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GROWTH OF THE CIVIL SIDE OF THE INDIAN MEDICAL SERVICE SINCE 1885.

1885.

The number of appointments was as follows :—

Under Government of India, Home Department	...	...	...	5
Ditto Foreign Department	...	...	...	27
Ditto Finance „	...	...	...	4
Government of Bengal	...	...	...	55
Ditto North-Western Provinces and Oudh	...	...	...	46
Ditto Punjab	...	...	...	31
Ditto Bombay	...	...	...	49
Ditto Madras	...	...	...	46
Administration of Central Provinces	...	...	...	15
Ditto Assam	...	...	...	8
Ditto Burma	...	...	...	10
Ditto Berar	...	...	...	3
				299

On the above there was a reserve of 25 per cent for leave and casualties; the total number of Indian Medical Service officers employed in connexion with these 299 appointments, therefore, was 299+75 or 374.

1899.

In the course of the next 14 years, 29 appointments were created; this was partly due to the creation of the Jail Department and partly to the extension of our Administration of Burma. The number of appointments was as follows :—

Under Government of India, Home Department	...	...	...	5
Ditto Foreign Department	...	...	...	30
Ditto Finance „	...	...	...	4
Ditto Public Works Department	...	...	...	1
Government of Bengal	...	...	...	62
Ditto North-Western Provinces	...	...	...	46
Ditto Punjab	...	...	...	32
Ditto Bombay	...	...	...	49
Ditto Madras	...	...	...	49
Ditto Burma	...	...	...	21
Administration of Central Provinces	...	...	...	16
Ditto Assam	...	...	...	9
Ditto Coorg	...	...	...	1
Hyderabad Residency	...	...	...	3
				328

With a reserve of 25 per cent, these 328 appointments required an Indian Medical Service establishment of 409.

1907.

During the next 8 years the number of civil appointments was increased to 360, not counting the Bacteriological Department which is not reserved for Indian Medical Service officers. The increase was principally due to the extension of the medical service in Burma, the rearrangement of the Bengals, and the addition of 8 appointments to the Foreign Department.

If the 11 Bacteriological appointments reserved for Indian Medical Service officers are added the total of the civil side of the service was 371.

The detailed distribution was as follows :—

Under Government of India, Home Department	...	...	...	9
Ditto Foreign Department	...	...	...	38
Ditto Finance	..	...	...	4
Government of Bengal	...	...	...	54
Ditto United Provinces	...	...	...	46
Ditto Punjab	...	...	...	35
Ditto Eastern Bengal and Assam	...	...	...	22
Ditto Central Provinces	...	...	...	19
Ditto Coorg	...	...	...	1
Ditto Madras	...	...	...	51
Ditto Bombay	...	...	...	50
Ditto Burma	...	...	...	31
				360*
11 appointments in the Bacteriological Department	...	...	...	11
				371*

* The 20 temporary plague officers are not included.

Bacteriological officers are "seconded" and no leave reserve is allowed for them. The above appointments, therefore, involved an establishment of 461 Indian Medical Service officers.

1912.

Since 1907 the growth of the Indian Medical Service has been stopped on the civil side. The present distribution is as follows :—

Under Government of India, Home Department	...	...	...	6
Ditto Education Department	...	...	...	3
Ditto Foreign Department	...	...	...	36
Ditto Finance	..	...	...	3
Government of Bengal	...	...	...	46
Ditto Bihar and Orissa	...	...	...	19
Ditto Assam	...	...	...	11
Ditto United Provinces	...	...	...	46
Ditto Punjab	...	...	...	35
Ditto Central Provinces	...	...	...	19
Ditto Coorg	...	...	...	1
Ditto Madras	...	...	...	51
Ditto Bombay	...	...	...	50
Ditto Burma	...	...	...	31
				357†
11 appointments in the Bacteriological Department	...	...	...	11
				368†

† The 20 temporary plague officers are not included.

The leave and casualty reserve has recently been altered. The 5 per cent intended to cover casualties has been abolished and only the 20 per cent leave reserve left.

With this reserve the above appointments represent an establishment of 439 officers, including the Bacteriological Department.

During the past 27 years then, the number of civil appointments reserved for Indian Medical Service officers has risen from 299 to 357, an increase to the permanent civil cadre of 19·4 per cent.

