

# MEDICĀ.

S. OFFICER.

PUBLISHED BY  
THE SERVANTS OF INDIA  
POONA CITY  
Price As.

## FOREWORD

These articles were originally written and have been revised at the request of the Editor of *India*. They present the Indian case. That these articles represent views universally held by Indians is evident from the fact that the editor has received letters from correspondents from all parts of India, all approving, some congratulating, but none dissenting. I am told that they produced quite a stir in the medical circles, so much so that all the issues of the "*Servant of India*" were sold out and request was made to reprint them in a pamphlet form. It is to meet this demand that the pamphlet is now published.

The topics discussed here have engaged the attention of the public from time to time and have formed the subject of many an official enquiry. The separation of the civil and the military side of the I.M.S.; the unification of the R.A.M.C. and the military side of the I.M.S. into one military service; the organisation of the I.M.D. branch—the Sub-Assistant surgeon, and the military assistant surgeon—into one service by raising their professional standard to that of the civil assistant surgeons; to improve the pay and prospects of civil assistant surgeons to make them a larger share of the provincial work of the systems. appoint an Indian I.M.S. officer on the head of the fanatical the formation of an all-India medical association. It is passing the interests of the medical profession, are therefore

But they are once more presented to the public and the authorities in order to draw attention to the grave state of affairs, which exists in the I.M.S. and the sullen discontent which prevails in the Indian members of the service. As an indication of the state of feeling in the country it may be mentioned that these articles were referred to the Provincial Medical Unions for expression of opinion. All the unions without a single exception have intimated that they have lost all faith in the good intentions of the Government and that they do not believe in making representations which are destined to be ignored.

With the country in this frame of mind, and the profession being one of skilled and highly specialised labor, composed of highly educated and intelligent men, it does not require much stretch of imagination to conceive of an enterprising young man to rise and organise a successful boycott of the service. The British Medical Association and the I.M.S. men have already shown the way in that direction. It is therefore sincerely to be hoped that the Government will adopt a more conciliatory and sympathetic attitude.

With the inauguration of the new era all racial distinctions in the service should have vanished. Instead of a just and timely grant of Overseas allowance to European members has made matters worse. In the expatriation allowance we find reference in the Mansford despatch in the following terms.

*Para 322*:—"It is desirable, and if possible, to avoid the differentiation maintained at present between the rates of pay drawn by European and Indian officials in the same service. We think that the standard scale for all services should be fixed with reference to Indians recruited in India at the rates sufficient to attract the best men available and give them income appropriate to their position. *For persons recruited by reason of special qualifications obtained in Europe, an extra allowance should be given to them to compensate for the draw-backs and expenses of expatriation.*" It is conceivably reasonable to differentiate the scale of pay on the basis of qualifications which are not obtainable in this country. But with an ingenuity worthy of the Indian bureaucracy this has been twisted into domiciliary and colour qualification.

We hope that this hint will not be lost on the Indian leaders to make amends honorable, to their countrymen of the public services, whose interest they have bartered away in their excessive zeal for the Indian Reforms. They should insist that the terms of the despatch should be adhered to. The matter of indigenous systems of medicine was not touched in these discussions as it was not a service question. The public as well as the profession seem to have very nebulous views with regard to these systems. The public mind at present is swayed by that fanatical wave of anti-foreign feeling which unhappily is passing over the country. Its attitude on the subject is therefore reactionary.

The official attitude on the other hand is incomprehensible. On the one hand some provincial Governments officially recognise these systems by allowing the universities to spend public revenues on teaching these systems and granting their alumni the grandiloquent titles of Visharad and Zubda tulhukama &c. In the legislative chambers on the other hand they adopt an attitude of lofty contempt. It would have been more judicious if the Government had displayed a more open and less partisan mind, by appointing a small committee composed of one Indian and an European I. M. S. officer to enquire into the condition of these systems. The committee should visit all provinces, the local Governments to nominate one private practitioner, one hakim and one vaid to co-opt with the committee and assist them in local enquiries. In this way the curriculum of their education could be standardised, their defects brought to light and thereby the grain would be separated from the chaff.

