted from their sometimes widely different antecedents, and from the fact that, while the one service had been exclusively military, the other had not. It is certain that many officers of the Indian Medical Service expressed their grievances to the British Medical Association in strong terms. "We have received," said Colonel Elliot to the Secretary of State last June, "a large number of letters containing cold details of the financial position of the writers, shewing that they have been living on their savings or on their other sources of private income for the past three-and-a-half years, and are now heavily in debt. They complain that their services have not been used to the best advantage, and that they have been constantly superseded by officers junior to them in other branches of the medical organization, and that they are not being paid a living wage."

The Government of India and the Secretary of State addressed themselves to remedy some of these grievances. They improved the rates of staff pay in the field; they developed a system of accelerated and acting promotion to prevent supersession of Indian Medical Service officers by officers of the Royal Army Medical Corps, and they took other steps. But in the meantime the report of the Public Services Commission had been published; political ambitions were speaking loudly in India, and the interests of the Indian Medical Service were assailed from a political quarter.

**Indian  
political  
views  
regarding the  
future of the  
medical  
services in  
India.**

15. On the 8th of March, 1918, the Hon'ble Mr. Sastri, a prominent politician, moved a resolution in the Imperial Legislative Council recommending the constitution of a civil medical service which should be wholly independent of the medical organization of the Indian Army; that the higher medical posts, at present filled by officers of the Indian Medical Service, should be transferred to the civil medical service; and that the civil medical service should be recruited from the civil medical officers and the independent medical profession.

He also proposed that the salaries of Indian Medical Service officers employed on civil duty should not be enhanced, as recommended by the Public Services Commission; and that military assistant surgeons should not be given preference over civil assistant surgeons, and should not receive more than one-sixth of the higher posts reserved for subordinate medical officers.

Mr. Sastri's first argument was that the civil medical service of the country should not be kept in subordination to the military, so that, when trouble came, there were "absolute dislocation and paralysis of civil work throughout the country. The interests of the civil medical service are paramount in themselves." He next argued that the "coming in of the Indian Medical Service into civil employ shuts out Indian talent, hinders the progress of the



independent medical profession, and makes the civil population, for their ordinary medical needs, depend upon a service, which is called upon to serve in the military both at the beginning and at the end of their careers, and in war time would not be available at all." "When therefore," he said, "we are asking that a complete separation should be made, it is impossible for us to countenance the suggestion that, in order to render civil employment attractive to officers, their salaries should be raised and a further drain imposed on the resources of the country." He urged that professorial chairs, upon the successful occupation of which depends the welfare of millions, should not be treated as the private property of any service constituted primarily for war needs. He finished with the following words: "I do not deny that the Indian Medical Service has done wonders for India in the past. It has produced many eminent doctors. It has contributed much to the sum of medical knowledge. But when all this is said—and I say it with all my heart without meaning to take away anything from the credit due to the Indian Medical Service—let me say that it must not be allowed any more to dominate the whole of the civil medical profession, to keep the children of the soil out of what is their rightful place, and generally to check the growth of the independent medical profession and treat all the professorial chairs and the research chairs as their private appanage, thus producing, as I said before, some harm to the progress of the science itself, and at the same time, in many cases, doing no good to the positions themselves."

In reply to Mr. Sastri, the Director-General, Indian Medical Service, Surgeon-General Edwards, pointed out that 34 members of the Indian Medical Service had gained the blue ribbon of the scientific world, the Fellowship of the Royal Society. He laid stress on the research achievements of the service, on the excellence of the medical colleges, and on the small incomes from private practice as compared with medical incomes in England. Indians were being admitted to the service in steadily increasing numbers. He was not in favour of forming a separate Indian civil medical service. Provincial services could do all that could be done by such a service. The war reserve of the Indian Medical Service would be a nucleus for these. The existence of this war reserve was vital. It was the existence of this reserve that enabled the Indian divisions, when they proceeded overseas, to go fully mobilized, at the most critical period of the Empire's history.

"It is obvious," he said, "that in peace time, if military medical officers are to be kept fully employed, less than half their numbers are amply sufficient to carry on routine duties, and the remainder should be employed on civil work. The Hon'ble Member may say, 'If this is so, why is this not done in the Royal Army Medical Corps?' My reply is, that it would undoubtedly be done, were the British army in peace time stationed in England, and were there a civil medical service into which its surplus medical officers could be drafted."

The Resolution was also opposed by Sir William Vincent, Home Member, on the ground that civil efficiency must be combined with and subserve to military preparedness, and that the imposition of obligations for war service on purely civil medical officers had, so far as experience went (*e.g.*, in the case of civil sub-assistant surgeons), proved a bruised reed. "We have had," he said, "a number of men who have resigned their appointments, or have been dismissed, rather than accept the alternative of going on service. Further, however efficient civil medical officers may be in civil employment, they must be totally inexperienced in military duties and would have to adjust themselves rapidly in war time to an organization with which they would be entirely unfamiliar, their usefulness being proportionately impaired. Finally, I may say that the removal of purely civil officers in war-time from their ordinary employment would cause no greater and no less dislocation than is at present caused by the removal of Indian Medical Service officers." The Home Member also opposed the resolution on the ground that it was premature, as the present was no time for revolutionizing the medical administration. The Government of India had come to no conclusion on the recommendation of the Public Services Commission that the pay of the Indian Medical Service should be raised. He argued that, if the prospect of civil employment were denied to candidates for a military medical service, that service would expect to be paid at a far higher rate than at present.

The resolution was put to the vote and lost. It was supported by all the non-official Indian members of the Council.\*

**Sir G. Makins's views.**

16. In February, 1918, Sir G. Makins, K.C.M.G., C.B., President of the Royal College of Surgeons of England, after examining much of the work of the Indian Medical Service in peace and in war, recorded an interesting memorandum which appears as annexure III of this report.

**The Secretary of State's anxiety for the future of the Indian Medical Service.**

17. About the same time the position and prospects of the service were occupying the attention of the Right Hon'ble the Secretary of State, and on returning from India he received an important deputation from the British Medical Association. This deputation expressed extreme disappointment with the recommendations of the Public Services Commission, and emphasized the depressed condition of the Indian Medical Service. In reply, Mr. Montagu stated that the present situation was one which must give rise to the greatest apprehension among those who were responsible for the future of the service, and must reflect a very unsatisfactory state of affairs in the service itself. The question was one of ensuring a supply of good doctors for India. "Just as India," he said, "cannot today, or, so far as anybody can see—I was going to say, for ever—do without the services of those who help to govern her, so India cannot command the services of those who help to govern her, unless the Europeans who carry the burden of the Empire in India can be supplied with the best expert medical aid. And therefore, as you, Sir, rightly said, the Indian Medical Service can be regarded as the pivot upon which all other imperial services in India depend. But, over and above that, the Indian Medical Service is a service on which India is mainly dependent for the satisfaction of all its manifold medical and sanitary requirements, and also—and not least—for the education of future generations of medical men in India. I therefore think it is an essential part of our duty to see that the Indian Medical Service should not be allowed to deteriorate, and I can assure you that I am determined to do everything that I can to provide for India a medical service of the highest quality obtainable."

Mr. Montagu mentioned steps which had been taken to alleviate the grievances of Indian Medical Service officers reverted from civil to military duty. He indicated the limitation of professional opportunities which must arise from divorcing the civil from the military side of the service. He stated that he had no objection to according freedom to Indian Medical Service officers to practise privately within "well recognized and quite wide limits". There was no reason why the indigenous medical profession should not grow up in an atmosphere of free competition with highly trained European doctors. He considered that the remuneration offered to the service must be adequate, that the cadre of the service must provide a sufficient leave reserve, and that the service must afford in its organization increased and increasing opportunities for Indians to enter it. Aided schools and colleges in India must be developed. Moreover, the conditions of the service must be as free as possible from irritation, friction or annoyance. Therefore the Indian Medical Service and the Royal Army Medical Corps must be considered together, with a view to promoting harmony and, as far as possible, achieving unification. There must also be a drastic re-organization of the relations of the Indian Medical Service with the Government. Mr. Montagu concluded by dealing with recommendations which the deputation had made regarding education and recruitment.

**The despatch of the 11th October, 1918.**

18. On the 11th of October last the Secretary of State addressed the Government of India, forwarding copies of the above proceedings, and pointing out the principles which he considered essential for observance, if the Indian Medical Service was to be rescued from ruin. He asked that "the whole mechanism by which the medical needs of India (and especially medical education) are to be satisfied in future" should be examined. He pointed out that, if it were decided to amalgamate the Indian Medical Service and Royal Army Medical Corps, the war reserve would be so large as practically to monopolise the civil appointments, and the civil departments would thus become more than ever adjuncts of the military service, a condition of affairs which the Public Services Commission recommended should be abandoned. What was necessary,

\*The report of the debate is reproduced in volume III of this Report.

at a time when the demand for medical men elsewhere would far exceed the supply, was to put before the medical profession in England a scheme that would attract to India candidates of the requisite qualifications and in sufficient numbers. Half-measures and provisional schemes were no longer practicable. The details of any scheme proposed by the Government of India must be worked out in England in consultation with the War Office and the medical authorities in England. The views of the Government of India were invited on all these points and on any other measures which seemed likely to improve the position and prospects of the Indian Medical Service.

19. From the papers which have been shown to us it appears that, after consulting local governments regarding the proposals of the Public Services Commission to raise the pay of the Indian Medical Service, the Government of India made certain proposals to the Secretary of State in this connection. On the 10th of December last the Secretary of State cabled that an increase of pay of Indian Medical Service officers in military employment, equivalent to 33½ per cent of military grade pay, as it stood before the introduction of the station hospital system for Indian troops, was necessary. Civil pay was also to be increased by 33½ per cent of the grade pay which the officers would have drawn if in military employment under the regimental system. The increase would be announced before details had been worked out. The revised scale of pay was intended to attract European candidates with the highest professional qualifications.

**The pay of the Indian Medical Service raised materially.**

20. The Government of India in the Army Department appointed this Committee. At our first meeting it was explained to us that, although paragraph 2 of our letter of appointment directed us to discuss the question of the re-organization of the medical services in India from the standpoint that it was desirable that there should be a unified medical service, the Government of India did not intend this to prevent us from submitting different proposals, should we consider that a unified medical service would not provide the best solution of the problem.

**Appointment of this Committee.**

21. It is plain from this chapter that, although the problem before us is not a new one, its conditions have altered remarkably since the discussions of twenty years ago. The searching experiences of a prolonged and world-wide war against enemies armed with all the resources of modern science have induced a strong military preference for medical services trained mainly or exclusively with troops in peace-time. The Royal Army Medical Corps is now a flourishing service, while the Indian Medical Service has become depressed and has ceased to attract the British competition which it once commanded so easily. Medical students and medical men in the United Kingdom have been greatly reduced in numbers. We do not know how soon this shortage will be remedied. Medical education in England has become more expensive, and medical aspirants and their fathers have become poorer. The Government of India will have to face keen competition at a time when in India the political balance has considerably shifted and may shift further. An Indian career occupies a position in popular estimation in England decidedly inferior to the position which it occupied in 1902. But while British competition has so much declined, Indian candidature for all Government services has greatly increased and will go on increasing.

**A brief survey of present circumstances.**

This increase does not mean that the practice of western medicine has made great headway against the indigenous medical systems of India. These systems, the Ayurvedic and Unani, Hindu and Arabic, still appeal to the masses and, in a less degree, to the educated classes. The records of recent debates in the various Legislative Councils on the subject of registration of medical practitioners show this clearly; and it is probable that, when provincial governments become in some degree dependent on popular votes, they will be frequently urged to spend public money on Ayurvedic and Unani schools and dispensaries. On the other hand, all available funds are badly needed for extending medical relief and sanitary prevention on western lines. This is manifest from the recent speech of the Director-General, Indian Medical Service, in the Imperial Legislative Council, which appears as annexure IV of

our report. Major-General Edwards explained in some detail how great is the field for "medical research, preventive medicine, and the education of the people of India in public health measures." We are convinced that, unless vigorously supported and pioneered by thoroughly efficient and energetic government services, western medicine and methods of sanitation will rather lose than gain ground in this country. However much medical graduates may multiply, they will not spontaneously incline to practice in the villages and smaller towns where no dispensaries have been established by Government or local bodies. Even in the Madras presidency, where English education is comparatively wide-spread, a recent inquiry showed that in only one of all the towns of 8,000 inhabitants or less was a single registered private practitioner of western medicine to be found working alone in the absence of a dispensary maintained by public funds. We cannot suppose that similar inquiries in other provinces would show any better conditions. An increasing output of medical graduates will multiply aspirants for Government service, and will increase the numbers of independent practitioners in cities and the larger towns, but will not by itself advance western medicine or sanitation in the country at large. It will, however, tend to hasten an already remarkable decline in private practice for officers of the superior government medical service, and we must take this circumstance into account in considering the prospects of the future.

All these various factors have engaged our attention, but before proceeding to offer constructive proposals, we must give some account of the minor and provincial medical services of the country.

## CHAPTER II.

### PROVINCIAL AND MINOR MEDICAL SERVICES.

#### *A.—Military.*

**The Indian  
Medical De-  
partment.**

22. The Indian Medical Department, until last year known as the Indian Subordinate Medical Department, consists of two branches:—

- (a) the Military Assistant Surgeon Branch, and
- (b) the Military Sub-Assistant Surgeon Branch.

**Military  
assistant  
surgeons.**

23. Military assistant surgeons are recruited by competition from among Europeans and Anglo-Indians, between the ages of 16 and 20 years. The examination, which is much the same as that of standard VII, takes place early in February at a large number of centres. It is conducted under the orders of the Director of Public Instruction, Bengal, and the vacancies are filled by the Director-General, Indian Medical Service, from among candidates who have obtained over 40 per cent. The paucity of candidates in recent years has necessitated the lowering of this standard to 30 per cent.

Selected candidates are sent as military pupils to the medical colleges at Calcutta, Bombay, and Madras, to undergo a four years' course of professional training at the expense of Government. In the two former places they are accommodated in hostels provided by Government, in the last-named they make their own arrangements. In each college they are under a superintendent, who is a senior officer of the Indian Medical Department, and are trained in drill, physical exercises, etc., by a British sergeant instructor. On completion of the course, the principals of the colleges report as to the fitness of the students for admission into the Indian Medical Department. Those declared fit are examined by written papers issued by the Director-General, Indian Medical Service, and the total marks obtained determine their position in the general list which is maintained. They are then gazetted as warrant officers, and enter the service as fourth class assistant surgeons.

The shortage of well-educated lads of a suitable class necessitated improvements in pay and prospects. These were introduced in November, 1914. At this time it was determined to change the system of recruitment by competitive examination to one of nomination of selected candidates who had passed a general educational test recognized by the General Medical Council of Great Britain and Ireland entitling them to be registered as medical students. A five years

course was likewise determined on. This would permit of all students obtaining a medical qualification registrable in the United Kingdom. It was intended to enter the students for the membership of the College of Physicians and Surgeons, Bombay, the State Medical Faculty, Bengal, and the corresponding examination in Madras. At the time it was expected that these qualifications would be accepted by the General Medical Council as entitling the holders to registration in the United Kingdom. This anticipation, however, has so far not been fulfilled, and the system of nomination and the extension of the course to five years have been held in abeyance on account of the war.

Owing to the introduction of the Medical Degrees Act of 1916, it is now necessary that all military assistant surgeons should obtain qualifications registrable in India, and to comply with this act students are now entered for the licentiate examinations of the State Medical Faculty, Bengal, the College of Physicians and Surgeons, Bombay, and the Board of Examiners, Madras. These examinations may be passed after a four years' course. This is a temporary arrangement only, and it is hoped that by the beginning of 1920 it will be possible to introduce admission by nomination with a five years' professional course.

Military assistant surgeons are recruited for service with British troops in India, and are attached for duty to British station hospitals; they do not normally serve with Indian troops or under Indian Medical Service officers. The authorized cadre is 739, of whom 303 are ordinarily in civil employment, forming the war reserve for the army.

24. The duties of military assistant surgeons are varied, but in British station hospitals they include those of a clerk, compounder, ward master, steward, and store-keeper. The assistant surgeons maintain discipline in the hospital and see that the orders in connection with the treatment of patients given by the Royal Army Medical Corps officers under whom they are serving are duly carried out. They have to be on duty at the hospital at all times, and to this extent discharge the functions of a resident medical officer. They are frequently employed to proceed in medical charge of patients or British troops moving by rail or road from one station to another, and in such cases take the place of a medical officer. On the whole they have little scope for essentially professional work while on military duty. **Duties.**

25. Military assistant surgeons selected for civil employment, which is greatly prized, remain on probation for the first 5 years, during which time the local Government may move the Government of India to return them to military duty if they are found unsuitable. If given an independent civil charge, an officer of their class may, during the first 3 years of holding such a charge, be returned to military duty, if for any reason he is found unfit for the post. **Civil employment.**

26. Military sub-assistant surgeons are recruited for service with Indian troops. They are attached to Indian station hospitals and serve under Indian Medical Service officers. When the regimental system was abrogated on the 1st December, 1918, they ceased to be attached to Indian units. **Military sub-assistant surgeons.**

The total sanctioned strength is 894. Of this number 154, who form the war reserve, may be employed in civil appointments, including miscellaneous military charges and other semi-military posts. These appointments are, as a rule, greatly prized.

27. Recruitment is made by selection from among Indian candidates of all classes, between the ages of 16 and 20 years, who offer themselves at the beginning of each session to the principals of the medical schools at Agra, Lahore, Bombay, and Madras. **Recruitment and training.**

All candidates for employment as sub-assistant surgeons, both civil and military, are required to pass the university matriculation examination or equivalent test before admission to the medical schools.

Formerly, the pupils were neither enrolled nor subject to military law; but since 1917 they have been enrolled and placed under military law and the principal of the medical school exercises over them the powers of a commanding officer.

Military students are educated at Government expense, are provided with free quarters, and receive a monthly allowance of Rs. 12. They undergo a four years' course of professional training, and are now obliged, with the civil students of their class, to enter for the licentiate examination of the College of Physicians and Surgeons, Bombay, the Board of Examiners, Madras, and the L.M.P., and M.P. diplomas of the United Provinces and the Punjab, respectively.

On admission to the Indian Medical Department they are gazetted into the service as third class sub-assistant surgeons and hold the rank of warrant officers, being the only branch of the Indian Army who hold such rank. Those trained at Lahore and Agra are borne on the Bengal list, those at Poona and Ahmedabad on the Bombay list, and those at Madras on the Madras list. On joining the service they sign a declaration that they will serve in the Indian Medical Department for a period of 7 years.

Duties.

28. The duties of a sub-assistant surgeon serving in an Indian station hospital correspond with those of a military assistant surgeon in a British station hospital, and consist mainly in those of a clerk, compounder, and wardmaster; he maintains discipline in the hospital and, in the matter of the treatment of patients, carries out the orders of the Indian Medical Service officer under whom he is serving. He likewise attends to the medical wants of the families of the Indian units to which he may be attached, and, under a medical officer, discharges certain sanitary duties in Indian troops' lines. He is frequently sent in medical charge of detachments of Indian troops moving by rail or road, or going into camp for musketry practice, etc.

*B.—Civil.*

Establishment.

29. The medical service of each province and local administration is under the control of an administrative medical officer, and consists, besides himself, of (a) commissioned officers of the Indian Medical Service, (b) military and civil assistant surgeons, some of whom are employed as civil surgeons in medical charge of districts, and (c) military and civil sub-assistant surgeons.

Position and duties of the head of the department.

30. The surgeon-general or inspector-general, as the head of the civil medical department of the province, is responsible for the superintendence of all hospitals, dispensaries, lunatic asylums and other similar institutions, as also for the supervision of medical colleges and schools. He has the control of the medical staff and arranges for the recruitment, transfer and promotion of the purely provincial medical personnel. He is the adviser of his government upon all matters connected with the medical administration of the province.

Indian medical service officers.

31. Each province has on its permanent staff a number of Indian Medical Service officers varying from 11 in Assam to 51 in Bombay and Madras. The creation of each additional appointment in a province involves an increase in the Indian Medical Service cadre, and requires the sanction of the Secretary of State; but once an officer is allotted, unless he belongs to an imperial department or to an appointment requiring the concurrence of the Government of India, such as a professorial appointment, he can be moved within the province at the will of the local government. The bulk of these officers are employed as civil surgeons in charge of districts.

Civil assistant surgeons. Recruitment and training.

32. The grade of civil assistant surgeon was established in 1847 when Government authorised the formation of a superior grade of Indian practitioners. It is now open to Europeans, Anglo-Indians and Indians. The number employed in the various provinces varies from 49 in Assam to 232 in Madras.

The present-day civil assistant surgeon is a passed student of a medical college, and he is either a graduate (M. B.) or a diplomate (L. M. S.) of a university.

Candidates for appointment to the provincial services are selected either according to their position at their final professional examination, or by a separate competitive examination, or by nomination to fill vacancies or fresh appointments on the temporary establishment.

On being appointed permanently to government service they are required to execute a bond to serve the civil government for five years, or in default to pay

a fine of Rs. 500. There is no liability for military service expressed in the bond.

33. There are a certain number of civil surgeoncies reserved for this class. **Duties.** Members of the service are employed as lecturers in the medical schools, demonstrators and assistant professors in the colleges, as house surgeons and house physicians in the large hospitals, in charge of hospitals at headquarters and the larger rural dispensaries, as assistants to the chemical examiner, in various railway appointments, and as medical inspectors of schools.

34. So far as we have been able to ascertain the total number of civil sub-assistant surgeons in India is no less than 3,442. In addition, we understand, that a considerable number in excess are entertained in each province on a temporary list. The civil sub-assistant surgeon was formerly known as the civil hospital assistant, and has been for years the backbone of the provincial medical services. He is educated at a provincial medical school, usually distinct from the medical college. A considerable number of the students receives scholarships from the State, or local fund sources, but a proportion pay their own way. Government is not bound to take its own scholars into its service, but naturally prefers to take the best men of their year. As in the case of the assistant surgeons, the sub-assistant surgeons are recruited to fill vacancies or fresh appointments on the temporary establishment. **Civil sub-assistant surgeons. Recruitment and training.**

Local governments have been empowered to promote sub-assistant surgeons to the rank of civil assistant surgeon, with the pay and privileges of that class, on the condition that the concession is jealously guarded and strictly confined to a few men with not less than 20 years' service, who in the exercise of their profession have shown themselves to be possessed of very exceptional attainments.

On promotion to the permanent list the sub-assistant surgeon signs a bond which binds him to serve the civil government for five years, but in addition he agrees, in case of necessity, to serve on military duty in India. The penalty is fixed at Rs. 400 in case he commits any breach of duty which has the result of terminating his service, or Rs. 200 for every act of disobedience of the rules and regulations prescribed for his conduct while on military duty.

The question of altering the provisions of the bond so as to include liability for military duty in peace and war, in or out of India, was discussed by the Government of India and referred to local governments in 1915, owing to the difficulty experienced in obtaining the services of medical practitioners of this class to serve in the field. It was decided that no alteration in the terms of service should be made while the war lasted, but that the whole question of the period of civil and military services to be rendered by sub-assistant surgeons, together with the remuneration and tours of military service to be granted to and imposed on them, should be considered after the war.

35. The duties which sub-assistant surgeons may be called upon to perform **Duties.** are varied. They are placed in sub-charge of police, jails, lunatic asylums, and State railway hospitals; they hold independent charge of local fund, canal and itinerating dispensaries; they are employed as travelling medical subordinates on State railways and with survey and forest parties, and have to deal with outbreaks of epidemic disease occurring in the vicinity of their charges. They are employed on all kinds of duties connected with epidemics generally, and more especially in the measures taken to cope with outbreaks at fairs and other large gatherings. They are entrusted with medico-legal work as far as their own immediate charges are concerned, but they are not permitted to undertake post-mortem examinations or to deal with such cases as the police consider should be referred to the civil surgeon.

36. No account of the organization of the provincial medical services would be complete without a reference to the compounders. **Compounders.** This class is recruited locally. They must have sufficient education to read and write in the vernacular, and are encouraged to obtain a working knowledge of English. Their duties are to compound medicines prescribed by the medical officer in charge, to do such dressings as are delegated to them, and to assist generally in the care and treatment of both in and out patients.



## CHAPTER III.

## THE MAIN PROBLEM.

Lessons of the War.

37. THE War has impressed upon the military authorities that the medical requirements of armies are best met by a medical service which is progressively and pre-eminently military. It has impressed upon provincial governments that no province can well afford long to be denuded of the bulk of its best medical officers, and that care must be taken not to restrict a much needed supply of doctors qualified in western methods by depriving colleges of professors or taking specialists from their particular tasks. As regards, however, this aspect of the past four years, we are not surprised that the greatest of all wars demanded unprecedented sacrifices from the medical as well as from other departments of the civil administration. There can be no doubt that this department suffered considerably, that sanitary efficiency and good surgery declined, and medico-legal work deteriorated, as did also jail discipline and management. All this was to be expected. But, on the whole, we see no reason for dissenting from the considered opinion of one of our most valuable witnesses, Colonel Mactaggart, Inspector-General of Civil Hospitals in the United Provinces, that one lesson of the war is that "it is possible for local governments to surrender a large proportion of their medical officers on a military emergency and still manage to maintain for a considerable time fairly efficient medical, sanitary and jail administration, provided that the administrative officers and a proportion of the senior commissioned medical officers are left in civil employ." We would add to this provision another, which is that this residue of officers should belong to a service of substantial merit and high standards of duty. For as their service is, so will they be.

The lessons which this war has taught as to the medical training best adaptable to service in the field have been explained to us by highly competent experts and may be gathered from the pages of official reports. They cannot be ignored. But in applying them we must consider reasonable possibilities, as well as the claims of medical administration in various provinces which differ considerably from each other in educational development.

Exceptional circumstances of the present.

38. Before we offer constructive proposals we must state that everywhere we have found the officers of the Indian Medical Service in a state of acute discontent, partly by reason of various grievances mentioned in our first chapter, especially lack of leave and straitened means, and partly because they share in the unusual anxiety with which the future is now regarded by British officers in all the civil services. It may be that this anxiety will lessen later, and will be counter-balanced by a recognition that, if things are difficult in India, they are also difficult and uncertain elsewhere. We cannot foretell the future; we merely indicate the ways of thinking which now prevail in the Indian Medical Service.

At present, too, the composition of all the medical services, imperial and provincial, is abnormal. In both the Royal Army Medical Corps and the Indian Medical Service there are many officers to whom leave has long been overdue. Both are employing large numbers of temporary officers. In the Indian Medical Service there are 354 Indian temporary captains and lieutenants serving overseas, as well as 331 in this country. Return to pre-war conditions has, up to the present, been extremely slow.

So far we have written of India. But in England, too, circumstances are exceptional. There the supply of medical students and medical men is, and will for some time be, limited. The needs of India will have to compete against the needs of the United Kingdom, and possibly those of Egypt, Mesopotamia, East Africa and Palestine. Altogether we are hardly in a position to estimate the exact degree of inducement which medical service in this country should offer, and our calculations are further disturbed by generally abnormal conditions and ignorance of the precise extent of shrinkage in the supply of medical students available in Great Britain. We conjecture, however, that some number will still be attracted by an Indian career, provided that the political prospect clears, that the pecuniary and leave conditions are



attractive, and that candidates are not asked to pledge themselves irrevocably for thirty years to a service the conditions of which, they are likely to be told, are obscure.

39. We must add another condition which, we are convinced by the evidence before us, is essential, if a good class of British competitors is to be attracted to medical service in this country. The condition is, that such service shall partake of the nature of a mixed career, military, civil, professorial, sanitary, and research, and that it shall offer the varied opportunities which appeal to men of action as well as to men skilled in the different branches of the medical profession. For this reason we are opposed to any attempt to start in London separate competitions for two Indian medical services, a military and a civil; because the former, competing on the one side with the Royal Army Medical Corps and on the other side with an Indian civil medical service, would certainly, for years to come, fail to attract sufficient or worthy British candidates. Unless we decide to ignore abundant evidence of unquestionable authority, we must hold that a military career in India, without any of the opportunities which civil employment affords, will appeal to few well educated European medical men, although, on account of the good pay from the point of view of an Indian student, it would attract candidates from this country.

One Indian medical service must serve military and civil needs.

We must mention an alternative solution which we have carefully considered. It was suggested that we might make over the care of the entire army in India to the Royal Army Medical Corps, aided by a supplementary Indian branch, and convert the Indian Medical Service into a purely civil service, the members of which would be liable to periods of military training. We did not accept this suggestion for various reasons, of which the more prominent were: first, that the Royal Army Medical Corps is, by charter, exclusively European, and to relegate Indians to a supplementary, and what would, we think, be considered an inferior branch of this corps would, according to much of the evidence before us and to our own anticipations, be resented as treatment unworthy of the part which India has played and plays in the defence of the Empire; and, secondly, that we find that the present Indian Medical Service would be generally opposed to such an arrangement. We do not think that an Indian Medical Service which was civil from start to finish, would in any way recover the ground which has been lost. It would produce a type of officer inferior to the type of the past. It is true that such a service was, in a qualified degree, contemplated by the Public Services Commission; but, as has already been pointed out in paragraph 12, we write under largely different conditions.

Thus the only solution of our difficult problem is the creation of one Indian Medical Service which will compete in London for candidates who desire a career of mixed opportunities, military and civil. Such a service will, we believe, give better all-round results than any other.

40. It is clear that the military authorities strongly desire a military medical service organized much on the lines on which the Army Medical Service and Royal Army Medical Corps are organized in England, and emphatically a 'corps'. They would be willing to spare officers of this corps to serve for periods of five years or less in civil employment, but they would not assent to a continuance of the hitherto existing arrangements whereby officers of the Indian Medical Service remain in civil employment for long periods and are recalled to military duty at the close of such periods. They consider that arrangements of this kind produce a medical officer unsuited to army requirements in peace and war.

The service should be a corps.

