# MEDICĂ.

### S. OFFICER.

PUBLISHED BY THE SERVANTS OF IND<sup>JI</sup> POONA CI'<sub>1</sub> Price As. These articles were originally with been revised at the request of the E<sub>1</sub>, 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 surgeoninto one service by raising their professional standard to that of the civil assistant surgeons; to improve the pay prospects of civil assistant surgeons to make them larger share of the provincial work of the terms. fanatical appoint an Indian I.M.S. officer on the head ly is passing the formation of an all-India medical assoc the interests of the medical profession, are

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 havea lready 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 distincthe service should have vanished. Instead of actless and untimely grant of Overseas allowgropean members has made matters worse. Expatriation allowance we find reference [msford 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 these systems and granting their alumni teaching the grandiloquent titles of Visharad and Zubda tul-&c. In the legislative chambers on the hukama other hand they adopt an attitude of lofty contempt. It would have been more judicio is 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 waid 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.

## THE MEDICAL SERVICES IN INDIA.

#### CHAPTER I.

#### INTRODUCTORY.

A good deal of agitation has been going on in I. M. S. circles with regard to the present state and future position of the service. Most of this agitation is artificial, being fanned and kept up by the Europeans. The basic idea of the Indian reforms is that the racial bar in the public services of the country, which has hithertofore been so rigidly maintained, should be attenuated if not entirely removed, and that the sons of the soil should in future be given a larger share in the administration of the country. This naturally means the curtailment of monopolies, the enjoyment of which has been so long the special privilege of the Europeans. It is with a view to safeguard these monopolies that the Europeans have entered upon a double-edged campaign—that of glorification of self and of vilification of Indians.

In this unholy warfare they have secured the active alliance of the British Medical Association, who, forgetting the honourable traditions of the profession, have adopted trades union tactics and have threatened to boycott the service if the demands of their proteges are not conceded.

#### HISTORY OF PRESENT AGITATION.

This agitation dates back to the time of Lord Morley, who as Secretary of State for India said something about encouraging the growth of the independent medical profession in India, This announcement alarmed the monopolists and they at once set to work to defeat it. For this purpose a letter was drafted by a certain service man in the Madras Presidency setting forth their grievances and the letter went out of its way to discover objections to the admission of Indians into the I. M. S. This letter was confidentially circulated to all service men, inviting them to suggest their own grievances and objections. All this was done in intelligent anticipation of the Royal Commission. The grievances, some real, others imaginary, thus collected and carefully scheduled, were put into the mouth of the British Medical Association who forwarded them as a memorandum to the Secretary of State for India and later published it as a supplement to the British Medical Journal of The same document was placed before the Royal 1914. Commission and it also formed the basis of a representation to the Secretary of State for India in 1918.

The Royal Commission sympathetically considered these representations; but they could not altogether ignore the seitgetst even in the pivot service of India. So the agitation grew apace in volume and intensity. The years 1914-18 saw the great war in which the I. M. S., being a military service, was called upon to do its little bit. Large numbers of I. M. S. officers were recalled from civil to military duty. A good many of these were senior men who had been in civil employment for 20 or 25 years and, being out of touch with military life and routine of administration, did not quite prove a success.

In the year 1919 the mysterious Verney-Lovett Committee was appointed. Although the terms of reference to the Committee did not state in so many words, yet there is no doubt in the public mind that the Committee was appointed to consider the defects in the service which were revealed by the great war and to suggest remedies. The I. M. S. men saw in this their opportunity; they formulated three schemes all favourable to their own interests and duly placed them before the Committee. The deliberations of the Committee were kept secret for a long time.

#### THE PRESENT ORGANISATION.

But before proceeding to examine the comparative merits and demerits of the rival schemes, it will not be out of place for the benefit of the uninitiated to explain the present organisation of the medical services in India.

There are two services working side by side in India, the Royal Army Medical Corps and the Indian Medical Service, each of which requires a separate word of explanation.

The Royal Army Medical Corps is a military service liable for duty in all parts of the Empire, and being intended for service with British troops, it is purely a European service and does not admit Indians in its Corps. The service is controlled by the War Office, but officers coming to India for tour of duty are under the orders of the Commander-in-Chief. The Corps. does not send out to India its subordinate personnel, which is supplied from India. Similarly a nursing service called the Queen Alexandra's Military Nursing Service, India, is specially recruited in England for Indian service and is attached to the Corps. The officers of the R. A. M. C. share equally with the I. M. S. the administrative and collateral charge appointments in the military department. The head of the military administration in India is always from A. M. S. (R. A. M. C.) He la called the D. M. S., India. It is worthy of note that the service has no reserves and no civil side attached to it; yet it has proved itself the most successful military medical service in the world.

The Indian Medical Service is also primarily a military service: but as this country possesses no separate civil medical service, I. M. S. officers are lent for employment in the civil department. And as the medical needs of the civil population have increased, it has come to pass that more than 60 per cent. of the total cadre of the I. M. S. is permanently employed in the civil department. The head of the I. M. S. who is also the adviser of the Government of India on medical matters is called the Director-General, Indian Medical Service. He is one of the civil I. M. S. and controls the administration of the civil department.

It is necessary to describe the two sides of the service separately. The military I. M. S. consists of (1) Commissioned officers. About 40 per cent. of the total strength of the service are retained for duty. They serve with the Indian troops and are placed in charge of station hospitals under the orders of the Commander-in-Chief. (2) The Indian Medical Department which consists of 2 branches :—(a) The Military Assistant Surgeons which is a special preserve for Eurasians and indigent Anglo-Indians. They are educated in Madras and Calcutta medical schools for a period of 4 years at Government expense and are granted a certificate by the head of the school, after which they are attached to British hospitals for duty under R. A. M. C. officers. But as they are not, properly speaking, qualified medical men, they perform no professional work but do odd jobs such as clerical work, dispensing medicines, taking temperature, draft duty, &c. A certain number of these men are transferred to the civil departments for employment as jail superintendents, civil surgeone, and railway doctors (b) The Military Sub-Assistant Surgeons also receive education at Government expense and are employed with the Indian troops under the I. M. S. Officers.

The civil I. M. S. consists of (1) I. M. S. officers lent by the military department; and (2) Civil Assistant Surgeons. They are as a class highly educated men possessing university degrees and some of them have British qualifications. They are good surgeons and physicians, some of them as good as, if not better than. I. M. S. officers. They are employed under I. M. S. and sometimes under the I. M. D. officers. A few of them are given independent charge of 3rd or 4th class civil stations; but they can never rise to administrative posts such as Inspectors-General or Surgeons General. (3) Civil Sub-Assistant Surgeons who are employed in civil hospitals under civil or assistant surgeons.

The following civil appointments are manned by the I. M. S. :-(1) Director-General, I. M. S.; (2) Deputy Director-General, I. M. S.; (3) Saultary Commissioner with the Government of India; (4) Smithry Commissioners with the local Governments; (5) Suggeons-General to the Governments of Madres Bombay and Bangal; (6) Inspectors General of hospitals, Punjab, C. P., Bohar and Orissa and Burma, Eastern Bangal and Assam (7) Civil Surgeonoies ; (8) Inspectors-General of Jails to all the major and minor provinces and superintendents of central jails; (9) Superintendents of Lunatic Asylums; (10) Professors of Medical Colleges; (11) Bacteriological and Research department; (12) X'ray institute; (13) Foreign office and political department ; (14) Medical Stores ; (15) Chemical examiners to provincial Governments; and (16) the Assaye Department. (17) All officers of the I. M. S. India office appointments (a) Medical adviser to S. of S. (b) 2 Members of Medical Board. (c) Examiner of Surgical Intruments (d) Examiner of Drugs. All officers of the I. M.S. after 2 years' military duty, if they so desire it are eligible for transfer to the civil department.

#### REORGANISATION SCHEMES EXAMINED.

Having explained the organisation of the medical services, we are in a position to examine the various schemes which have been put forward from time to time and which from the subject-matter of the Verncy-Lovett and Esher Committees' deliberations. All these schemes and such others which can be suggested in this connection really resolve themselves into two questions. *Firstly*. whether the civil and the military sides of the I. M. S. should be separated or should remain combined, *Secondly*, whether the military side of the I. M. S. and the R. A. M. O. should be amalgamated, whether the R. A. M. C. should absorb the I. M. S. or *vice versa*. In examining these questions, we will consider all arguments which can be advanced for or against these propositions.

I. That the Civil and the Military sides of I. M. S. should remain combined.

The arguments in favour of this view may be thus summarised :---

(a) The civil eide with its opportunities of professional work and private practice forms the chief attraction for good class of medical men to join the I. M. S. ;

(b) It forms a good training ground for professional work for the I. M. S.;

(c) That it forms a well-trained reserve for the military in times of emergency;

(d) That the military rank gives the holder a high social value. Therefore if the two sides are separated, good class of recruits will not join the civil medical service, without the fure of the military rank;

(e) That the professional work on the civil side forms the chief honour and glory which has built up the glorious traditions of the I. M. S;

(f) This is favoured by the European members of the I, M. S.;

(g) It is endorsed by the Lovett Committee; and

(h) The Esher Committee which is a repetition of Lovett Committee's findings on this question say the same. But the Esher Committee misstate facts when it says that an important section of Indian opinion is strongly opposed to the breaking up of the present Indian Medical Service. Here they either mean Anglo-Indian opinion or they judge by the solitary opinion of an Indian official who was put up to give evidence before the Committee. This gentleman belongs to that class of self-seeking Indians who are prepared to out Herod Herod where Indian interests are concerned. He does by no means represent Indian opinion.

(a) Now if private practice and the opportunities for professional work are the cheif attractions for a good class of medical mento join the service, these attractions will remain even when the services are separated.