I. M. S. OFFICER.

---

## APPENDIX A.

### I.M.S. RATES OF PAY.

Rank.	Yrs.	Old Rates A.R.I., 1, para 11. Indians and Europeans.	I.A.I.	I.A.I. 613-1020.		
			321-1919. Indians and Europe- ans.	Indians.	Euro- peans.	
Lieutt.	...	1	450	550	500	650
"	...	2	450	550	500	650
"	...	3	450	550	500	650
Captain	...	4	550	700	650	800
"	...	5	550	700	650	800
"	...	6	600	750	650	800
"	...	7	600	750	750	950
"	...	8	650	800	750	950
"	...	9	650	800	750	950
"	...	10	650	800	850	1,050
"	...	11	700	900	850	1,050
"	...	12	700	900	850	1,050
Major	...	13	800	1,000	950	1,200
"	...	14	800	1,000	950	1,200
"	...	15	800	1,000	950	1,200
"	...	16	900	1,150	1,100	1,350
"	...	17	900	1,150	1,100	1,350
"	...	18	900	1,150	1,100	1,350
"	...	19	900	1,150	1,250	1,500
"	...	20	900	1,150	1,250	1,500
Lieutt. Col.	...	21	1,250	1,550	1,500	1,750
"	...	22	1,250	1,550	1,500	1,750
"	...	23	1,250	1,550	1,500	1,750
"	...	24	1,250	1,550	1,600	1,850
"	...	25	1,250	1,550	1,600	1,850
"	...	26	1,300	1,600	1,700	1,950
Selected	...	...	1,400	1,750	1,850	2,100

## COMMAND ALLOWANCE IN ADDITION TO ABOVE.

1st class hospital. Rs. 240, 2nd class—Rs. 180, 3rd class—Rs. 120.

Second in command Allowance : 1st class—Rs. 120, 2nd class—Rs. 90.

*Note.* The revised rates of 1920 include overseas allowance of Rs. 150, per month for 1st 6 years. Rs. 200 for next 6 years and thereafter Rs. 250 to which the Indian is not eligible

Exchange compensation allowance when admissible is payable in addition to above rates.

## PAY AND ALLOWANCE OF TEMPORARY I. M. S.

(*Indians*)

General service (liable to serve outside) India, only Rs. 550.

Gratuity of Rs. 900 for every year of service.

Local service (liable to serve in India only) Rs. 450.

*Note.* Command and second in command allowance not admissible.

## PAY AND ALLOWANCE TEMPORARY I. M. S.

(*European*)

European. ... .. Rs. 700.



## APPENDIX B.

The total strength of the medical department according to Army tables medical of 1913 is as follows:—

### R. A. M. C.

Surgeon General (now Lt. General) ...	1	
Major Generals ... ..	2	
Colonels ... ..	10	
Staff and executive officers ...	320	
	<hr style="width: 50%; margin: 0 auto;"/>	
Total ...	333	<hr style="width: 50%; margin: 0 auto;"/>

### INDIAN MEDICAL SERVICE.

#### *Military.*

Under the Government of India Executive.	6	
Under the Commander-in-Chief Major Generals ... ..	1	
Colonels ... ..	10	
Staff and executive officers ...	188	
Special leave reserve 15 per cent ...	22	
Leave reserve 20 per cent ...	45	
	<hr style="width: 50%; margin: 0 auto;"/>	
Total ... ..	272	<hr style="width: 50%; margin: 0 auto;"/>

Two additional Major generals and 2 colonels were added as a war measure. These are practically permanent appointments.



BESIDES THESE ABOUT 900 TEMPORARY I. M. S.  
CIVIL.

Major generals ...	...	...	3
Colonels ...	...	...	6
Executive and staff ...	...	...	367
Leave reserve 20 per cent ...	...	...	76
		Total	...
			452
		Grand total	...
			742

Q. A. M. N. S. INDIA.

Lady Superintendents ...	...	...	4
Senior nursing sisters ...	...	...	16
Nursing sisters ...	...	...	71
		Total	...
			91

INDIAN MEDICAL DEPARTMENT.