The governments of the various provinces, on the other hand, would never assent to an arrangement whereby the officers who form the main strength of provincial medical services were merely lent for short periods. They would, however, we anticipate, be willing to utilize officers so lent, on occasions of epidemics and in a certain fixed number or proportion of appointments. We think they could reasonably be required to do this in the interest of the efficiency of the medical administration of the army which defends the Empire, of which they form part, and that in so doing they would benefit their own medical and sanitary administration. We would give the Indian army a corps

with its own leave and study reserves, as well as its ordinary war reserve of officers lent to civil administrations or for service under the Foreign or other Departments of the Government of India for periods not exceeding five years. We would also, as we shall show later, in our paragraphs 47 and 48, give that corps a distinctly civil side.

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tion.

41. This leads us to consideration of the larger question, whether it will be possible to commit to that corps, which we would call the Indian Medical Corps, the care of all British and Indian troops, and to absorb into it all Army Medical Service and Royal Army Medical Corps officers serving in India. It must be remembered that these officers do not come to this country with their corps, but only as officers of their corps. When they arrive they work in British station hospitals, without the non-commissioned officers and men of their corps, but with inefficient indigenous substitutes. It is therefore *prima facie* desirable to include them in the new Indian Medical Corps, and to provide the combined corps with a unified service of well trained subordinates. If this can be done, all officers of the new corps will have the same training and tradition; all will have their own Director. The amalgamation of British and Indian station hospitals will be facilitated and the friction engendered by the existence of two cadres of medical officers with different rates of pay, rules of leave and pensions, will disappear. There will be many other advantages. Although at the present day it is impossible in peace time to mix up, at once and entirely, British and Indian doctors and to use them indiscriminately for the treatment of British and Indian troops, we believe that if there were a unified service it would be possible to extend gradually the medical treatment of British troops by Indian officers. The British officer and soldier seem to object to treatment by Indian doctors, not because they are Indians, but largely because they believe that Indian doctors have not as yet generally attained to so high a standard of medical and surgical knowledge as have British doctors. It is also as difficult for an Indian medical officer to understand the habits, diet and methods of thought of the British soldier as it is for a British medical officer to enter into the predilections, customs and manners of Indian troops of various races. But, were the medical officers of British and Indian army hospitals to belong to one corps, much that separates them would, we believe, gradually disappear.

would  
lead to more  
co-ordination  
between mili-  
tary and civil  
hospital ad-  
ministration.

42. Indeed we may go further and say that, if our Indian Medical Corps served both British and Indian troops, and on its civil side, which we will subsequently discuss, supplied the mainsprings of provincial medical administration, it would be possible to get rid of much unnecessary duplication of personnel and hospital equipment and buildings. One of our members notes: "I have lately been in a military station in India where the British station hospital was staffed with 15 medical officers with only 80 patients to treat; the Indian station hospital had 4 officers with 200 patients, and the civil hospital had one medical officer and 180 patients." This was, of course, in war time, when some officers were waiting at particular hospitals to be sent elsewhere; but experiences of such a kind are not unique, and we think that, with closer co-ordination between British and Indian station hospitals, both staffed by officers of one corps, and between military and civil hospitals, also staffed by the same corps, they should be impossible. With an Indian Medical Corps serving military needs on one side and civil needs on the other, far closer co-ordination than is otherwise practicable could be arranged.

We have indicated an ideal to which we would like to see effort directed. There should be more co-operation than there is between the military administration and civil governments in the matter of hospital management and hospital buildings. With a little mutual arrangement savings would be effected; convenience and a high standard of treatment would be more easily attainable, notably in regard to the wives and families of European civil and military officers. Moreover, on mobilization of the field army, were groups of civil and military hospitals working more or less together, field medical units could be despatched with greater facility than at present, and with less dislocation of hospital arrangements in India. We believe that co-operation of this

kind was recently practised in Canada with great success. We do not see why it should not be eventually practicable, at least to some extent, in this country.

43. A substantial obstacle to the immediate absorption into the new Indian Medical Corps of all Army Medical Service and Royal Army Medical Corps officers who wish to serve in India is, that the rapid promotion which so many of these officers have received during the war would be liable to result in the immediate domination of the new Indian Medical Corps by officers transferred from the British service. It is, however, so important, in our opinion, that unification of the medical services in India should take place that we consider that no such obstacle should be permitted to stand in the way. Proposals for the equalization of the seniority of such officers as will be affected when the Indian Medical Corps is formed will be found in annexure V. It is proposed that the new Indian Medical Corps shall be composed of the officers of the existing Indian Medical Service, together with officers who agree to voluntarily transfer, during the next three or four years, from the Army Medical Service and Royal Army Medical Corps, as well as a large number of officers nominated for commissions by the Secretary of State from among past and present temporary members of the Royal Army Medical Corps and Indian Medical Service. We feel strongly that, if ever a serious attempt is to be made to terminate the inconveniences and friction which result from the existence side by side of two military medical services in India, that attempt should be made now. We anticipate that within three or four years the new Indian Medical Corps will have become sufficiently organised to take over the whole of the military medical work in India, and will from its civil side be able to assist the provincial medical services with a cadre of medical officers less liable to depletion than the present supply from the Indian Medical Service. Further on we will give reasons for the latter expectation.

**Scheme of unification and formation of one corps.**

If our views are adopted, the Army Medical Service and Royal Army Medical Corps officers who have not volunteered to join the Indian Medical Corps will gradually revert to the home establishment during the transition period of three or four years. Thus the Indian Medical Corps will be formed by the gradual filling up of its cadre by voluntary transfers and by new officers, either nominated by the Secretary of State or admitted by examination in London. We recommend that the Secretary of State should lose no time in forming the new corps, as it is important to obtain the services of volunteers from the temporary cadre both of the Royal Army Medical Corps and of the Indian Medical Service before demobilization has been largely effected. There is at the present day not only a certain degree of friction between the two existing services but a considerable amount of overlapping and reduplication of effort. When one Indian Medical Corps has been formed co-operation and the interchange of duties will be easy. As the Indian Medical Corps will be organized on the same lines as the Royal Army Medical Corps, and as in peace time it will work on the station hospital system, the officers and men of these two corps will find it possible and indeed easy to work together when they meet outside the boundaries of India on field service. It is our aim that the two services be so alike and be so organized on the same lines, that, if in the future an Imperial Medical Service for the whole of the British Empire be established, the Indian Medical Corps should fit into it with the least possible disturbance or modification in its constitution.

44. The new corps would include commissioned officers, military assistant surgeons and sub-assistant surgeons, the Army Hospital Corps, the Army Bearer Corps and other hospital establishments. A skeleton outline of the proposed organization is given in annexure VIII.

**Composition of the military side of the Indian Medical Corps.**

We are not certain whether it will be necessary, should this corps be formed, to remove from it all colonels and general officers, as is done in the case of the Royal Army Medical Corps. If this removal be carried out, the title, Indian Medical Service, should be retained in order to denote officers of these two ranks.

The military side of the new corps should have its own leave and casualty reserve of 25 per cent and study reserve of 4 per cent, besides a

war reserve calculated on the numbers that are necessary to meet the medical requirements of the field army of India on mobilization.

We recommend that the military cadre of officers for the corps should be calculated at the ratio of 3 per mille of the total strength of British and Indian troops and followers in the army in India. The present authorized cadres of the Royal Army Medical Corps and Indian Medical Service in military employ allow for a ratio of 4 and 1.28 per mille respectively, as shown in our paragraphs 1 and 2. In view of the higher standard of medical treatment and sanitation required in connection with Indian troops, the necessity for which has already been admitted in the despatches leading up to the introduction of the station hospital system, we consider that it will be necessary to recommend that in future the general ratio be fixed at 3 per mille.

We have already stated, in paragraph 42, that the formation of one Indian Medical Corps to take over the care of both British and Indian troops will lead to economy in personnel and hospital buildings. But we do not consider that this economy in personnel will allow of the employment of a smaller proportion of medical officers than 3 per mille, until combined hospitals for British and Indian troops are introduced—and this will probably take considerable time.

In Chapter V, we recommend that the medical education of military assistant surgeons should be improved to such an extent as to provide them with qualifications registrable in the United Kingdom, or, at any rate, in India, and that, in future, they should be employed on purely professional duties of the same nature as those of commissioned officers. If effect is given to these proposals, and to others which we make later on regarding the performance of duties now allotted to assistant surgeons, it will be possible to reduce the cadre of commissioned officers, calculated on the ratio recommended above, in proportion to the extent to which such officers are replaced by assistant surgeons, or, as they may well be called in the future, assistant medical officers.

Whether such replacement takes place or not, it is obvious that the cadre of the Indian Medical Corps must be very much larger than that of the military side of the present Indian Medical Service. It is of the greatest importance that this increase should not be confined to the junior ranks but should include a considerable proportion of senior officers of experience. It is, therefore, most desirable that, if possible, a large number of officers of the Army Medical Service and Royal Army Medical Corps should transfer to the new corps. Such officers would become eligible for the rates of pay of the Indian Medical Corps, and we recommend that they should be permitted to count all previous service in India, or overseas with Indian formations, towards earning a proportionate Indian pension.

We do not contemplate that it will be necessary to maintain a larger ordinary war reserve for the unified corps than would be required for the Indian Medical Service if the existing system were continued. In the past it was never, so far as we can ascertain, found necessary to bring additional Royal Army Medical Corps officers out to this country in connection with military operations on the frontiers.

45. We consider it essential that the new Indian Medical Corps should have a central depôt and school of instruction to be its educative and social home. In the uncertainty which prevails as to the future organization and geographical distribution of the army in India we are unable to suggest any specific location for this depôt, but we consider that the following are essential conditions for its success:—

- (a) a good climate in which training can be conducted throughout the year;
- (b) the presence of a large number of troops, both British and Indian; and,
- (c) large permanent hospitals, both British and Indian.

A central position in India is also desirable. We realise that it may be found necessary to have subsidiary depôts located in the areas of recruitment, for the initial training of the rank and file. It is obvious also that the distribution of the rank and file after training in the central depôt should so far as practicable be territorial. The training should be conducted on the lines followed in the Royal Army Medical Corps Depôt and company headquarters in

A central  
depôt and  
school of  
instruction  
for the Indian  
Medical Corps.

England. Our suggestions for the organization of the corps depôt, as well as a skeleton syllabus of the course of instruction to be given at the school, are contained in annexure VI. We suggest that, in the event of the adoption of mechanical transport for ambulance purposes in India, the drivers and other personnel of such transport should, after training at a central mechanical transport school, be incorporated in the Indian Medical Corps.

46. As will be seen from annexure VI, we propose that all junior officers of the Indian Medical Corps when they first arrive in India, as well as all assistant surgeons and sub-assistant surgeons and other ranks of the corps when they first join it, should undergo courses of instruction at this depot. **Training of officers in tropical medicine.**

We are in agreement with the views of Sir G. Makins\*, although the introduction of the station hospital system for Indian troops has altered conditions since he wrote, that junior officers should, before they are posted to military hospitals in India for duty, spend some time in the practical study of tropical diseases at either a large civil hospital or a school of tropical medicine in India. Satisfactory training in this subject cannot be obtained in England or in the military hospitals in India, whereas the institutions which we have mentioned above offer unrivalled opportunities for it. We recommend, therefore that officers should, either before joining the depot or immediately on leaving it, be attached for a period of 3 to 6 months to one of these institutions. We understand that sanction has already been accorded to a proposal that newly appointed officers of the Indian Medical Service should, on first arrival in India, be attached to presidency hospitals for 2 months for clinical instruction in tropical diseases. We do not, however, consider two months a sufficient period.

47. Behind the leave, casualty, study and war reserves of the Indian Medical Corps should be a further reserve, which we will call the Special Reserve, to be drawn on for professional and not administrative work, only on occasions of national emergency, and then subject to certain restrictions. We would recruit this special reserve partly from civil assistant surgeons and independent medical practitioners voluntarily enrolled and periodically trained. We would suggest that provincial governments should give the former special privileges when enrolled, and that the latter should be granted retaining fees, and further that temporary rank should be given to both whilst under training, as well as honorary rank thereafter. But we would recruit the main strength of this special reserve from the civil side of our new Indian Medical Corps, which we suggest should be composed of officers who have begun their Indian career by three or four years of military service. **The Special Reserve.**

It has been represented to us that there is now no need to maintain a war reserve of officers of the Indian Medical Service, as such a reserve can safely be composed entirely of civil assistant surgeons and independent medical practitioners, all of whom, it is said, have given signal proof of their patriotism during the war. In view of this claim we have been at some pains to ascertain the true facts regarding the recruitment of Indian private practitioners during the recent war. Facts and figures supplied to us by the office of the Director-General, Indian Medical Service, leave no doubt that there was a general disinclination on the part of Indian private practitioners to proceed overseas, although they were offered for such service the same rates of pay as temporary Royal Army Medical Corps officers engaged in England. In this connection we were told that, during the first flush of patriotic excitement and pressure at the beginning of the war, the private medical practitioners of one of the provinces assembled together and telegraphed to His Excellency the Viceroy that over 50 of their number had resolved to offer their services to Government for use in any manner considered desirable. Later on, however, so many impossible conditions were attached to the offer that, of the original number of volunteers, there remained only six who were willing to serve out of India. Of all the private medical practitioners in India only 373 volunteered for military service, and 125 of these were not prepared to proceed overseas. It must, however, be noted that, until July 1917, only those who held qualifications registrable in the United Kingdom were accepted for temporary commissions. Of the 248 who volunteered for general

\* See Annexure III.

service 104 were young doctors under 28 years of age, and 144 were over that age. Further, we are informed that, so far from the supply of temporary Indian Medical Service officers having been sufficient to meet all demands in connection with the war, the Commander-in-Chief in India was compelled to inform the War Office in 1917 that he was unable to supply medical officers as reinforcements for Mesopotamia, Egypt and East Africa. The War Office then undertook to provide such re-inforcements for Indian as well as British units in those theatres of war, from among practitioners recruited from other parts of the Empire.

We have also made careful enquiries as to the quality of these recruits, and are satisfied that, as would naturally be the case, they were as a general rule decidedly inferior to Indian regular officers of the Indian Medical Service who had finished their medical education in England and had at some time or other been accustomed to serve with troops. As the result of these enquiries we are convinced that it would be unsafe for Government, in present circumstances, to rely largely for its war reserve on the non-official classes. We therefore propose that the special reserve shall draw its main strength from the Indian Medical Corps.

**The civil side  
of the Indian  
Medical Corps.**

48. Whatever may be the results of the present conferences at Paris, India will remain a continent rich in potentialities, which from time immemorial, in the words of an Indian speaker in the Imperial Legislative Council, "has attracted the cupidity of powerful rulers and states."

Moreover, the responsibilities of the British Empire, as one of the great powers of the world and a mandatory of the League of Nations, are about to widen and not to narrow. We must therefore reckon on the clear possibility that one day the army in India may require help from the imperial and provincial civil medical services. For this reason, and because the civil medical service or services of this country must for some time at any rate, in their own interest, draw their chief strength from British recruitment, for which we can devise no better door than the new Indian Medical Corps, we recommend that this corps should include a distinctively civil side. Transference to this civil side should be on the basis of figures to be furnished now to the Imperial Government by the provincial governments, who would state the number of posts which they wish to fill as permanent civil appointments from the Indian Medical Corps. The Imperial Government would have its own list of appointments under the Foreign and other Departments. The holders of these posts would be liable to be called on for military service on occasions of serious national emergency and then only. Even on such occasions, if holding certain residuary, teaching, or research appointments for which no fit incumbents could be found, they should not be called out. When once permanently employed in civil, officers would not revert to military duty by choice. They would continue to receive military promotion in accordance with a time scale until they reached the rank of lieutenant-colonel, after which they would receive no further advance in army rank. Officers holding civil administrative appointments should, however, be granted special precedence in accordance with those appointments.

We propose, in fact, that the Indian Medical Corps shall recruit alike for the military and for the higher civil medical service, that all newly joined officers shall for their first three or four years serve with troops, and shall then elect for the civil or the military side. As opportunity occurs, and as far as possible in accordance with their choice, they would be assigned to temporary civil employment for periods of 5 years, and would then be eligible for permanent civil employ if they chose, and if they were approved by the provincial government, or the department of the Government of India, concerned. When once permanently civil medical officers, they would be liable to recall to military duty only on occasions of grave national emergency.

**Provincial  
medical  
services.**

49. We do not propose that the civil side and the war reserve of the military side of the Indian Medical Corps should furnish the whole of the superior civil medical service of the country. We have already stated that it will be for each provincial administration to estimate and report to the Government of India the number of posts which it would reserve, as permanent appointments, for officers of the civil side. Similarly, the military authorities would supply the figures of the

numbers needed as an ordinary war reserve. We consider that provincial administrations are bound to employ this reserve in the interests of the defence of the Empire, without diminishing their cadre of Indian Medical Corps officers in permanent civil employment. By doing so, they will only partly provide for provincial needs. We invite attention to the evidence of Major Norman White, C.I.E., Sanitary Commissioner with the Government of India, which our own experience entirely endorses. The existing civil organization is, he says, "hopelessly inadequate" to meet the medical needs of the country. Major-General Robinson, C.B., Surgeon-General with the Government of Bengal, told us: "The Indian Medical Service hitherto has been starved in every way, under-staffed, under-paid. It has consistently been starved for money both in civil and military. \* \* \* The epidemic diseases of India particularly require study and investigation, and there are dozens of diseases to be prevented, and that could be prevented were means taken to do so. It is a question of money to a very large extent." We are, of course, well aware that the great obstacle to medical and sanitary improvement is the conservative and apathetic character of the mass of the people who intensely prefer to walk in the ways of their fathers. We are sure that it is beyond the wit and power of any Government, however wealthy and generous it may be, to produce substantial improvement, unless it be aided by strong, persistent, and widespread popular effort. We welcome the first sign that such an effort may one day come, in the co-operative movement in Bengal for medical relief and anti-malarial measures, described to us by the Hon'ble Mr. P. C. Mitter of Calcutta. We invite careful attention to this movement which deserves generous support from all who would see India become a strong, prosperous, self-governing unit of the British Empire. But all movements of this kind need encouragement and help from parallel Government action. The Government organization and staff of medical officers must not be "hopelessly inadequate." We have examined the figures of medical expenditure, both imperial and provincial, for the past six years and compared them with the figures of educational expenditure for the same period. The medical figures are considerably less than half the education figures. To those who know the conditions of India the former are decidedly unsatisfactory.

There is ample need for better and wider medical organization in all provinces. Civil surgeons are over-worked; colleges and schools are under-staffed; far more deputy sanitary commissioners are required; research institutes need money and workers; travelling dispensaries could with great advantage be indefinitely multiplied. All the provincial medical and sanitary administrations are, even in ordinary times, undermanned. The present is emphatically the time for a new start. Should the proposals of the Montagu-Chelmsford scheme be accepted by Parliament, substantial steps will immediately be taken toward the goal of responsible provincial government, and provincial administration will at once become far more decentralized than at present. It is, we believe, contemplated that possibly provincial medical and sanitary administration may pass to the control of Indian ministers. In all provinces, as is stated in the Montagu-Chelmsford report, and as has been emphasised by our co-opted colleague, Sir Temulji Nariman, a considerable British element is necessary in the medical as in other branches of the civil administration. The provinces differ greatly in educational progress, but all should draw their main strength for medical and sanitary progress from adequate staffs of high class officers. These they will draw from the new corps; but they will supplement these staffs by local officers whom they will themselves appoint. They will thus develop their medical and sanitary administrations for themselves on secure foundations. They will not give up their permanent civil officers of the Indian Medical Corps for any ordinary expedition or minor war, but only in case of a grave national emergency. Should such an emergency arise, they will do what all governments do on these occasions and make the best arrangements that they can for filling vacancies caused by the withdrawal of any portion of the special reserve. They would have to do this whether or not their most important medical officers had begun their careers in military service.

Thus the provincial medical services will include officers belonging to the following categories:—(a) Indian Medical Corps officers holding residuary



appointments, who can never be recalled to military duty; (b) Indian Medical Corps officers who are permanently in civil employment and can only be recalled to military duty, as professional men and not as administrators, in case of grave national emergency; and (c) military officers of the Indian Medical Corps in temporary civil employment. Provincial governments will be able to select officers, who are or have been in temporary civil employment, for permanent employment, as occasion offers. Such officers will pass into categories (a) or (b). Provincial governments will also employ (d) purely civil officers whom they will appoint themselves.

European medical attendance on Europeans in outlying districts.

50. In considering the needs of the civil populations we should mention that both the Bengal Chamber of Commerce and the European Association consider that our scheme of re-organization should recognize as a basic principle that, at every military station and at every civil district headquarters, there should be available a European medical officer. We see no reason to suppose that under our scheme there will not be a European medical officer at every large military station; but we cannot propose that there shall be one at every civil district headquarters. This has not been the case in the past; and in future there will be many district headquarters at which there will be no European officials or non-officials. At central or important places, such as divisional headquarters, there should always be European medical officers. It is at such places that non-official Europeans mainly reside. Officials, however, go where they are sent; and, although there will in ensuing years be a diminishing number of European officials in outlying stations, we feel strongly that Government should certainly arrange that European medical attendance is secured for these officials, their wives and families. European women in India, as a rule, strongly prefer doctors of their own race for themselves and their children. It is only natural that this should be so; and special arrangements must be made in acknowledgement of the fact. European civil surgeons should be in charge of the hill stations during the hot weather; suitable hospital and other accommodation for the sick should be maintained at the headquarters of civil divisions and in the larger plains stations; and European officers of the Indian Medical Corps should be held ready to go to outlying stations where their services are required either for European officials or their wives and families. The services of such medical officers should also be available for European planting, railway, and other non-official communities.

A system of optional retirement on gratuity desirable, to attract candidates to the new corps.

51. We do not think that it will be possible to secure a sufficient supply of European candidates for the new Indian Medical Corps unless retirements with gratuities be permitted after fixed periods, before pension is earned. It must be some time before the medical profession in Britain recovers its equilibrium. A system of retirement with gratuity exists in the Royal Army Medical Corps and in the Medical Department of the Royal Navy. It should certainly be introduced into the Indian Medical Corps in order to guarantee British candidates against a possible prospect of being tied for life to India much against their will. It must also apply to Indian candidates, as we cannot differentiate between races in this matter. We believe that every effort will be made to assure the position of the services by parliamentary legislation. But we should not be doing our duty if we did not clearly voice certain apprehensions which are current, and we cannot do so better than by quoting from the evidence of a distinguished officer of the Indian Medical Service. Recommending a system of possible retirement with gratuity, and speaking "entirely from the point of view of recruitment" and with every wish for the success of the coming reforms, he said:

The proposal of the Montagu-Chelmsford scheme to place the civil medical department under an Indian minister, and the further proposal to recast the constitution every ten years or so, introduces an element of uncertainty into the careers of men entering a service with the prospect of spending their lives in it, as they can form no idea of what their position will be as regards the more attractive civil work at least in the future except that it is almost certain to be altered for the worse.

This uncertainty will militate more against recruitment than any other factor, when it is realized in Great Britain. It will therefore be necessary to allow all officers, including those already in the service, to retire at stated periods of their early service, before they become pensionable, on liberal gratuities, which would enable them to buy a practice or partnership at



home, as is already in force in the Royal Army Medical Corps and in the Medical Service of the Royal Navy. They should have this option every four or five years of their service.

The frequency with which officers availed themselves of this right would be a very valuable guide to the Government regarding the popularity or otherwise of the service, which should allow them to gauge any discontent in time to enable wise statesmen to take the necessary steps to remove the causes of such discontent before the Indian Medical Service is again brought to the present position of being unable to recruit the class of men whom it used, not long ago, to command, and which only very liberal and expensive remedies will now relieve.

We would suggest a system of optional retirement with the following gratuities: £ 500 after 4 years' service; £ 1,000 after 7 years' service, with a first class passage to England in each case for European officers.

52. We have shown the reasons which impel us to recommend the constitution of a new Indian Medical Corps which shall absorb the present Indian Medical Service and will become the Indian imperial medical service of the future for both civil and military duties. We have stated conditions which, we trust, will make this corps a success. Before going further, we will briefly propose conditions for admission to it.

Conditions of admission to the corps.

We consider it essential that there should be only one examination for the Indian Medical Corps, and that this should take place twice a year in London. In annexure VII, we suggest a syllabus of subjects. It will be noticed that, in accordance with the recommendation of the Public Services Commission, in paragraph 9 of annexure XII of their report (page 249), we aim at making the examination more practical than it is now. As we wish the Indian Medical Corps to be a *corps d'élite*, we consider that the men who enter it should have received a high class training in all branches of practical medicine. Such a training is unobtainable in India at the present day. It is impossible to obtain in Indian medical colleges complete instruction in gynaecology, obstetrics, and diseases of children; and in these colleges generally, education in ear, nose and throat surgery, advanced X-ray therapeutics and electro-therapeutics is either defective or unobtainable. All candidates should go through courses of instruction in these subjects in Great Britain.

To give Indians a fair chance of completing all the subjects of their medical education and of competing on an equality with doctors educated in the United Kingdom, we suggest that Government should offer for competition in India, after nomination, a limited number of scholarships, tenable for 18 months or two years in the United Kingdom, to medical students who have completed their third year, or to medical graduates of the five universities at Madras, Bombay, Calcutta, Lahore and Allahabad. The scholarships would, as far as possible, be shared equally by the five universities, and their number would bear some relation to the number of impending vacancies in the Indian Medical Corps. Even if scholars did not succeed in finally obtaining admission to the corps, they would return to India much the better for the training which they had undergone, and would easily find places in the provincial services, or be able to set up in private practice with good prospects of success. We do not mean to exclude from the examination Indians who wish to compete but are not scholarship-holders.

The Public Services Commission, in the paragraph quoted above, pointed out that medical education for, at any rate, a civil practitioner could not in some respects be satisfactorily completed "in many parts of India", owing to the customs of the country. They added: "if it be found necessary to give Indians this training" (in midwifery and the diseases of women and children) "in the United Kingdom, sufficient facilities should be provided there for them". Our suggestions are in accordance with these views.

We consider that, in the present emergency, and before examination again becomes the only portal of entry, temporary officers of the Indian Medical Service should not be excluded from nomination to permanent commissions in the Indian Medical Corps, even though their medical education has been entirely received in India. Facilities for the completion of this education should be accorded to such nominated officers.

We have carefully considered the view expressed in paragraph 317 of the Montagu-Chelmsford report, that there should be, in all services now recruited from England, a fixed and annually rising percentage of recruitment in India.

We are, however, unanimously of opinion that it is not advisable to attempt to fix a percentage of Indians to be admitted to the Indian Medical Corps. It is our desire, as stated above, to form the Indian Medical Corps into a *corps d'élite*, and, whilst we consider that the State may legitimately help Indians to appear at the London examination, we consider it of paramount importance that the best possible doctors should be attracted to the corps. We believe that, if adequate professional opportunities, salaries and leave conditions are offered, the corps will in time obtain the popularity in Britain which the Indian Medical Service formerly enjoyed.

Miscellaneous  
departments  
and residuary  
posts.

53. The recruitment and prospects of the new corps will be considerably affected by the opportunities to be offered to its members, both British and Indian, in the fields of research, bacteriology and sanitation. The Secretary of State recognized this fact when he recently said to a deputation from the British Medical Association: "You and I are in complete agreement in thinking that opportunities for research and reward for research form an important part in the considerations which are necessary to ensure a good medical service for India."

Unless our scheme reserves to officers on both sides of the corps full opportunities for a career in scientific medicine, it will fail to attract highly trained men. We would therefore admit officers of the Indian Medical Corps to a first call on important research and bacteriological appointments. These appointments are few in number. It seems probable that they will shortly be in the gift of an Imperial Health or Advisory Board, research and bacteriology remaining imperial departments. We are in favour of such arrangements. In the absence of a suitable candidate from the Indian Medical Corps for one of the principal research or bacteriological appointments, the vacancy should be filled from outside. Officers of the corps who are admitted to these departments should in no case afterwards be liable to recall as ordinary military officers, but only as specialists. We would invite independent medical practitioners who wish to take part in research to work in the Government research institutes, giving them a salary if necessary.

Each province should develop its own sanitary department with the help of a sanitary commissioner who should be a member of the Indian Medical Corps. As many as possible of the deputy sanitary commissioners of each province should belong to the same corps. Sanitation is a subject which is of vital importance to the army and which is exceedingly well taught in army medical schools. It is also a subject in which the provincial governments require additional expert aid.

The Jail Department is about to be examined by a committee of experts. We would provide that the inspectors-general of prisons and the superintendents of central jails should belong to the civil side of the Indian Medical Corps. No superintendent of a central jail who belongs to the corps should be considered available for military duty in any circumstances. These appointments should be placed in the residuary category, but officers in charge of smaller jails should be available for the ordinary war reserve. We consider that higher jail allowances should be given to civil surgeons in executive charge of jails. Such charges add greatly to their work and responsibilities.

The Public Services Commission recommended that "the teaching staff of each government college should be treated as a separate unit". We think, on the contrary, that professors in Government medical colleges should be selected, by an Advisory Board, from a special all-India list. No local government can satisfactorily staff its medical colleges on all occasions from its own small cadre. We would reserve all clinical professorships for officers of the Indian Medical Corps. We would throw scientific professorships open, allowing a prior claim to officers of the corps, provided that candidates are thoroughly competent to fill the particular chairs concerned. There can be no doubt that such opportunities are necessary to attract to the corps men of scientific merit and attainments. We refer only to chairs in Government medical colleges. Chairs in aided colleges should be entirely open to the medical profession in India and the United Kingdom.

We would reserve superior posts in the chemical and alienist departments for officers of the corps, should suitable candidates be forthcoming.

We would debar medical officers holding scientific posts from private practice, giving them instead monthly allowances. Officers holding clinical posts should be allowed consulting and operating practice in their own subjects. So should chemical examiners and alienists.

No officer of the corps holding any superior chair on a professorial staff, or a chemical examinership, or an alienist post, should be liable to recall to military duty in any circumstances.

A junior Indian Medical Corps officer in temporary civil employment should be lost to the ordinary army reserve whilst holding a scientific professorial appointment, but he would again join the reserve [category (c)] if and when he gave up such an appointment.