(b) And as regards these attractions being an advantage to the army, it practically amounts to saying that these attractions will entice away all the good and keen men from the army into the civil branch. This is exactly what is happening at present very few senior men are left in the Military Side to do the Administrative work and when Senior men are required they have to be brought back from the civil to the detriment of Military efficiency. In the second place, it must be remembered that the aring does not require professors. The army doctor has to deal with man who are carefully selected on enlistment as physically fit, strong and healthy and in the prime of life. living under the best conditions of sanitation and hygiene. The duty of an army doctor is to prevent men getting sick rather than to treat complicated and elaborate diseases. The army requires men with common sense and initiative who can make the most of their opportunities. In the army consultants are provided whose special knowledge is always available to the army surgeon in cases of doubt and difficulty and thirdly it is to be noted that the R. A. M. C. has no civil side attached to it : yet it manages to attract as good a class of reoruits for its corps as the army has need for.

(c) The question of well-trained reserves has been exploited by the advocates of this scheme to its fullest. This is the bogey with which they have frightened these Committees and silenced all civilian critics. The great war has proved the bollowness of these pretensions and has conclusively shown that the so called civil trained reserves are, from the military point of view, a fraud and a myth In the Esher Committee's report. section 3, Medical Services, para. 47, we find the following remark :—

"Military opinion as represented to us by many witnesses of high authority and recent experience in the field was practically unanimous in holding that the officers of the latter (I.M S.) service lacked the necessary training for work in the field, though quite as efficient professionally as the R.A.M.C. in the wards also as specialists and consultants. This defect is attributed to their inferior military training under the antiquated regimental hospital system now abolished, their ignorance of the principles of military administration in the field, their lack of familiarity with the latest developments of military hygiene, of preventive medicine and of military medical science."

This is a polite way of saying that the I.M.S. has lamentably failed in every particular which is essential for an efficient Army Medical Service. The Esher Committee, in seeking the causes of this failure. further remark in para. 48:—

"The responsibility however does not rest entirely with the Indian Medical Service. On its behalf it is urged that its military side has suffered in the past from the fact that the Director of Medical Services in India has always belonged to the sister service and has not been sufficiently alive to the medical needs of the Indian army or has not pressed them successfully on the Government of India.

It is admitted by some of its senior officers that the I.M.S. has not in the past received adequate military training and that such defects as came to light on active service were due partly to the fact that men recalled from civil were often employed without reference to their aptitudes and capacity. However this may be, it is clear that, though in theory a military service, the outlook of the Indian Medical Service in the past has been mainly civil and that the best officers have secured civil appointments as early as possible and have lost touch with the military side of their profession. They are consequently at a disadvantage when recalled on the outbreak of war or reverted towards the end of their service to hold military administrative appointments."

In other words it means, if it means anything at all, that the present system of keeping army reserves in the civil department is condemned as a mistake and a failure, that the I.M.S. men in the civil department deteriorate from the militery point of view and therefore they cannot be relied upon as efficient and well-trained reserves in times of emergency.

As regards attributing these failures to the head of the military service, being a sister service man, it is just like the I.M.S. attributing their failures to anybody and anything else except to themselves. Besides the question of reserves is not such a serious matter as it has been made to appear by the I.M.S. men. The R.A.M C. have no reserves; but they seem to get on quite will without them. In the last war they not only met their own requirements in this respect but they supplied quite a number of their officers for the Indian army.

It has been asserted in respectable quarters that the provision of reserves is necessary, because in the first place there is no independent medical profession worth speaking of in this country and that such medical practitioners as there are, are unwilling to join the army in case of emergency But the fact that 900 qualified men from the civilian medical men in India did join the army, gives the lie direct to this assertion.

With regard to these temporary commissioned I.M.S. men, many malicious statements have been set afloat, that they are reluctant to undertake overseas service, and that a good many of them being physically unfit, very few of them in consequence are being given permanent commissions. I will have something more to say on the subject later on. For the present it is sufficient to note that there can be no doubt that these men have done their best and by their timely help at a oritical time they have saved the I.M.S. from ignominy and a terrible debacle. An attempt has been made to differentiate between those medical men who joined up and those who did not. The former are said to be the do-nothings who had no practice to lose, and the latter who did not join the army are the real practitioners with a capital P. This is only hairsplitting worthy of a better cause. It shows how the advocates of this scheme are hard put to it to find arguments for their forlorn cause. The fact however cannot be denied that about 900 civilian medical men did join the army at the time of its greatest need.

(d) That the military rank gives the holder a higher social position is undoubted. But it must be borne in mind that a medical man is a doctor first and a military man afterwards. His worth and value lies in his professional skill and not in the tinsel of his military rank. A good man who is keen on his work and who loves his profession will join the service irrespective of whether he can do so directly or via the military side. And at hest this objection after all is sentimental and therefore not worthy of serious consideration.

(e) Has no bearing on the question. The glorious work will go on just the same whether the two services are combined or separated.

(f) The fact that the scheme is lavoured by the Europeans goes against rather than in its favour. The Europeans are the

monopolists and interested party who will try to hold fast to what they have.

(g) The findings of the Lovett Committee do not carry much conviction either. One has only to look at the composition of the Committee and know that its president was the redoubtable Sir Verney Lovett and that among its members it included friends of the Indians like Major-Generals Hehir, Hendley and Giffard and one knows what the findings of the Committee would be especially in matters where Indian interests conflict with those of Europeans.

(h) It is not to be wondered at that the Esher Committee, after passing such severe condemnation on the working of the I.M.S. and after making such a brave display of judicial deliberation, should let things alone. It only shows that blood is thicker than water and that the Englishman possesses the marvellous faculty of depriving himself of impartial judgment on occasions where his own interests are involved.

#### CHAPTER II

#### REORGANISATION SCHEMES EXAMINED-Contd.

II.—That the Civil and the Military Sides of the I. M. S. should be separated.

The arguments in favour of this view are :---

(a) We have seen before that the monopolist has failed to establish his case. This in itself is a plea for the separate service.

(b) Indian opinion is unanimous in domanding a separato civil medical service.

(c) "It is advocated by the large body of military opinion and senior R. A. M. C. officers" (*vide* Esher Committee's report, para. 39, Section III, Medical Services).

(d) In no other country in the world does such a combination of services exist.

(e) The vast interests of the civil population in matters of medical relief, sanitation, research work and education demand that it should have a service of its own which should be capable of expansion and independent growth.

(f) The claims of the civil population with its teeming millions far outweigh those of the military, which numbers not more than half a million all told. According to present arrangements the military has the first call on the services of the I. M. S., and it is the surplus of its requirements which is doled out to the civil. Things are constantly changing in the military; new schemes of expansion and curtailments, of organisation and administration are being evolved every day according to the whim and fancy of the military dictators. The needs of the civil population require that its medical organisation should be stable, that it should have continuity and uniformity of policy on problems which it has to face. With the extension of education and gradual evolution of autonomous institutions, the medical needs of the country will grow and it would be more and more impossible for the military service to supply these demands.

(g) When the army is mobilised for field service, the I. M. S. officers are withdrawn from the civil side, causing disorganisation in its administration and interruption in the execution of schemes that may be in hand at the time, and the larger the number of I. M. S. men employed in the civil department the greater will be the dislocation.

#### ESHER COMMITTEE'S OBJECTIONS.

We will consider in this place the objections to the scheme of a separate civil medical service which have been noted by the Esher Committee, in para. 50, section III, the Medical Services.

We have referred (the Committee say) to the undosirability of forming a separate civil medical service. Our views are based on the following considerations:--

(1) Larger expenditure. The separation would probably entail a large increase of expenditure because :---

(a) It would be necessary to maintain a large cadre in the absence of a trained military reserve.

(b) Officers in the military employ would have to be paid higher salaries owing to the loss of opportunities on the civil side.

(c) Officers on the civil side would have to be paip higher salaries owing to the loss of military rank and the . protection and prestige which it affords.

(d) It is refreshing to find at least one Anglo-Indian Committee of enquiry solicitous of Indian expenditure. But it does not lie in the mouth of the Esher Committee to talk of economy who after swallowing a huge camel of ruinous military expenditure in their recommendations now make a pretence of straining at a miserable gnat. But let us see what is this increase of expenditure which the Committee are afraid of.

The salaries of I. M. S. men are high enough in all conscience without threatening to increase them any more. It appears to us that I. M. S men, and for the matter of that all Europeans of the Indian services, rate their individual worth rather high. At the risk of being considered irreverent the truth must be told. And it is that the I. M. S. is not composed of such prodigies of skill and medical erudition as we have been led to believe. With few exceptions, which can be counted on the fingers of one's two hands, we look in vain for a Koch or a Lister on the rolls of the the I.M.S., whose traditions, we are constantly being reminded, have been glorious in the past and are unrivalled in the present. And when all is said and done the contribution of the I. M. S. to the medical lore is not very prodigious. The average I. M. S. man is of the type and calibre of an average English country practitioner who has to push his bike in mist and rain for miles and miles to go to see the face of half-a-crown. These men come to this country, start life on an average of £600 to £700 a year, move in society, live a luxurious life, put on airs of aristocracy. lord it all over and then talk of salaries being small. III.