An analysis of the nature of the increase is not without interest.

Administrative appointments have increased from 7 to 10 and staff (including personal staff) from 4 to 8; 9 are under the Foreign Department, and are the immediate result of the extension of British influence. They are Gilgit, Nepal, Meshed, Seistan, Khaibar, Wana, Kurram, Tochi, and the Chief Medical Officer, North-West Frontier Province.

The creation of the Jail Department has resulted in 18 new appointments having to be made. Similarly the number of Central Lunatic Asylums has risen from 2 to 6, an addition of 4 appointments. The reorganisation of the Punjab Medical College and the creation of the King George V College at Lucknow, and the appointment of a professor of Biology at Calcutta have, together, accounted for 11 new appointments.

The Sanitary Department has expanded considerably, and, besides the Sanitary Commissioner with the Government of India, 4 other sanitary appointments have been made. Finally the X-ray Institute and resident appointments at Calcutta, Madras, and the new general hospital at Rangoon account for the balance of 7 officers.

The increase, then, is due to the growth of *special* rather than of practising appointments.

PRACTISING APPOINTMENTS.

It is not the case that all Indian Medical Service officers in civil employment are engaged in private practice. It has been shown above that the number of civil appointments, excluding the Plague and Bacteriological departments, is 357; and these may, as regards private practice, be grouped in three classes—

- a. those who are debarred from practice;
- b. those who are allowed consulting practice only;
- c. those on whom there are no restrictions.

A.—*Non-practising appointments.*

These are:—

- All administrative and staff appointments.
- Officers of jail, sanitary, asylum, chemical, and assay departments.
- Resident physicians and surgeons of certain large hospitals.
- Certain professors, *e.g.*, those of Pathology, Biology and Physiology.

B.—*Consulting practice only.*

In Bengal there are 3, in United Provinces 2, in the Punjab 5, in Burma 1, in Madras 1, and in Bombay 1 appointments of this sort.

C.—*Practising appointments.*

These consist, almost entirely, of civil surgeons and certain professors. Officers in Foreign employ, most of whom are practically barred from practice, need not be considered.

In 1885, when the total number of civil appointments was 299, the number of "civil surgeons"—using the term in a wide sense—was as follows:—

Civil surgeons proper	...	...	...	157
Superintendent Matheran	...	...	...	1
Ditto Mahableshtar	...	...	...	1
Presidency surgeons	...	...	...	7
Residency surgeon Travancore	...	...	...	1
				<hr/> 167 <hr/>

This figure does not include the practising professors.

In 1912, with 357 civil appointments, the corresponding figure is:—

Civil surgeons proper	...	...	...	157
Superintendent Matheran	...	...	...	1
Ditto Mahableshtar	...	...	...	1
Presidency surgeons	...	...	...	6
				<hr/> 165 <hr/>

The number of practising professors being 23 and 29 in 1885 and 1912 respectively, the total of "practising appointments" in British India is 190 and 194 respectively.

In other words the proportion of practising appointments has fallen from 63.5 per cent in 1885 to 54.3 per cent; or expressed in terms of the whole service, military and civil*, from 38 per cent to 31.8 per cent.

The increase of the Indian Medical Service during the past 27 years has, therefore, been due to the growth of special departments, and it has been accompanied by a considerable decline in the number of practising appointments.

TABLE.

Comparing the number of appointments in 1885 and 1912.

	1885.	1912.
1. Administrative officers	7	110
2. Staff officers	4	8
3. Civil surgeons	167	165
4. Professors	24	35
5. Asylums	2	6
6. Jail department	19	37
7. Chemical analysers	4	6
8. Assay department	4	3
9. Foreign department	27	36
10. Sanitary department	20	24
11. Resident hospital and other college appointments	5	18
12. Miscellaneous	16	9
Total civil appointments	299	357

CIVIL SURGEONS.

RECENT HISTORY.

In 1885 the number of officers holding the appointment of civil surgeon was 167; it is now 165. There has, thus, been an absolute as well as a relative decline in this branch of the service: and the tendency has been to create special appointments (*e.g.*, Professorships) at its expense. The appointments thus vacated by Indian Medical Service officers are handed over to subordinates, *i.e.*, to Civil or Military assistant surgeons. Thus in 1885 there were 67 of the latter class in civil employ; in 1912 there are 218, of whom 50 are at all times employed as civil surgeons.