64. Such are our main proposals. We have observed the chief principle emphasised by the Public Services Commission : the necessity for calculating separately on their merits the needs of the army and of the civil administration ; but we are clearly of opinion that the wants of each will be best served by a system which entrusts the higher direction of military and civil medical affairs to distinct branches of one select and well-trained corps of officers who begin their careers with military service.

The only alternative to our proposals.

The only alternative to the scheme which we suggest is to abandon all attempts at unification, and to confine our recommendations simply to the formation of a medical corps for the Indian army, and substantial improvements in the salaries and leave rules of the Indian Medical Service. It would be necessary to equalize the attractions of this service and those of the Royal Army Medical Corps by fixing the salaries of officers of the former at considerably higher rates than those which suffice for officers of the latter.

The Indian Medical Corps would, in this case, be formed by the amalgamation into one corps of the officers of the military side of the Indian Medical Service, the sub-assistant surgeons of the Indian Medical Department, and the rank and file of the Army Hospital Corps and Army Bearer Corps, with the necessary establishments for Indian station hospitals. In order to carry out the required expansion in the cadre of officers to 3 per mille, it would be necessary to call for some volunteers from the Royal Army Medical Corps. But the Army Medical Service and Royal Army Medical Corps would remain distinct in India. Should this alternative be adopted, the friction and many of the inconveniences which have led to the appointment of our Committee will be perpetuated. The staff of British station hospitals would then consist of :—

- (1) officers of the Royal Army Medical Corps ;
- (2) military assistant surgeons of the Indian Medical Department (to be used, according to our proposals in chapter V, solely as professional men) ;
- (3) some of the rank and file of the Royal Army Medical Corps ; and,
- (4) some of the rank and file of the Indian Medical Corps.

Under this arrangement the staff of these hospitals would consist of members of three different services, the members of two of which (the Indian Medical Department and the Indian Medical Corps) would be serving under officers of a corps to which they do not in any sense belong.

Thus, although the alternative scheme would consolidate the staff of Indian station hospitals, it would perpetuate present disadvantages and reduplications. We wish, therefore, to press Government to accept unification, which seems to us to be the only satisfactory scheme in the circumstances. Now that from a military point of view a medical corps is imperative for the Indian Army, and that the old regimental system is gone for ever, the medical corps of the Indian Army must, in the interest of economical and smooth military administration, be amalgamated with the medical corps of the British Army in India.

55. We fully realize that the consent of the War Office is necessary for the adoption of our scheme. That consent would also be necessary if the alternative scheme were adopted, as it would be impossible at present to form a medical corps for the Indian Army alone without including therein transfers from the permanent or temporary personnel of the Royal Army Medical Corps.

Consent of the War Office necessary for the adoption of our scheme.

We trust that the War Office will accept the larger measure which we have proposed in the interest of the whole army in India.

We realize that the exclusion of officers of the Royal Army Medical Corps from India would deprive that corps of a valuable field of experience in tropical medicine. Its officers have, however, in other parts of the Empire, excellent opportunities in this direction. To obviate any disability arising from the closure to them of the field of research in India, we recommend that arrangements should be made whereby as many officers of the Royal Army Medical Corps as is considered desirable can be attached to any of the medical institutions in India.

Our proposals considered in the light of some other proposals detailed in our introductory chapter.

56. We are under great obligations to the excellent report of the Public Services Commission, and have only differed from them when we felt impelled to do so by altered circumstances, and a wider survey of the medical services than they were required to make, and by consideration of the lessons taught to India by the great war. In conformity with the general proposals of the Montagu-Chelmsford scheme we contemplate provincial civil medical services which will draw their main strength from our new corps. We have carefully considered the best means of meeting the wishes of educated Indians which are apparent from the debate in the Imperial Legislative Council referred to in paragraph 15 of our chapter I. We have already given reasons for our inability to recommend the formation of a civil medical service which would be wholly independent of the medical organization of the army in India. We have done our best to devise a system which will differentiate the military and civil medical services more effectively in time of war, whilst we point the way to greater mutual assistance and complementary effort during peace.

We do not find that, even during the great war there was anything approaching "absolute dislocation and paralysis of civil work throughout the country"; nor do we think that officers of the civil medical service should ever consider themselves divorced from all obligation to take part, if so required, in the defence of India. We by no means intend that Indian talent shall be excluded from either the civil or the military side of our new medical corps. On the contrary, we have proposed increased facilities for qualified Indian candidates. We find that, so far from the drafting of Indian Medical Service officers into civil employ being a hindrance to the progress and expansion of the independent medical profession, the latter owes its existence and growth to this very circumstance. We are sure that it will continue to grow, and will grow all the faster by contact with a strong and efficient superior civil medical service, and the influence which such a service must exercise on the spread of western medicine and sanitation among the people. We agree with the Public Services Commission that, "if there were no State service in the country, there would be large tracts which would be left without any provision for western medical relief." With them we "are convinced that State control is necessary in order to secure the continued and extended diffusion in India of western medical knowledge." We are also sure that this State control should be exercised by means of a thoroughly efficient service consisting of British and Indians. The British element will, as the Secretary of State has already realized, not be obtainable without the offer of adequate salaries and wide professional opportunities. And, as a considerable British element is essential, both in the interest of the progress of western medicine in the country, and because, in the words of the Secretary of State, the medical service is "the pivot upon which all other imperial services in India depend," we recommend that measures be taken which will effectually secure it. At the same time we have no desire either that this British element shall monopolise the new corps, or that the latter shall absorb the civil medical services of the country. We hope that this corps will contain a strong and high class Indian element, and that the governments of the various provinces will, with the help of officers from that corps, develop their own medical administrations, appointing their own officers as occasion arises. We further desire that western medicine be advanced in every way possible both by Government and by non-official efforts, and we have emphasized the need which exists

for far wider and more general endeavours in this direction. We have done our best to meet Indian political opinion in so far as we could do so with the knowledge which we have acquired of the many-sided conditions of the problem before us.

## CHAPTER IV.

### IMPROVEMENTS IN THE OFFICER GRADE.

57. THE causes of discontent in the Indian Medical Service are apparent from our paragraphs 9, 10, 14 and 38. We may add to those already stated the present high cost of living in India, which, in the absence of an increase of salaries, has for years pressed heavily on all officers of the Indian services who have wives and families and do not occupy high positions. Recruiting for the Indian Medical Service was, up to the year 1900, maintained largely by the traditions of the service founded on conditions which had even in those days passed away. It was still a common belief in England that India was a cheap country to live in. India is no longer a cheap country to live in. The average officer with a family pays more rent for his bungalow in India than he does for a house in England suitable for a man of his position to live in. He also often pays more in servants' wages than an officer of his position does in England. Furthermore, he has the burden of keeping up two establishments in the hot season, and of the heavy travelling expenses connected with the annual move of his family to the hills, and the journey for himself and his family to the United Kingdom when he can obtain leave. In addition, all imported articles, such as wearing apparel and provisions, are much more expensive in India than in England. In fact the only necessaries of life that are cheaper in India than in England are the common articles of food produced in the country, such as meat, vegetables, bread, etc., the cost of which forms only a small proportion of his obligatory expenditure. The purchasing power of officers' pay has fallen so much that in many instances they are unable to save enough to meet the expenses connected with furlough to England, including the cost of passage both ways. Unless an officer has saved substantially he cannot take furlough, as his income is then considerably reduced.

General  
causes of  
discontent.

In 1913, Mr. Datta's Committee, which toured India for two years, reported that the rise of prices in the previous few years had been 22½ per cent. The increase is now computed to be far in excess of this figure.

The special causes which have worked for discontent in the Indian Medical Service are as follows:—

- (a) The salary of an Indian Medical Service officer was fixed many years ago on the understanding that, private practice being permitted, a large number of officers would be able greatly to increase their income from this source. There can be no doubt that, except in the case of comparatively few officers, private practice has diminished very considerably and has in many instances completely disappeared. We are, of course, aware that steps have already been taken to remedy the inadequacy of salaries.
- (b) Although the leave rules contemplate that an officer will ordinarily spend 6 years on furlough out of 30 years' service in India, the experience of the senior officers of the service proves that leave has been difficult and in many instances impossible to obtain. Leave was totally closed to the Indian Medical Service during the Burma war, the Tirah campaign, the China war, the South African war and this war. It has also been closed, if not to the whole service, at any rate to the civil side in some provinces, at different times owing to plague and famine. One senior officer who gave evidence before us stated that the average period of furlough enjoyed by Indian Medical Service officers in civil employment during 30 years' service was probably less than 3 years. In fact the leave cadre of the service has never been sufficient to allow of the grant to officers of the total amount of leave admissible under regulations. Other services in India maintain higher leave

reserves, although they come under similar furlough rules. The Indian Medical Service leave reserve was, till recently, 20 per cent, the Indian Civil Service 25·89 per cent, the Supply and Transport Corps, Military Works Service, and Military Accounts Department, 25 per cent. The majority of the officers of the service had, on the civil side at any rate, large accumulations of leave due to them before the war. When the benefit of study leave was granted no extra provision was made to enlarge the leave reserve and consequently, in the past, when study leave was taken it was at the expense of ordinary furlough. It is true that sanction was accorded, in 1916, to an increase of the leave and study reserves of the Indian Medical Service to a total of 23½ per cent, but, owing to the cessation of recruiting, this increase has not yet had time to have any effect. But if leave has been scanty work has been abundant.

- (c) Every Indian Medical Service officer of above 15 years' service has told us that work has enormously increased in amount and that a higher standard is generally required. In the meantime, medical education has become more expensive, more difficult, and more prolonged. As work has increased and leave has become more difficult to obtain, the 30 years of Indian service have become more onerous, but the savings of officers have at the same time diminished. This has led to delayed retirement, with the result that officers have reached administrative rank too late in life.
- (d) A considerable amount of discontent has existed in the Indian Medical Service on account of the fact that its military side has always been administered by an officer of the Army Medical Service (see our paragraph 4). We have already referred, in paragraph 14, to the consequences of the war to officers of the Indian Medical Service.
- (e) There is a feeling that substantive promotions to administrative grades have been inadequate in number in view of the increase that has occurred in the Indian Army.
- (f) The station hospital system has only just superseded the regimental system in the Indian army. Station hospital buildings are so far unsatisfactory. Indeed, they are generally incomplete, obsolete, and likely to depress, from the point of view of their profession, high-class medical officers who may be deputed to work in them. In the interests of the patients and of such officers, an improved class of building should be introduced as rapidly as is financially possible.

#### Remedies.

58. The remedies for all these disabilities and grievances fall naturally into five groups :—

- (a) *Increased salaries.*—This is now under consideration.
- (b) *More liberal leave.*—Leave, next to pay, is to the officers of the Indian Medical Service the most important consideration just now. We strongly recommend that efforts should be made by Government, both on the military and on the civil side, to give, at as early a date as possible, such leave to regular officers of the Indian Medical Service as is long overdue. We recommend also that study leave be converted into study duty, and that officers be granted passages to the United Kingdom and back when absent from India on study duty. The leave, casualty and study reserves should be brought up to sufficient strength to enable officers to obtain furlough in accordance with regulations.
- (c) *Earlier full pension.*—We have received evidence from Indian Medical Service officers to the effect that the conditions of service have so changed that it has become necessary to shorten the period of service for full pension from 30 to 28 years. The reasons given for this are, that work in India has enormously increased, that greater responsibility is thrown on individual officers, and that the

ordinary civil surgeon is so occupied with his work that he has no time for private practice. In addition to this the average age at which officers enter the service has considerably increased in recent years.

- (d) *Improved position of civil administrative officers.*—Complaint has been made that the position of the Director-General, Indian Medical Service, and surgeons-general and inspectors-general under the Government of India and provincial governments is unsatisfactory. This question was discussed by the Public Services Commission. They did not recommend that civil administrative medical officers should be appointed secretaries to Government. The director-general and all the administrative officers have stated that they desire to have the right of direct access to the Viceroy and heads of provinces, respectively. We have found that in most of the provinces custom and good feeling between the Government and the administrative officers have already led to this access being given, but we think that it would be better to constitute it a right.
- (e) *Improvement of Indian station hospital buildings.*—We recommend that these buildings be brought up to date as early as possible.

## CHAPTER V.

### IMPROVEMENTS IN THE MINOR AND PROVINCIAL SERVICES.

#### A.—*Military Assistant Surgeons.*

59. IN no branch of the medical services have we found so much discontent as in that of the military assistant surgeons, and we have no doubt that their status and prospects should be improved materially. It has been suggested to us by a number of witnesses that recruitment of this class should be discontinued, but we are convinced that this is not feasible, in view of the fact that they fill, in the medical organization of the country, a place which cannot be filled otherwise, except by the employment, at prohibitive cost, of additional commissioned medical officers. The duties on the military side to which we refer are those of assistant medical officers, or house surgeons, in station hospitals, and those of medical officers in charge of small parties of troops or camps. On the civil side they can be employed with advantage on railways, in stations on the Persian Gulf, in out of the way stations on the frontier, in small hill stations and in other appointments of a similar character.

Their future place in the medical organization.

60. In future, in accordance with orders issued by the Government of India, in 1914, candidates for admission to medical colleges as military medical pupils must possess a preliminary education of the standard required by the General Medical Council of the United Kingdom, and their course of training in the colleges will last for five years instead of four. In these circumstances military medical pupils will be able to sit for examinations which will, if they pass, give them a qualification registrable in the United Kingdom. We recommend that only those pupils be entertained whose academic qualifications are such as to enable them to sit in the university classes in the medical colleges and to proceed to a medical degree. We are of opinion that those pupils who fail to obtain such a qualification should only be admitted to the Indian Medical Corps if they pass the membership examination of the College of Surgeons and Physicians, Bombay, or of one of the provincial State Medical Faculties. We attach the greatest importance to this proposal because, as already explained in paragraph 44, we contemplate in our scheme of re-organization that the military assistant surgeon should be employed in the Indian Medical Corps on purely professional duties of the same nature as those of a commissioned medical officer.

Future standard of education.



Obligations and conditions of service.

61. They should all be required to serve Government for a period of ten years in return for the free medical education which they have received.

We would make a distinction between those military assistant surgeons who obtain a degree and those who only secure a diploma. We suggest that the former at the end of three years' service be permitted, after selection, to proceed, at Government expense where necessary, to the United Kingdom and compete for the Indian Medical Corps commissioned ranks. The remainder should serve Government for seven years as warrant officers, for seven years as lieutenants, for six years as captains and for the rest of their service as majors, beyond which rank they should not rise.

We recognize that, with the superior qualifications to be required of the military assistant surgeon, it will be necessary to give him substantial increases of pay and pension, though we are not in a position to recommend what these should be.

#### *B.—Military Sub-Assistant Surgeons.*

Their importance to the army.

62. The military sub-assistant surgeon is an integral part of our Indian Army organization, and a valuable assistant to the medical services in peace and war. The importance of his work in the army is shown by the vast expansion of this branch that has taken place during the war. The number of military sub-assistant surgeons in peace time is 894, of whom 154 (the war reserve) are in civil employment. On the 30th November, 1918, there were in military employment in India 1,256, and overseas 721, a total of 1,977, or more than twice the peace strength. This was not sufficient to meet demands from overseas forces connected with India, and 1,323 dressers had to be entertained as substitutes.

Abolition suggested by some witnesses.

63. Some witnesses whom we examined were in favour of the abolition of the military sub-assistant surgeon, on the ground that the duties he now performs as resident medical officer should be carried out by officers of commissioned rank. We are unable to agree to this, if only on account of the large increase in expenditure that would be involved by acceptance of the proposal.

Summary of grievances of sub-assistant surgeons.

64. The Committee received a number of representations from sub-assistant surgeons and their associations. These largely dealt with questions of preliminary education for entry into the medical schools; eligibility for assistant surgeons' appointments; the duration of the professional curriculum and the standard of their medical education; provision of hostels for Indian military medical pupils; amount of the stipend granted to such pupils; change of designation; improvement of quarters; study periods; grant of Indian commissions on leaving their medical schools; increase of pay, allowances, pensions and rates of travelling allowances.

We know of no branch of Government service to which such a large number of concessions have been made during the last 20 years than to the one under reference. For example, in the matter of pay we find that, up to 1910, third class hospital assistants were in receipt of Rs. 20 per mensem, with Rs. 5 extra if they were qualified in English; to-day they receive Rs. 60 per mensem. The various sub-charge allowances, although fewer, have been increased in amount; the sub-assistant surgeon now receives free rations, and free quarters; and the course of his professional education has been extended from 3 to 4 years at Government expense.

Preliminary education.

65. There is considerable disparity in the preliminary education required of this class for admission to the various medical schools. In none is it up to the standard required of university medical students in India, or that of the General Medical Council of Great Britain and Ireland, yet sub-assistant surgeons wish to be allowed to compete for university qualifications and to obtain diplomas registrable in the United Kingdom. We are of opinion that they should all be educated up to the standard of the Indian university matriculation examination, but we do not consider that sufficient grounds exist for us to recommend that Government should undertake the additional expenditure involved in extending their free education to the extent which they desire, particularly as the qualifications to which they aspire are not necessary for the duties required or likely to be required of them.



66. Military assistant surgeons obtain their professional training at the three presidency medical colleges and attend the same classes and do the same work in the colleges and hospitals as pupils of the civil assistant surgeon class. Military sub-assistant surgeons, on the other hand, receive their professional training at medical schools, in which the technical teaching is not up to the standard of the medical colleges. For various reasons it has been found necessary to train the assistant surgeon and sub-assistant surgeon pupils in different institutions, even when they are in the same city or town.

**Difference in training of assistant surgeons and sub-assistant surgeons.**

It is doubtless desirable that lads of exceptional talent should be given opportunities for further study and advance in a medical career, and we suggest that any military sub-assistant surgeon who has obtained a membership diploma of the Bombay College of Surgeons and Physicians, or of a State Medical Faculty, shall be eligible for transfer to the military assistant surgeon branch.

67. Hostels are provided in certain of the medical schools. We are of opinion that they should be provided in all.

**Hostels.**

68. Many witnesses have asked for a change in designation. Most of them wish to be called Assistant Surgeons. There are several reasons against this. They began with the name of Dresser; then they became Hospital Assistants; in 1910 they were called Sub-Assistant Surgeons, a title which, until 1874, had denoted the civil assistant surgeons of the present day. If Government do not see their way to granting Indian commissioned rank, as suggested below, we find it difficult to suggest a better designation than the present.

**Change of designation.**

69. The military sub-assistant surgeon asks to be given a commission as soon as he qualifies, and he is supported in this request by some of the senior Indian Medical Service officers who have given evidence before us.

**Indian commissioned rank to all sub-assistant surgeons.**

At present about 10 per cent of sub-assistant surgeons hold Indian commissions as jemadars and subadars, but such rank is not generally attained until after 20 years' service. We understand that the Government of India have under consideration a proposal to grant Indian commissions to this class at an earlier date. We do not think that, under existing conditions, a sub-assistant surgeon is fit to assume the military responsibilities associated with the rank of jemadar until he has had at least 5 years' service. We would recommend, however, that all sub-assistant surgeons should go through a full course of military training, when they first enter the service, at the proposed Indian Medical Corps Depot and School of Instruction. If this is done, we think that every sub-assistant surgeon might be given commissioned rank, as jemadar, on completing the course and passing an examination in the subjects in which he has been trained.

70. It has been represented to us that military sub-assistant surgeons break down under the strain of field service more rapidly than any other branch of the Indian Army. This is ascribed largely to defects in physique. We therefore recommend that they be selected with greater regard to physical fitness, and that they be put through a regular system of physical training during their medical school career.

**Physical training at medical schools.**

71. Military sub-assistant surgeons should be required to undergo study duty periods at regular intervals in post-graduate courses, and at the proposed depot and school.

**Study period**

72. We consider that the military sub-assistant surgeon is now in receipt of a liberal wage when the facts that he has received a free medical education, and is in receipt of free rations, quarters, and clothing allowance, are taken into account.

**Pay.**

73. A frequent complaint is that many sub-assistant surgeons, by the change from the regimental to the station hospital system, have been deprived of sub-charge allowances. When regimental hospitals existed there were usually two sub-assistant surgeons attached to each, the senior of whom drew sub-charge allowance. Under the new system, in Indian station hospitals, some of which have as many as 16 or more sub-assistant surgeons, only one of them gets this allowance.

**Sub-charge allowance.**

The allowance for sub-medical charge of a regiment under the old system was Rs. 10 per mensem, and was, under normal conditions, rarely drawn by a sub-assistant surgeon with less than 15 years' service. To compensate for the loss of this allowance, the pay of all sub-assistant surgeons with more than 15 years' service has been raised by Rs. 15 per mensem. In addition, liberal allowances for the sub-charge of Indian station hospitals have been sanctioned. The lowest of these allowances is Rs. 15 per mensem and the highest Rs. 40, as compared with Rs. 5 and Rs. 20 for the sub-charge of the central stores and office of the Senior Medical Officer, Indian Medical Service, under the old system. In these circumstances we do not consider that any case exists for an increase of allowances.

Expenses  
connected  
with transfers  
from one  
station to  
another.

74. We have received many complaints that officers of this class have been exposed to frequent—sometimes technically “temporary”—transfers involving them in either separation from their families or excessive expense in taking their families with them. We should like to bring this to the notice of Government as being a serious and, we are disposed to think, often justified cause of discontent.

Allowances  
while  
travelling  
on duty.

75. The allowances, admissible under Army Regulations, India, volume I, paragraph 907 (foot-note), to sub-assistant surgeons while travelling on duty are, in our opinion, inadequate. Sub-assistant surgeons are required to travel on duty, *e.g.*, in medical charge of troops and invalids, much more frequently than Indian officers and men of combatant units. We understand that many sub-assistant surgeons have been put to very considerable financial loss through the performance of frequent journeys with inadequate allowances. We recommend that the allowances be so increased as to prevent such loss.

Pensions.

76. We understand that the question of the revision of the rates of pension and family pension admissible to military sub-assistant surgeons was deferred for consideration after the war. We recommend that these matters be taken up as early as possible. We should like to see some form of provident fund introduced. Many of the witnesses examined expressed their willingness to contribute to such a fund if constituted.

#### C.—Civil Assistant Surgeons.

Claims to  
superior  
appointments.

77. The evidence we have recorded brings out the fact that the civil assistant surgeon lays claim not only to the superior civil appointments now open to the military assistant surgeon, but to a larger proportion of those held in each province by members of the Indian Medical Service. He asserts that his class is, as shown in the recent war, perfectly able to take the place of the Indian Medical Service officer and of the military assistant surgeon as a war reserve. It is unnecessary for us to give in detail the reasons why we are unable to accept this contention.

• Previously to the war assistant surgeons held only a small number, calculated on a percentage prescribed by the Government of India, of the superior district appointments. It is doubtful if any administration would endorse a suggestion made to us to throw open the superior appointments now held by civil assistant surgeons to competitive examination; but we think that selection for superior appointments should take place earlier in their service, perhaps at the fourteenth year, subject to a period of probation for those who have not been tried already in officiating appointments. At present few obtain such promotion before twenty years' service, and the average is considerably above this period.

Alleged  
disabilities.

78. We will now refer to the more important of the disabilities under which civil assistant surgeons allege that they labour. Most of these are common to all the provinces. They complain that facilities for independent work are wanting; that civil surgeons are inclined to monopolise the more important surgical operations; that they obtain no study leave or post-graduate courses. They contend that the latter should be substituted for the septennial examinations. Exception was taken in Bombay to the reservation of the resident medical officer appointments for military assistant surgeons. Other demands

are in connection with the conditions of service; for pensions to be given at 25 years' service, or 20 years on medical certificate; abolition of the designation of assistant surgeon, as suggested by the Public Services Commission; eligibility for professorial appointments in Government colleges; greater recognition on ceremonial occasions; and, lastly and most important, an increase of pay.

79. We proceed to suggest remedies where these seem essential.

Remedies proposed.

We understand that in some provinces civil assistant surgeons are being substituted for sub-assistant surgeons in charge of dispensaries in growing towns, and it would seem advantageous for provincial governments to assist district boards and municipalities to do this more extensively. A considerable number of independent charges are held by graduates who have therein an opportunity for advancing their reputation. We consider that self-reliance and a sense of responsibility might be still further developed in this class, by using them more than at present to supervise the work carried on in rural dispensaries by sub-assistant surgeons, and by giving them a definite place in the sanitary work of the sub-district or tahsil in which their charge lies.

We consider that they should be required to undergo study periods at regular intervals during their service, and that an examination should be held after each course to test the extent to which they have profited by it.

Unless Government makes a radical change in the nomenclature of the minor medical services, we would make no change in the designation of this class.

As regards the claim to professorial appointments in Government colleges, we understand that some such appointments have already been thrown open alike to the assistant surgeon class and to the independent medical profession. In paragraph 53 of our report we have suggested the policy which should be adopted in making these appointments.

There can be no doubt that the pay of the civil assistant surgeon is inadequate and that an increase for all grades is overdue. We would indeed go further than the recommendation made by the Public Services Commission to the effect that the future pay of the service should be for all provinces, except Burma, Rs. 150 rising by triennial increments to Rs. 400, and propose that the minimum pay of this class should be Rs. 200 per mensem. This rate we consider would not be in any way excessive when the qualifications which should be required of the civil assistant surgeon are taken into consideration. We have been informed that in some provinces, owing to the present low rates of pay, Government is now not obtaining, as it should, the best men of this class.

There is a very laudable desire expressed for some kind of military training, which however most of the witnesses considered should be restricted to the earlier years of service. It would be impossible to give all civil assistant surgeons a prolonged training such as has been suggested by some witnesses, but we consider that, from both a military and a civil point of view, it would be of great advantage if a limited number were given periods of training at the proposed Indian Medical Corps Depot and School of Instruction.

#### D.—Civil Sub-Assistant Surgeons.

80. Civil sub-assistant surgeons, on account of their numbers and the nature of their duties, form an important part of the medical organization of the country, and many of them have represented to us that their status should be improved so as to approximate to that of the civil assistant surgeon. But this request seems to us unreasonable. The qualifications required of the two classes are widely different, and the cost of raising the status of the sub-assistant surgeon to the extent proposed would be prohibitive. We may look forward to a time when Government will only employ on medical duties those who have obtained a complete medical education, but for some years to come the sub-assistant surgeon class, as at present constituted, will play an indispensable part in the medical organization of India.

Status and qualification

81. The pay of the civil sub-assistant surgeon varies in the different provinces and is now much lower than that of the military sub-assistant surgeon. The Bombay Government has adopted the time scale already in force in Madras,

Pay.

and we are of opinion that, considering (a) the enhanced cost of living throughout India, (b) the nature and responsibilities of the duties that devolve upon them, and (c) the temptations in connection with medico-legal work, especially to junior men, the example set by these two governments should be generally followed.

**Designation.**

82. We have considered the wish expressed generally by civil sub-assistant surgeons for the abolition of their present designation. We do not consider that their claim to be called Assistant Surgeons is justified, and we would not advise that the existing designation, denoting rank, as it does, should be abolished, unless this is also done in the case of the civil assistant surgeon.

**Standard of education.**

83. We are of opinion that the sub-assistant surgeon should have a more complete medical education, and a sufficiently good general education to enable him to obtain the fullest benefit from the instruction given to him. The matriculation examination standard is now very generally demanded from civil students entering a medical school, and we consider that this practice should become universal, and also that a minimum and uniform standard of medical education for this class should be adopted in all provinces.

**The war reserve of sub-assistant surgeons in civil employment.**

84. Although it has been suggested to us that all civil sub-assistant surgeons should be required to undergo military training before admission to the provincial services, it is doubtful whether such a radical change could be made applicable to the whole of India, or indeed whether it is really necessary. We have, however, to ensure that a sufficient number of sub-assistant surgeons can be made available as a war reserve for service, not only in India but also overseas. In the United Provinces it was considered that it would only be necessary to extend the period of liability to remain in Government service to 10 years, and to increase the penalty in case of default to Rs. 1,000. We cannot think of a better solution of this difficult problem. We have received a suggestion that every civil sub-assistant surgeon should be required to sign an agreement binding him to serve wherever he may be required, on either civil or military duty, as a condition of service under the civil government. We strongly recommend that, if possible, effect may be given to this suggestion; for it is obvious from the experience of the recent war, during which the most liberal inducements completely failed to provide an adequate number of volunteers, that it will be necessary to take steps to ensure for the army a sufficient reserve of sub-assistant surgeons when they are required in the future. We recommend, also, that those civil sub-assistant surgeons who are called up for military service should be given three months training in the proposed Indian Medical Corps Depot and School, at the end of which they should be given the temporary rank of jemadar and supplied with uniform.

**Post graduate courses for sub-assistant surgeons.**

85. It is, if anything, more necessary for the sub-assistant surgeon than for the assistant surgeon to have compulsory courses of post-graduate instruction, and these should be arranged for him at regular intervals.

We are also of opinion that arrangements should be made to bring into district headquarters, as frequently as possible, for periods of training there, all sub-assistant surgeons in charge of rural dispensaries.

## CHAPTER VI.

### MEDICAL STORE DEPARTMENT.

**The question of re-organization referred to a sub-committee.**

86. In view of the many complex and intricate problems involved in considering any re-organization of the Medical Store Department, and also in view of the short time at our disposal, we considered it desirable to refer the whole question to a sub-committee, consisting of Lieutenant-Colonel Shairp and Lieutenant-Colonel H. Ross, Assistant Director-General, Indian Medical Service (Stores), who was co-opted for this purpose.

This sub-committee went most carefully into all the questions affecting the Medical Store Department and, although they were unable, for want of time,

to visit the Medical Store Depot at Rangoon, they inspected all the depots in India.

87. We attach, as annexure IX, the full and valuable report which they have submitted, and with which those of us who belong to the medical services are in general agreement. The President, Mr. Hignell and Major Cramer-Roberts feel that they have been unable, from lack of time and technical knowledge, to give this subject as much attention as would entitle them to express an opinion. We desire to invite particular attention to the following points.