An I. M. S. man. when starting life in this country, is more or less of a school boy. He is not a finished article. He learns the art and practice of his profession at the expense of life and limb in this country. A skilled surgeon or physician is the product of the eircumstances in which he is placed and of the opportunities which are given to him. In assessing the market value of an I. M. S. man, it should not be forgotten that a good deal of the medical and surgical work for which the service man takes credit is really done by his Indiau assistants. We have considered the question of reserves and therefore what has been already said on the subject need not be repeated here. It is only necessary to remind the reader that the socalled trained reserves have been unanimously condemned by every military authority who is competent to judge of their worth. It is therefore surprising that the Committee after passing strictures in such uncompromising terms should try to make the very reserves a plea for the continuation of a combined service. As regards the loss of military rank which the separation of civil service involves, the objection can be met by granting military rank in Auxiliary and Territorial Forces as Reserve I. M. S. officers to such of them as cannot be happy without them. This is done in the case of R. A. M. O. in England.

#### DETERIORATION IN QUALITY.

(2) The second objection is "that a purely civil medical service would inevitably, under the new conditions in India. tend to become provincial and would thereby deteriorate in quality." It is not quite clear how the new conditions any more than the old would provincialise the service nor as to how provincialisation by itself would tend to bring about the deterioration in quality. The system in vogue at present is that I. M. S. officers, so long as they are in military employ. are placed on one general list and as soon as they are transferred to the civil side, they are allotted to different provinces and they serve in those provinces only. This arrangement is wise and an advantage to the State. The officer makes himself familiar with local conditions and peculiarities of the province. learns the language of the people, their customs and habits and thereby becomes more efficient and useful. It is an advantage to the officer also He is spared the uncertainty of frequent shifts and transfers to distant parts of the country. He makes himself at home and knowing the people of the province, he is better able to build up private practice. And if he happens to

make a name for himself his fame spreads throughout the province, and in the event of his transfer to another district his fame and private practice go with him This system of provincial allotment is not peculiar to the I. M.S., but is applicable to all Imperial services. This would remain even if the services are separated. We therefore fail to see cogency of this objection. And if the system has not deteriorated the service in the past, it is not likely that it would do so in future Even granted that it would provicialise the service, we fail to see where the barm comes in, Indian provinces are large enough to employ a fairly large service, at least large enough to pick and choose officers from for particular requirements. Besides if provincialism does come in, it would be in keeping with the rest of the reform scheme, in which it is intended that the provinces should as far as possible become autonomous and self-contained. The real fact of the matter is that provincialisation, though in itself not objectionable, is a good enough stick to beat the dog of separate civil medical seravice with.

(3) The third objection is that "a purely military medical service would probably suffer in efficiency from lack of the wide experience afforded by civil practice." We have seen before that such of the I. M. S. officers as go to the civil side to gain experience are lost to the military side and those who are called back to military duty are useless from the point of view of military efficiency.

#### "DEARTH OF EUROPEANS."

(4) The fourth objection is that "it would be increasingly difficult to obtain a reasonable proportion of well-qualified Europeans in such a service, though a strong European element is essential (a) for medical attendance on the European servants of Government and their families who have been led to expect that they will be treated by men of their own race

and whose expectations it is particularly desirable not to disappoint at the present time, and (b) for the maintenance of western standards of research, efficiency and discipline in the civil medical service of Government."

The answer to this objection is :---

What is to be the reasonable proportion, pray? Is 70 to 90 per cent of the total service a reasonable proportion to treat a handful of service men and their families? It should be borne in mind that, the merchants, the businessmen, planters and railway employees, lawyers and missionaries who form the bulk of the European population in this country have their own doctors, which leaves a very small community to provide for, for which practically the monopoly of the whole service is asked.

We have seen above that there would be ample attractions in the civil medical service to attract a sufficient number of European medical men and no dearth of that precious commodity need therefore be apprahended. Moreover, the objection contemplates the separation in water-tight compartments of the doctor and his patient based on racial cleavage where none existed before. At the back of this suggestion lies an attempt at racial non co-operation which should be deprecated at the present juncture. It smacks of the rabidity of the *Pioneer* and the *Englishman*. Indeed it is contractenstic of the European agitator that when argument fails him, he appeals to racial passions. It could will and peace. Surely there is ample room for both communities to work side by side in harmony and concord.

(b) The suggeston that western standards of research and efficiency can be maintained only by Europeans and thereby insinuate that the Indian is incapable of doing so is a calumny, which has only to be mentioned, to be repudiated with contempt

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(5) The fifth objection is: "It would be unwise to break up a service which has such fine traditions and has rendered such services to India as the I. M. S." We have heard of these traditions before and have already had, occasion to deal with them.

(6) The sixth objection is: "As far as we are in possession of their views, both the Governments of India and local Governments are opposed to the creation of a separate civil medical service.

This is not to be wondered at, considering that the advisers of these Governments on medical matters are I. M. S. men. They are the interested party and are not likely to advise Governments against their own interests. The objection therefore does not carry much weight.

We have completed our survey of the question whether the civil and the military side of the service, should be separated or remain united. We have discussed the question from both points of view giving the reasons for and against each view. And we leave the reader to judge for himself whether a case for a separate civil medical service has been made out or not.

#### CHAPTER III.

#### THE UNIFICATION OF THE MILITARY SERVICES.

Next, we have to consider the question of the unification of military medical services. In this aspect of the subject we have to see if the amalgamation of the I. M. S. and the R. A. M. C. is desirable and if so, to what extent it is practicable, and in what manner it could be brought about. This problem is not so easy as it looks on the surface. It presents many diffioulties and has many issues involved in it. In the first place, we have to view it from the point of view of efficiency that is the interest of the State. In the second place, there are the interests of the R. A. M. C. as a service. This service has emerged from the great war covered with honour and glory. It is a consolidated corps in which every member is imbued with a strong esprit de corps. The service has the ear of War Office who have the last word in every measure of reform which affects the Indian Army. Then it has the Director. Medical Services in India, who rules the I.M.S. as well as the R.A. M. C. in the military department. And there can be no doubt that the R. A. M. C. is the top dog in all matters of medical adminstration. Secondly, there is the I. M. S. with its house woefully divided against itself. The civil side headed by the Director General is all for the civil. It takes all it can from the civil and does not besitate to take a slice of the good things out of its military side. A very convenient plan is devised for the purpose. Every civil I. M. S. man who qualifies for promotion to administrative rank must go to the military side to get it and at the same time to learn the art of administration. It sometimes happens that the gentleman is not wanted back in the civil department or that he finds his military job more

congenial than his civil billet. So he stays in the military department to improve its efficiency. At least half a dozen names of officers could be mentioned who at the present moment are filling high military appointments after spending all their lives in the civil department. But the reverse that is the transfer of Military I. M. S, officers to civil department for administrative appointments does not hold good.

The military side of the I.M.S. has no head and no master It is a dog with a bad name. Its interests conflict with its own men on the civil side on the one hand and with those of the R. A. M. C. on the other. Though theoretically treated on equal terms with the R. A. M. C., yet in practice it has to look to another service for fair treatment as a matter of favour or grace rather than as a matter of right. When two services are working side by side, both proud, the one of its present achievements, and the other, mystified in its glorious past, the chances of friction between the two are inevitable and they must occasionally arise. But it speaks well for the tact and broad-mindedness of those who are responsible for army administration that such occasions are not very many. Lastly, there are Indian interests as against those of Europeans. An Indian unfortunately is looked upon as an interloper in the service. He is represented by his European confrere as " belonging to the non-martial races of India from amongst which sepays are very sparingly or not at all enlisted, and the combatant officers have very strong objection to his appointment as medical officer to the unit they command that the combatant native officer who is sometimes of better family and higher caste considers himself unfairly treated in that he has not the same army rank and is not admitted to the officers' mess. that the British soldier, when placed in the medical charge of an Indian, resents being treated by him more quickly, more determinedly, and with less attempt at concealment than his officers that both in the army and in the civil services the wives of European officers strongly object to being treated by non-European doctors" (vide British Medical Association's monorandum dated January, 1919), which means that it is undesirable to have him either with the British or Indian troops. His presence in the ermy is therefore tolerated as an unfortunate political necessity. But he abould not be allowed to cast his defiling shadow in the precincts of those sacred temples where the gods bestow their rich gifts of nectar and manna on the white Brahmins His numbers should not be encouraged to increase, and he must be constantly reminded (of his low pedigree, by making him feel at every turn in the service that he belongs to the Panchamas of the I, M, S.

Indian interests suffer in two ways. In the first place, in the sacred councils of the Secretary of State, the D.M.S., India. or the Director-General, I M S., no Indian is ever admitted to first-band advice on grestions affecting Indians in give Indian the service or to represent interests. The higher ranks of the service happily quite are not petty racial prejudices steenad in ti e lower 80 88 But our interests suffer ranks are. from want of knowledge of our requirements by the powers that be. With the increase of Indians in the service these interests will also increase. It is not unreasonable therefore to hope that the authorities will see their way to arrange for the due representation of Indian interests on the headquarters staff. In the second place, outside the service circles we have unfortunately no public opinion to bear on medical questions. There is such a colossal amount of politicians on medical matters. It is true that there are provincial unions and medical unions and medical questions. There is such a colossal amount of ignorance even among our omniscient politicians on medical matters. It is true that there are provincial unions and medical societies in different parts of India; but there is an organised body which could co-ordinate and focus these provincial views and speak

on Indian interests with the same authoratiy as the British Medical Association does on European interests. This is especially deplorable at the present juncture when the spirit of reforms is abroad and the future destinies of India are in the making.

#### UNION NOT POSSIBLE.

With these preliminary remarks, we proceed to examine the proposition of the unification of the R.A.M.O. and the I.M.S. For the efficient working of a machine it is escential that all its component parts should work smoothly and harmoniously. Any jarring or friction between the parts is detrimental to the output of satisfactory work. It is therefore evident that if jealousies and friction exist between the two services as noted by the Esher Committee, then the machine regires overhauling. And it is also evident that if the defects are removed, the machine will become more efficient; and if unification of the two Services can bring that happy result about, it is highly desirable that the remedy should be recommended. The defective working of a machine is either due to defects of design or adjustment. The adjustment of parts or their replacement is only possible when they are so designed as to fit into each other. Now looking at the two parts of our machine, we find that they are unfortunately of different make.