Military Assistant surgeons employed in			
Military ...	...	...	353
Leave reserve 15 per cent ...	...	...	71
		Total	...
			424
Employed in Civil and Rys. ...	...	...	244
Leave reserve ...	...	...	37
		Total	...
			281
		Grand total	...
			705
Sub-Assistant Surgeons	Total about	...	900

## APPENDIX C.

### INDIAN MEDICAL DEPARTMENT.

The Military Assistant Surgeons are graded as :—

Senior                      Ranking as Major, Captain and  
Lieutenant.

First Class	}	,, as Conductor.
Second Class		
Third Class	}	,, as Sub-conductor.
Fourth Class		

The Military Sub-Assistant Surgeons are graded as :—

Senior                      First Class ranking as Subadar.

"                      "                      "                      as Jamadar.

First Class	}	Ranking as Warrant officer.
Second Class		
Third Class		

### PAY AND ALLOWANCES.

#### *Military Assistant Surgeons.*

			Old Rate. Rs.	I.A.I. 544 New Rate. Rs.
Fourth Class	...	...	85	200
Third Class	...	...	110	275
Second Class	...	...	150	350
First Class ...	...	...	200	400—450
,, Major	...	...	...	700
Senior Captain	...	...	400	650
,, Lieutenant ..	...	...	300	500

Sub-charge allowance and free quarters Rs. 30, 45 and 60 according to class of hospital also admissible.

## MILITARY SUB-ASSISTANT SURGEONS.

*Senior.*

		Rs.	Rs.
First Class	...	115	140
Second Class	...	95	125
First Class	...	70	95
Do. after 15 years	...	—	110
Second Class	...	45	75
Third Class	...	30	60

Sub-charge allowance Rs. 15, 20, 30, 40, according to class of hospital.

Clothing and equipment allowance.

House rent.

Rations.

Railway concessions.

Made up of pay, extra pay, and field allowance.

} Also admissible.

## APPENDIX D.

Date \_\_\_\_\_

To \_\_\_\_\_

SIR

In view of the invitation by the Rt. Hon. The Secretary of State for India to European Medical practitioners who must be British subjects of European descent to serve as Medical Officers with Indian troops and the offer to them of more favourable rates of remuneration than are given to Indian members of the Temporary Indian Medical Service, whatever seniority or qualification, I have the honour to request you to forward this letter to the Director of Medical Services requesting him to recommend the revision of remuneration to Indian candidates on the same lines as those offered to the European Medical Practitioners.

In doing so, I beg that the following facts may be given due consideration :—

1. It is a grave injustice to offer preferential terms to a European Medical Practitioner, who might have only just passed out, as compared to the many Indians who have served the Empire in times of crisis, stress and danger and on active service in the field of battle.

2. The Indian Medical Service being a Military Service in which there is considerable uniformity in the mode of and standard of life of officers, costs one officer more the same amount as another to maintain the prestige and dignity of a commission in His Majesty's Army.

3. The differences and variations are personal factors and not national or racial.

4. The cost of living has gone up in India and the Indian just as much as the European.

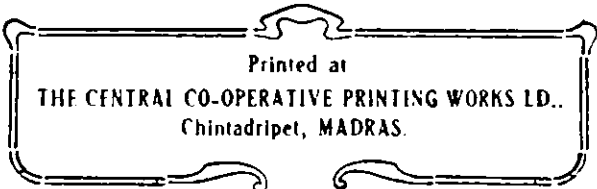
5. On account of the differences in the conditions of private practice in India and in the United Kingdom, the Indian loses more than the European by not settling down as early as possible. Partnership, panel practice and practices for purchase are not the rule in India and each doctor has to build up his own practice against enormous difficulties.

I have honour to be

Sir,

Your obedient Servant.

---



Printed at  
THE CENTRAL CO-OPERATIVE PRINTING WORKS LD..  
Chintadripet, MADRAS.