**Report of the sub-committee.**

88. Having seen for ourselves the depots at Madras and Bombay, we are convinced of the necessity for the early provision of improved accommodation at both places, and, in view of the description of the Lahore depot, which the committee as a whole were unable to visit, we consider that a scheme for rebuilding it, and for providing improved accommodation there also, should be taken in hand as early as practicable. More particularly is this extension and improvement of accommodation necessary in the case of the laboratories at the Madras and Bombay depots, if the development of manufacture and the pioneering of industries in connection with preparations from indigenous products is to be extended.

**The necessity for improved accommodation.**

89. We concur in the recommendations as to the closing of the laboratory at Lahore and the transfer of such machinery as can be more usefully employed at one of the larger depots. We also agree that the services of the chemist now at Lahore should be utilised elsewhere.

**Closing of the laboratory at Lahore.**

90. We are convinced that a considerable improvement in the terms of employment of medical storekeepers, and the establishments in medical store depots is urgently required. The work is arduous and by no means congenial to the professional man, and we consider it most necessary that there should be adequate provision for purposes of leave and for the due performance of the administrative and supervisory duties. We, therefore, strongly support the recommendations of the sub-committee for an increase of cadre and for the retention of the posts of deputy medical storekeeper which were instituted as a war measure. We are not, however, in agreement with the sub-committee in regard to the scales of pay and allowances which they recommend for the medical storekeepers. We consider that, instead of the intricate system of various allowances which they propose, it would be preferable to institute, if possible, a scale of consolidated pay based upon the importance of the work carried out at each of the depots. We therefore recommend that the medical storekeepers at Madras and Bombay should be graded for purposes of pay as Assistant Directors of Medical Services holding administrative appointments, and draw the consolidated rate of pay which, it is understood, has been recommended for this administrative grade. At Calcutta and Lahore, where the work is of a less arduous nature, we consider that it would be sufficient if the Medical Storekeepers were graded, for purposes of pay, as Assistant Directors of medical services at Army Headquarters. We realise that, at the present time, in view of the junior rank of the officers who must shortly succeed to these appointments, the rates of pay may appear unduly high, but we would not let this stand in the way of our recommendations.

**Status and emoluments of medical storekeepers.**

91. We support the recommendation that the designation of Medical Storekeeper should be changed to that of Officer-in-charge, Medical Store Depot.

**Designation of Medical Store keeper.**

92. At all the depots which we visited the deficiency in trained and adequate establishment was brought forcibly to our notice. We, therefore, strongly support the recommendation that this question should now be fully examined, and that the scale of establishment should be raised, and a better class of men entertained. In no class is the deficiency of adequate establishment more marked than in that of compounders, and we would strongly recommend that these men, to whom is entrusted the issue of many poisonous drugs, should be required to undergo a specific examination. We consider that this examination should be in the nature of a standard prescribed by Government and should not be left to the discretion of the medical storekeeper

**Establishments.**

concerned. Compounders should be recruited from among men who have passed this test, or, should there be an exceptionally intelligent employee in a depot, he might be allowed to undergo training and pass the examination at the proposed Indian Medical Corps Depot and School. We have been informed that a serious accident occurred recently at one of the depots owing to the deficient education of a so-called compounder, and it is most desirable that the possibility of such occurrences should be removed.

**Emergent  
indents.**

93. We consider that the number of emergent indents appears to be far in excess of what is necessary, and we concur in the opinion of the sub-committee that administrative medical officers should exercise greater control over such indents and their submission.

**Institutions to  
be supplied by  
the depots.**

94. We support the policy recommended by the sub-committee for the supply of drugs, etc., to medical institutions in this country.

**Measures to  
prevent the  
adulteration  
of drugs.**

95. We are convinced of the desirability of some form of protection as regards the quality of drugs offered for sale in the open market. We recommend that the consideration of the feasibility of such a measure should be taken up as soon as possible, though we recognise the difficulties inherent in the introduction of legislation of this nature.

**Employment  
of military  
assistant  
surgeons in  
medical store  
depots.**

96. We are of opinion that, if our proposals, given elsewhere in this report, with regard to the improvement of the position of military assistant surgeons are accepted, the number of officers of this class employed in medical store depots could be considerably reduced. It will be a waste of technical education and the high qualifications with which we now propose that the assistant surgeon should be invested to employ him in a subordinate position where these qualifications are of comparatively little value. We suggest, therefore, that the appointments now held by military assistant surgeons should be filled from the more intelligent men of the depot establishment, and that a suitable grading and scale of pay should be devised for them and submitted to Government by the Director-General, Indian Medical Service. We recognise, however, that it may be necessary in an exceptional case, such as that of the Rangoon depot, which is a collateral charge, to retain the services of a military assistant surgeon for the purpose of supervision.

**Employment  
of research  
and pharma-  
ceutical  
chemists.**

97. We consider it very necessary that research and pharmaceutical chemists should be employed in certain of the depots. Much valuable work of the nature which these chemists would do has, in the past, been performed by some of the military assistant surgeons now employed. The reduction, as suggested in the previous paragraph, of the number of assistant surgeons employed in these depots would increase the necessity for employing chemists, although we consider that this necessity would not be obviated by their retention.

**Equipment list  
and forms in  
use in depots.**

98. We strongly support the recommendation for the standardization of the forms in use in medical store depots and for the revision of the equipment list. It is most desirable that the latter should always be kept up to date.

**Increase in the  
staff of the  
office of the  
Director-  
General,  
Indian Medical  
Service.**

99. The sub-committee has recommended that certain work, such as the pricing of the home indents, should be thrown upon the office of the Director-General, Indian Medical Service. If these proposals are accepted, the staff in the office of the Director-General should be increased. We are of opinion that the senior officer dealing with questions regarding medical stores, in this office, should be graded as a Deputy Director-General, Indian Medical Service, and that he should be assisted by an officer graded as Assistant Director-General, together with a suitable staff of clerks. These appointments should be open to the cadre of the Medical Store Department, which should be increased permanently, or temporarily, to the extent necessary.

**Verification of  
stocks.**

100. We regret that we are unable to support in their entirety the views of the sub-committee with regard to the verification of stocks. We consider that a reduction in this verification to the extent apparently contemplated by the sub-committee might possibly prove disastrous. We, therefore, recommend that the complete verification of all stocks held in medical store depots should be undertaken at least once in every three years.

101. We are convinced of the necessity for a change in the system of **System of ac-  
accounting at present in force in medical store depots, and we consider that counting.** that recommended by the sub-committee should be adopted, at any rate as an experimental measure.

102. We have not as yet touched upon the question of the future control of **The future  
the Medical Store Department in the event of our proposals for an Indian control of the  
Medical Corps being accepted. The large civil obligations of the depart- department.** ment seem to make it impossible to place it under the Commander-in-Chief. On the whole, we are inclined to recommend that the Medical Store Department should be placed under that Department of the Government of India which will in future control the civil medical service.

## CHAPTER VII.

### MISCELLANEOUS.

#### *A.—Sanitary and Bacteriological Departments.*

103. We have had a considerable amount of information connected with the **Co-operation  
administration and working of the Sanitary and bacteriological Departments between  
placed at our disposal, but we are chiefly indebted to the report of the confer- research  
ence of sanitary and bacteriological experts held at Delhi, in December last. and clinical  
medicine.**

We are unanimously of opinion that to obtain the best results there must be closer co-operation between medical research and applied preventive and curative medicine.

104. We would recommend the formation of one Imperial Health Board, **Health boards.** with the head of the Indian civil medical service as its president, and provincial health boards with the administrative heads of the provincial medical services occupying a similar position.

If, as we consider most necessary, a directorship of medical research is created, then this director and the Sanitary Commissioner with the Government of India would be the more important members of the central board, with the Deputy Director-General, Indian Medical Service, as secretary. In the provinces the members would advantageously and conveniently be the Sanitary Commissioner, the Inspector-General of Prisons, a representative of the Medical Council of Registration, either a representative of medical research or one of the professors of the local medical college, and the provincial Sanitary Engineer. Each board would have the power to co-opt members for long or short periods as required.

105. The Secretary of State has emphasized the necessity for a more liberal **Expansion of  
provision of public health institutes and research laboratories. We would the depart-  
endorse all that has been said in this connection, and add that our inquiries ments.** have shown us how great the future expansion of the bacteriological and sanitary services generally must be, if there is to be an adequate expansion of sanitary work in India.

106. There is great need for more officers of the type of the Indian Medical **Officers for  
Service officer, who must, we consider, be highly trained in public health and sanitary work** tropical medicine, and must also be men accustomed to control others. We would not, however, confine these appointments to the Indian Medical Service, but offer inducements to attract the best men trained in the United Kingdom or in India, whether European or Indian. At present good men are often deterred from preparing themselves for a career in public health owing to the poor prospects which such a career now offers. It is not only in the matter of pay but also in the conditions of service that there is discontent amongst men serving in provincial sanitary appointments; they find service under municipal bodies unsatisfactory, and clamour for the establishment of a properly graded service, which would give them a better official status and would also offer within it prospects of promotion and a certain pension, as well as providing them with a professional head to whom they could look to safeguard their interests.



**Co-operation  
in the pro-  
vinces.**

107. We desire to emphasize the necessity for closer co-operation between the administrative heads of the medical services of provinces and sanitary commissioners. There is, we consider, a tendency for these officers to work independently.

We consider that the two services should be controlled by the same department of government.

*B.—Alienist Department.***History.**

108. As far as the history of the administration and management of lunatic asylums in India goes we may confine ourselves to the consideration of three important decisions of the Secretary of State and the Government of India. These decisions were : (a) to maintain one central asylum in each of the five large provinces, (b) to substitute whole-time for part-time superintendents in these central asylums, and, (c) to keep alienist appointments open to, but not to reserve them for, Indian Medical Service officers.

**Central and  
district asy-  
lums.**

109. There are now 6 central asylums managed by whole-time officers of the Indian Medical Service, and 14 smaller asylums, the charge of which is held by civil surgeons in addition to their other duties. These asylums are controlled by local governments and inspected by the administrative medical heads of the provinces.

Considering the great strides made in the treatment and care of persons suffering from mental diseases, we are of opinion that Government's decision in favour of central asylums in substitution of district asylums should be acted upon to a further degree, so as to permit of the majority of cases coming under the care of trained experts or specialists at as early a period in the course of the malady as possible.

**The recruit-  
ment of alien-  
ists.**

110. We would adhere to the decision to keep asylum appointments open to others than Indian Medical Corps officers, but we would insist upon all who are selected having a practical training in the treatment and management of mental cases.

**Formation of a  
department.**

111. We are of opinion that no great advance is likely to be made in the administrative control of asylums until there is established a definite and properly organized department, with its own leave and study reserves.

**Medical  
officers  
and assistants.**

112. We are satisfied that more medical officers are required if the treatment of insanes is to be efficiently carried out; there should in our opinion be not less than two qualified alienists in each of the large asylums, besides assistants, and each provincial asylum should be in charge of a trained alienist. We would continue the employment of military assistant surgeons as assistants to the superintendents, but we suggest that an attempt should be made, by offering a more suitable salary, to induce the best men of this class and also Indian graduates to take up mental work.

**Superinten-  
dents of  
central  
asylums as  
military con-  
sultants.**

113. We endorse the suggestion made in the course of our inquiries that, when a department is established and properly organized, superintendents of the central asylums would naturally become consultants to military hospitals, but we would add that such an arrangement would necessarily follow on the adoption of our scheme for a unified service.

*C.—Women's Medical Service in India.***History.**

114. The early history of medical relief for Indian women by women doctors is associated with missionary enterprise, but in about 1873 government medical colleges and schools commenced to open their doors to women, who were taught in the same classes as male students. These Indian medical women when qualified received a certificate or license similar to that given to sub-assistant surgeons. They were left to find employment for themselves, and most of them entered the service of local bodies for work in the women's departments of general hospitals or dispensaries. They did not belong to any organized service.

**The Dufferin  
Fund.**

115. At the instance of the Countess of Dufferin a fund was established in 1885, mainly with the object of bringing out medical women from England for



employment in local fund hospitals. The pay of these posts was, however, small and owing to this, and to the absence of pension and official status, the appointments offered failed to attract women of ability in the numbers required.

In 1909 an appeal for assistance was made to the Government of India, and eventually, in 1913, an annual grant-in-aid was given to the National Association for Supplying Female Aid to the Women of India, to enable it to constitute a women's medical service to be under its sole administration and control.

We are of opinion that, as the new service was only constituted in 1914, it is too early to venture upon an opinion as to whether it is likely to develop along lines which will enable it to allow fully for the necessary future expansion of a superior women's service.

We understand, however, that the funds at the disposal of the association are insufficient to allow of a much needed increase in the cadre or to raise the pay of the different grades of the service, steps which alone will now induce suitable women to come out to India. We are therefore of opinion that, in the absence of a state service, this association should be placed in a position to meet these demands, and we strongly recommend its needs to the early consideration of Government.

116. The demand for qualified women of the sub-assistant surgeon class is rapidly growing, and we consider that the time has come for them to be more largely taught by persons of their own sex in their own medical schools and hospitals. These need not be State institutions but we recommend that they should receive financial assistance from Government and be regularly inspected. **Demand for more medical women of a lower grade**

117. It has long been realised that the position of women doctors of the assistant-surgeon and sub-assistant grades is not satisfactory and we understand that the Dufferin Committee has under its consideration the creation of a service, affiliated to its superior service, which will include the former, whilst certain of the local governments are engaged on schemes for services for the latter. **Women serving under local bodies**

118. The necessity for post-graduate training is, in our opinion, even greater for women doctors of these grades than for the ordinary assistant and sub-assistant surgeon, and we consider that efforts should be made to introduce classes for such training. **Post-graduate courses of instruction**

119. During the war the Women's Medical Service has undertaken the whole of the executive professional work in one of the special war hospitals at Bombay, while members of it have worked singly in other military hospitals; there would thus seem to be no reason why they should not be reckoned upon as a reserve to take the place of medical officers in the treatment of women in family hospitals, and in times of emergency, that of men in military hospitals in the general wards and casualty departments. Doubtless too, as they increase in number in rural districts, their services would be available for the care of women and children in the absence of European medical officers. **Women doctors as a reserve.**

#### *D.—Nursing Services of the Army in India.*

120. There is a considerable amount of evidence before the Committee showing that nursing in the army in India is far from satisfactory; that in British station hospitals it does not approximate in quality to the standard considered essential in the United Kingdom, whilst in Indian station hospitals scientific nursing is non-existent. The present day standards of nursing and of efficiency and discipline demanded of nurses of all classes are on a much higher level than they were a generation ago. **Unsatisfactory state of nursing in military hospitals in India.**

121. Nursing duties in the military hospitals in India are performed by the following classes of personnel :— **The present organization**

(a) In British station hospitals, by

- (1) the Queen Alexandra's Military Nursing Service for India (a short history of this service and its organization are given in annexure X);

(2) nursing orderlies drawn from the various British combatant units in the stations concerned, and trained to a certain extent by the nursing sisters and the medical officers in the hospitals; and

(3) Indian ward servants of the Army Hospital Corps.

(b) In station family hospitals, by a matron, trained and holding a certificate in midwifery, assisted by a menial staff, under the supervision of a medical officer and military assistant surgeon.

(c) In Indian station hospitals, by Indian ward orderlies, drawn from combatant units, and trained to a very limited extent by the medical officers and sub-assistant surgeons in the hospitals.

effects in  
British station  
hospitals.

122. In the British station hospitals there are several factors which impede the progress of nursing; these are:—

(i) the conditions of service of the Queen Alexandra's Military Nursing Service for India,

(ii) the employment of partially trained combatant soldiers, as nursing orderlies, and

(iii) the employment of low caste Indians as ward attendants.

been  
Alexandra's  
Military  
Nursing  
Service for  
India.

123. Since all the ladies of the Queen Alexandra's Military Nursing Service for India retain the same rank and standing as they had when they first joined, to probably their third term of service, there is not that chain of responsibility which is essential for good administration. Even the lady superintendent of a circle may hold at the same time the position of matron in a first class station hospital, and be occupied also in executive nursing duties. Consequently she has neither the time nor the position to exercise administrative and disciplinary functions over the remaining members of the service who are junior to herself. The chief disadvantages of continuous service in India have been the effects of the climate and life in this country upon the average nursing sister, and professional deterioration due to want of facilities for keeping in touch with modern knowledge and methods.

British  
Nursing  
Orderlies.

124. British soldiers are selected by their commanding officers from amongst the rank and file, for employment as nursing orderlies, and are sent to the various hospitals to be trained. This training must of necessity, from the short time available for the purpose and the frequent changes of personnel, be of a sketchy and perfunctory character. Furthermore, the nursing orderly is changed every 6 months, as a longer period of duty in a hospital is considered detrimental to his efficiency as a fighting soldier. They are taken away on mobilization, and for regimental training, at the will of their commanding officers.

Ward  
Servants.

125. The employment of Indian ward servants on any form of nursing duty has always been a mistake. The men are of very low caste, and most venal, and dirty in their habits. They are untrustworthy, and perform even the most menial of nursing duties in a very indifferent way.

Station family  
hospitals.

126. In station family hospitals the whole of the nursing, as well as the conduct of uncomplicated cases of labour, is carried out by a matron, assisted by some menial female servants. The matron has, as a rule, no training in general nursing, and, though she may be an efficient midwife, she cannot have that knowledge of ordinary sick nursing which is essential for the proper attendance on the various classes of cases that find admission to the hospitals.

Indian station  
hospitals.

127. In Indian station hospitals the present arrangement is that a certain number of sepoy (8 per 100 beds) are attached to these hospitals as ward orderlies. The men chosen are as a rule those who have failed in some way as soldiers. This is radically wrong. It is hoped that the Indian Medical Corps of the future will contain a nursing section, the members of which will be properly trained. But to ensure this, nursing sisters are required in Indian station hospitals.

In annexure XI will be found specific and detailed recommendations made by the expert members of the Committee in connection with the whole question of nursing in military hospitals in India.

## CHAPTER VIII.

## SUMMARY OF RECOMMENDATIONS.

128. THE changes which we have recommended are as follows :—

*General recommendations.*

(1) The formation of an Indian Medical Corps which shall take the place of the Indian Medical Service and, in addition, do the work now done by the Royal Army Medical Corps in India. It should also recruit for, and include the higher civil medical service of the country (paragraphs 37—48).

(2) It should have an ordinary war reserve of officers lent to civil administrations for five years or less (paragraph 40), and a special reserve of officers belonging to its civil branch who should only be recalled to military duty on occasions of grave national emergency, and not even then if holding certain residuary appointments (paragraphs 47—48).

(3) It should include transfers from the Army Medical Service and the Royal Army Medical Corps (paragraph 44).

(4) The military side of the corps should have its own depot and school of instruction (paragraph 45).

(5) Junior officers should, shortly after their first arrival in India, be attached to a large civil hospital or school of tropical medicine for practical instruction in tropical diseases (paragraph 46).

(6) The special reserve should be partly recruited from civil assistant surgeons and independent medical practitioners (paragraph 47).

(7) The governments of the various provinces should supplement their contingents of officers from the Indian Medical Corps with exclusively civil medical officers whom they will themselves appoint (paragraph 49).

(8) Special arrangements should be made by Government to secure European medical attendance for European officers and non-officials, when required (paragraph 50).

(9) A system of optional retirement on gratuity should be adopted in order to secure a sufficiency of candidates for the new corps (paragraph 51).

(10) Admission to the corps should be through the portal of a single examination held in England twice a year. Selected Indian students from the five Indian universities should be assisted by scholarships to compete in this examination (paragraph 52).

(11) Immediate admission, however, must be by transfer and nomination (paragraphs 43, 44 and 52).

(12) Special opportunities should be provided for work in research and scientific medicine. Certain posts in the sanitary and other departments should be reserved to officers of the new corps (paragraph 53).

(13) There is only one possible alternative scheme, which we indicate but regard as decidedly inferior to the scheme which we recommend (paragraph 54).

*Improvements in the officer grade.*

(14) Salaries should be increased. More liberal provision should be made for leave. Full pension should be admissible at an earlier date. The position of civil administrative medical officers should be improved. Better buildings should be provided for Indian station hospitals (paragraph 58).

(15) The number of officers of the corps required for duty in peace time should be calculated at 3 per mille of the total strength of the army in India. A leave and casualty reserve of 25 per cent and a study reserve of 4 per cent of the officers required for duty should be provided (annexure VIII, paragraph 2).

(16) Promotion should be on the same system as promotion in the Royal Army Medical Corps, including selection for promotion to the rank of lieutenant-colonel to fill a fixed establishment. Every officer should, between his seventh and tenth years of service, undergo a post-graduate course at the Royal Army Medical College. All officers should on attaining the rank of lieutenant-colonel

make their choice between the careers of (a) military administration, (b) professional employment as consultants, and (c) permanent civil employment. No officer should be eligible for transfer from civil to military, or military to civil employment after promotion to the rank of lieutenant-colonel (annexure VIII, paragraph 9).

(17) The head of the military side of the new corps should be an officer of the corps. A board should be established for the selection of officers for promotion (annexure VIII, paragraph 15).

*Improvements in the minor and provincial services.*

A. Military Assistant Surgeons.

(18) The standard of education should be raised so as to admit of their obtaining a registrable qualification. They should be employed only on professional duties (paragraph 60).

(19) Those who obtain a qualification registrable in the United Kingdom should be allowed to proceed to England and compete for admission to the commissioned ranks of the Indian Medical Corps. Their pay and pension should be raised in consequence of the previous recommendations (paragraph 61).

B. Military Sub-Assistant Surgeons.

(20) Their standard of general education should be raised (paragraph 65).

(21) Sub-assistant surgeons who obtain certain diplomas should be eligible for transfer to the military assistant surgeon branch (paragraph 66).

(22) Hostels should be provided in all medical schools (paragraph 67).

(23) Sub-assistant surgeons should, on first joining the corps, undergo a full course of training at the Indian Medical Corps Depot and School (paragraph 69).

(24) They should be put through systematic physical training at the medical schools (paragraph 70).

(25) Post-graduate instruction should be provided (paragraph 71).

(26) Allowances while travelling on duty should be increased (paragraph 75).

(27) The question of increasing their pensions and family pensions should be considered, and a provident fund introduced (paragraph 76).

C. Civil Assistant Surgeons.

(28) Selection for superior appointments should take place earlier than at present (paragraph 77).

(29) They should undergo regular study periods. Their pay should be raised. A limited number should be trained for the special reserve, at the Indian Medical Corps Depot and School of Instruction (paragraph 79).

D. Civil Sub-Assistant Surgeons.

(30) The time scale of pay should be adopted generally (paragraph 81).

(31) The standard of preliminary education should be raised, and a minimum and uniform standard of medical education for this class should be adopted in all provinces (paragraph 83).

(32) They should all be required to sign an agreement to serve wherever they may be required, on civil or military duty. When called up for military service they should be given 3 months training at the Indian Medical Corps Depot and School (paragraph 84).

(33) They should undergo courses of post-graduate training (paragraph 85).

*Medical Store Department.*

(34) Improved accommodation should be provided for the depots at Madras, Bombay and Lahore (paragraph 86).

(35) The laboratory at the Lahore Depot should be closed (paragraph 89).

(36) The cadre of medical storekeepers should be increased, and the pay of these appointments raised (paragraph 90).

(37) Medical storekeepers should in future be known as Officers-in-charge, Medical Store Depots (paragraph 91).

(38) The scales of subordinate establishment should be raised and a better class of men entertained (paragraph 92).

(39) Compounders should be required to undergo a prescribed examination (paragraph 92).

(40) Greater control should be exercised by administrative medical officers over the submission of emergent indents (paragraph 93).

(41) The question of the introduction of measures to prevent the adulteration of drugs should be considered at an early date (paragraph 95).

(42) The number of military assistant surgeons employed in the depots should be reduced (paragraph 96).

(43) Research and pharmaceutical chemists should be employed in certain depots (paragraph 97).

(44) The forms in use in depots should be standardized, and the equipment list revised and kept up to date (paragraph 98).

(45) The staff of the office of the Director-General, Indian Medical Service, should, under certain conditions, be increased. There should be a Deputy Director-General, Indian Medical Service, and an Assistant Director-General, Indian Medical Service, to deal with questions regarding medical stores. These appointments should be open to the cadre of the Medical Store Department (paragraph 99).

(46) Stocks should be verified at least once in every three years (paragraph 100).

(47) The system of accounting should be changed (paragraph 101).

#### *Sanitary and Bacteriological Departments.*

(48) Imperial and provincial health boards should be formed (paragraph 104).

(49) Both the departments should be expanded (paragraph 105).

(50) The staff of officers in the Sanitary Department should be increased, and inducements should be offered which would be likely to attract the best men (paragraph 106).

(51) Greater co-operation is required between the administrative heads of provincial medical services and sanitary commissioners (paragraph 107).

#### *Alienist Department.*

(52) Central asylums should be still further substituted for smaller asylums (paragraph 109).

(53) The department should be properly organized with its own leave and study reserves (paragraph 111).

(54) The cadre should be increased. Greater inducements should be offered to military assistant surgeons and Indian graduates to take up mental work (paragraph 112).

(55) Superintendents of central asylums should become consultants to military hospitals (paragraph 113).

#### *Women's Medical Service in India.*

(56) The National Association for Supplying Female Aid to the Women of India should be placed in a position to enable it to augment its cadre and increase the pay of the medical women employed by it (paragraph 115).

(57) Women students of the sub-assistant surgeon class should be taught by women doctors in female medical schools and hospitals. These institutions should be assisted financially by Government, and regularly inspected (paragraph 116).

(58) Women doctors of the assistant and sub-assistant surgeon class should receive post-graduate instruction (paragraph 118).

*Indian Medical Corps and Nursing Services of the Army in India.*

(59) Proposals for the organization of the Indian Medical Corps, and the future organization of the nursing services for the army in India are contained in annexures VIII and XI, respectively.

(Signed) H. V. LOVETT,

*President.*

G. CREE, *Major-General.*

P. HEHIR, *Major-General.*

H. HENDLEY, *Major-General.*

GERALD G. GIFFARD, *Major-General.*

S. R. HIGNELL.

A. SHAIRP, *Lt.-Colonel.*

M. T. CRAMER-ROBERTS, *Major.*

A. A. McNEIGHT, *Major,*

*Secretary.*

DATED, SIMLA, THE 22ND APRIL, 1919.

**List of  
ANNEXURES to the REPORT.**

|  | <b>PAGES.</b> |
|--|---------------|
| I. Short history of the Royal Army Medical Corps ... ..  | 58—60         |
| II. Note on the introduction of the station hospital system for Indian troops...   | 60—61         |
| III. Memorandum, dated February, 1918, by Sir G. H. Makins, K.C.M.G., C.B.   | 61—63         |
| IV. Speech by the Hon'ble Major-General W. R. Edwards, Director-General,<br>Indian Medical Service, in the Imperial Legislative Council, on the 10th<br>March, 1919 ... .. | 63—67         |
| V. Proposals for equalizing the seniority of officers of the Indian Medical<br>Corps ... ..  | 67—68         |
| VI. Proposed organization of the Indian Medical Corps Depot, Training School<br>and Record Office, and skeleton syllabus of instruction ... ..                             | 68—69         |
| VII. Examination proposed for candidates for the Indian Medical Corps ...  | 69            |
| VIII. Organization of the Indian Medical Corps ... ..  | 70—72         |
| IX. Report of the sub-committee appointed to examine the question of the re-<br>organization of the Government Medical Store Department... ..                              | 72—96         |
| X. Short history of the Queen Alexandra's Military Nursing Service for India.  | 96—97         |
| XI. Proposed future organization of the nursing services of the army in India.   | 97—98         |

## ANNEXURE I.

## SHORT HISTORY OF THE ROYAL ARMY MEDICAL CORPS.

BEFORE the year 1872, the medical services of the British Army were entirely constituted on a regimental basis, that is, every regiment had its 'quota' of medical officers, generally three per battalion, its own hospital, and nursing orderlies drawn from the regiment itself. The senior of the medical officers in a battalion did not command the regimental hospital, nor were the medical officers responsible for the equipment or dieting, the command being vested in the officer commanding the battalion and the supplies in the quartermaster. There were also no female nurses beyond a few soldiers' wives who were occasionally employed.

After the failure of the medical services in the Crimea the matter was taken up in Parliament, and a Commission of inquiry was appointed in 1859, under the Presidency of Lord Herbert of Lea. This Commission recommended many changes, including the abolition of the regimental system, the institution of station hospitals, the formation of a hospital corps, and the introduction of nursing sisters in military hospitals. Nothing very much was done till the year 1872, owing to the opposition of the combatant officers and a disinclination on the part of many regimental medical officers to cut themselves adrift from their regiments.

In 1872, a unified medical service was introduced and called the Army Medical Department, and all medical officers in the army, with the exception of those in the Guards, both foot and horse, were placed on one list for promotion, appointment, etc. Station hospitals were introduced, and a corps to undertake the nursing, clerical and other subordinate work was instituted and called the Army Hospital Corps. This corps was officered and commanded, not by medical officers, but by special officers called Lieutenants, Captains and Majors of Orderlies, who were also responsible for the supplies of its hospitals as well as the discipline of the other ranks of the Army Hospital Corps.

From this date the unpopularity of the Army Medical Department commenced to make itself apparent. The loss of social status resultant on being taken away from regiments, and the fact that medical officers were no longer any body's children, the lack of substantive rank, the indifferent pay and prospects, the want of proper recognition by the combatant officers, and the divided administration of the hospitals, all had their effect, with the consequence that in a few years it was found most difficult to obtain candidates for commissions. The medical schools, especially those of London, all set their faces against the Army Medical Service, and the War Office were obliged to "scrape the pot" to get any candidates at all. This culminated, in 1887 to 1889, in the service being entirely closed, no candidates at all being obtainable. The British Medical Association had interested itself in the question for some time and were able now to insist on some amelioration of the conditions in the Army Medical Department. These resulted in the granting of compound titles to the officers: Surgeon-Captain, Surgeon-Major, etc., the change of the designation of the service to Medical Staff and Medical Staff Corps, with complete command of the latter, and also of the station hospitals, by officers of the Medical Staff. This was followed by a substantial increase of pay and better prospects of promotion and pension. However, the Army Medical Department had been so thoroughly discredited in the medical schools that even with these concessions it was found difficult to obtain candidates of a good stamp for commissions. The Indian Medical Service and Royal Navy invariably had the first choice. The British Medical Association and the medical schools still continued their campaign with the War Office, fighting a difficult battle against much prejudice and vested interest, till the time of the South African war, when one medical corps for the army was formed, giving the officers military titles and complete and absolute command of the other ranks of the corps, and a further increase of pay and a betterment of prospects. The corps was called the Army Medical Corps, and shortly afterwards the title of "Royal" was conferred by the late Queen Victoria.