The R. A. M. C. is purely, a military service in which the outlook of the officer is entirely military. He has no distraction of private practice on the civil side. He enters wholeheartedly into his work and devotes his attention and energies in studying those problems of military hygiene and administration which affect his military career. He looks for success and honour to his military work. The outlook of the I.M.S., as at present constituted, on the other hand, is civil. The military is to him a temporary stepping stone. And he awaits eagerly for early opportunity of transfer to the civil side. His work in the military, therefore, must be to the outside only half-hearted. His aim and object in the service is to have a large civil practice which would augment his income and professional reputation. So long as these organic differences exist between the two services and the I. M. S. man is more of a civillian than military, a union of the two services, however desirable it be, is not possible.

#### TWO ALTERNATIVES CONSIDERED

The amputation of the civil arm is, to my mind the only remedy which would make the I. M. S. an efficient service from the military point of view, whether by itself or in union with the R. A. M. C. Any attempt at a union of the two services under existing conditions would be patch-work and not a true union. A union of the two services can be brought about in two ways. The first is that the R. A. M. C. should absorb the I. M. S. and take over charge of the Indian army in addition to the British army.

In favour of this it is said :----

(I) that the R. A. M. C. is a more efficient service, its officers are purely military and are not distracted by the lure of civil appointments;

(2) that it has larger resources and therefore can supply she needs of the Indian army without difficulty;

(3) that it will find favour with the War Office; and

(4) that it will make the Indian and the British army organisation homogeneous and therefore inter-changeable, which is an advantage when the two armies are operating together in the field.

Against this proposal the following objections are advanced :---

Firstly, there is our old friend, the I. M. S. traditions. This is at best a sentimental objection and it cannot carry much weight in practical politics.

Secondly, that the R. A. M. C. being purely an European service, it does not admit non-Europeans into its corps, and that in any Indian service there should be room for a growing number of Indian doctors. (Para. 34). From a practical point of view the difficulty is\_ not inseparable. In the reorganisation of the Supply and Transport Corrs, the committee suggest its amalgamation with the Royal Army Service Corps, and there is no reason why the amalgamation of the medical services on the same lines could not be suggested. I am, however, not prepared to say as to how far the R. A. M. C. is prepared to admit Indians on terms of equality into their corps, so far as the Indian service is concerned. As far as the consideration of this point alone goes, Indian opinion is not against it. In fact I am confident that Indians in the service would prefer any day to serve with and under the R. A. M. C. officers rather than the European I. M. S.

Thirdly, that this arrangement will make the Indian service an adjunct and a part and parcel of the British service, this is more of a political than a service objection. It is said that as India is started on the road to self-government on the lines of the Dominions Government, it is necessary that the plans of its future army organisation should be laid on the same lines and that India should endeavour to be self-contained and self-supporting, both as regards the material and personnel of its future armies.

The other alternative is that the I.M.S. should take over the care of the British army and thereby eliminate the R.A.M.C. from the Indian service.

The points in favour of this proposal are :---

Firstly, that the British garrison in India forms part of the Indian army. It is housed, fed, and paid for by India. Therefore, the care of its health should also be entrusted to this country. Secondly, that the R.A.M.C. sends out to this country its officers only while the rest of its personnel is found for it by India, it is therefore not a corps in India. If the I.M.S. officers take the place of R.A.M.C. officers, it will make the medical establishment homogeneous. Or the R.A.M.C. officers should continue to come to India but they should be seconded into the I.M.S. during their tour of Service in India.

Thirdly, that the I.M.S. officers being more familiar with the service conditions in the country, and knowing more about the tropical diseases, would be in a better position to look after the British soldier than the R.A.M.C. officers.

Against this proposal the following objections are advanced :---

Firstly, that in the opinion of the R.A.M.C., who are the medical advisors of the War Office, the I.M.S. has not proved a success in the late war. Therefore the War Office will never agree to leave the care of the British army to the tender mercies of an inefficient service. Besides the medical arrangements, so far as the British army is concerned, have been and are satisfactory. There is no reason to make any change. It is the Indian arrangements which have proved a failure and they require reform, not the British army. (i.e. R.A.M.C.)

Secondly, that it will involve loss of opportunity to the R.A.M.C. of studying tropical diseases if they are shut out from Indian service.

Thirdly, that the combination of the civil and military I.M.S. is not conducive to the efficiency of a military service. In fact, this very combination has been the cause of all its misfortunes;

Fourthly, that there is already difficulty in getting a sufficient number of recruits of the right stamp for the service.

By taking over the care of the British army, the I.M.S. will require larger number of men which it will be unable to supply.

This completes our survey of the military aspect of the reorganisation of medical services as discussed, by the Lovett and the Esher Committees' reports. There are other questions of importance such as the position and the treatment of the temporary I.M.S., the iniquitous proposal to give differential scale of pay for the same job to Europeans and Indians, the pay and prospects of the civil assistant surgeons, which requires careful consideration. These I hope to deal with in a future communication.

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HOSTILITY OF THE EUROPEANS.

In a previous article I have dealt with the I.M.S. in its two aspects, i. e., in its relation to the civil side on the one hand, and to the R.A.M.C. on the other. In that article I have shown how the presence of the civil side was detrimental to its efficiency as a military service, and how it was an obstacle to its amalgamation with the R.A.M C. We also saw that the I.M.S. has three elements in its composition-the military element as against the civil, and the European as against the Indian element, and that the conflict of divergent interests of these elements miliated greatly against the homogeneity and smooth working of a public service. In the present article I propose to discuss the European, and the Indian elements, in order to see wherein the antagonism of their interests lies. The European element dominates the service numerically. The European agitator has exhausted every argument to show that the increase of the Indian element is highly undesirable in the interests of the service. He has not been very modest in extolling his own virtues-his professional and social superiori. ty. He has appealed to the efficiency of the service, to the maintenance of discipline and the western standard of progress of medical science in India. Nor has he spared himself the pains to vilify the Indian in his attempts to show that he (the Indian) not only lacks these excellent qualities, but that he is incapable of developing them even under the best of conditions. And lastly, failing in argument, he has not hesitated, as a dernier resort, to appeal to the prejudices of his race, --- that the wives and families of the service men prefer to have medical attendance from men of their own race. And to give this appeal the appearance of a general demand, he has had memoriale sent from all the rabid members of the Anglo-Indian community, such as the planters and the Boxvalas of Calcutta, who have nothing whatever to do with the service.

#### FIXATION OF A PROPORTION CONDEMNED.

Unfortunately for him the great war has proved the inanity of these arguments. It has dispelled for ever the halo of virtues with which the Englishman in India had encircled himself as peculiarly his own. It has further shown that given the opportunity 'and given the right man,' the Indian is every bit as good as the Englishman in taking initiative and responsibility in maintaining discipline, in a sense of honour, and in official rectitude. As the present moment, a number of medical, formations are manned and run entirely by Indians, with equal. if not better, success than those run by Europeana. The present proportion of Indians in the service is about 10 per cont of the total strength. The Secretary of State for India has decreed the number of Indians in the service may be raised to 30 per cent. This the Europeans are opposing tooth and nail. If the wives and families of Europeans want doctors of their own race let their wish be gratified by all means. But they must not forget that the Indians, with whose money the service is paid, also claim the same privilege. The Europeaps cannot have it both wave. Now the number of permanent I. M. S. men is about 800 in all. If this number is to be divided up according to race and nationality, the share of the wives and families of European Government servants as against 300 million Indians would be very small indeed. No doubt, the Secretary of State meant well by increasing the proportion of Indians; but in doing so, he has unfortunately played into the hands of the European agitator. The fixation of numercial proportions means the perpetuation of the racial bar which, we had all hoped, the new era was going to remove. It may be said, on the other hand, that this is only the beginning, and that in time the numbers will increase. That, however, remains to be seen. It cannot be too strongly emphasized that Indians are not in invour of preferential treatment, either for themselves or for

Europeans They have never asked for special concessions or privileges, either for this or any other service. They have never asked that a cortain proportion of appointments in the public services should be reserved for them. If any Indian politician, carried away by the zeal of reforms, has demanded it, he has done so behind the country's back and behind the back of service men whose interest he has betrayed. All that the Indiane ask, beg and pray for is fair field, and no favour, neither more nor At present, the Indian has not only to compete with the less. product of the British schools. but with Сапаbest dians, Australians, South Africans, and any others who choose to be known as Britishers. He has to go to a foreign country, study and compete in a foreign tongue, incur large exnenses and then run the risk of failure. Unfortunately after overcoming these difficulties successfully, his troubles do not end, but begin there. He is subjected to official and social pinpricks, which make his life unpleasant. The treatment he receives from the predominant partner in the service is calculated to be such as to deter others from following in his footsteps. We only ask that the obstacles, which are designed to keep racial distinction in the service and which have been placed in our way, may be removed. Let the standard of examinations be as high as possible. Indians are prepared to compete with Englishmen on equal terms. Let the best men be selected irrespective or considerations of race and numbers so that the State may have the benefit of the best men in its service. The Indian has been admitted into the service from its very beginning, but with the wolcome of an uninvited guest. The attitude of Englishmen towards him has always been that of thinly veiled hostility. Having made a virtue of necessity, they have tolorated him in their midst with indifference, if not actual contempt. The number of Indians has been carefully kept down, and they have been studionaly kept out of all places of power of emolument, on one pretext or another.

It was hoped, however, that with the lapse of time and with the comradeship in arms a better feeling would prevail. as became members of the same service. But to the genuine regret of all wellwishers of India and the medical service, these hopes have not been realised, and matters have steadily gone from bad to worse. We all know that the desire for place and power is a frailty which is common to all humanity. We also know that the megalomaniac delusion of his own superiority is a malady, from which the Englishman peculiarly suffers, when he comes out to this country. But it was hoped that the advent of new forces which are shaping the course of events in the country and the new economic and political conditions which have come into being in the world would have a corrective influence on the parochial mentality of the Englishman. They have affected him in a way, but they have done so for the worse. The much talked of angle of vision has changed, but it has made the Englishman blinder than ever to the barmful course which he is pursuing. The Indian reforms were expected to usher in a new millennium in the country, when the wolf and the sheep shall sleep together in peace and goodwill shall prevail between Indians and Europeaus. Unfortunately, so far the reforms have brought nothing but strife and disaffeo. tion in their wake. Indeed they have unchained the demons of hatred and opened up the floodgates of wrath which had been pent up in the breast of Englishmen from the days of Plassey. The reforms have been made the text of homilies to preach "discontent, uneasiness and uncertainty in the service" They have been made the pretext of a demand for that wholesale robbery, which has been so unblushingly going on in the service under the guise of increased pay, accelerated promotions, more leave, early pensions, free passages to England, and overseas allowance. The Englishman is a long-headed animal. Like the Red Indian, he can ken where the ordinary eye cannot seeHe knows by instinct that the reforms are the thin end of the wedge. What he is really dreading is that it will not be long before the tables are turned upon him. He knows that he has treated the Indians in the past oruelly and abominably. His own sins Hamletlike are now rising to haunt him. In the Indian reforms he sees the Nemesis which is threatening to overtake him. This is the secret of so much upheaval in the European community. This is really why they make the Indian reforms, like "Got strafe England," a "lied" of hate to be sung in private and offlicial circles. I am sorry to have dipped my pen in the ink of politics. I am not a politician. But politician or no politician, such reflections are forced upon one, who has eyes to see and a mind to reflect, upon what is going on around him in public and private life.

#### TEMPORARY I. M. S. OFFICERS

Besides the dust which has been raised by the European agitator over the question of reforms, there is another factor which has aggravated the present situation in the service to no small degree. That factor is the advent of the temporary I M.S. officers. There are 900 temporary officers at the present moment serving in the army, a majority of these being Indians. These officers were enlisted to meet the special demand of a special emergency. The need of medical men at the time was so great that any person with a diploma or medical degree was only too welcome. The rush at the same time was such that it was practically impossible to pick and choose. Even in the combatant ranks all sorts of unfits, the blind, the halt and maim were gratefully accepted, so long as they could stand on two legs and were able to do something. The civil medical men who had volunteered themselves for service in the I. M.S. were naturally of various types. Of course they were all civiliane, who had no military training and consequently had no idea of military discipline. They had never moved in

English society before on terms of equality or familiarity and were therefore innocent of the social amenities of service life. A good many of them had never seen a fire arm in their life. except perhaps in a village meles where a villager had been shot (accidentally of course) by a stray shot from a white man's gun. They had a vague idea of field service as a pandemonium of flying bullets and bursting shells, where the treacherous foe lurked behind every tent peg. Among them were medical practitioners of fairly long standing in their profession, with family and professional responsibilities. Then there were civil Assistant Surgeons who had served in subordinate capacity and had looked upon the I. M. S. men with a kind of reverential awe. They could not feel comfortable in their company on terms of equality. There were men also who were imbued with the spirit of Young India, self-respecting, self-reliant, of an indepedent turn of mind to the point of touchiness. Thev saw insult where perhaps none was intended. Again, there were young men who had been educated in Europe, possessed British qualifications, and were as time a set of men as one could wish to meet anywhere. All these men had made sacrifices in joining the service. All had borne privatious and personal discomforts. The older men had given up their practice, and the younger men their promising carcers, especially at a time when all professional competition was withdrawn, and they had good prospects of setting themselves up in private practice. They all had high hopes of being given permanent commissions. This heterogeneous conglomeration of untrained recruits is not to be judged by the high social and professional standard of the permanent service men. In assessing their shortcomings, allowance should be made for all these circumstances. Taking every thing into account, it may safely be said without fear of contradiction that the work of the temporary I. M. S. men has been quite satisfactory. The decorations and distinctions which these men have earned compare favourably

with those earned by the permanent men. I repeat that these men, by their timely help, have saved the 1. M.S. from complete and ignominious breakdown.

## THE OTHER SIDE OF THE PICTURE.

This is one side of the picture. Now let us look to the other side and see how their services have been rewarded. We have noted before what the Esher Committee were made to remark about the temporary men in their report that "out of 900 or more temporary Indian medical officers employed in the war, we understand that only a small proportion have proved themselves so fit for active service as to justify selection for permanent appointments', (para. 46). Temporary officers had to serve under I. M. S. officers, who were already joalous of the Indian element. It is easy to find fault when one is determined to look for one. And a man blinded by projudice is a man without reason. He sees fault where none exists, and he visits the sins of one on the head of all. A British officer, whether temporary or permanent, by virtue of his commission, is entitled to a certain amount of official and social consideration. But the treatment meted out to the men was far from friendly. considerate or sympathetic. Indeed, in some instances, it was such that it could hardly be imagined as possible anywhere else except in the I.M.S. The truth is that these men, at least the self respecting portion of them, are so disgusted with the social and official troatment they have been receiving that they would not have anything to do with the service. This is the real reason why a very small fraction out of the 900 men has applied for permanent commission. It is a pity that this side of the picture was not shown to the Esher Committee when they penned the above remak Officially the temporary officers are given a separate scale of pay, promotion, and gratuities. which is distinct from the permanent service. This is only right. But these officers make a grievance that, apart from

this distinction, they should be permitted to participate in command and other charge allowances of the service to which for the time being they belong. From their point of view this distinction is unfair.

#### DIFFERENTIAL TREATMENT.

The European is engaged on two years' contract. He is offered outfit allowance, a first class passage out to India and back and a gratuity. Over and above this he is given Rs. 150 a month more pay ithan the Indian officer. Now the European, when he comes out to this country, is little more than a school boy. Besides being new to the country, he is more liable to suffer from the Kinder Kranheiten of tropical India. It takes him quite two years or more to know something of the language and customs of the country. And as often as not, his professional attainments are not so good as those of his Indian colleague. It is therefore evident that, from the point of view of efficiency and usefulness, he is not good as the Indian article. These attractive terms may induce Europeans to come out to this country for a holiday trip, but they do not make for the good of the service. They may even rejoice the heart of the European agitator to see the colour bar so insolently brandished in the face of India, but it is not sound business. This differential treatment is of course entirely indefensible. The salaries, which are paid to Government servants, are the wages for the work they do, and the better the quality of the work the higher is the scale of wages. Now in this case the higher wages are paid not because the work is good, but because the workman has whiter skin.

There is strong feeling of resentment among Indians over this question of a differential scale of pay. Their silence should not be taken to mean that they will take it lying down. Silence is the measure of the depth of the current. This resentment is already beginning to show itself, as evidenced by the fact that out of 900 temporary officers a very small proportion is applying for permanent commission, and those who are doing so are not the right stamp of men. Memorials and representations we understand, are also on their way. It is only the tactful handling by the D.M.S., India and his sympathetic treatment and considerate postings, which is keeping the temporary officers in the service.

This differential scale of pay has been extended to the permanent service also. This the Indians regard as a barefaced attempt to perpetuate the race distinction in its most objectionable form. They are not deceived by its camouflaged name of overseas allowance. Self-respecting Indians refuse to join the service on these humiliating terms. The scandalous part of the new rates of pay is that they are made applicable from December 1918, i.e., after the date of armistree and the majority of Indians have been given permanent commissions subsequent to that date and they are all affected by it. Good many of them hađ joined the service long before that date when the empire needed their services most. And what makes it doubly iniquitous is the fact that when these men make complaint and threaten to resign they are being put off by being told that these rates of pay are only provisional iii.

If it is desired that the Indian should keep up the social prestige of the service, that he should frequently visit Europe to keep himself abreast in his profession, and if it is desired that he should turn out equally good work as the European, then it is eqally desirable and fair that he should be treated in the matter of pay and other allowances on terms of equality with his European colleague. If smaller pay is offered, it will only keep out the very class of Indian whom it is desirable to enlist in the service. It is a thousand pities that the medical advisers of the Government of India did not place the interests of the service before considerations of race, and that they did not foresee the disastrous effect which this measure will have on the efficiency of the service. The Indians look to the head of the I. M. S. for protection 1 of their interests as much as the European. Therefore it is a matter of great disappointment to them that he should have permitted himself to be a party to the sanction of this iniquitous measure which is as impolitic as it is unjust. It will be observed that some of the above-mentioned grievances are tangible, while others are subtle and intangible. It is the presence of the tangible which gives licence to and makes the intangible ones possible. It is therefore up to those heads of the service who are responsible for its smooth ond efficient working to see the race distance of the impalpable grievances impossible.

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# CHAPTER V.