From now commenced an era of increasing prosperity for the Royal Army Medical Corps, its rehabilitation in the eyes of the medical schools and its gradual appreciation by the rest of the army. Co-incident with these was the institution of a far better system of training for the officers after joining, and of examination before promotion, which ensured at least that each officer had devoted a portion of his time to learning his trade and keeping himself abreast of modern methods. The introduction of specialists in all branches of medical science, after a long post-graduate course and examination, opened an avenue of attraction to men who were desirous of devoting themselves to particular branches of medicine, with the happiest results. All this was made possible by the building of the Royal Army Medical College at Millbank, with its close connection with the great London hospitals and medical schools. The attractions of the Royal Army Medical Corps now became established, and instead of, as formerly, it being difficult to obtain the right sort of candidate, competition became strong, and the pick of the medical schools presented themselves for the entrance examinations. This was influenced to a certain extent by the increasing unpopularity of the Indian Medical Service and also that of the medical service of the Royal Navy, but the fact remained that the Royal Army Medical Corps offered an attractive career to the young man who desired an adventurous life, as well as to those who wished to devote themselves to research but had not sufficient means to support themselves while doing so. The final step in popularising the corps was the grant, in 1918, of the ranks of major-general and lieutenant-general instead of the old title of surgeon-general.

Previous to the institution of the Royal Army Medical College at Millbank, in about 1902, all successful candidates were sent to the Royal Victoria Hospital, Netley, for courses of instruction in military medical affairs. From its isolated position, and disconnection with the centres of medical education, as well as from its lack of clinical material, this institution was considered obsolete, and with the reconstruction of the Royal Army Medical Corps the College at Millbank was built. This college houses all the research departments of the Royal Army Medical Corps, and instruction on these subjects is carried out there, but clinical work is done at the Queen Alexandra Hospital, Millbank, which is the military hospital for the whole London Command, and at the special Military Venereal Hospital, Rochester Row, as well as the great London general hospitals.

The instruction is carried out by a combination of special officers of the Royal Army Medical Corps and professors chosen from the teaching bodies of London. The examinations at the completion of the courses are also conducted by the same combination of examiners.

The social point of view is not lost sight of, as the Royal Army Medical Corps London Mess is situated there, and all bachelor officers going through the classes live in the college.

There are two special points connected with admission to the Royal Army Medical Corps which are worthy of note: (1) that each candidate signs a declaration that he is of unmixed European parentage, and (2) that he has to appear at a personal interview with the Director-General, Army Medical Service, before he is allowed to compete. The competitive examinations for the Royal Army Medical Corps and Indian Medical Service differ entirely in their character and are not comparable.

After successful competition all young officers proceed to the Royal Army Medical College, Millbank, where they undergo a course of study in special military medical subjects, which lasts for two months. At the completion of this they are examined in those subjects. They are then sent to the depot of the Royal Army Medical Corps, where they undergo a course in military subjects, drill, equitation, field work, etc. This lasts for three months, and on its completion they are again examined in those subjects. The combined marks obtained at the entrance examination, at Millbank, and at the depot, determine their final position in their batch.

Between the seventh and tenth years of their service all Royal Army Medical Corps officers proceed to Millbank for a post-graduate course. This course lasts altogether for nine months, and is divided into three periods of

three months each. At the completion of these periods examinations are held and it is possible for an officer, by the results of these examinations, to accelerate his promotion by from six to eighteen months, as well as to qualify for a specialist appointment. The examinations are conducted by a mixed board of examiners as above. Officers who fail at this examination are re-examined after six months, but do not attend any further course at Millbank. If they fail a second time they are retired with a bonus.

The functions of the Royal Army Medical College, as will be seen, are educational, disciplinary and social, in addition to which it is also the centre for the great work of research that is always in progress there.

## ANNEXURE II.

### NOTE ON THE INTRODUCTION OF THE STATION HOSPITAL SYSTEM FOR INDIAN TROOPS.

History.

FROM time to time it had been proposed to introduce into the Indian Army the station hospital system, which had proved so satisfactory in the case of British troops. In 1880, sanction was actually accorded to the establishment in each station of a combined hospital for the treatment of all the sick of the Indian garrison. Effect was, however, never given to this sanction. The question came up again for consideration in 1883, but was negatived on account of the expense that was anticipated. The Secretary of State next suggested, in 1886, the possibility of effecting a reduction in the cadre of the Indian Medical Service if station hospitals were introduced. His query was met by the answer that there was no prospect of the system being adopted owing to its alleged unpopularity with officers and men. It is interesting to record that on the next occasion when the question was mooted, in 1890, its reconsideration was due to a suggestion made to the effect that the adoption of the station hospital system would allow of an interchange of Indian Medical Service and Royal Army Medical Corps officers, and so permit of the freeing of Indian Medical Service officers for civil employ. The system was tried at Calcutta and Rawalpindi in 1891, and, although it failed to produce evidence on the point that gave rise to the experiment, it brought to light the very indifferent medical, nursing and clothing arrangements under the regimental system, and it conclusively showed that no reduction in officers or establishments would be possible. The introduction of the system was not favoured by Lord Roberts, who held the opinion that it was not suited to the Native Army.

Although, in 1900, a proposal to try the station hospital system in the late Hyderabad Contingent was submitted and accepted, and Lord Curzon's Government expressed the opinion to the Secretary of State "that the advantages that might be anticipated from the proposed system outweighed the arguments against its adoption," it was not until 1906 that any real progress was made. In that year, combined regimental hospitals for Indian troops were introduced. Under this system, which was a compromise designed to make good, as far as possible, the defects of the former system, but at the same time maintaining its essential features, the sick of all regiments in a station were treated in a central hospital, retaining their regimental customs and arrangements. Administration was placed under the senior of the regimental medical officers, but the disciplinary control over medical officers and subordinates remained, as before, in the hands of officers commanding regiments. This system resulted in anomalies, in that at times it was impossible to avoid all the medical officers doing duty at a station being very junior in rank, while at other times all might be men of standing and experience. It afforded no opportunity of ensuring that the most capable officers were selected for the higher and more responsible positions. It did not allow efficient co-ordination between the regimental hospitals constituting each combined hospital, nor was it economical in personnel and equipment, as each regimental hospital was still separately maintained.

In 1910, a committee, with the late Surgeon-General Sir C. P. Lukis as president, was appointed to examine the question anew. This committee presented a report which recommended the abolition of the system of regimental hospitals,

The Lukis  
Committee.

the raising of an Indian Army Hospital Corps and of a Corps of Ward Orderlies to take the place of regimentally enlisted men, and the retention of the existing establishment of Indian Medical Service officers. After a careful examination of the proposals the Government of India decided that it was unable to accept them, for financial reasons.

The question of giving effect to the recommendation of the Lukis Committee was again raised in 1912, but no decision had been reached when war broke out in 1914, and the further consideration of the case was deferred.

As a result of the report of the Mesopotamia Commission, and at the instance of the Secretary of State, the question was once more considered. The Government of India proposed to introduce the station hospital system as recommended by the Lukis Committee, and, further, to carry out other suggestions made by it, for the dieting of the sick, the provision of clothing and bedding, and the equipment of the hospitals with such furniture, medical and surgical equipment, staff and buildings as modern requirements demand. The Secretary of State approved of the proposals and the Government of India issued orders for the introduction of the new system with effect from the 1st December, 1918.

The changes effected by the introduction of the station hospital system may be briefly stated as follows:—

- (i) the abolition of regimental and followers' hospitals, and the substitution for them, in each station, of a single hospital, or sections of a single hospital, in which all the Indian sick of a garrison, both troops and followers, are treated;
- (ii) the hospitals are commanded and administered by Indian Medical Service officers;
- (iii) all junior officers, medical subordinates, and menials engaged in the care of the sick, instead of being under the control of regimental commanders, are under the orders of the officer commanding the hospital;
- (iv) the hospital establishment is recruited directly for the purpose, instead of being passed through regimental channels;
- (v) the sick in hospital are dieted by the State, in addition to the extras that were formerly provided, and they are given appropriate clothing and bedding;
- (vi) the effect on the Indian Medical Service officer is that, instead of his being one of the officers of a regiment, he is now an officer in what is becoming a "corps";
- (vii) the general effect will be the more efficient treatment of the sick in a single hospital, better staffed and equipped, and with an organization assimilated to conditions which prevail in war.

### ANNEXURE III.

MEMORANDUM, DATED FEBRUARY, 1918, BY SIR G. H. MAKINS, K. C. M. G., C. B.,  
PRESIDENT OF THE ROYAL COLLEGE OF SURGEONS IN ENGLAND.

IN India the close relation existing between the civil and military elements of the medical profession should form the ideal. If this relation be disturbed, the military element would suffer in medical experience, since either British or Indian soldiers—a body of carefully sifted, sound, healthy young men—offer comparatively small opportunities for practice, except in so far as such endemic diseases as malaria, the minor ailments common to soldiers in camp, and a small number of emergency cases due to acute disease or occasional accidental injuries are concerned. The civil element, on the other hand, practising amongst the mass of the population, beyond such cases as those enumerated above, is called upon to deal with every form of disease, and has abundant opportunity of acquiring practical experience. A close and intimate relation is therefore to be desired between the two branches of the service in order that the ideal should be fully realised.

Certain reasons appear to have interfered with this desirable result, some of which may be indicated:—

(1) a want of sufficient interchange between the civil and military elements ;

(2) the maintenance of a purely military element ;

(3) the indiscriminate employment, in time of war, of officers who have been engaged in special forms of work, and during many years have gained experience of the greatest value, in purely administrative military posts. These officers are suddenly switched off to perform duties to which they are unaccustomed, with the result that, while valuable experience is sacrificed, yet an inferior administration only may be obtained.

The question of interchange is not one of any great apparent difficulty if the service be treated as a homogeneous whole. The custom prevailing of attaching officers on their arrival in India to a regiment, and continuing them as regimental officers for a period of five years or more, seems to be the first step in the wrong direction. As already mentioned, military service offers few opportunities for acquiring practical experience in medicine and surgery, yet these young officers, but recently qualified, are at the outset of their careers placed in this unsatisfactory position, which is moreover exaggerated by the fact that some of the diseases they are called upon to treat are of an unfamiliar nature to them. The whole position would be reversed were the newly-joined officer sent directly to a civil hospital and kept there doing duty for at least one year, as a junior resident medical officer. During this period he would acquire invaluable experience of the forms of disease met with in India, and when sent to a military hospital later he would not only be more capable, but he would also have already acquired interest in his work and be far more likely to utilise such material as would come under his charge.

The proposition that has been made that officers during their period of military duties should attend " post-graduate courses dealing with X ray work, bacteriology, malaria technique, serology, and tropical medicine, " and further should have *systematic access* to neighbouring station and civil hospitals, in *their leisure* hours, is unpractical. Such courses could only be arranged for successfully by the institution of an Indian Medical Staff College, a *practical necessity* not yet provided, while casual attendance on hospital practice, unaccompanied by the assumption of any practical work and individual responsibility, is of very slight educational value. A preliminary two years' civil work followed by three years' military duty would be a far better method of procuring a highly-trained medical officer at the termination of his first five years of service.

The question of post-graduate instruction can only be successfully solved by the establishment of an Indian Medical Staff College. It may be pointed out that such a college not only provides for scientific study, but also allows the heads of the service to take stock from time to time of the officers at their disposal, to become acquainted with the capabilities and individual character of every officer, and thus become enabled to make a better distribution of the officers to posts suitable to their individual attainments and personal disposition. When necessity arises to transfer specially capable men in any branch of medicine from civil to military duty, it should be possible for a highly trained physician or surgeon to be utilised as such and yet attain the same rank and receive the same pay and allowances as a purely administrative medical officer.

The scope of the work performed by the Indian Medical Service is perhaps hardly realised in India itself, and certainly not without its borders. To the service is confided :—

- (a) the medical charge of the European members of the Government and of the Indian Civil Service, also a leading part in the medical treatment of the whole Indian community ;
- (b) the inception and regulation of measures relating to the public health and sanitation of the whole country ;
- (c) the management of jails and asylums ;
- (d) the medico-legal work of the whole community ;
- (e) regimental duties and the care of the hospitals of Indian troops ;

- (f) the exertion of a certain political influence directly dependent on the close relation which medical duties establish between the officers of the service and individuals of the Indian population ;
- (g) the medical education of the country.

It may be well, in view of the present unpopularity of a service entrusted with such important duties, to first ask what position the medical service holds with regard to the executive Government of the country. The duties are second to none, so far as the well-being of the entire Indian community is concerned, yet such a thing as an Indian Medical Department cannot be said to exist. The service as a whole is represented by a Director-General with a ministerial staff, who makes indirect recommendations to a Council on which he has no seat or opportunity of refuting criticism which may be made, while his recommendations often relate to matters which it is difficult for the civilian to grasp or fully understand. Again, even in the internal management of the service something in the way of a dual control exists, as in time of war officers employed in civil work are handed over from the department and pass under the control of military officers not fully cognisant either of their professional capacity or their individual characteristics. To the outside observer, in fact, the Indian Medical Service appears to be a congregation of individuals, held together by the common tie of similar duties, but possessing no proper central administrative department to correlate and combine the various paths of work, or to which the members of the service can look to for advice, direction or support.

In England the multifarious duties fulfilled by the Indian Medical Service are controlled and directed by no less than three important bodies, the Privy Council, the Local Government Board, and the General Medical Council, a tripartite arrangement which it would be easy for the Government of India to improve upon. In India it is not easy to appreciate what obstacle can exist to the formation of a single Board to undertake the duties, and to, on the one hand, facilitate the work of the Director-General, Indian Medical Service, and on the other, control effectively the whole medical organisation of the country, including sanitation, medical research, and medical education. Such a Board should consist of both medical and civil representatives and be itself represented on the Executive Council of the country by medical and civil members.

#### ANNEXURE IV.

SPEECH BY THE HON'BLE MAJOR-GENERAL W. R. EDWARDS, C.B., C.M.G.,  
DIRECTOR-GENERAL, INDIAN MEDICAL SERVICE, IN THE IMPERIAL  
LEGISLATIVE COUNCIL, ON THE 10TH MARCH, 1919.

"SIR, my illustrious predecessor, the late Sir Pardey Lukis, when he addressed this Council two years ago, pointed out that scientific investigation and preventive medicine could never again be relegated to the background. Medical research is now admitted on all sides to be a vital part of government activities. The appalling pandemic of influenza which swept over and ravaged the whole of India has drawn attention in an acute form to the urgent necessity, not only of developing all our existing arrangements for research, but also of applying the knowledge, so acquired, by means of efficiently organized public health services. I wish to say something further on these points, but before doing so, I will give a brief review of our activities during the last two years.

"The exigencies of the war demanded the reversion of the majority of the officers of the Bacteriological Department to military duty, where they formed the major part of the staffs of the central laboratories in Mesopotamia. Those remaining in India were engaged almost entirely on war work, that is in the preparation of vaccines, intended to protect the troops, in India and overseas, from typhoid and para-typhoid fever and cholera. I am proud to be able to say that, in spite of the enormous demands for vaccines, we have been able to meet such demands without indenting on the Home authorities, and we supplied His Majesty's forces in Mesopotamia, East Africa, Egypt and Palestine, as well as in India. The Central Research Institute at Kasauli developed its vaccine production to an almost incredible extent. The yearly average before the war

was eighteen and a half thousand cubic centimeters. During the war it rose to over 2½ million cubic centimeters, and included anti-typhoid, cholera, pneumonia and influenza vaccines. From a monetary point of view alone the value of this Kasauli vaccine, for the period of the war, was about half a million sterling. In addition to turning out these vaccines, Kasauli also equipped three laboratories, two of which were sent overseas. I am sure the Council will agree with me that the greatest credit is due to Lieutenant-Colonel Harvey, Director of the Institute, and his staff, for their excellent and most successful work.

"The Bombay Bacteriological Laboratory at Parel has also enormously developed its production of vaccines, other than plague, which latter is their speciality and the manufacture of which continued. The total vaccines issued from this laboratory to the troops in India and abroad was over 1½ million doses and, in addition to this, the Director, Lieutenant-Colonel Glen Liston, from June, 1916, undertook the supervision of the bacteriological work in the base hospitals of Bombay.

"The Pasteur Institute at Kasauli also assisted in the war. For it treated no less than 2,177 soldiers sent from the war areas overseas.

"To all medical officers connected with the medical laboratories of India, and who, in consequence, were denied the privilege of proceeding on active service, I now take this opportunity of offering my thanks, for their unselfish devotion to duty and for their loyal co-operation.

"In spite of the war and the absence of so many of our officers, we have nevertheless succeeded in carrying out a considerable amount of research.

"An inquiry into diabetes was continued by Major McCay and his co-workers in Calcutta, and a series of papers which are of great scientific value are being published in the Indian Journal of Medical Research. A report has just been submitted by the same officer on the treatment of diabetes, which is also, in my opinion, of very great importance, and I propose to approach the Governing Body of the Indian Research Fund Association for funds with which to continue these investigations.

"The Research Fund has continued to finance the inquiry at Poona on the subject of plague prevention, and Dr. Chitre, under the advice of Lieutenant-Colonel Hutchinson and Major Kunhardt, has made numerous experiments concerning the best methods of rat destruction. This inquiry has yielded good results which will shortly take practical shape.

"At Karachi, Lieutenant-Colonel Greig, working under the Indian Research Fund Association, continued his valuable work on cholera carriers, and he also investigated the anti-beriberi value of certain foodstuffs. His expert advice has been of constant value both to me and to the military authorities. Recently he has submitted a most valuable paper on influenza written in collaboration with Captain Maitra. From his laboratory at Karachi we have also had valuable studies on the curative values of certain drugs, such as chenopodium oil, and thymol, used in the treatment of ankylostomiasis. These were contributed by Captain Wrench, R.A.M.C. Lieutenant-Colonel Greig has just been deputed by the Government of India to proceed with Major Norman White to the Inter-Allied Conference at Paris in connection with influenza.

"Lieutenant-Colonel McCarrison is on special duty in charge of an inquiry into beriberi, and is investigating other so called 'deficiency diseases.' A very important paper on his initial results appeared in the January number of the Indian Journal of Medical Research. Three further papers from his pen are in the press and will be published in April.

"The study of 'hookworm disease' has been pursued by Lieutenant-Colonel Clayton Lane in Bengal and by Dr. Mhaskar in Madras. The results show that the incidence of hookworm infection is in many places nearly one hundred per cent. They have further shown that this disease can, not only be cured, but even eradicated, if only the people could be sufficiently educated in sanitary matters.

"Captain Knowles, who is Director of the Pasteur Institute at Shillong, is now engaged in an investigation as to the mode of infection of kala-azar; he also is being assisted by the Indian Research Fund Association.

" Mr. Awati has continued his investigation into the bionomics of house flies and has contributed papers regarding the specific differences of the genus *musca*. This work is of much importance, as we know that the house fly is a terrible carrier of disease.

" Another insect engaging our attention is the sand-fly, and an effort is being made to discover and destroy these pests in their larval state. This investigation is being conducted by Mr. Mitter at Lahore, who has done good work in this direction.

" Sir Leonard Rogers, among other activities, continues to conduct the general direction of an inquiry into the chemistry of chaulmoogra oil and other oils found useful in the treatment of leprosy. Meanwhile, the Mission to Lepers has instituted a trial, by qualified medical men and women, into the comparative effects of drugs thus prepared. These trials are under the general advice of Sir Leonard Rogers, and the Mission is being helped financially for this purpose by the Government of India.

" There are several other lines of research in progress in India; some of them are of a highly technical nature. For example, a study is being made regarding the best constitution of media, with reference to vaccine production on a large scale. This is engaging the attention of the staff at Kasauli, who are being assisted by Dr Norris.

" Dr. Annandale has undertaken surveys in Madras, Persia, Baluchistan and North India in connection with molluscs, with reference to the possibility of the spread of bilharzia. In the Bombay Bacteriological Laboratory valuable work has been done on molluscs by Dr. Soparkar. The staff of the Bombay laboratory has also been engaged in perfecting methods for detecting typhoid carriers. Captain Malone, who has come out with an excellent reputation for research, has recently been sent to investigate influenza.

" From what I have just said I am sure that all will agree that medical research work is of the utmost importance and further that it is most necessary that we should give the inhabitants of India every chance of getting a first-class training in medical research, in India. Thanks to the energy of Sir Leonard Rogers, a school of tropical medicine, with a special hospital of its own attached to it, will shortly be opened in Calcutta, and now I have the greatest pleasure in stating that there is every prospect of another school of tropical medicine and medical research being shortly opened in Bombay. This school will be based on the splendid Parel Laboratory, which Colonel Glen Liston has by his indefatigable labours brought to such perfection. It will also have a special hospital of its own attached to it. That well-known philanthropist, Sir Dorab Tata, has by a munificent gift of a lakh a year enabled the Bombay Government to proceed with their school, which will not only be well staffed, but also have a number of valuable scholarships, including travelling ones, attached to it. We shall thus shortly have means of giving the best possible training in medical research to Indians. This will enable them to aspire, not only to professorships, but also to the winning of worldwide reputations.

" In addition to these schools it is very necessary that we should have at least two institutes of medical research. I want to see an imperial institute comprising an imperial library and bureau of medical research opened in Delhi, and another institute opened in Southern India. For the first we must depend on the Government of India, and for the second I have reason to believe that we can rely on the munificence of the Tata family, and other wealthy philanthropists of that great presidency of Bombay. I have just been asked by Sir Dorab Tata if a first-class expert could be found to visit India, at Sir Dorab's expense, to advise on this matter.

" So much for research, but it must be remembered that without a Ministry of Public Health, such as is now being instituted in Great Britain, and well organised provincial health services, the knowledge that we thus acquire cannot be efficiently applied. This at least is my private opinion. In such public health services all the officers must be responsible, not merely to the members of a municipality or district board, but through their superior officers to Government itself. It is only by means of well-paid and pensioned services that officers of public health can act efficiently, without fear or favour.

" A third factor is, however, absolutely essential to the preservation of



public health, and that is the education of the masses. Without this the best organized preventive medical service in the world must work in vain. An ignorant populace not understanding the meaning of advice, or the value of orders, will not follow the former, and will actively or passively resist the latter. District visitors and magic lantern lectures cannot do more than touch the fringe of the dense ignorance of the masses. There is only one way to remove this ignorance. The knowledge of public health, like all other knowledge, must be imparted through the schools and colleges of India; this is essential. I know the difficulty; it is first necessary to educate the teachers. Unfortunately, too, in practically every country in the world, the rulers themselves have never received any education in public health. They therefore find it difficult to believe, even now, in the absolute necessity of giving this instruction in every school throughout the land. I would indeed go further than simply teach. I would, in order to impress the vital necessity of this knowledge on the educated classes, make public health, if not a compulsory subject, at least a highly marked optional subject, in the matriculation examination of every university in India.

"To bring the immense importance of this subject home, I can say without fear of contradiction that such teaching would, alone, without a single additional doctor, or a single drug, save India hundreds of thousands of lives and millions of money every year. To substantiate this last remark of mine I would like, as time permits, to mention a few diseases concerning which every inhabitant of India should have some knowledge.

"Take first hookworm, or ankylostomiasis. This parasite affects to a greater or less extent the rural population of the whole of India, in many parts infecting as many as 90 per cent. It causes anæmia and debility, it renders the sufferers unfit for hard work and an easy prey to other diseases. The means of infection is briefly as follows. Microscopic larvæ hatch out of eggs deposited with human excrement. These larvæ, attaching themselves to the feet or legs of the next comer, penetrate the skin painlessly, get into the blood current, and so go to the lungs; from the lungs they find their way through the air passages and working up to the throat are then swallowed and thus infect the intestinal canal. This debilitating disease, so universal in India, could be eradicated by the use of properly attended latrines. It is also not a difficult disease to cure. Another disease is Guinea-worm, which in parts of India is a veritable scourge. It is propagated by minute insects (the cyclops) which act as the intermediary hosts and are swallowed with drinking water. This disease may be entirely avoided by straining all drinking water through a cloth as the Jains have been taught to do. Of course boiling the water would also make it safe to drink. Then again take malaria itself. How many villagers know that this disease cannot be contracted except through the bite of an infected mosquito, and that the systematic use of mosquito nets and surface drainage would make an enormous difference in its incidence.

"Cholera, dysentery and typhoid are diseases due to germs derived solely from human excrement. These diseases can only be contracted by drinking water which has been fouled by such excrement or by taking contaminated food or milk. Flies which have been feeding on human excrement are the usual source of food contamination. These germs are killed by a temperature of 140°, and therefore by eating only freshly cooked food with clean hands and drinking only hot fluids you can live without danger in the midst of an epidemic of cholera. Typhus again, which has recently ravaged the United Provinces, is spread by lice and can be avoided by cleanliness.

"That terrible scourge bubonic plague is contracted from the bite of an infected rat flea. Obviously the way to eradicate it is to keep rats out of houses and grain stores, and to destroy them as far as possible. During an epidemic keeping the skin oiled will probably prevent a flea biting. Lastly, take tuberculosis. The knowledge we have of this worldwide disease, if acted on, would make an enormous difference in its incidence and so save untold misery and innumerable lives.

"I think I have said enough to show that, if the knowledge of even these few diseases alone was systematically imparted in every school throughout the land, the effect would be of enormous benefit to the entire population of India.



With regard to influenza we have, I regret to say, much to learn. The latest researches go to prove that we have not yet even discovered the germ, which is undoubtedly ultra-microscopic and filter passing. This and many other diseases call for and are receiving close investigation.

"I trust that I have not wearied the Council and that I have said enough to convince everyone of the immense importance of medical research, preventive medicine and the education of the whole people of India in public health measures."

#### ANNEXURE V.

##### PROPOSALS FOR EQUALIZING THE SENIORITY OF OFFICERS OF THE INDIAN MEDICAL CORPS.

IN transferring officers from the Royal Army Medical Corps to the Indian Medical Corps, it is essential to maintain equality between officers of the two services. We suggest that any officer of the Royal Army Medical Corps who transfers to the Indian Medical Corps should be placed in the list of the latter corps exactly as if he had joined the Indian Medical Service originally, dating his seniority in that list according to the length of his service. In those cases in which two corresponding batches of Royal Army Medical Corps and Indian Medical Service officers have different dates of first commission, we propose that, for purposes of seniority, it be assumed that each officer has the Indian Medical Service dates of first commission as lieutenant, promotion to captain, and promotion to major.

As regards the position of each officer in his respective batch, some difficulty is experienced, and there are two possible solutions of the problem: (1) to place each Royal Army Medical Corps officer at the top of the batch, because he originally belonged to the senior service; and (2) to place him at the bottom of the batch, as he is transferring from one service to another at his own option.

No difficulty need be experienced over the question of six months accelerated promotion given for study leave, as all officers transferred would come under the same rules, and if they had not already had any opportunity of taking study leave they would in course of time qualify exactly as Indian Medical Service officers do at present.

The real difficulty lies in arranging equitably the transfer of the Royal Army Medical Corps officers who have been granted the rank of lieutenant-colonel when they had not completed 20 years total service. It is obvious that if these officers are permitted to transfer to the unified service, they will supersede, by virtue of their rank, Indian Medical Service officers who do not receive promotion to lieutenant-colonel until they have completed 20 years service. The difficulty is a serious one and can only be overcome by the arbitrary expedient of placing the Royal Army Medical Corps officers in the unified list assuming them to be majors. Although we think that this should be their position as regards seniority in the Indian Medical Corps list, yet we cannot ask officers who have been granted the rank of lieutenant-colonel to revert to that of major. We therefore propose that they should retain this rank, but be regarded for all purposes of pay, position and seniority in the unified list according to their length of total service, that is, to say, although they are lieutenant-colonels, they would be paid according to the time scale of pay laid down for the Indian Medical Service. This procedure partakes of the same nature (but reversed) as the late practice in the Royal Army Medical Corps by which an officer who had completed 20 years service, but for whom there was no vacancy in the establishment of lieutenant-colonels, was paid as a lieutenant-colonel although he still was a major. Lieutenant-colonels who voluntarily transfer to the Indian Medical Corps will obtain the benefits of an Indian pension. This may be considered as a set off to the loss of pay entailed by their being treated as majors until they have completed 20 years service. Such difficulties that arise through the difference in army rank will have to be surmounted by careful postings of officers. The difficulty will not last for more than 3 or 4 years at the longest, as officers of the Royal Army Medical Corps who would transfer have over 16 or 17 years service.

Officers of the Royal Army Medical Corps who have been superseded or passed over for promotion to the rank of lieutenant-colonel should certainly not be allowed to transfer.

The problem is however so difficult that it seems probable that, if equal treatment is to be secured, each individual case will have to be considered on its merits.

## ANNEXURE VI.

### PROPOSED ORGANIZATION OF THE INDIAN MEDICAL CORPS DEPOT, TRAINING SCHOOL AND RECORD OFFICE, AND SKELETON SYLLABUS OF INSTRUCTION.

#### L—ORGANIZATION.

##### A.—*Commandant and Staff*:—

Commandant—Colonel—graded as an Assistant Director, Medical Services.

Second-in-Command (who will also be Chief Instructor).

##### British.

Adjutant  
Quartermaster  
Regimental sergeant-major  
Quartermaster sergeant

##### Indian.

Jemadar Adjutant.  
Jemadar Quartermaster.  
Regimental havildar-major.  
Quartermaster havildar.

Orderly room clerks.

##### B.—*Depot Staff*:—

Officers Commanding Companies and Platoons (who will also act as Officer Instructors).

##### British.

Company sergeant-majors  
Sergeants  
Corporals  
Lance-corporals  
Buglers

##### Indian.

Company havildar-majors.  
Havildars.  
Naiks.  
Lance-naiks.  
Buglers.