#### THE CIVIL MEDICAL SERVICE.

So far we have considered the I.M.S. chiefly in its bearings as a military service. I propose now to deal with its oivil aspect, to indicate such reforms and modifications as will bring the present system into line with the scheme suggested in my previous communications. It is a curious fact that when a committee or a commission of inquiry is appointed by the Government of India, its labours begin by inquiring into the grievances of the higher grades of the service and invariably end by recommending an increase of pay, allowances, and other privileges for them. But Indian services are not composed of higher grades only. They consist of lower grades, into which the higher grades shade off and are dovetailed. The bulk of the routine work is carried on by that part of the department. which is insidiously called subordinate. On the contentment and smooth working of the subordinate service largely depends the efficiency of the service. It follows, therefore, that an enquiry which does not include within its scope the condition of the subordinate service is incomplete and its recommendations are defective. It is not because of its lesser importance that the consideration of the subordinate service is left out, but because it goes very often unrepresented and is inarticulate. Those who are loudest in their clamour receive the first attention, while the amelioration of the condition of the lower grades is left to the tender mercies of the head of their department. These remarks apply equally to all departments, but with special force to the medical.

The young I.M.S. officer learns the use of forms and returns and his first lessons in hospital administration from his subor-In the case of surgical diseases which are peculiar to this country, the new arrival learns the use of the knife from his assistant. And a vast amount of work in the hospital wards, in laboratory, and in office is done by these men for which the credit is generally claimed by the I.M.S. In the last way the civil department was mostly denuded of I.M.S. officers. Their place was taken by the civil assistant surgeons. and most of the work of medical administration was done by them. The official reports of this period speak highly, and in some cases enthusiastically, of the work done by the assistant surgeons. Indeed if the statistics do not lie, the work done by was in some respects, better than the work of the I.M.S. men. In some provinces the number of in and out-patients treated in

hospitals had increased. More surgical operations were performed and a greater number of students passed from colleges where teaching was entrusted to their charge. In normal times the assistant surgeon forms the backbone of the medical administration of the country, and during the war he has proved by actual experiment that he can successfully take the place of the I.M.S. man, As a class, the assistant surgeons are highly trained and well educated. They have their ambitions for which there is no opening in the present system of administration. In the corresponding service in the Public Works Department, the assistant engineer who is also trained and educated in the country can rise to the bighest administrative posts in the department. But the poor assistant surgeon is born an assistant surgeon lives an assistant surgeon and dies an assistant surgeon. This state of affairs is not likely to make him contented with his lot, especially in these days when the economic stress is felt by every community and living has gone up from 100 to 150 per cent. The need, therefore, of an increase of pay and prospects in the case of assistant surgeons

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is more urgent and imperative than in the case of the already pampered I.M.S.

#### A SCHEME FOR THE IM.S.

In the scheme which I am submitting. I am considering the civil department as a separate service, quite independent of the military I.M.S. The Service, should be called the Indian Civil Medical Service. It should be divided into two branches; (a) the imperial branch, and (b) the provincial branch.

The imperial branch should include the following appointments :--

All administrative appointments :--

(a) The head of the service, D.G. of I.C.M.S.

(b) Surgeon Generals to local Governments.

(c) Inspector Generals of hospitals in minor provinces,

(d) Inspector Generals of prisons.

(e) Sanitary Commissioners to imperial and local Governments.

(f) Some of the important executive appointments to serve as training-ground and a stepping-stone to promotion to administrative posts and for the purpose of providing a larger area for the salection of suitable men, such as—(a) Professorial and research appointments, (b) Superintendents of large central jails, (c) Superintendents of large lunatic asylums (d) Civil Surgeons of large and important stations, (e) Resident Surgeons of large and important states.

#### RECRUITMENT.

At present :--The holders of present civil appointments to be permanently seconded from the I.M.S. if they so des re it. Temporary I.M.S. officers with British qualifications, with good report of war work, and otherwise suitable. In future:—(1) By open compatition, the examination to be held simultaneously in England and in this country. All European and Indian medical men with registrable qualifications eligible to compate; candidates trained in India to go to England for a post-graduate course after passing the examination. (2) By selection in open market of European and Indfan candidates for professorial and research appointments. (3) Promotion by selection from the provincial service to the extent of 15 per cent. of all imperial appointments.

The standard of examination, pay, prospects, and other conditions in the Indian Civil Medical Service to be the same as in the I.M.S. at present. It should be a further condition of the service, that all I.C.M.S. officers will act as reserve for the military in time of emergency and that while on military duty they will perform only professional and not administrative work. To such of the I.C.M.S officers who are desirous of military rank commissions might be given in the Auxiliary or Territorial forces of the country.

As the following departments do not require the exercise of surgical or medical skill, it is suggested that they should be relinquished by the medical department. It is a waste of I.M.S. men to appoint them to such non-professional work which can be done equally well if not better, by others. The medical men are scarce in these days; it is, therefore, desirable to employ them economically. It will further save the Government the necessity of paying them higher salaries by way of compensation for the loss of private practice, which these employments involve.

(1) Medical Stores to be placed in charge of business men possessing chemical and pharmacuetical qualifications.

(2) The Chemical Examiners department to be in charge of highly qualified analytical ohemists.

(3) The X-Ray-Institute to be placed in charge of qualified electricians. The income from patients who can afford to pay for their treatment to be credited to Government account. At present the Institute is a white elephant, costing the country large annual expenditure without the return of a single penny. If properly run, it could be made a source of revenue.

(4) The Assaye department and (5) the surgeon naturalist to the Government of India.

In order to place the medical department on a systematic basis it is suggested that the appointments of the imperial branch should be uniformly graded. The sivil surgeoneics, the political appointments, and superintendentships of jails and lunatic asylums should be classed as first, second and third class. In the sanitary department they should be graded as Commissioners, Deputy Sanitary Commissioners and Health Officers. Similarly in the Educational and research service there should be Professors, Assistant Professors and Demonstrators.

# CHAPTER VI.

# PREVIOUS HISTORY.

In previous articles we have considered the reasons for the separation of the civil from the miltary side of the L M. S. We have also had occasion to note that the experience of the great war has emphasized the necessity of some kind of uniformity, if not actual amalgamation, of the service with the R. A. M. C.; further that if unification is brought about it is immaterial from the point of view of military administration, whether the I. M. S. absorb the R. A. M. C. or vice versa In placing these considerations before the reader we had occasion to refer to certain defects in the I. M. S. These defects are not new: they are of old standing, and inhereat in the very organisation of the service. The fact is that the I. M. S. like the rest of the Government of India, has become obsolete and antiquated. It is an anachronism, as it stands; it requires thorough overhauling and re-adjustment to suit present day requirements. These defects were noticed as far back as the early eighties of the last century, when Lord Ripon's Government appointed a Committee of enquiry composed of Surgeons-General Craword and Cunningham. The committee in their report recommended the separation of the civil side and the amalgamation of the military portion with the R. A. M. C. These recommendations were embodied in the Government of India despatch of August, 1881, to the Secretary of State for India. The War Office, however, rejected the scheme on the ground of the impracticability of admitting Indians into the R. A. M. C., and the Secretary of State for India communicated this decision to the Indian Government in the following terms :---

"Any scheme by which natives of India will be excluded from the commissioned medical service of India would give rise to serious objections and this difficulty would not be removed by the expedient of forming what would evidently be an inferior service composed solely of natives of India." (Military No. 86 of 28th February, 1883.)

The same views were expressed by witnesses before the Welby Commission. The Government of Bengal in the memorandum which they presented to the Commission make the following remark:

"That among the defects of the system must be recognised a want of stability, a want of strict identification with the interests of the natives of the country, an exclusiveness which renders it difficult to introduce the natives of the country to the higher appointments of the service."

No less emphatic was the Surgeon General of His Majesty's Forces.

"If real reorganisation is to be attempted—and that such is needed none who are acquainted with the present system can deny—it can be effected by no partial measures. The division of the civil from the military duties must to be trenchent and distinct."

No steps, however, were taken by the Government of India to initiate reforms, till Lord George Hamilton as Secretary of State for India, being alarmed at the increase of the cadre of the service, called upon the Government of India to reduce the numbers, or at any rate to restrict their increase. The Secretary of State for India based his demand on grounds of economy as well as on the increasing difficulty of obtaining recruits. He emphasised the point by the remark:

"I am unwilling to accept proposals based on the assumption that sufficient medical qualifications will never be found in India or elsewhere, outside the Indian Medical Service." (Despatch No 45 of May 1899).

Although the Government of India concurred in these views in their despatch of 1901, they took no action later on in 1908 Lord Morley called upon the Government of India to give effect to the proposals as set forth by Lord George in his despatch referred to above:—

"Since 1899 successive Secretaries of State for India have drawn attention to the objections to indefinite extension of the oadre of the I. M. S., for the purpose of providing for miscellaneous appointments for which that service, though it may offer well-qualified candidates, is not the only and may not be the most economical source of supply. Notwithstanding the necessity for restricting the cadre of the Indian Medical Service, it has in recent years continued to increase, and, apart from other objections, its further increase would be likely to cause serious difficulty in the matter of recruiting. I have consequently decided that the time has now arrived when no further increase of the civil side of the service can be allowed and when a strong effort should be made to reduce it by gradually extending the employment of civil medical practitioners recruited in India."

Similar views are echoed by non-official opinion. The Indian National Congress, the organ of the educated Indian community, in its session of 1893 demanded that "the civil medical service of India should be reconstituted on the basis of such services in other civilised countries, wholly detached from and independent of the military service". The views of the British Medical Association are expressed by the British Medical Journal of February, 1882, in unequivocal terms :---

"There is one possible solution of the difficulties which result from the constitution of the Indian Medical Service and the conplex duties in which its officers are engaged, and this solution is one which has been advocated by various able administrators in both services. The first step must be a complete separation between the civil and the military medical services in India."