##### C.—*Instructional Staff*:—

Officer Instructors (company and platoon commanders—see under B above).

Assistant Instructors (assistant surgeons and sub-assistant surgeons).

Non-commissioned officers (British and Indian).

Instructor in equitation (not necessarily a whole-time appointment).

##### D.—*Record Office*:—

Officer-in-charge of records.

Assistant to the officer-in-charge.

Staff of clerks.

#### II.—SKELETON SYLLABUS OF INSTRUCTION.

##### A.—*Officers*:—

1. Indian army organization.
2. Elementary principles of Indian military law.
3. Discipline.
4. Caste and racial differences of Indians.
5. Military hygiene and sanitation as applicable to India, in both peace and war.

**B.—Assistant surgeons and sub-assistant surgeons :—**

As above\*, with the addition of the following :—

1. Drill and physical training.
2. First aid.
3. Equitation and stable management.
4. Field service training.
5. Care and custody of medical mobilization stores and equipment.
6. Duties in military hospitals.
7. Principles of sick nursing.

**C.—Other ranks :—**

On first entering the depot every recruit should receive primary instruction in his vernacular and in English to the extent considered necessary in each individual case. (If subsidiary depots are established this instruction would be given there.) Concurrently with the above there should be instruction in drill and physical training. During this period of preliminary training each man's individual capacity should be watched, so that on its completion he may be drafted to specialized training in accordance with his aptitude. The specialized training should be under four heads :—

**I.—Nursing—including—**

1. First aid.
2. Duties in wards, as laid down in appendix 2; Standing Orders for the Royal Army Medical Corps, modified to suit the intelligence of the men.
3. Massage.
4. Duties of attendants in skiagraphy and electro-therapeutical departments.
5. Duties of operating room attendants.

**II.—Clerical.**—General duties in connection with accounts, correspondence, completion of forms, etc.

**III.—Store Keeping.**—1. Care and custody of stores.  
2. Quality of supplies.  
3. Preparation of store returns and connected forms,  
etc.

**IV.—Ambulance.**— 1. First aid.  
2. Stretcher drill including ambulance transport, and improvisation, etc.

**ANNEXURE VII****EXAMINATION PROPOSED FOR CANDIDATES FOR THE INDIAN MEDICAL CORPS.**

| I. Written papers—                               | Marks. |
|--|--------|
| 1. Surgery—General                               | 100    |
| 2. Surgical Anatomy                              | 50     |
| 3. Medicine—General (including therapeutics)     | 100    |
| 4. Obstetrics—Midwifery and diseases of children | 100    |
| 5. Bacteriology and Pathology                    | 100    |
| <br>   |        |
| II. <i>Viva Voce</i> and practical—              |        |
| 1. Clinical Surgery                              | 100    |
| 2. Surgical Pathology with specimens             | 100    |
| 3. Operative Surgery and Surgical Anatomy        | 100    |
| 4. Clinical Medicine                             | 100    |
| 5. Medical Pathology with specimens              | 100    |
| 6. Gynaecology                                   | 100    |
| 7. Midwifery and Instruments                     | 100    |
| 8. Bacteriology and Pathology                    | 100    |

\* *NOTE.*—It is realized that the instruction in caste and racial differences of Indians need not be complete for these classes as for officers.

## ANNEXURE VIII.

## ORGANIZATION OF THE INDIAN MEDICAL CORPS.

The organization of the proposed Indian Medical Corps must provide for all the needs of British and Indian station hospitals as regards personnel. It should, therefore, consist of the following categories :—

1. Officers.
2. Assistant medical officers.
3. Sub-assistant surgeons.
4. Other ranks :—
  - (a) Nursing section.
  - (b) Clerical section.
  - (c) Ambulance section.
  - (d) Storekeeping section.
  - (e) General section.

The sections must be divided into two classes, British and Indian, as will be explained hereafter, in order to provide for the different needs of British and Indian hospitals.

**Officers.**

2. The cadre of officers of the corps should be calculated as follows :—

- |   |   |  |
|---|---|--|
| <ol style="list-style-type: none"> <li>(1) Actual military peace requirements including those on study duty.</li> <li>(2) Leave and casualty reserve.</li> <li>(3) Ordinary reserve for the army.</li> <li>(4) Special reserve, consisting of officers in civil employment who are considered as normally lost to the military side.</li> </ol> | } | <p>These officers will be in military employment.</p> <p>These officers will be in civil employment.</p> |
|---|---|--|

The actual strength of the Indian Medical Corps, under (1), should be calculated at 3 per mille for both British and Indian troops and followers, the strength for study duty being taken at 4 per cent of officers in addition. The strength under (2) should be 25 per cent of (1). It is impossible for us to suggest any figures for (3) and (4) as they will depend entirely on the numbers considered necessary, (a) to bring the army up to its highest expansion on mobilization for all ordinary wars or expeditions, and (b) in the event of a grave national emergency. The numbers under (1) and (2), above, do not include officers of the administrative grades. The number of the latter must obviously be determined by the future organization and geographical distribution of the army in India. The officers under (3) are included in the cadre of the Indian Medical Corps, but those under (4) should be considered as supernumerary to it.

**Assistant medical officers.**

3. It has been suggested in the main body of the report that the status of the present military assistant surgeons should be considerably improved, and that in future they should be employed solely on professional duties, and not as at present. As this will involve an improvement, not only in their qualifications, but also in their status, we consider that their cadre will bear reduction. It is impossible to say at what figure their future cadre should be fixed, but, assuming that their value will be doubled, we are of opinion that a cadre of some 200, in place of the 400 odd at present in military employ, should prove sufficient. As these men will now be highly trained doctors we consider that they can be employed in lieu of commissioned medical officers, and that the strength calculated for (1), above, can be correspondingly reduced.

**Military sub-assistant surgeons.**

4. The conditions of service of this class have recently been much improved. In order to increase their military value we would give them a course of training, when they join, at the proposed depot and school.

**Other ranks.**

5. These five sections of the corps will consist of all ranks up to warrant officer, or, as may be found necessary in the case of Indian ranks, up to Indian officer.

6. These sections should be divided into two classes, British and Indian. The British division should be recruited from the Anglo-Indian community and should be trained in the duties pertaining to the sections, at the proposed corps depot and school. In addition there should be a skeleton cadre of volunteers from the Royal Army Medical Corps, in order to provide, at any rate in the early existence of the corps, an element of trained and disciplined men. There is under the consideration of Government a scheme for the formation of an Indian Hospital Corps. From details of this scheme which we have seen we consider that no difficulty should be experienced in incorporating it into our proposed Indian Medical Corps.

**Nursing,  
clerical and  
storekeeping  
sections.**

7. This section must consist entirely of Indians.

**Ambulance  
section.  
General  
section.**

8. This will also consist entirely of Indians, and will include those of trade designations, such as dhobies, barbers, cooks, water carriers and sweepers.

Should it be desirable to employ members of the Anglo-Indian community as cooks in British station hospitals, a special section will have to be formed for this purpose.

9. For the officer personnel of the Indian Medical Corps the conditions of entrance and promotion should be on the same basis as those of the Royal Army Medical Corps, including selection for promotion to the rank of lieutenant-colonel to fill an establishment. We may here explain that our 4 per cent for study duty has been provided in order that every officer of the Indian Medical Corps may, between the seventh and tenth year of his service, undergo the post-graduate course at the Royal Army Medical College in England.

**Conditions  
of service—  
officers.**

It is recommended that, as all officers are not desirous of becoming purely administrative officers, each, on attaining the rank of lieutenant-colonel, should decide on one or other of the following careers :—

(a) military administration,

(b) specialists, namely, consulting surgeons and physicians to the army, or

(c) permanent civil employment.

In (a) officers will be eligible for promotion to the highest ranks and, after being selected for the rank of lieutenant-colonel, should be required to undergo a special course at a staff college, either Quetta or Camberley.

In (b) they will be promoted to fill a cadre of specialists and consultants, the numbers being decided later. They will not be promoted beyond the rank of colonel, but will be eligible for such administrative extra pensions as may be admissible from time to time in that rank.

The cadre for (c) has been dealt with in the main body of the report, but we would here emphasise that no officer after promotion to the rank of lieutenant-colonel should be considered eligible for transfer from military to civil employment, or *vice versa*; in other words, that on promotion to that rank every officer must select definitely for one or other branch of medical employment.

10. It is proposed that, on first arrival in India, after undergoing the courses at Millbank and the Royal Army Medical Corps Depot, which a young officer of the Indian Medical Service has now to undergo, the young officer of the Indian Medical Corps should proceed to the proposed depot and school, where he would receive further instruction, an outline of which will be found in annexure VI. After this he should undergo a course of training in tropical medicine, as indicated in paragraph 46 of our report.

**Training of  
officers.**

11. The future status of the military assistant surgeon, the proposed designation for whom is assistant medical officer, will be so changed that it will be necessary to draw up entirely new conditions of service. We would suggest that this can best be done in consultation with the heads of the medical colleges.

**Assistant  
medical  
officers—  
conditions of  
service.**

12. On leaving his medical college the assistant medical officer should proceed to the Indian Medical Corps Depot and School for a course of training analogous to that of the commissioned medical officer.

**Assistant  
medical  
officers—  
training.**

Other ranks—  
conditions of  
service.

13. As regards the Indian ranks of the corps, we understand that this question has already been fully examined. The conditions of service of the proposed skeleton cadre of the Royal Army Medical Corps, other ranks, must of necessity be considered in consultation with the War Office. Those of the Anglo-Indian community present many difficulties and we suggest that they be further considered, if and when the general scheme is accepted.

Other ranks—  
training.

14. We have indicated, in our annexure dealing with the formation of the proposed school and depot, the courses of training which these other ranks should undergo.

Governance.

15. The military side of the Indian Medical Corps, the constitution of which is outlined above, should be administered by the Commander-in-Chief in India, through the Director of Medical Services, who should in future be selected from the corps. In order to provide for the selection of the fittest officers for promotion, and to fill the various military appointments, we would suggest that a selection board be established. The Director of Medical Services, the head of the Civil Medical Service, and the Sanitary Commissioner with the Government of India should be *ex-officio* members of this board. With them would be co-opted, as occasion required, the surgeons-general with the major provincial governments and the Deputy Directors of Medical Services.

Dental  
service.

16. It is also considered desirable to have a cadre of dental surgeons and assistants, attached to the military side of the Indian Medical Corps. They should be recruited in the United Kingdom by the Secretary of State, and should be eligible for promotion up to the rank of lieutenant-colonel on a time scale. The terms of service, pay, etc., can only be decided by the Secretary of State in consultation with the British Dental Association.

## ANNEXURE IX.

### REPORT OF THE SUB-COMMITTEE APPOINTED TO EXAMINE THE QUESTION OF THE RE-ORGANISATION OF THE GOVERNMENT MEDICAL STORE DEPARTMENT.

History of the  
Department.

In the year 1894 all government medical store depots in India were first brought under the control of the Government of India in the Military Department and directly under the administration of the Surgeon-General with the Government of India (subsequently Director-General, Indian Medical Service), Surgeons-General with the Governments of Bombay and Madras acting under instructions from the Surgeon-General with the Government of India in respect of all matters connected with the management of the medical store depots at Bombay, Madras and Rangoon.

In Military Department letter no. 3991-D., dated the 14th August, 1896, it was decided that the surgeons-general with the governments of Madras and Bombay should cease to have any connection with the management of the medical store depots at Madras, Rangoon and Bombay subject to the conditions that (a) the surgeons-general, Madras and Bombay, should retain the right to correspond direct with the medical storekeepers at Madras, Bombay and Rangoon, regarding matters connected with the issue of drugs and stores to civil charges under the control of the surgeons-general, and (b) that the present interests and rights enjoyed by the civil department in the supply of stores etc., should be maintained.

So far as is known no modification of these orders has been made and they are still in force.

From 1896 to 1910 the work of the Medical Store Department progressively increased and, in the latter year, the Government of India sanctioned a conference of medical storekeepers with a view to drawing up a scheme embodying various proposals for improvement in the working of the department.

This conference drew up and submitted to Government a report containing various proposals, but certain of these proposals had, for various reasons, not been carried into effect up to August 1914. The strain suddenly thrown on the

ill-equipped and understaffed Medical Store Department from the date of the outbreak of war was enormous, and the manner in which demands were met, and the work carried out, without a breakdown, reflects the greatest credit on the departmental staff.

Following the cessation of hostilities the Director-General, Indian Medical Service, considering that it was not in the best interests of Government that this large and important department should continue to work under difficulties due chiefly to inadequate staff and accommodation, proposed to Government that Lieutenant-Colonels Shaarp and Ross should visit each depot in turn, ascertaining the views of medical storekeepers on various administrative questions with a view to framing proposals for the re-organization of the department.

The Government of India agreed to this proposal, but considered that the enquiry came within the scope of the Medical Services Committee, and that Lieutenant-Colonels Shaarp and Ross should be appointed as a sub-committee with a view to their drawing up a scheme of reorganization for the consideration of the Medical Services Committee.

The sub-committee visited the various depots on the following dates :—

|          |                          |
|----------|--------------------------|
| Lahore   | ... 6th to 8th February. |
| Calcutta | ... 3rd to 7th March.    |
| Madras   | ... 10th to 14th March.  |
| Bombay   | ... 17th to 22nd March.  |

The Medical Services Committee visited the depot at Calcutta on 3rd March, Madras on 10th March, Bombay on 19th March.

Time did not permit of a visit to the Rangoon depot.

2. The Director-General, Indian Medical Service is, in conjunction with the Director, Medical Services in India, responsible to the Government of India in the Army Department, for the equipment and supply of all military medical stores, and with the Quartermaster-General in India for military veterinary stores. In addition he is responsible for the supply of medical stores to Government and Government aided institutions (both medical and veterinary) on the civil side. Since the outbreak of war, the supply of artificial limbs to disabled soldiers, dental equipment to army dentists throughout India, and the equipment of orthopaedic institutions has also devolved on the Medical Store Department.

**Functions of  
the Medical  
Store  
Department.**

He also, at the request of other Government departments, assists in procuring or manufacturing, a great variety of articles urgently required for war purposes, which cannot, strictly speaking, be adjudged as coming under 'medical supplies.'

The stores required are obtained :—

- (1) By importation through the India Office.
- (2) From other Government departments, such as the Supply and Transport Corps, Military Works Department, Revenue and Agriculture Department, etc.
- (3) By purchase from business firms and contractors in India.
- (4) By manufacture at Medical Store Depots.

For storage, manufacture and distribution there are five Government Medical Store Depots, viz., Calcutta, Lahore Cantonment, Madras, Bombay and Rangoon, under the control of the Director-General, Indian Medical Service; of these, the depots at Lahore Cantonment, Madras and Bombay are manufacturing, as well as supply depots, those at Calcutta and Rangoon being mainly supply depots.

The Medical Store Department also undertakes the repair of surgical instruments, etc., returned by both civil and military institutions.

Prior to the outbreak of war, it was manufacturing pharmaceutical preparations to a considerable extent, and the fact that it was in a position to do so was of material assistance in meeting the greatly increased demands, not only from military hospitals in India, but from overseas forces.

Prior to the arrival of a British base depot of medical stores at Bombay in January, 1917, the Medical Store Department was responsible for the supply of all the medical and surgical stores required by the army in Mesopotamia; it still continues largely to supplement the requirements of this depot, in addition

to supplying all articles coming under the heading of Indian pattern field medical equipment. It has equipped all general hospitals, field ambulances, clearing and stationary hospitals, advanced depots of medical stores, and sanitary sections to meet the demands both for the army in India and for overseas forces, as from time to time required by the military authorities.

Owing to freight difficulties and in order to relieve strain on home resources, every endeavour has been made to develop the manufacture of medical requirements from Indian sources. It was recognised that many articles formerly imported could, and should, be manufactured in India.

**Present accommodation provided for medical store depots.**

3. *Lahore.*—The depot, situated in the centre of the cantonment, is located in a series of old bungalows enclosed by a wall, which have, from time to time, been supplemented by minor additions. The sub-committee are of opinion that the present buildings are most unsuitable and inadequate. Owing to lack of accommodation the compound of the depot is, of necessity, littered with valuable stock thus causing considerable loss, both from breakage and deterioration, as well as increasing enormously the daily work of the depot and rendering impossible a true, or even approximately true, verification of the stock. Owing to the fact that Lahore Cantonment will, in the future, become a large military supply base and that any frontier expedition will largely depend on it for supplies, the Medical Store Depot at Lahore will increase rather than diminish in importance. The location of two base depots of medical stores containing about 4000 packages at the Lahore depot has lately been decided upon.

We are of opinion that the erection of a new depot on modern lines on a new site is most necessary as it would undoubtedly result in the work being performed with greater efficiency and expedition, also greatly simplifying verification of stock, reducing losses from deterioration of stores, allowing for future expansion, and minimizing risk from fire.

*Calcutta.*—The depot is well housed and ample accommodation is available.

*Madras.*—This depot is accommodated in buildings formerly occupied by the Madras Gun Carriage Factory.

Ample space for expansion is available and with the exception of altering existing buildings to permit of expansion of the laboratory, and the provision of suitable accommodation for the analytical chemist to carry out research work, little in the way of new buildings will be required.

The godowns in which bulk dressings are stored are overcrowded. This can, however, be remedied by closing in the verandahs by 'expanded metal.' The medical storekeeper has been asked to submit his proposals.

*Bombay.*—It has, for a considerable time, been recognised by Government that complete reconstruction of this depot is necessary, and His Excellency the Commander-in-Chief, in January, 1917, issued instructions that the work was to be expedited in every way possible.

Since that date only one double-storeyed building has been erected and, at the time of our visit, work on the other buildings had not even been commenced.

It is most essential that this work should be completed at as early a date as possible, more particularly the construction of the proposed large three-storeyed block.

The present buildings are overcrowded and most unsuitable and it is with the greatest difficulty that the work of the depot is being carried out.

When No. 11 Base Depot Medical Stores is closed, presumably in the near future, it is probable that the Medical Store Depot, Bombay, will supply both the civil and military requirements of Mesopotamia.

**Establishment.**

4. *General.*—The establishment now employed has been sanctioned from time to time to meet the individual requirements of each depot. There is thus no uniformity, or interchange of staff between the various depots; each has its own promotion list and promotion is usually given by virtue of seniority and not necessarily according to merit.

The system does not commend itself and we suggest that all depot establishments (with the exception of menial establishment) should be borne on an all-India cadre subject to transfer from one depot to any other.



*Controlling Establishment.*—Each depot is in charge of an Indian Medical Service officer who is known as the Medical Storekeeper to Government. These are whole time appointments at the Medical Store Depots at Bombay, Madras, Calcutta and Lahore, the Rangoon depot being a collateral charge usually held by an Indian Medical Service officer on military duty in Rangoon.

The name Medical Storekeeper appears a misnomer and should, it is thought, be altered to Officer-in-charge, Medical Store Depot.

It is customary for officers once selected as medical storekeepers to remain in the Department throughout the greater part of their service. The cadre at present consists of four permanent appointments, no provision having apparently been considered necessary to provide either for leave, furlough or casualty vacancies. The duties, always extremely arduous, are becoming progressively more so, and these officers have to work continuously in such enervating climates as Madras, Bombay and Calcutta.

During the war 3 out of the 4 permanent medical storekeepers have been obliged to take sick leave for considerable periods, their places being filled by assistant surgeons owing to no trained reserve being available. It is obviously undesirable false economy to continue working with an undermanned cadre and medical storekeepers should be encouraged to take a reasonable amount of furlough.

5. Owing to the increase during the war in the work of medical storekeepers both in complexity and extent, it was found necessary to create temporary appointments as Deputy Medical Storekeepers at Madras and Bombay. The sub-committee consider that these appointments should be made permanent, as at these depots it is quite impossible for one man, no matter how energetic and hardworking, to carry out efficiently the manifold duties involved.

In addition, a junior Indian Medical Service officer should be permanently appointed as deputy medical storekeeper to the Lahore depot which will shortly include the Quetta division in its circle of supply. His duty would primarily be the charge of the mobilization reserves including the regular turnover of stocks in the two base depots of medical stores which will be located there; he would in addition assist in the general work of the depot which has become too great to be efficiently carried out by one man.

If it is decided to adopt the name Officer-in-charge, Medical Store Depot, in place of that of Medical Storekeeper to Government, Deputy Medical Storekeepers will be known as Assistants to Officers-in-charge, Medical Store Depots.

For the appointment of deputy medical storekeeper young Indian Medical Service officers of from 5 to 8 years service should be selected.

A deputy medical storekeeper must elect to serve in the Department for a minimum period of 3 years at the end of which time he will, if the Director-General considers him suitable, be asked whether he desires to be appointed permanently to the department. Once permanently appointed he will not be permitted to revert to other duty, except at the discretion of the Director-General.

The cadre of officers would thus consist of :—

|                                    |     |     |       |     |   |
|------------------------------------|-----|-----|-------|-----|---|
| Medical Storekeepers               | ... | ... | ...   | ... | 4 |
| Deputy Medical Storekeepers        | ... | ... | ...   | ... | 3 |
|                                    |     |     | Total | ... | 7 |
| Add for leave and casualty reserve | ... | ... | ...   | ... | 2 |
|                                    |     |     | Total | ... | 9 |

6. The pay drawn by medical storekeepers was fixed in Military Department notification no. 132, dated the 17th February, 1905. Three of the four permanent appointments are now held by senior lieutenant-colonels all of whom have served for many years in this department. Candidates are not forthcoming and, at the moment, there is only one suitable officer on the waiting list.

The reasons for the present undoubted unpopularity of service in this department are manifold, a few of the most important being that these officers

are underpaid and are required to live in expensive presidency towns, they are deprived of all opportunities of private practice, the work is of an extremely arduous and harassing nature and it is impossible for them to keep up their professional knowledge as medical men. It is extremely unlikely and will probably become more so in the future, that medical storekeepers can ever attain to administrative rank. With the increased attractions for senior officers offered by the station hospital system it will be more difficult than ever to get officers for these posts unless the emoluments are made sufficiently large to attract candidates.

In suggesting revised rates of pay and allowances the best basis to go on will be to take the case of each appointment separately, it being assumed that medical storekeepers will benefit in common with the rest of the service in the increased rate of pay lately sanctioned by the Secretary of State.

*Bombay.*—This is a large manufacturing depot which, owing to its geographical situation, will continue to be a most responsible and onerous charge.

The cost of living at Bombay has, of late years, increased to such an extent that the present pay is inadequate; house rents have gone up enormously and it is at present impossible to obtain even a small flat at a lower rental than Rs. 250 to 300 per mensem. Owing to the location of the depot at Byculla it is necessary for the medical storekeeper to live either on Malabar Hill, or in the Fort, and he is forced to maintain a motor car for the efficient performance of his duties. To obviate these disadvantages we suggest that the Medical Storekeeper, Bombay, should continue to draw his present staff pay at the rate of Rs. 500 per mensem and that this staff pay should be drawn irrespective of rank as the responsibilities are similar for all holders of the appointment. He should receive an additional Rs. 100 per mensem, manufacturing depot allowance.

The Medical Storekeeper, Bombay, does not come within the Bombay House Allowance Scheme *vide* Appendix XIII Army Regulations, India, volume I, although the appointment is a permanent military one; he should be allotted Government quarters at the usual rates or admitted to the Bombay House Allowance Scheme. To compensate the medical storekeeper for being debarred from private practice a local allowance of Rs. 200 per mensem should be granted.

*Madras.*—This is the largest manufacturing depot.

The cost of living at Madras is not nearly so high as at Bombay but the duties are equally arduous. It is suggested that the pay of this appointment should be fixed at grade pay *plus* present staff pay of Rs. 500 per mensem *plus* Rs. 100 manufacturing depot allowance *plus* Rs. 200 per mensem local allowance in lieu of private practice.

*Calcutta.*— { The pay of these appointments should be grade pay *plus*  
*Lahore.*— { present staff pay of Rs. 500 per mensem *plus* Rs. 200 per  
mensem local allowance in lieu of private practice.

The extra expense of living in Calcutta is to a large extent compensated by the existence of Government quarters for the medical storekeeper.

Pay of deputy  
medical  
storekeepers.

7. The pay of deputy medical storekeeper should be the pay of rank for officers in military employ now under consideration *plus* Rs. 200 staff pay rising to Rs. 400 per mensem after five years service in the department. In the case of Bombay, he should either be allotted Government quarters at the usual rates or admitted to the Bombay House Allowance Scheme.

Subordinate  
establishment.

8. The cadre at present consists of 9 military assistant surgeons—3 each at Madras and Bombay, 1 each at Calcutta, Lahore and Rangoon.

At each depot the senior military assistant surgeon is placed in sub-charge of the depot and at the large manufacturing depots at Madras and Bombay an assistant surgeon acts as superintendent of the laboratory and another as superintendent in charge of the surgical instruments and appliances sections.

The duties carried out by military assistant surgeons attached to medical store depots are of a technical nature and a course of training in these duties is necessary to render them efficient.

At present owing to their being no leave reserve an inexperienced man is brought in to fill leave vacancies. This does not tend to efficiency and we urge the advisability of adding an additional appointment to permit of one assistant surgeon always being on leave. This would bring the strength of the cadre of military assistant surgeons to 10.

9. The present rates of allowances as laid down in Army Regulations, India, volume I; paragraph 398, are considered inadequate. Pay of military assistant surgeons attached to medical store depots.

The same arguments as those noted in the case of medical storekeepers apply, to a minor degree, in the case of these men. Their duties are of a responsible nature for which men of integrity are necessary. They are debarred from civil employment thus foregoing all chance of private practice. Furthermore, on retirement, they are no longer competent to add to their pensions by doing professional work.

Recruitment should only be made from the ranks of fourth class assistant surgeons as it is most advisable that men should be trained in their early years of service.

We recommend the abolition of the present allowances laid down in Army Regulations, India, volume, I, paragraph 398, and the substitution of the following inclusive allowances irrespective of the duties performed.

|  | Pay.<br>Rs. | Allowances.<br>Rs.   |
|--|-------------|----------------------|
| 4th class assistant surgeon  | 100         | plus 100 per mensem. |
| 4th class assistant surgeon after 5 years in the Medical Store Department. | 100         | plus 125 per mensem. |
| 3rd class assistant surgeon after 7 years in the department.               | 150         | plus 125 per mensem. |
| 3rd class assistant surgeon after 10 years in the department.              | 150         | plus 150 per mensem. |
| 2nd class assistant surgeon after 12 years in the department.              | 200         | plus 150 per mensem. |
| 2nd class assistant surgeon after 15 years in the department.              | 200         | plus 175 per mensem. |
| 1st class assistant surgeon after 19 years in the department.              | 250         | plus 175 per mensem. |

any of the above when acting as manager plus 50.

Permanent manager—pay of rank plus 250.

In addition they should be entitled, as at present, to free quarters (or house allowance in lieu).

Assistant surgeons should be on probation for two years after joining the department, at the expiry of which, if considered suitable, they should elect to remain permanently in the Medical Store Department.

10. Military sub-assistant surgeons are employed as stock holders at the smaller depots. In view of the fact that they are employed in stations where the cost of living is high and that they are, from the nature of their duties, debarred from any opportunity of private practice, we consider that the present allowance, viz., 25 per cent of grade pay, should be abolished and in its place substituted an allowance of Rs 40 per mensem for all ranks. Military sub-assistant surgeons.

11. This consists of (a) clerical (b) depot establishment and (c) laboratory establishment. Superior establishment.

As regards these establishments, no two depots are alike either in rates of pay, personnel or designation. In the case of each depot extra establishment has been entertained as required to meet increasing work and many of the present appointments are temporary, sanctioned only for the duration of the war. There is, in our opinion, no doubt that these establishments are both understaffed and underpaid, and that the administration of the department is considerably handicapped by these conditions. We have already suggested the advisability of having an all-India cadre, and, if this principle is accepted, detailed suggestions regarding the establishments to be entertained, including a reserve for purposes of furlough and leave, with proposed rates of pay, will be submitted for the consideration of Government by the Director-General, Indian Medical Service. This however will involve considerable work,

necessitating frequent references to the various medical storekeepers, and cannot, owing to lack of time, be embodied in the present report. We would point out, however, that certain proposals which we are submitting aim at effecting a considerable reduction in labour both in the clerical and depot work, and that the question of the strength of the establishment required will largely depend on whether these proposals are accepted or not. If the principle of having the superior establishment brought on to an all India cadre is accepted, all such establishment will be placed on equal rates of pay according to grade, and prospects will be improved by the grant of local allowances. As regards the designation of the various employees all depots should be the same. Establishments already engaged will be given the option of accepting service under the all-India cadre scheme.

**Menial staff.**

12. The adequacy or otherwise of the menial staff need not be brought within the scope of this report. Medical storekeepers will be asked to submit proposals which, when received, will be submitted to Government for sanction.

The menial staff need not be brought under an all-India cadre.

**Depot assistants (compounders).**

13. We consider it necessary to draw attention to the class of man employed as depot assistants (compounders). The duties consist in the retail issue of drugs, which in many instances are extremely valuable and poisonous. The rates of pay range from Rs. 15 to Rs. 40 per mensem.

The men are recruited from the more intelligent cooly boys, who have acquired a very haphazard smattering of English, in order that they may be able to decipher the printed labels, etc., handed to them. With this very moderate mental equipment these men are expected to be able to issue in retail preparations which are frequently poisonous. It appears quite unnecessary to emphasize the danger of this practice, and we consider that provision should be made for adequately trained men on suitable rates of pay. It is quite possible that the variation from book balances which are discovered at the daily and annual verifications of stock are largely due to the inaccuracy of these untrained men.

In order to ensure efficiency, all compounders employed should have passed the provincial examination for compounders employed under the civil department, and no promotion should be made until candidates have passed the examination prescribed for their contemporaries in ordinary civil employ.

We suggest three grades--

3rd grade compounders on Rs. 30 per mensem.

2nd grade compounders on Rs. 40 per mensem.

1st grade compounders on Rs. 50 per mensem.

In the case of Bombay a local allowance of Rs. 10 per mensem should be sanctioned in each grade.