#### THE CONTENTION OF THE I.M.S.

From the extracts which have been quoted. it is evident that the successive Secretaries of State for India have repeatedly urged upon the Government of India the need of reform, and they have indicated the direction in which they should look for recruits in the future; but the Indian Government have been persistenly obdurate. They have shilly-shallied and obstructed reform for the last 40 years. And now the difficulty of recruiting has been rendered doubly acute. On the one hand, with the growing needs of the country, the demand for medical relief has increased and is increasing day by day. On the other, the altered conditions in England, with its increased domestic obligations, the improved conditions of private practice, and of naval, and colonial services have very largely restricted the supply of medical men for the Indian service. The problem of the reorganisation of the medical services becomes thereby complicated with the question of supply and demand. The die-hards of the I.M.S. look upon this question from a very narrow point of view. They take up their position on another ground. They say the difficulty of recruitments is due to intrinsic causes and the unsatisfactory conditions of the service. These causes have produced a widespread dissatisfaction.

"Its own officers are spreading widecast their warning through the British schools and advising the young medical man to await and see what is to be the next move before he links his fortunes with a service which may bring him nothing but disappointment." (British Medical Association's Memorandum, page 2.) In other words the I.M.S. officers are actively engaged in the not very creditable task of persuading the young medicos to boycott the service to which they themselves have the honour to belong. The grievances which hav produced this state of affairs are thus enumerated by the British Medical Association (Memorandum, January 19) :--

(1) The curtailment of opportunities of private practice partly from lack of time owing to increase of official work and partly owing to restrictive Government regulations.

(2) Inadequacy of pay owing to increased of cost living, higher house rents and the depreciation of the rupse.

(3) Frequent transfers and inadequacy of transfers allowance.

(4) Difficulty of obtaining leave.

(5) Some other grievances are mentioned such as the want of direct representation of the service on the Councils of the Secretary of State for India, the Government of India and the local Governments, the status of the district medical officer, confidential reports. &c.

The contention being that if these grievances are removed there will be contentment and peace in the service and all difficulties of recruitment will disappear. This is the panacea which the combined wisdom of the British Medical Association can suggest for the ailments of the I.M. S. I am sure that no one would grudge the removal of legitimate grievances, whether of this or any other service. And jit must be gratifying to the British Medical Association and its eprotege of the I.M.S that all their demands have been generously met by the Secretary of State, and we hope all causes of complaint have been removed. But from the point of view of business, India has a right to know if she is getting the value of her money in the class of recruit which is being imported for her from abroad. Is she getting the pick or the refuse of the British Medical Schools? The British Medical Association's Memorandum *inter alia* recommends that the competitive examination of the service should be continued to be held in England as heretofore :

" That the lexamination should be kept as practical as possible, stress being laid on the practical rather than on the theoretical side of the work. It is the practical man who excels in medicine and surgery, whilst unfortunately the tendency of the Indian is to break down on this side of his work and to shine on the other. To flood the Indian Medical Service with unpractical men would be most injurious to the true interests of India." "Then again it is a very necessary part of the education of I.M.S. students who desire to serve in the I.M.S. that they should learn enough of English ways: manners and customs to enable them to live without mutual discomfort in the society of British Officers and of other Europeans of the same class. For this reason we consider that candidates from India should be encouraged to spend as much time as possible in a British school of medicine. A period of three years would be none too long to permit a man to become acquainted with the methods of sanitation, the mode of living hospital treatment and dietary and other features of medical practice, which are so widely different in Europe and India. Without this knowledge he cannot understand or treat the European in India, and this is an important part of his work. Special hospitals for fever and for nervous diseases are yet non-existent in India. whilst in Europe they are considered very important for instruction to students. As Europe is the home of Western medical education the whole tone and atmosphere of a British medical school is better. higher and more stimulating than that of an Indian college .... In short, British medical schools are far more lefficient than Indian medical colleges." (Memorandum, pages 4 and 5.)

But the British Medical Association shows its cloven hoof when further adds that—

"This question of recruitment has been thus fully dealt with, because there is a widespread belief that the aim and object of the Public Services Commission is to pave the way for the admission of a much larger number of Indians into the various services of India. In the case of the I.M.S. at least any such step must be taken most carefully if it is not to prove a most costly failure to the very part of the Empire whose sons it is intended to benefit.

## UNDESIRABLE TACTICS.

Here I wish to draw the attention of the reader to the ingenious, but not very praiseworthy, tactics adopted by the service man. First, he goes round the British medical schools. recounting the tale of his woes and trying to dissuade the young medicos from joining the service. Next, he goes to the Secretary of State for India and tells him that the scarcity of recruits is due to the unsatisfactory conditions of the service, dictates certain conditions and threatens to boycott the service if those terms are not conceded. Then. lest the Secretary of State should show a bold front and turn to Indian schools for recruits, he hastens to warn him that such a step would spell disaster because the Indian is unpractical and the colleges in which he is trained are inefficient and inferior. And, lastly, in order to give the whole thing the plausibility of ex cathedra pronouncement, all this farrage is put into the mouth of the British Medical Association.

Many Indian Medical Service men and other educationalists of eminence have borne testimony to the excellence of the training given in Indian colleges. Indian students have gone to England and without any further training, have very often passed straight into the I.M.S. We have also noted before that civil assistant surgeons have successfully taken the place of I.M.S. men, during their absence, on military duty. These facts are sufficient to convince any reasonable man that the specious advocacy undertaken by the British Medical Association is, to say the least of it, rather laboured. "It is based," in the words of Lord George Hamilton, "on the assumption that sufficient medical qualifications will never be found in India or elsewhere outside the Indian Medical Service."

To my mind the solution of the present difficulty does not lie in the offer of higher rates of pay and emoluments. These measures will not produce recruits where none exist. In my opinion, the solution should be sought in the direction of widening the field of recruiting ground, a lmitting a larger number of Indians, cutting down miscellaneous appointments which can be equally well filled by non-medical men, improving the status of the civil practitioner, and giving him a larger share of medical relief in the country.

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# CHAPTER VII.

#### PRIVATE PRACTICE.

This is a convenient place to say a word about private practice, a subject which looms large in every discussion concerning the Indian Medical Service. The I. M. S. officers and their sponsors of the British Medical Association take up their position under the pagoda tree, and recall with a sigh the happy days when the tree used to yield an abuudant harvest of the yellow fruit, when "any man of average ability and industry could especially in civil employ, be sure of considerably augmenting his income by means of private practica, whilst a few made considerable sums thereby." They base their right of private practice on the East India Company's Act of 1772 (13 Geo. III., c. 63, Section 25): "Provided always ... that nothing herein contained shall extend or be construed to extent to prohibit or prevent any person or persons who shall carry on or exercise the profession of a counsellor of law, a physician, or a surgeon, or being a chaplain from accepting, taking or receiving any fees, gratuity, or reward in the way of their profession." (Memorandum, page 11.) They bemoan the decline of private practice, but lay the blame of their misfortunes on the Government of India. They complain that the Government has issued instructions, limiting the amount of fees to be accepted by I.M.S. officers. On the top of this unfortunate "limitation of fees" incident came an order issued by one of the local Governments in September, 1908, dealing with its State Hospitals and prohibiting "the making of any distinction between out-patient who are really or apparently poor and out-patients who are

really and apparently rich." "Older still is the practice of the various local Governments of permitting the admission to the special paying wards of the Presidency State hospitals of both male female patients and they are whether Government servant or not, and their treatment whilst in those wards at very cheap rates by I.M.S. officer the fee being credited to Government. Of late the various Governments have shown a tendency to add to the list of those officers who are excluded from the privilege of practice. This has caused a good deal of uneasiness in the service, but nothing compared to that excited by the rumour that a further large curtailment of private practice is intended. The first step contemplated would appear to be a limitation of the right of practice of professors in the college of the Presidency towns to their special subjects and to consulting practice only." (British Medical Association's memorandum, page 8.) It seems to me that there is a good deal of confusion of thought in all this lament and wail. The so-called restrictive regulations after all affect a very small fraction of the I.M.S., and to make it a serious service grievance is, to say the least of it, making a mountain out of a very small mole-hill. Besides, we may be sure that Government must have good reasons for issuing such instructions. On the face of it, the regulations are intended to check abuse, and not the proper use of the right or private practice. In fact, the British Medical Association themselves appear to suspect as much when they hasten to add, "there is no defence for improper conduct and none is made." It should not be forgotten that an I.M.S. officer is a wholetime servant of the Crown, and the State has every right to lay down rules as to how the spare time of its employees is to be made use of.

Now the I.M.S. officer has everything in his favour. He has the prestige of his official position as sanitary and medical officer of a district. As such all the recruitment and sick leave and invaliding in that area pass through his hands. He signs certificates in all medico-legal cases. He examines cases for life insurance. He has collateral charge of railways and district jails. Over and above this, he has at his disposal a wellequipped hospital, a well-trained staff, facilities for research and pathological work paid for and maintained by the State. In a large number of places nursing homes are attached to public hospitals for the benefit of his private patients. He has the wide field of the life and limb of the poor sick in the country for the exercise of his art. If with all these advantages he cannot hold his own in open competition, he has to blame himself and not the Government. Surely it is the height of ingratitude to abuse the very Government which has done so much to help him in his private practice. For the edification of the British Medical Association and such others whom it may concern, I take this opportunity of briefly enumerating the real causes which have unfortunately brought about the decline of practice in the service.

(1) The reader is aware that there is such a thing as good bed-side manners in medical practice. The bed-side manner is the knowledge of the world which is applied by the physician to the practice of his profession. It implies a knowledge of human nature in general and 'of the patient in particular. It means sympathy, fellow-feeling and the power of entering into the very heart of the patient so as to be able to appreciate the forces which operate on his mind and aggravate or mitigate his ailments. This, it is evident, cannot be acquired without intimate knowledge of the customs, manners, feelings and prejudices of the people. In all fairness it may be asked how many I.M.S. officers have taken the trouble to know the people of the country, leave alone their feelings and prejudices. Their knowledge of the language does not go beyond a few imperatives and emphatic expletives. Their acquaintance with the habits and customs is derived from the cook and the syce in the back verandah of their bungalow or from the sapient scribes of the Anglo-Indian press.