It will not be necessary to include compounders on an all-India cadre and they should in future be classed as "compounders" and not as "depot assistants".

**Scope of work undertaken by medical store depots.**

14. (a) *Military*.—The Medical Store Department is normally responsible for the supply of all medical stores both to military medical and veterinary institutions of the army in India, as well as for the equipment of all field medical and veterinary units. Medical stores are also supplied to vessels of the British Navy in Indian waters as well as to the Royal Indian Marine. During the war the work increased enormously owing to the fact that the department had to meet very large unanticipated demands from overseas forces, in addition to undertaking supplies to army dental surgeons throughout India, the manufacture of artificial limbs, orthopaedic appliances, etc. Military charges indent annually for their requirements basing their demands on the scales authorised in Army Tables, Medical, for non-expendible stores, expendible stores being demanded on an "as required" scale. We found that much unnecessary work is being thrown on the Medical Store Department owing to the great number of emergent indents submitted by military hospitals.

The fact that many hundreds of emergent indents from military hospitals are submitted annually appears to shew, not only that military medical officers do not exercise sufficient care in the preparation of their annual indents, but

that Army Tables, Medical, are in urgent need of revision. Certain articles are being continually demanded in excess of authorised scale, and in such cases these scales should be revised so as to obviate the necessity for the submission of so large a number of emergent indents. If the military medical authorities instructed officers commanding military hospitals that this frequent submission of emergent indents means bad hospital administration, much will have been done towards reducing the work now being thrown on the Medical Store Department. M.-1216, Military Annual Indent Form, does not correspond with Army Tables, Medical, and should be made to do so.

Unauthorised articles are frequently demanded in annual indents for military hospitals and almost invariably passed for supply by the administrative medical officers concerned. This necessitates careful check of all military medical indents at medical store depots to ascertain if unauthorised demands are included and whether authorised stores are demanded in the authorised quantities as laid down at the end of paragraph 178, Army Regulations, India, volume II. It is considered that such check should be carried out in the office of the military administrative officer who should alone be held responsible for demands made.

When unauthorised articles are required, their supply should either be authorised by the Director, Medical Services in India, or he should delegate such authority to military administrative officers.

We suggest that the ruling referred to should be made applicable to officers countersigning such indents, thereby greatly decreasing the work now thrown on medical storekeepers.

If these suggestions are accepted the medical storekeeper would simply comply with all demands received without being held responsible for check, thus considerably reducing his work, speeding up compliance with indents, and freeing him from criticism as to delay which is now so often made.

(b) *Civil. (1).*—Although prior to the war a very large number of Government civil medical institutions indented on the Medical Store Department for articles included in the Depot Equipment List many institutions preferred to indent either on the Director General of Stores, India Office, London, direct, or on private firms in England. In 1917 the Government of India, Indian Munitions Board, drew attention to this fact and asked the Director-General, Indian Medical Service, whether it would not be possible for the Medical Store Department to undertake the supply of such stores as are normally stocked at medical store depots to all Government civil hospitals, medical colleges, Government schools, museums and similar institutions; also whether he would agree to include in the Depot Equipment List articles, not already in the list, for which a continued demand exists.

Following this reference orders were issued by the Government of India, Indian Munitions Board, *vide* their letter no. P.-44, dated the 26th February 1918, (enclosure no. 1) in which all the above classes of institutions were instructed to indent on the Medical Store Department with a view to obviating the waste of money and labour involved in piece-meal purchasing by the India Office. There can be no doubt that the introduction of this very necessary order will effect a considerable saving to Government, as, not only will it permit of wholesale, instead of piece-meal, purchasing by the India Office at correspondingly lower rates, but in many cases civil institutions will, from a monetary point of view, benefit considerably by purchasing drugs which are now being manufactured at medical store depots from indigenous products at prices much lower than those at which firms at home can possibly supply them.

There are grave indications that local governments are not altogether satisfied with their dealings with medical store depots, the chief complaint made by most of the witnesses summoned before the Medical Services Committee, being of undue delay in compliance with demands. A general speeding up of the depot work is undoubtedly desirable, and this is an administrative question which must be carefully examined by the Director-General, Indian Medical Service. In fairness to the department, however, it is pointed out that this delay is largely due to the chronic condition of overwork at all depots, owing chiefly to inadequately paid and undermanned staffs, also to lack of

sufficient suitable storage accommodation, and in addition to the fact that indents are frequently submitted which have been carelessly drawn up necessitating careful check at the depots.

The time taken by the India Office in complying with demands submitted in annual indents appears unduly long, supplies, on occasions, not being received in India within a year after date of submission. Such long delays should not occur and the India Office should be asked to endeavour to comply more rapidly with demands.

Civil hospitals are supposed to submit indents on due dates, but, in practice, they frequently fail to do so. This naturally results in delay in compliance as the depots are, on occasions, unable to deal with all the indents received as rapidly as is desirable. Every civil hospital is notified as to the date on which its annual indent should be sent in and administrative medical officers should be asked to issue strict injunctions to civil surgeons that failure to despatch their indents on due dates will be considered as reflecting on their administration.

(2) *Municipal and District Board Dispensaries.*—The Government Medical Store Department supplies the great majority of these institutions throughout the Madras and Bombay presidencies. In these presidencies this concession was continued when, in the year 1894, the administrative control of provincial depots was taken over by the military department, and it is considered by the local governments in question as a vested right, any attempt to do away with which would undoubtedly be strongly opposed. No attempt therefore should be made to discontinue the supply of medical stores to municipal and district board dispensaries in the Madras or Bombay presidencies. These institutions throughout India are, in most cases partly financed by means of Government grants-in-aid, and it is beyond question that the present practice of purchase, either through travelling agents, or direct from private firms in India, is an extravagant one and frequently involves the purchase of inferior drugs, a most grave danger and one which cannot be obviated until a Drugs Adulteration Act has been introduced into India.

Owing to war conditions the purchase in India of considerable quantities of medical stores by the Government Medical Store Department proved necessary and it was in many cases found that even firms which were generally considered reputable were not above supplying drugs of inferior quality.

The experience gained in the last few years goes to prove that municipal and district board dispensaries, which purchase in the market in India in preference to availing themselves of the concession of obtaining supplies from the Government Medical Store Department, not only pay very much higher rates for their requirements but, in many cases, obtain drugs of poor quality. As most of these institutions are assisted by Government grants-in-aid it follows that Government money is being wasted by this practice at the expense of the general public.

The Medical Store Department has at present as much work as can be carried out without considerable expansion and, all things considered, we do not think it advisable to press for any extension in the direction of supplying these State-aided institutions.

Apart from the question of overburdening the depots, opposition is to be expected from the trade, and it is desirable that private enterprise should be encouraged and that there should be additional sources of supply available in times of emergency. Until, however, a Drugs Act is brought into force in India the quality of drugs in the bazaar will continue to be below the standard required. We strongly urge therefore that a Drugs Act should be brought into force as soon as possible.

It should continue optional for district board and municipal dispensaries as to whether they obtain their supplies from the Medical Store Department or by purchase in the open market.

(3) *Native States.*—A few Native States are being supplied and many others would undoubtedly welcome the concession of being permitted to obtain supplies from the Government Medical Store Department, but extension in this direction would interfere with the interests of private firms and tend to retard

development of the drug industry in India. It is therefore thought that any extension in this direction is inadvisable.

(4) *Mission Hospitals*.—A certain number of these institutions in the Madras and Bombay presidencies are, on the recommendation of the local surgeons-general, supplied by the Government Medical Store Department.

It should not be forgotten that these institutions relieve Government of a large amount of its responsibility for the medical treatment of people often in otherwise inaccessible areas, and it seems reasonable that they be permitted to share the advantage as to economy, etc., which would result from their being permitted to indent regularly upon the Government Medical Store Department.

Owing to the present high cost of drugs, etc., which makes it difficult for missionaries to obtain their requirements in the open market while working within their budget allotments, and the difficulty of obtaining many drugs at the present time, a number of requests have been received asking for permission to obtain their requirements from the Government Medical Store Department.

If the concession of being permitted to deal with Government depots was extended to mission hospitals it would be greatly appreciated.

(5) *Supply to medical institutions independent of Government*.—With a view to lightening the work of the Government Medical Store Department it was decided in Home Department resolution no. <sup>5. Medical</sup> <sub>360-369</sub>, dated the 11th

June, 1888, that medical institutions independent of Government should no longer have the privilege of indenting on the Government Medical Store Department. In Government of India, Home Department (Medical) resolution, no. 380-393, dated 26th March, 1898, it was considered advisable, owing to the receipt of numerous applications from non-Government medical institutions asking for exemption from this ruling, to reconsider the above order, and it was decided that, subject to certain conditions, local governments and administrations should be empowered to authorise any medical institutions within their respective jurisdictions to obtain their supplies of medicines, etc., from the Government Medical Store Department.

We are aware that the Government of India (Home Department) in its letter no. 361-369, dated the 4th May 1912, decided on the continuance of the arrangement under which non-Government institutions and private bodies were allowed this privilege, but we consider that the question should be reviewed in the light of the recommendations made in the report of the Indian Industrial Commission, and that in view of the necessity of encouraging private enterprise and manufacture in India, the continuance of this practice is not advisable; we therefore suggest that no medical institution financially independent of Government should be allowed to indent on the Government Medical Store Department for their supplies of drugs, etc.

15. Although, prior to 1914, the Medical Store Department was manufacturing many pharmaceutical preparations on a considerable scale the strain of war led to a great development in the utilization of Indian resources. It was recognised that many articles formerly imported could, and should, be manufactured in India from indigenous products. Analytical chemists were engaged and are working at the manufacturing depots at Bombay and Madras and many preparations are being manufactured at these depots from indigenous raw materials which were, before the war, imported from home.

Every effort has been made to develop the manufacture of surgical dressings at the depots and, at the same time, to encourage reliable private firms to extend their output in this direction.

The Medical Store Department is a very large purchaser of surgical instruments and appliances, of which an important source of supply for many years has been the workshops at the Medical Store Depot, Bombay. Part of these premises has been handed over to a private concern which has established in it a factory that provides a considerable portion of the requirements of the Department. It employs several hundred workmen who have been trained to manufacture and repair instruments and appliances and the articles turned out are of excellent workmanship and finish, comparing favourably with similar



articles manufactured by the best known surgical instrument makers at home, both in quality and price. War demands have led to many new developments including the manufacture of shaped artificial limbs and orthopaedic appliances.

The question of ascertaining what raw materials are, or can be, made available in India and the best methods of obtaining supplies, both for immediate requirements and with a view to future developments, has been a subject of close investigation for some time. It is an undoubted fact that up to now the indigenous resources of India have not been utilized to anything like the extent possible. The practice, prior to war, was to purchase in England through the medium of the India Office not only manufactured drugs, but also most of the raw materials required for the manufacture of pharmaceutical products, many of which raw materials had actually been exported to England from India.

The general investigation as to the possibilities of obtaining Indian grown products has for some time been carefully gone into by the Director-General, Indian Medical Service, who in December, 1917, drew up and submitted a note to the Revenue and Agriculture Department pointing out the desirability of actively taking up the question of the organized cultivation of medicinal trees and plants. It has been decided that this question will come within the scope of a Drugs Manufacture Committee with the Director-General, Indian Medical Service, as President.

So far, the information available merely, as it were, touches the fringe of possibilities, and, owing to the almost complete lack of data in the form of any up-to-date literature or reliable information on the subject, the problem is an extremely difficult one.

Many of the medicinal plants required grow wild in the Indian forests and owing to the hitherto small demands are classified as minor forest produce, and no special attention appears to have been paid to them nor does there exist, as far as is known, any effective organization for collection. Within the last few years a considerable advance has been made in utilizing resources, and medicinal plants are now being grown in various parts of India for supply to the Medical Store Department. Much remains to be done, as many other valuable medicinal plants are known to grow wild in large quantities in the Indian forests, but until an organized survey is undertaken the problem of collection and utilization of these products cannot be satisfactorily solved. In order to demonstrate the great advance in the manufacture of drugs which has taken place in the laboratories of the Medical Store Department within the last few years we attach a list (enclosure no. 2) shewing the more important drugs, etc., of which the total requirements of Government are now being manufactured.

The necessity of encouraging, in every way possible, the manufacture of drugs in India so as to render the country, as self-supporting as possible, has been fully recognised, but a considerable amount of research investigation will be necessary before private enterprise can be expected to capitalize the drug industry on a commercial scale.

The Indian Industrial Commission in their report advocate the establishment by Government of "Pioneer" or "Demonstration" factories with a view to the inception by Government of industries on a small commercial scale in order to ascertain and overcome the initial difficulties, and discover if the industry can be worked at a profit.

In dealing with drugs the question of quality is so important that it is essential that Government should not discontinue any manufacture until reliable commercial firms have proved that they can manufacture drugs of the necessary quality on a sufficiently large scale as to render it absolutely certain that Government will be able to obtain all its requirements without difficulty and at prices comparing favourably with Government cost production. It has unfortunately, up-to-now, frequently been the experience of the Medical Store Department in dealing with firms in India that the difference between samples submitted and actual supplies subsequently delivered is liable to be considerable and much time must elapse before it will be possible to close down, or limit the scope of, our manufacturing laboratories at Madras and Bombay. These laboratories are already established and in full working order with up-to-



date machinery. Their output, already large, should be increased by the addition of an extra staff of permanent research chemists.

Extra machinery is required and proposals for this will, it is understood, shortly be submitted to Government by the Director General, Indian Medical Service.

They can be utilized as "Demonstration Factories" for educational purposes serving as schools for training Indian chemists. Commercial firms desirous of taking up drug manufacture would be advised to send men possessing a knowledge of chemistry for training under expert guidance in the processes of manufacture.

At the present time drugs and pharmaceutical preparations are being manufactured at three medical store depots, *viz.*, Madras, Bombay and Lahore, the laboratories at the two former places are very large that at Lahore being a small one poorly equipped with machinery. We are of opinion that the maintenance of this small laboratory at Lahore is both a waste of time and money. One power-driven tablet making machine, which we saw is obviously far beyond the necessities of Lahore and would be far more usefully employed in increasing the output of a large depot where it would be regularly, instead of spasmodically, used. The services of the pharmaceutical chemist now employed at Lahore, would be utilized to greater advantage if working with others similarly employed than in carrying out routine details.

We therefore recommend the closing down of the laboratory at Lahore, the establishment and equipment being transferred to Bombay with the exception of the pharmaceutical chemist who would be transferred to Madras.

16. In order to carry out the research work required to develop drug manufacture with a view to making India self-supporting, the services of highly qualified research chemists are necessary. In Europe the value of scientists in industrial work is being increasingly recognised with the inevitable result of raising their remuneration. India cannot afford to have second-rate men in her technical services, and in order to obtain the best she must be prepared to offer adequate inducements. **Research chemists.**

At the present time Captain MacCulloch, late Royal Field Artillery, who was temporarily attached as analytical chemist to the Madras depot, on 27th April, 1917, as a war measure, is the only chemist employed possessing the necessary higher qualifications. This officer before the war was employed at Edinburgh as a research chemist under the Medical Research Committee to investigate the chemical side of bacteriological problems under Professor Ritchie of Edinburgh University. On the outbreak of war his services were utilized for research work on the high explosive, tri-nitro-toluene. He is a M. A., B. Sc. (honours) of Edinburgh University and an associate of the Institute of Chemistry. The investigations into the possibilities of drug manufacture from indigenous products carried out by this officer during the past two years have led to the manufacture of many drugs and chemicals not previously manufactured in India.

We are strongly convinced of the advisability of the services of such analytical chemists being obtained permanently for research work under the Medical Store Department and suggest the following terms as regards the future recruitment and service of research chemists employed under the Government Medical Store Department:—

Pay on joining the department at the rate of Rs. 600 per mensem rising to Rs. 1,400 by annual increments of Rs. 50, pensionable on the completion of 20 years service. Leave and furlough to be based on the rules laid down in Civil Service Regulations for gazetted officers.

In view of the great importance of the research work to be undertaken, we would press strongly on Government the advisability of sanctioning the permanent employment, in addition to Captain MacCulloch (assuming that he will be retained in the department) of a well-qualified research chemist for the Bombay depot. These officers to come under any house allowance schemes ruling at Madras and Bombay.

The advisability of these research chemists being eventually absorbed into the Indian Chemical Service suggested by the Indian Industrial Commission, remaining seconded for employment in the Medical Store Department and being eligible for higher appointments in that service can be considered at a later date when the Indian Chemical Service has come into being.

We have reason to believe that an enquiry into the financial working of the Government medical store depot laboratories would now show a profit to Government of several lakhs of rupees annually after payment of all charges.

pharmaceuti-  
cal chemist.

17. In addition to the above superior appointments we suggest that Private J. E. Bowen, now temporarily employed as pharmaceutical chemist in the laboratory at the Bombay medical store depot, be permanently engaged as pharmaceutical chemist at Bombay. Private Bowen, a member of the Pharmaceutical Society, came out to India in the Royal Army Medical Corps, and has been employed at the Medical Store Depot, Bombay, since May, 1917. The work which he has carried out while so employed has been most valuable and the retention of his services is desirable.

He has practical experience of the work required, having, before the war, been employed under a well known firm of manufacturing chemists in England. We suggest the following terms as regards his engagement :—

- (a) Pay Rs. 450—20—850 per mensem.
- (b) That for purposes of leave, furlough, and pension he should be under the Civil Service Regulations.
- (c) That during the period of his service he be granted two passages to England and back and a free passage on the termination of his contract.
- (d) That contribution by him towards a general provident fund be obligatory.
- (e) Engagement in England.—(1) That upon his discharge from military service he be engaged by the Secretary of State, if found to be physically fit, at as early a date as possible and sent out to India on a free passage.  
(2) That his Indian service and Indian rates of pay count from the date of his embarkation for India.
- (f) Termination of service.—(1) That his first appointment be probationary for one year.  
(2) After being confirmed, his services should be liable to termination on six clear calendar months' notice on either side.

assistant  
chemists.

18. In addition to the above we consider the employment of assistant chemists desirable. These would be recruited as required from Indians, who have had a scientific training in India.

We suggest two grades :—

2nd grade on pay Rs. 75—5—150 per mensem.

1st grade on pay Rs. 150—10—300 per mensem.

renovation  
of depots.

19. During our visit to the various medical store depots we were impressed with the fact that much of the work being carried out could either be simplified or done away with as not necessary, and with this in view we make the following suggestions.

reparation  
of home in-  
vents.

20. At the present time the annual home indent is priced by the medical storekeeper who prepares it, the prices being obtained from the home invoices. The latter are sent out by the India Office to the Senior Controller of Military Supply Accounts who, after noting the prices, proceeds to circulate them to the various depots. As each depot in turn has to copy out each invoice, the process of complete circulation may frequently take as long as two years. As there is a constant succession of home invoices with varying prices it follows that, at the time of the submission of the home indent, each depot has different rates available, with the resultant anomaly of an instrument for the Bombay depot being priced at possibly double the cost of an exactly similar instrument required for the Madras depot. This absurdity has, of course, been emphasised by war conditions, but inquiry would doubtless prove that similar instances could be found to have occurred before the war.

We strongly urge, therefore, that the Director-General, Indian Medical Service; who consolidates the home indent, should in future alone be responsible for its pricing, and that duplicate copies of the home invoices when despatched to the Senior Controller should be sent direct by the India Office, to his office. The centralization of this laborious work would relieve medical storekeepers of a large amount of work which, as now carried out, is entirely valueless owing to its inaccuracy.

The prices entered in the printed copies of the consolidated home indent, circulated to medical storekeepers from the Director-General's office, should form a sufficient guide to them when making local emergent purchases or for any estimate purposes.

The adoption of this suggestion has been approved of both by all medical storekeepers and the Senior Controller of Military Supply Accounts.

21. If the suggestion that the pricing of home indents will in future be carried out in the office of the Director-General, Indian Medical Service, is adopted, it naturally follows that the home estimates will be drawn up entirely by that office. **Home estimates.**

It would also considerably reduce the work at medical store depots if, in future, the office of the Director-General carried out the compilation of statements concerning all depots, as well as furnishing information asked for regarding the pricing of field equipment and furnishing estimates as to the cost of equipment required for both military and civil hospitals, and the preparation of estimates for new schemes.

22. As regards stocks to be held at medical store depots, in view of the extension indicated in Government of India, Indian Munitions Board, letter no. P.-44, dated the 26th February, 1918 (enclosure no. 1), we consider that no reduction should be made in the present practice of basing demands for non-perishable articles on a three years established proportion. We consider that any reduction would be unsafe, as in actual practice, there is rarely, if ever, more than a two years stock actually in the depots, and this three years stock of non-perishable articles is thought to be the irreducible minimum required as the margin of safety in the event of war. **Stocks of Europe stor to be held at medical stor depots.**

As regards perishable articles, demands should be based on an 18 months established proportion, but in the case of articles subject to rapid deterioration in India, such as bleaching powder, rubber gloves, rubber tubing, etc, arrangements should be made with the India Office to send out in monthly or quarterly consignments as demanded in the home indent.

In calculating the established proportion, abnormal expenditure of any articles in any one year should be carefully considered, by the medical storekeepers in working out the required quantity, and it should also be taken into account whether such abnormal expenditure represents actual issues to charges or includes transfer to other depots. Such should not be taken into account if unlikely to recur.

23. When a medical storekeeper indents on another depot to replenish stock the present procedure is to submit monthly a consolidated indent to the office of the Director-General, Indian Medical Service, for countersignature. **Inter-depot indents.**

This does not appear to serve any useful purpose, and it is thought that the signature of medical storekeepers is sufficient, a copy of such indents being however submitted quarterly by both indenting and supplying officers to the office of the Director-General for scrutiny.

The submission of vouchers for the Director-General's countersignature in the case of transfer of articles from quick to dead stock is also considered unnecessary and should be abolished.

24. There seem to be a large number of local forms in use which have been adopted to suit the convenience of each separate depot. This system is undesirable and standard forms should be drawn up by the Director-General, Indian Medical Service, in consultation with medical storekeepers for use in all depots. **Registers as forms.**

**Disposal of  
obsolete  
stores.**

25. A list showing stocks of obsolete articles should be submitted annually, on June 1st, by medical storekeepers to the office of the Director-General who will issue instructions as to their disposal.

**Disposal of  
surplus  
Europe stores.**

26. On the receipt of the home indent from medical store depots, the office of the Director-General, will arrange for the transference of stocks shown to be surplus to other depots, a corresponding reduction being made in the home indents of the depots in question. This procedure will lead to a reduction in the work at medical store depots and prevent accumulation of stocks. Any stores remaining surplus after the transfers proposed, should be intimated annually to other medical store depots by medical storekeepers in order that they may be brought into consumption as soon as possible.

**Revision of the  
equipment list  
for medical  
store depots.**

27. The last revision of this list was carried out in 1915 and it is in urgent need of a further complete revision throughout. The absence of an up-to-date list must increase the work and correspondence of medical storekeepers very considerably. The present list should be scrutinized as regards sections 1 to 8 by acknowledged authorities in medicine, surgery, veterinary science, bacteriology, etc., with the object of obtaining suggestions for the exclusion of articles considered out of date or unnecessary and the inclusion of new articles likely to be useful.

It will be necessary for the actual work of compilation to be carried out in the office of the Director-General, Indian Medical Service. It will greatly assist in carrying out future revisions if military and civil administrative officers were instructed to submit annually a statement of such additions or deletions as they think desirable.

**Proposed  
alteration in  
the present  
system of  
placing  
contracts for  
local supplies.**

28. The present system is not satisfactory. Too great an interval elapses between calling for tenders and the actual allotment of contracts. Owing to the limited financial powers which medical storekeepers possess for the purchase of articles of local produce it has been necessary to include in the schedules a large number of items required in trivial quantities.

Much of the labour associated with the placing of contracts would disappear if medical storekeepers were granted moderate powers of purchasing Indian products.

The following illustrates the unnecessary elaboration of the present system.

The current year's requirement of cassia pulp for the Lahore depot was 10 lbs. at a total cost of Re. 1 annas 9.

To comply with the regulations in force the medical storekeeper had to include this item in his annual contract schedule ; otherwise he would have had to obtain the sanction of the Director-General to the purchase.

A large number of similar trivial orders are invariably included in the contract schedule which is submitted to the office of the Director-General for scrutiny and sanction. From a scrutiny of this year's contract schedule of the Lahore depot we found that 142 out of 192 items might be said to be of a trivial nature.

With a view to the elimination of what appears to be unnecessary work, we suggest the grant to medical storekeepers of contractual powers to purchase any article of local supply required (a) for depot use, (b) for laboratory use, or (c) for stock, up to a limit of Rs. 1,000 per annum in the case of any one article, and that the financial power of the Director-General, Indian Medical Service, be increased from Rs. 2,500 to Rs. 5,000 as in the case of divisional commanders, thus obviating unnecessary references to Government.

Again, the present system of calling for tenders in the month of October for contracts to supply in the ensuing financial year beginning from the 1st April means that tenderers have to forecast market prices a very long period ahead, with the result that, if the market price rises to any appreciable extent, contractors are unable to supply at tendered rates except at a loss and applications are received for enhancement of rates.

This unsatisfactory state of affairs will be largely remedied if our suggestion above is accepted, as the period elapsing between calling for tenders and their acceptance must be greatly reduced, owing to the fact that they have not to be referred to the office of the Director-General. An exception should be

made in the case of articles, the rates of supply of which are dependent largely on seasonal crops; tenders for the supply of such should be called for at the most suitable time.

29. The abolition of this depot was recommended in the report of the conference of medical storekeepers held in October 1910; medical stores to be supplied to charges direct from the Madras depot.

Abolition of the Rangoon medical store depot.

We agree that Madras should supply the Rangoon depot but consider that the proposal to abolish the latter is not a well-advised one.

During the war, sea communication between Madras and Burma was at one time non-existent for months at a time, and, during the whole period of the war, ships sailed only at very irregular intervals.

Again Burma is a rapidly developing province and the number of medical institutions is increasing.

It is thought that considerable practical difficulties and delays would arise in supplying medical charges direct from Madras, which would only be partly obviated even if stores were sent through the medium of a local agent for Government consignments at Rangoon.

30. We would draw attention to the anomaly of the rules laid down in paragraph 122, volume I, Army Regulations, India, with regard to the leave rules for medical storekeepers. We consider that, as the Medical Store Department is a military department, medical storekeepers should be subject to military leave rules regardless of the rules, military or civil, under which they were serving at the time of their transfer to the Medical Store Department.

Leave rules for medical storekeepers.

31. With reference to appendix, II, volume III, Army Regulations, India, we do not understand why no charge is made against the civil department for the repair of surgical instruments. We are of opinion that a charge should be made for such repairs, the percentage of cost being calculated in the same way as for the issue of drugs etc.

Repair of surgical instruments.

32. At the present time there are two systems of stock-taking in force in medical store depots, namely, annual and daily. The annual stock-taking requires that the medical store depot shall be closed for all, except emergent, work for one month, namely, March, during the year. We have been told by all medical storekeepers that this closure involves no increase of work, but we are entirely at a loss to understand how such an opinion can be expressed when it obviously means that the work of twelve months has to be compressed into eleven. While we admit that this annual stock-taking may be of value as regards costly or poisonous drugs, we fail to see that the advantage gained by this dislocation of work in a store depot in ascertaining the actual balances of such items as feeding cups, urinals etc, is commensurate.

Verification of stocks.

The daily verification is carried out by means of a clerk whose sole duty it is to ascertain balances, or reputed balances, of articles in the store. He works straight through a list and it is thus perfectly easy for any stock-holder by means of simple calculation to arrange that the balances of items which he knows will be shortly checked are correct. Were the system carried out by means of a surprise verification we could understand its value, but under the present arrangement it seems entirely unnecessary and a waste of establishment.

When in Calcutta we discussed this question of stock-taking and verification at some length with the Senior Controller of Military Supply Accounts. The Controller is in favour of discontinuance of the daily verification of non-expendible articles, the stock-holder being held responsible for deficiencies. He considers that a daily verification of expendible articles, *i.e.* drugs etc., should be carried out as a surprise verification by an officer, namely, the medical storekeeper or his deputy, this verification being so arranged that each item is checked once in three years. The Controller further considers that the annual stock-taking may be abolished, subject to the condition that any balance may be examined and verified at the time of the inspection of the depot by the local auditor. In addition to the above there is a verification which is carried out annually during two days by a senior Indian Medical Service officer, who is deputed specially for this duty. We fail to see the value of this further verification and recommend its immediate abolition.

We must admit that the medical store-keepers are, in the main, opposed to any variation of the present system, but it seems to us that the system of accounts at present in force in medical store depots is very largely the cause of the view that the present system must be continued.

**Ledger system.**

33. The present system of ledger posting in the depots seems to lead to a great waste of time in the preparation of the ledgers for the quarter during which they are to be used. These ledgers are written in duplicate by means of carbon paper, one of which is sent to the Controller for audit the other being retained in the depot for record purposes. As the circulation of the vouchers for stores being issued takes some time it is frequently a week or more before an issue is recorded in the ledger; even then it is recorded without showing the day on which the stores were actually issued. It is obvious, therefore, that this system of ledger posting renders it practically impossible for a correct balance of any item in the depot to be struck at any given moment. We therefore fail to see how the system of verification and stock-taking to which we have referred above can be of any value when it is impossible to ascertain actual balances.

By the courtesy of the Director, Royal Indian Marine, we were permitted to examine the system of storekeeping and ledger posting in force in the Marine Store Dockyard, Bombay. We append a note by Captain Constable, the marine storekeeper, as to the system there employed (enclosure no. 3), and are of opinion that this should be adapted to the Medical Store Department, retaining its essential features. We understand that this system has now been in force in the marine dockyard for the past year or more, and is about to be introduced into the dockyard at Kidderpore, Calcutta. We think that this would be an opportunity for an experimental trial of the system at the Medical Store Depot in Calcutta, where the storage accommodation available is such as to make it most readily applicable. We admit that the marine system requires special arrangements as regards storage, but with the alterations in the accommodation now in progress at the medical store depots we cannot see that this difficulty is insuperable. We may add that this method of storekeeping and ledger posting was discussed with the Senior Controller of Military Supply Accounts, who expressed himself as being entirely in favour of it.