(2) The I.M.S. officer goes to see his patients more as an official than an humble practitioner who has to earn his fee. He cannot leave behind him his abrupt and brusque official mannerism. That would be against the prestige of his caste. This it may be pointed out, the self-respecting Indian does not particulary relish.

(3) He puts on airs of Harley-street consultants and charges Harley-street fees which the people are too poor to afford to pay.

(4) The I.M.S. officer is a member of the Anglo-Indian hierarchy. For some time past his community has been sowing the anti-Indian wind broadcast in the pages those Anglo-Indian press and the European Associations, and the poor harmless doctor has to reap his share of the whirlwind.

(5) A time there was when the 1. M. S. officer was the only practitioner in the field, when he was the lord of all he surveyed and when he could truly say, "my right there is none to dispute." But now an indigencus profession is raising its head and "has become very active and virile, and, instead of the officers of the service encroaching on the rights of independent members of the profession, it is they who have acquired the practice formerly enjoyed by the officers in the service," a calamity which is bewailed by the British Medical Associaciation. (Memorandum, page 12.) Self-Laudation is no criterion of one's professional worth. The public is the best judge, and it knows where it can get the best medical advice for its money. Nor does the use of abuse add strength to one's argument. To say that a high standard of action, enthusiastic devotion to duty, and high code of probity and honour are the monopoly of the white race and thereby to insinuate that these traits of character are absent in the Indian practitioner does not redbund to the honour and fairmindedness of that august body. (Memorandum, page 13).

(6) There are other causes besides those mentioned above which have operated in the same direction. These were enumerrted by the late ;Sir Pardey Lukis before the Public Services Commission ; they need not be repeated here.

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# CHAPTER VIII.

## THE PROVINCIAL MEDICAL SERVICE.

I have said before that the portion of the medical services which needs reform most is the civil assistant surgeaus branch. Improvement in its pay and prospects will attract a better class of men who could be confidently trustel to relieve the Imperial branch of a large portion of its responsibilities; and in this way will be removed to a considerable degree the anxiety which is being felt at present with regard to recruitment for the imperial services. The higher administrative posts may continue to be filled by the imperial service men.

*Recruitment*:—The same as at present for the civil assistant surgeons' class.

Appointments to include.

Assistant to the Director-General,

, Surgeons-General of local Governments,

" Professors and Demonstrators,

Second and third class Civil Surgeons,

Political and Foreign Surgeous,

Superintendents of district and second class central jails and lupatic asylums,

Deputy sanitary commissioners and health officers, Assistant to the Inspector-General of prisons,

15 per cent. of all Imperial appointments.

Pay to be raised as below:-

1 to 3 years' service Rs. 200 called 3rd grade.

4	to	6	<b>,</b> •		.,,	350	••	2nd	**
7	to	10	1+	18	*9	450		do.	71
11	to	15			18	600		1s <b>t</b>	, <b>,</b>
16	to	20	11	,1	••	800	**	do.	
20	to	30	17	<b>\$</b> 1	,,	<b>10</b> 00	),	Senior	17

**Promotion** :-- Promotion from 3rd to 2nd and from 2nd to 1st grade will be by professional examination and from 1st to senior grade by selection. Accelarated promotion should also be given for good service and professional work. Facilities should also be given for study leave and post graduate training in Europe.

In large stations where there is a large European as well as an Indian population it is desirable to have two civil surgeons, one for the Indian and the other for the European community. As a condition of service these men should agree to undergo a course of military training and to serve as a military reserve in time of emergency up to the age of 45.

#### REFORM IN I.M.D.

It is highly desirable that reform on similar lines should be carried into effect in the I. M. D. branch of the military medical service. The educational and professional qualifications of the service should be brought into line with the civil branch by making the sub assistant and military assistant surgeons into one class and abolishing the class and religious restrictions. Their pay and prospects should be similarly improved and a certain proportion of suitable men should be granted honorary commissions in the I.M. S. But the employment of these men should be confined to military duty only.

The pay of the military assistant surgeon branch has been lately increased by over 100 per cent. and very little has been done for the sub-assistant surgeons. Their pay has been raised but not enough. They have been given the rank of Indian officers, but only its shadow and not the substance. The subassistant surgeon is a professional man and a most useful link in the chain of army medical service. It is most necessary that his status, conditions of pay and pension, clothing allowance and other privileges of grant of land and honorary commissions should be made on a par with those of Indian officers of combatant branch.

# APPENDIX A.

# LM.S. RATES OF PAY.

		· .	01d Rates A.R.I., 1,	L.A.I. 321-1919. Indiana	LAIL	313-1920.
Rank.		Ÿrs.	para 11. Indians and Europeans,	and Europe- ans.	Indiana.	Euro- peans.
Lieutt.	•••	1	450	550	500	650
	•••	<b>2</b>	450	550	<b>50</b> 0	650
		3	450	550	500	650
Captain		4	550	7 <b>0</b> 0	650	800
-		5	550	700	650	800
1,		6	600	750	650	80 <b>0</b>
0		• 7	-600	750	750	950
ы ·		8	650	800	750	950
11		9	650	800	750	950
		10	-650	800	850	1,050
51		11	700	900	850	1,050
15		12	700	900	850	1,050
Major	•••	13	<sup>,</sup> 800	1,000	950	1,200
,,		14	800	1,000	950	1,200
11		15	800	1,000	950	1,200
,,		16	900	1,150	1,100	1,350
<b>79</b>		17	900	1,150	1,100	1,350
10	• • •	18	90 <b>0</b>	1,150	1,100	1,350
,		19	, <b>90</b> 0	1,150	1,250	1,500
		20	900	1,150	1,250	1,500
Ligutt. Col.		21	1,250	1,550	1,500	1,750
		22	1.250	1,550	1,500	1 750
		<b>23</b>	1,250	1,550	1,500	1,750
	••••	<b>24</b>	1,250	1,550	1,6 <b>0</b> 0	1,850
20		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-Ro. 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 Re. 250 to which the Indian is not eligible

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

PAY AND ALLOWANCE OF TEMPOBARY I. M. S.

#### (Indrane)

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 1ndia only) Rs. 450.

Note. Command and second in command allowance not admissible.

> PAY AND ALLOWANCE TEMPERARY L 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 Gen	eral (now	Lt. General)	•••	1
Major Gener	als	•••	•••	2
Colonels	***	•••	•••	10
Staff and exe	autive offi	cers	•••	320
		Total		333
		10081		<u></u>

## INDIAN MEDICAL SERVICE.

#### Military.

Under the G	6				
Under the	Comma	nder-in-Chief	Major		
Generals		•••	•••	1	
Colonels	•••	•••		10	
Staff and exe	•••	188			
Special leave	e reserve	15 per cent	- * *	22	
Leave reserv	6	20 per cont		45	
			•	<b></b>	
		Total	•••	•••	272

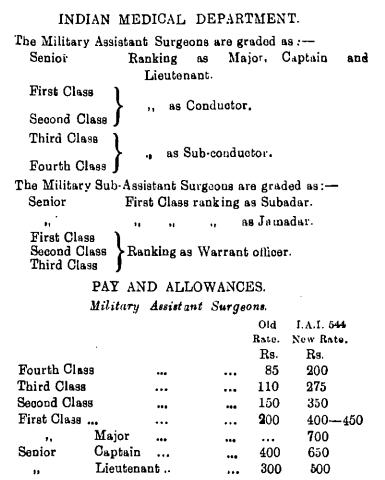
Two additional Majar generals and 2 colonels were added as a war measure. These are practically permanent appointments.

BESIDES THESE ABOU	T 900 T (V1L.	EMPOR	ARY I	M. s.
· · ·			3	
Major generals		•••	-	
Colonels <sub>.</sub>	***	•••	6	
Executive and staff	***	•••	36 <b>7</b>	
Leave reserve 20 per cen	t	•••	76	
		Total	•••	452
	Grand	i totai	•••	742
Q. A. M. 1	N. S. INI	DIA.		
Lady Superintendents			4	
Senior nursing sisters			16	
Nursing sisters			71	
THURBING BIOLOG			· <u> </u>	
	Tota	1	91	
	2,000	••••	_	
INDIAN MEDIC.	AL DER	PARTME	ENT.	

Military Assistant surgeo Military Leave reserve 15 per cent	ns employed 	in 353 71	
	Total	•••	424
Employed in Civil and Rys. Leave reserve	••••	244 37	
	Total		281
Sub-Assistant Surgeons	Grand total Total about	•••	705 90 <b>0</b>

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# APPENDIX C.



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

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# MILITARY SUB-ASSISTANT SURGEONS.

Senior.

		Rs.	Rs.
First Class	•••	115	140
Second Class	•••	95	125
First Class	•••	70	95
Do. after 15 ye	ears	—	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.	۱	
House rent.	Į	
Rations.	Alan	admissible.
Lallway concessions.	1	80111881018
Made up of pay. extra pay, and field	Í	
allowance.	,	

- ----- --

# APPENDIX D.

	Date	
To	· · · · · · · · · · · · · · · · · · ·	

SIB

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 Iudians 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 S in which there is considerable uniformity in the mode of and standard of life of officers, costs one officer more the same a mount as another to maintain the prest 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 Indla and the Indian just as much as the European.

5. On account of the differences in the conditions of prevate practice in India and in the United Kingdom, the Indian loses more than the European by not settling down as early as possible Parternership, 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.