**Cost accounts.**

34. The system of cost accounting at present in force in medical store depots appears to be unnecessarily elaborate. This has already been recognised by the Senior Controller of Military Supply Accounts, and he has put forward certain proposals for their simplification. We append a copy of Colonel Hudson's note on this subject (Enclosure no. 4), and are entirely in accord with him, as also we understand the medical storekeepers to be, and recommend that the system advocated therein should be adopted as soon as practicable.

We may add that the medical storekeeper, Madras, has suggested that the only system which would remove the present difficulties in matters of accounts which are experienced by medical storekeepers would be by the introduction of an accounting section detailed by the Senior Controller of Military Supply Accounts, to be attached to manufacturing depots. The inherent difficulties and possibilities of collusion, were such a system to be adopted, are to us so obvious as to make the suggestion not worthy of further consideration.

**Percentages added to cost prices in the case of issues to the civil department.**

35. In our examination of past budget figures relating to medical store depots we have found that in some years the cost of administration has been reduced or entirely wiped out, and possibly even a surplus realised, owing apparently to large receipts as profit from issues made to civil institutions. This is apparently the result of the present system of adding percentages on an arbitrary basis to the original cost of the articles. While admitting that this arbitrary percentage is necessary for the simplification of accounts, we consider that in practice they would appear to have been fixed at too high a level. We therefore recommend that the whole system of percentages for freight, packing, handling, etc., should be reviewed by the Senior Controller of Military Supply Accounts.

**Standing Orders for Medical Store Depots.**

36. The manual, Standing Orders for Medical Store Depots in India, has not been revised since 1911. An entire re-compilation is necessary and will best be carried out when decisions have been arrived at regarding the various proposals formulated in this scheme.

## Enclosure No. 1.

LETTER NO. P.-44, DATED THE 26TH FEBRUARY, 1918, FROM THE SECRETARY, INDIAN MUNITIONS BOARD, GOVERNMENT OF INDIA, TO ALL LOCAL GOVERNMENTS AND ADMINISTRATIONS.

It has been brought to the notice of the Government of India that a large number of indents necessitating many small purchases are sent to the Director-General of Stores, India Office, London, every year from civil hospitals, medical colleges, Government schools and museums, and similar institutions. Although the demands from these departments are small in total value, they usually consist of many items which, under the present system, have to be purchased piecemeal. Practically all of the indents ask for small quantities of various descriptions of medicines, chemicals, surgical and scientific instruments and apparatus and accessories such as operation gloves, bottles, and specimen jars.

2. With the object of obviating the waste in money and labour involved in such repeated purchases, the Government of India have decided, with the approval of His Majesty's Secretary of State for India, that such medical stores and scientific apparatus as are on the Equipment List required by the institutions in question should, in future, be obtained from the Medical Store Depots at Bombay, Calcutta, Madras, Lahore and Rangoon, at each of which large stocks are maintained which are replenished from the bulk supplies demanded in the consolidated indents of the Medical Department.

3. There is no objection to indents being sent, as before, on the Director-General of Stores in respect of articles of a character not ordinarily stocked in the Medical Depots, but the Government of India will be glad to consider the question of the inclusion in the Equipment List of articles not already in the List for which a continued demand exists.

4. With regard to chemicals and scientific instruments which are of minor importance, or of stereotyped pattern, and which it is not considered desirable to include in the list, I am to invite attention to the resolution of the Government of India in the Indian Munitions Board, No. P.-44, dated the 26th February 1918, which authorises the direct purchase of such articles.

5. I am to request that, with the permission of His Excellency the Governor in Council His Honour the Lieutenant-Governor (in Council), necessary instructions on the subject may be issued to the authorities concerned.

Copy forwarded to the Home Department, with the request that the Director-General, Indian Medical Service, may be instructed to issue the necessary instructions on the subject to the Medical Storekeepers.

## Enclosure No. 2.

LIST OF ARTICLES, WHICH WERE PREVIOUS TO THE WAR IMPORTED, NOW BEING MANUFACTURED IN THE GOVERNMENT MEDICAL STORE DEPOTS.

1. Absolute alcohol, from rectified spirit.
2. Aloes preparations, from Indian grown aloes.
3. Amylum B. P. (starch), from rice.
4. Anti-fly spray.
5. Argenti nitras induratus—made from argenti nitras crystals obtained from the Gujrat chemical works.
6. Bamber oil—an insecticide oil.
7. Belladonna preparations, from Indian grown belladonna.
8. Borated talc powder.

cl68ad

9. Calcium carbonate precipitated, B. P., from calcium chloride and sodium carbonate.
10. Calcium sulphide solution.
11. Citric acid and citrates, from Indian limes.
12. Colloodium flexile—made from cotton, nitric acid, sulphuric acid, Canada balsam and oleum ricini, all of which are made in India.
13. Creta preparata, B. P., from a very pure limestone obtained in the Madras presidency.
14. Digitalis preparations, formerly manufactured from imported leaves, now manufactured from Indian leaves.
15. Electuary, cough (veterinary).
16. Extractum cascaræ sagradæ liquidum, made from pulvis cascaræ sagradæ and alcohol 90 per cent.
17. Extractum glycyrrhizæ liquidum, made from glycyrrhiza radix, Indian grown, and alcohol 90 per cent.
18. Extractum hyoseyami from hyoseyamus leaves obtained from the Government botanical gardens, Saharanpur, and from alcohol, 90 per cent, obtained from the Anmedabad distillery.
19. Ferrous sulphate, from iron filings (foundry waste) and sulphuric acid.
20. Fly oil (veterinary).
21. Keating's powder, an insecticide substitute for.
22. Liquor bismuthi et ammonii citratis—made from bismuth sub-nitrate, potassium citrate, potassium carbonate, nitric acid, and liquor ammoniæ.
23. Lysol, from cresol.
24. Magnesii carbonas levis, B. P., from magnesii sulphas made in India from crude magnesite and sulphuric acid.
25. Mannite, from manna grown in India.
26. N. C. F. powder (made from naphthaline, creosote, and iodoform).
27. Nux vomica preparations, from the Indian seeds.
28. Oleum anethi, from dill seeds.
29. „ crotonis, from croton seeds.
30. „ santali, from sandal wood.
31. „ anisi, from aniseed.
32. „ myristicæ, from nutmegs.
33. „ cedri, from shavings from the Madras Pencil Factory.
34. „ caryophylli, from cloves.
35. „ theobromatis, from cocoa beans.
36. Oxymel scillæ from acetum scillæ and honey, both obtained locally in India.
37. Paper, litmus, prepared from litmus, alcohol 90 per cent, hydrochloric acid and filtering paper; all except litmus are obtained locally.
38. Potassium carbonate, B. P., from nitre obtained as a soil efflorescence in India.
39. Sinclair's glue—a substitute for adhesive plaster.
40. Sapo mollis, B. P., from ground nut oil and caustic potash.
41. Sodium carbonate, B. P., made from soda ash, and used in the preparation of Benedict's solution which now replaces Fehling's solution.



42. Sodium chloride, chemically pure—the magnesium sulphate present is precipitated by barium chloride made from barytes obtained in abundance and in excellent quality in the Madras presidency.

43. Sodium nitrate.

44. Sodium phosphate, calcium phosphate and phosphoric acid, from char dust.

45. Sodii sulphas exsiccatus made from crude sodium sulphate—a bye-product from soda water factories.

46. Syrupus ferri phosphatis co.—made from iron wire, concentrated phosphoric acid precipitated calcium carbonate, potassium bicarbonate, sodium phosphate, coccus, sugar and glucose. The iron wire, calcium carbonate and sugar are obtained locally.

47. Talc, prepared from a suitable steatite obtained in abundance in the Madras presidency.

48. Talcum purificatum—a purified form of French chalk.

49. Tannic acid from divi divi and myrabolams—both Indian grown.

50. Thymol, B. P., from Indian ajwan seeds.

### Enclosure No. 3.

#### NOTE ON METHOD OF STOREKEEPING FOLLOWED IN THE STORE DEPARTMENT, ROYAL INDIAN MARINE DOCKYARD, BOMBAY.

The store is divided into sub-heads, *i.e.* "A" comprises timber, "B" iron-mongery, "C" coal, etc. Each sub-head is in charge of a conductor assisted by a sub-conductor, storehousemen, and store lascars. General.

2. For every article in the Store there is a bin ledger for recording receipts, issues and the balance. Every article has a pattern number allotted to it, and when referring to an article it is usual to quote the pattern number with the full description of the article. The bin ledgers also show the ledger folio number of the main ledger (see remarks against main ledgers). Bin ledgers.

3. These are maintained in the Marine Store Office according to sub-heads by a separate staff named the Ledger Section. To each sheet of the ledger is allotted a folio number. Main ledgers.

4. Stores required by ships and outside Government departments are demanded from the Store Department on indent form in triplicate. Stores required by the manufacturing departments of the dockyard are demanded on demand note form. On receipt indents and demand notes are registered in the Marine Store Office and sent to the conductor concerned for compliance. Simultaneously with the issue of stores the relative indents and demand notes are completed by the conductor with details showing actual quantities issued and the ledger folio number is inserted. Indents and demand notes.

The vouchers are then stamped "Issued" and date of issue shown with conductor's signature. When stores are drawn at Bombay, receipt for them is passed on the indent or demand note by the officer drawing the stores.

The vouchers are then disposed of as follows:—

#### (a) For stores issued at Bombay.

##### INDENTS—

|   |   |        |                          |
|---|---|--------|--------------------------|
| Original ...  | } To be sent to office                      | ... .. | } Disposal by conductor. |
| Duplicate ...   |   |        |                          |
| Triplicate ...  | To be made over to party drawing stores ... |        |                          |
| (1) Original to be sent to the Chief Accountant for rating and transmission to the Controller of Marine Accounts. | }   |        | Disposal by office.      |
| (2) Duplicate to be sent to ledger section at once  | }   |        |                          |

*(b) For stores despatched to outstations.*

- |  |                            |                          |   |
|--|----------------------------|--------------------------|---|
| Original ...   | } To be sent to office ... | } Disposal by conductor. |   |
| Duplicate ...  |                            |                          | } Original to be enfaced "Shipping" ... |
| Triplicate ...   |                            |                          |   |
| (1) Original to be sent to shipping section for entering shipping details. On completion to be sent to Chief Accountant. | } Disposal by office.      |                          |   |
| (2) Duplicate to be sent to ledger section at once ...   |                            |                          |   |

## DEMAND NOTES—

- |   |   |                          |
|---|---|--------------------------|
| Original ...  | } To be sent to office ...                  | } Disposal by conductor. |
| Duplicate ...   |   |                          |
| Triplicate ...  | To be made over to party drawing stores ... |                          |
| (1) Original to be sent to ledger section at once ... | } Disposal by office.                       |                          |
| (2) Duplicate to be sent to Chief Accountant ...      |   |                          |

The copy for the ledger section is on receipt in that section given a serial number. The register of the ledger section also shows for easy reference the number and date allotted to the vouchers when first received in the Marine Store Office. The copy is then passed by the register clerk to the posting clerk. He passes it on to the next man and it travels thus through the section till it comes to the man who has charge of the ledger to which it appertains. It is then posted by him and passed on till it has reached the last posting clerk, each posting clerk initialling the voucher whether it concerns him or not. The voucher is then made over again to the register clerk who files it.

*(c) For stores received from England or out stations, made in the Yard for stock, surplus stores returned by manufacturing department or stores returned to store on survey report. A supply note in triplicate is prepared and disposed of as follows:—*

- |  |  |                          |  |
|--|--|--------------------------|--|
| Original ...                                       | } To be sent by receiving conductor to issuing conductor, who will receipt and immediately return the duplicate and triplicate to the receiving conductor who will send up to office the duplicate copy and retain the triplicate. The original to be posted by the issuing conductor and sent to office when completed. | } Disposal by conductor. |  |
| Duplicate ...                                      |  |                          |  |
| Triplicate ...                                     |  |                          |  |
| (1) Original to be sent at once to ledger section. | } Disposal by office.  |                          |  |
| (2) Duplicate to be filed.                         |  |                          |  |

*(d) Local orders for stores. These are made out in quintuplicate and disposed of as follows:—*

- |                   |                                      |                       |  |
|-------------------|--------------------------------------|-----------------------|--|
| Original ...      | } To be sent to receiving conductor. | } Disposal by office. |  |
| Duplicate ...     |                                      |                       |  |
| Quintuplicate ... |                                      |                       |  |
| Triplicate ...    | } To be sent to vendor.              |                       |  |
| Quadruplicate ... |                                      | } Retained in office. |  |

|               |     |  |                          |
|---------------|-----|--|--------------------------|
| Original      | ... | } To be completed by receiving conductor and sent with stores to issuing conductor for receipting and posting. Original and duplicate to be sent to office. Quintuplicate returned to receiving conductor. | } Disposal by conductor. |
| Duplicate     | ... |  |                          |
| Quintuplicate | ... |  |                          |
| Original      | ... | } To be attached to vendor's bill.   | } Disposal by office.    |
| Duplicate     | ... |  |                          |

NOTE:—In all cases of supply note and local orders for the ledger section, the same procedure as regards registering them and posting them as in the case of indents and demand notes is followed.

#### Enclosure No. 4.

#### SIMPLIFICATION OF COST ACCOUNTS OF MEDICAL STORE DEPOTS.

The following proposals are offered after an examination of the accounts kept at the depots at Madras and Bombay.

*Cutlers' accounts.*—There are no cutlers' accounts at Bombay, the repairs being done there by Mr. Eyres. The remarks on the Madras accounts will doubtless apply to Lahore depot also.

2. The cutlers' accounts are hardly worth the trouble bestowed on them. At Madras a permanent clerk is employed all his time in the laboratory and on cutlers' accounts, the latter taking him about a week to complete each month. He maintains separately for the cutlers' accounts:—

- (1) abstract of material,
- (2) non-production account,
- (3) final abstract of material and percentage charges,
- (4) total output statement,
- (5) cost ledger, and
- (6) work order book.

He works out the non-production account to show non-production charges correct to annas and pies; yet the allocation to this account of some charges can only be a rule-of-thumb allocation, e.g., one sixtieth of the medical store-keeper's pay each month is allocated, while amounts are added for superannuation and leave allowances. The other charges, which are worked out more exactly are: (1) pay of head cutler, (2) extra establishment not charged direct, (3) value of stores drawn for shop use—not spare parts of instruments, and (4) depreciation on the value of buildings. These give the non-production charges. The power charges are taken at one-twentieth of the total power charges of the factory.

3. The charges for direct labour are the basis of the cutlers' accounts. An all round rate for the pay of the cutlers is struck. It has long been 2 annas per hour in Madras. The number of hours spent on each job is recorded, and the direct charges are obtained by multiplying the all-round rate by the number of hours the cutlers spent on all jobs. Monthly totals are thus available for (a) direct charges, (b) non-production charges, and (c) power charges.

The clerk then works out figures for his final abstract each month under the following heads for each job separately:—

- (a) direct charges,
- (b) non-production charges,
- (c) power charges, and
- (d) value of materials issued from stock i.e., spare parts of instruments. Here (a)—2 annas multiplied by the number of hours spent by cutlers on the job and (b) and (c) are obtained from

$$\text{the equations } \frac{b}{a} = \frac{B}{A} \text{ and } \frac{c}{a} = \frac{C}{A}.$$

4. The clerk works out (a), (b) and (c) even for military items. This is done that he may be able to check the totals of his final abstract, but in many cases

for no other purpose; no recoveries being made for the numerous military items except when the repairs are done on payment, which items are few. This refinement of accounting is hardly necessary as the total charges for Madras, including those for which no recoveries are effected are only Rs. 200 or 300 a month.

5. The following percentages were added to direct charges for the first six months of 1917-18, after which period the cutlers' shop closed down owing to the move of the depot.

|           |     |     |     |     | Percentages added to direct charges: |                    |
|-----------|-----|-----|-----|-----|--------------------------------------|--------------------|
|           |     |     |     |     | For non-production charges.          | For power charges. |
| 1917.     |     |     |     |     |                                      |                    |
| April     | ... | ... | ... | ... | 69                                   | 20                 |
| May       | ... | ... | ... | ... | 72                                   | 24                 |
| June      | ... | ... | ... | ... | 71                                   | 24                 |
| July      | ... | ... | ... | ... | 65                                   | 19                 |
| August    | ... | ... | ... | ... | 104                                  | 20                 |
| September | ... | ... | ... | ... | 96                                   | 10                 |
| Average   | ... | ... | ... | ... | 80                                   | 20                 |

If therefore the clerk had added, on account of non-production and power charges, 100 per cent to his direct charges for each job, he would have arrived at the same grand total for the six months and his results would have been more consistent; for under the present system he added 84 per cent for a job completed in July, but if the same job had been completed in August he would have added 124 per cent, which is not consistent.

6. Instead therefore of keeping up the present elaborate accounts it would be sufficient to record merely the number of hours spent by each cutler on each job and in the case of Madras to charge 2 annas for each hour so spent. This would give the direct charges; while to charge 4 annas for each hour would cover direct and non-production and power charges. This is probably what a commercial firm would do, except that it would charge at least 8 annas in order to make a profit. The cost of materials should be added when materials are used. No cost should be worked out for military items unless recovery has to be effected.

7. This proposal might be adopted for this year. At the close of 1918-19, and of each future year, the non-production and power charges might be worked out for the year and the ratio which they bear to direct charges examined. If there should be much variation from the results shown in paragraph 5, the controller would determine the percentage to be added to direct charges. The percentage would thus be based on the actual of the previous year. Similarly percentages for 1917-18 and for future years might be worked out for Lahore.

8. If this proposal is adopted all the accounts now maintained may be dispensed with except the non-production account—to include power charges and total output account. The work cards at present maintained for each man should be kept up; they will give the figures required for the "total output."

9. *Laboratory Accounts.*—These occupy one clerk all his time in Bombay and in Madras one clerk for three weeks each month. The depots maintained the following accounts:—

- (1) abstract of material,
- (2) non-production account,
- (3) power cost for month,

- (4) power account,
- (5) machinery account,
- (6) final abstract of labour and material,
- (7) total output,
- (8) cost ledger, and
- (9) work order book.

No. (1) may be dispensed with. It merely shows the total value of materials for each work order, these figures are available in the cost ledger.

10. The non-production account and power account are prepared with the same attention to minutiae as in the case of cutlers' accounts. The former includes: (1) one-third of the pay of the medical storekeeper each month, (2) pay of the superintendent and compounders, (3) value of stores for shop use *e.g.*, cloth, paper, and not drugs, (4) depreciation on buildings, (5) establishment, and (6) superannuation and leave allowances. The total (A) of the non-production charges for a year is calculated. The total output in pounds (B) for the year is also worked out on the system authorised in 1911-1912. The figure  $\frac{A}{B}$  to the nearest pie gives the amount to be added on account of non-production charges to the value of one pound of outturn of each medicine, tablet, etc., made up. The total (C) of the power account for the year is also calculated and the figure  $\frac{C}{B}$  gives the amount to be added on account of power charges to the value of one pound of outturn of each medicine for which power is used.

11. The prices of medicines made up are entered in the final abstract and other accounts correct to the last pie. The final abstract with typical entries is as follows:—

| 1                             | 2            | 3                  | 4                  | 5                                     | 6                            | 7                            |
|-------------------------------|--------------|--------------------|--------------------|---------------------------------------|------------------------------|------------------------------|
| Serial number of work orders. | Work orders. | Amount of outturn. | Value of material. | Non-production charges at Rs. per lb. | Power charges at Rs. per lb. | Total of columns 4, 5 and 6. |
|                               |              | lbs. oz.           | Rs. a. p.          | Rs. a. p.                             | Rs. a. p.                    | Rs. a. p.                    |
| 13. Liniment belladonna ..    | ...          | 500                | 2,544 12 8         | 23 7 0                                | ...                          | 2,568 3 8                    |
| 16. Tinct. scillae ..         | ...          | 324                | 32 8 0             | 15 3 0                                | ...                          | 47 11 0                      |
| 23. Unguent hydrarg ..        | ...          | 72                 | 47 3 6             | 3 6 0                                 | 1 2 0                        | 51 11 6                      |

These 3 items are taken from the accounts of the Bombay depot for 1916-17, in which year the rates in columns 5 and 6 were Re. 0-0-9 and Re. 0-0-3 per lb., respectively. The office of the Supply Controller worked out rates of laboratory medicines for its triennial price list of 1917 for Bombay depot from these accounts and the accounts of the two previous years. But that office had to ignore the refinement of these accounts. Thus the stock book rate of belladonna liniment if worked out from item 13 only would have been Rs. 5 per lb. for military and Rs. 5-8-0 for civil institutions, the rules for simplification of stock book rates being adhered to. Hence this refinement in the cost accounts is wasted.

12. Major Marr suggests that power charges should be allocated not only to the work order for which power is used, but over all work orders. He points out that even for work orders for which power is used the present rule acts unfairly; in some jobs very little power is used; for other jobs, the engine may be employed for some days; yet in the accounts these two jobs are treated as if the same amount of power had been used for each. As the total non-production charges for 1916-17 were Rs. 20,327-2-0 and the power charges were only Rs. 3,386-5-1 this proposal will cause only a slight variation of rates, while greatly reducing clerical labour. It would mean for Bombay for that year a

all round addition of 0-0-10 per lb. instead of Re. 0-0-9 for those items where power charges are not now borne and instead of Re. 0-1-0 for those items where power charges are now borne (paragraph 11 above).

13. Thus if Major Marr's proposal were in force the values in column 7 for the 3 typical items given in paragraph 11 would be—

|                         |     | Rs.   | A. | P. | and not | Rs.   | A. | P. |
|-------------------------|-----|-------|----|----|---------|-------|----|----|
| Liniment belladonna ... | ... | 2,570 | 13 | 4  |         | 2,568 | 3  | 8  |
| Tinct. scillae ...      | ... | 49    | 6  | 0  | „       | 47    | 11 | 0  |
| Unguent hydrarg. ...    | ... | 50    | 15 | 6  | „       | 51    | 11 | 6  |

The materials for the first item are much more expensive than those for the second. This and the "poundage system" explain the greater comparative difference in the values of the second item.

14. If the proposal to charge power against all laboratory preparations is adopted the credit entry in the power account "Amount charged direct, etc., etc.," should be altered to "Amount charged against non-production in the non-production account."

The final abstract should be prepared at all depots as it is now prepared at Lahore, *viz.* columns 5, 6 and 7 should not be filled in monthly; at the end of the year a summary in the final abstract should be made of the cost of each separate preparation for the year, columns 5, 6 and 7 being filled in for the summary. As this procedure has been accepted by the medical storekeeper at Lahore, the Controller, Military Supply Accounts, might request the other two depots to follow it. The remaining accounts given in paragraph 9 should be maintained as at present, No. (1) being abolished, see last clause of paragraph 9.

15. Major Marr has made the further suggestion that the military accounts department should revise every year or even half year not only for laboratory supplies but for all medicines supplied by the depot, the "Medicines" section of the price list, which price list is now revised throughout triennially. There should be no difficulty in doing this with the present establishment of the Military Accounts Department. But as the production account is only completed yearly for reasons advocated by Mr. Rawcliffe in 1911, the revision of the "Medicines" Section could not well be done oftener than once a year.

16. These proposals (paragraphs 6, 7, 8, 12, 14 and 15) do not affect the main principle, of cost accounts but only the manner in which these principles have been applied. They will need the sanction of Government.

17. An alternative proposal of Major Marr's is that all supplies to civil institutions, whether made up in the laboratories, or issued as purchased by depots, should be priced at 10 per cent below current local rates. This would admit of a very large profit being made on medicines so large that it would not be necessary to levy departmental charges against civil institutions, which charges often act very unfairly. And it would allow of instruments being sold cheaper by depots than by local dealers, whereas at present instruments are often to be obtained cheaper from the latter. But this proposal is not likely to meet with favour of Government, as it would overthrow the cost accounts system.

## ANNEXURE X.

### SHORT HISTORY OF THE QUEEN ALEXANDRA'S MILITARY NURSING SERVICE FOR INDIA.

The Queen Alexandra's Military Nursing Service for India was inaugurated in 1888, as the Indian Nursing Service. Prior to this date trained female nurses were not employed in military hospitals in India.

The first batch of English trained nurses, ten in number, arrived in India on the 21st March 1888. Of these, six were located at Rawalpindi and four at Bangalore. During 1890-1 the total number of nurses was increased to 28. The employment of these nurses in India was regarded more or less as an

experiment for the first few years. In 1892-3 the scheme was considered sufficiently successful to have justified its trial and continuance. From 1893 the nursing service was recognized as an integral part of the military medical service. From 1896 it was known as the Indian Army Nursing Service, and the establishment was increased to 52.

The nurses were distributed to the principal station hospitals. Four circles were formed, each containing three or four stations where nurses were employed. Four lady superintendents were appointed in independent charge of these circles, with their headquarters at Rawalpindi, Meerut, Bangalore and Poona. Deputy lady superintendents were appointed in charge at stations where lady superintendents were not located. The staff of nursing sisters allotted to a station varied from two to four. Sisters were not in charge of their own wards. Each took her turn on duty to supervise the general nursing in the one or two special wards where the nursing sisters were employed, so that in each station the sisters had to subordinate their work to one another, and this proved difficult and often unsatisfactory. Such a system required mutual tact and good feeling to carry it through successfully, and this was not always possible. It was a trial to many who had held responsible and independent posts in England.

It was originally intended that the lady nurses should merely superintend the nursing of serious cases concentrated in the special wards. British nursing orderlies, drawn from the local combatant units, were allotted to do the actual nursing with the assistance of Indian ward servants. These orderlies were totally ignorant of the most rudimentary principles of nursing, and the sisters had to work with them in order to instruct them in practical detail and by force of example get them to take an interest in their duties.

About 1902, a committee was appointed to consider the re-organization of the British nursing service. The War Office suggested amalgamation of the British and Indian services, but this proposal was rejected by the Indian authorities.

About a year later the Indian service became the Queen Alexandra's Military Nursing Service for India, and its strength was increased to 91.

There are now in this service 4 lady superintendents and 16 senior nursing sisters, the remaining 71 being known as nursing sisters. One of the lady superintendents is styled Chief Lady Superintendent, and is the recognised advisor of the Director, Medical Services in India, in matters affecting the interior economy and welfare of the nursing service.

Lady nurses are engaged for a term of 5 years. With the permission of the Government of India, and if pronounced by a medical board to be physically fit for further service in India, they may re-engage for a second and third term, and further, if in all respects efficient, and if specially recommended by the Commander-in-Chief, for a fourth term.

## ANNEXURE XI.

### PROPOSED FUTURE ORGANIZATION OF THE NURSING SERVICES OF THE ARMY IN INDIA.

THE Committee propose that the following changes should be made in the present organization of the nursing services of the army in India:—

- (1) That the present Queen Alexandra's Military Nursing Service for India be abolished and its place taken by the Queen Alexandra's Imperial Military Nursing Service as described below. Members of this service should come to India for tours of duty, as they do in various other parts of the Empire.
- (2) The introduction of Royal Army Medical Corps, other ranks, and eventually the nursing section of the Indian Medical Corps, composed of a skeleton cadre of Royal Army Medical Corps men with members of the domiciled community, as contemplated in our scheme, in British station hospitals.
- (3) The introduction of the nursing section of the Indian Medical Corps into Indian station hospitals.

- (4) The matrons of station family hospitals should possess a certificate in general nursing, in addition to that in midwifery, and should have a competent staff of female nurses under them.
- (5) The whole of these nursing services should be under the supervision of the senior ladies of the Queen Alexandra's Imperial Nursing Service as contemplated below.

The requirements in personnel of the Queen Alexandra's Imperial Military Nursing Service and the functions they should perform, should be as follows :—  
 at Army Headquarters—Matron in Chief with an appropriate staff.  
 at Command Headquarters—A Principal Matron and staff.  
 at Divisional Headquarters—A Senior Matron and staff.

These will form the administrative ranks of the service and should not be engaged in executive nursing duties. They would be responsible for the distribution of the nurses, and the proper control and supervision of the nursing in all the station hospitals, both British and Indian, and station family hospitals in their area of administration.

Each hospital should have its proper proportion of nurses in their various grades, and the matron, or charge sister, as the case may be, should be considered to be the senior nursing official of the station in question. She should maintain the same supervision over all the nursing duties in that particular station as laid down for the ladies of the higher ranks.

The ladies of the nursing service in administrative appointments should be considered to be staff officers of the Director, Deputy Director, or Assistant Director, Medical Services, as the case may be.

It is realised that the abolition of the present Queen Alexandra's Military Nursing Service for India would necessitate some scheme for their disposal, and the following is proposed. Those who are in their second or later tour of service should be permitted to complete the necessary service for pension under their original terms of employment. They would continue to serve in such a grade in the Imperial service as their standing in the Indian service may warrant. In their first tour of service these ladies should, with their consent, be transferred to the Imperial Nursing Service, otherwise their employment should be terminated. Pensions, if admissible, could be arranged for all these latter, proportionately to their length of service in India.

It is considered that members of the Imperial Nursing Service should not be allowed to serve for longer tours than five years in this country, and should not be permitted to return for another tour until after three years' intervening service in the United Kingdom.

Ladies who are appointed to the position of Matron-in-Chief or Principal Matron should have completed one tour in India before such appointment.

The Matron-in-Chief should be selected by the Secretary of State on the recommendation of the Director-General, Army Medical Service, and the lower grades should be deputed to this country by the War Office as demanded by the Secretary of State.

Ladies who have been trained in the general and presidency hospitals in India should be eligible for admission to the Imperial Nursing Service provided that they fulfil the requirements of that service. If admitted they should join in the United Kingdom for duty.

It has been contemplated to place in each first class Indian station hospital a certain number of nurses for the supervision of nursing and training of ward orderlies. It is considered that these ladies should be a branch of the Imperial Nursing Service, and should be entertained for periods of five years under contract. The matron or charge sister of such a hospital should belong to the Imperial Nursing Service, and come under the jurisdiction of the local administrative nursing authority.