The duties of civil surgeons.

The duties of a civil surgeon may be divided into official and permissive.

A.—Official duties:

1. Medical charge of "entitled" persons, *i.e.*, officials, police, etc.
2. Administration and periodical inspection of all hospitals and dispensaries in his district, and of their personnel.
3. Superintendence of district jail.
4. Inspection of vaccination throughout the district.
5. All duties connected with the sanitation of the district.
6. Medico-legal work in connexion with criminal cases.
7. Examination of recruits (military, police, railway, etc.).
8. Inspection of factories, under the Act.

B.—Permissive employment.

Private practice.

Remuneration for the whole of the official duties is included in his salary; for permissive employment he makes his own arrangements with the individuals or institutions concerned.

The official duties of a civil surgeon vary considerably in amount, the larger the district the more important and arduous they are.

Normally a civil surgeon has to attend the headquarter and the police hospitals daily, besides the jail, of which he is superintendent. He must inspect and report on every hospital and dispensary four times a year (municipal, district board, canal, railway and forest). When an outbreak of cholera or other epidemic occurs he must make preliminary arrangements and submit a full report thereon. He is responsible for sanitary arrangements, water supply, etc., at fairs, etc., in his district, and for the supervision of vaccination in his district.

The civil surgeon is therefore frequently absent from his headquarters station for considerable periods at a time, his official duties there being carried out by his assistant, a civil or military assistant surgeon.

The private practice which a civil surgeon may be able to undertake may be classified as follows:—

- (a) The families of entitled Government servants, by arrangement.
- (b) The general public.
- (c) Formerly there was a good deal of private practice in connexion with mills, factories and railways. Year by year this has diminished, as private practitioners are now frequently brought out by the companies concerned, under contract, as wholetime medical officers.

THE WAR RESERVE.

The civil side of the Indian Medical Service is the medical war reserve of the army. It is true there is a "special war reserve" designed to meet emergency requirements, and employed, in peace, either in military or in civil appointments; but it numbers only 22 officers, and scarcely affects the great problem of the provision of a war reserve of medical officers, whether the operations are on a small or large scale. The number of medical officers in military employ is too small to enable mobilisation—even on a small scale—to be carried out, without drawing on the reserve constituted by the civil side of the Service. Whenever there is an expedition involving the mobilisation of more than two brigades it is found necessary to withdraw officers from civil; and the numbers required have, hitherto, varied from 20 to 100.

But, in the event of mobilisation of the field army on a large scale, very much more than this is required; and local Governments are under obligation to surrender no less than 326 Indian Medical Service officers when demanded.

Even this number is insufficient for military requirements in certain circumstances; but it enables the military authorities to make a start with their medical mobilisation arrangements, which they would be unable to do otherwise.

In order to ascertain how many qualified medical men would volunteer for employment in the field as medical officers enquiries have been made all over India; the result shows that only 24 qualified men (all Europeans) are forthcoming, and, of these, the qualifications of some are not of the class normally required in the case of military medical officers.

SANITARY DEPARTMENT.

HISTORY.

No essential changes in the department took place between 1885 and 1895, except the withdrawal of the rank of "Deputy Surgeon General" (the equivalent of Colonel) from Provincial Sanitary Commissioners in 1886.

In 1895 the Government of India adopted a Resolution* in which the lack

* No. $\frac{11 \text{ Sanitary}}{313-26}$, of 26th October 1885.

of association between the sanitary and ordinary medical sides was criticised.

Local Governments were invited to consider the possibility of introducing certain improvements, such as the appointment of health officers in large towns, the placing of responsibility for sanitary arrangements in his district on the civil surgeon, the subordination of the Sanitary Commissioner to the head of the

† Home Department No. 671-683-Sanitary, of 26th March 1898.

Medical Department. The discussion that ensued resulted in a fresh Resolution ;†

it was decided that civil surgeons should be responsible for the sanitation of his own district, and that in certain provinces the number of Deputy Sanitary Commissioners could be reduced.

In 1899 the number of Sanitary Commissioners was six, and of Deputy Sanitary Commissioners twelve. There were also two Indian Medical Service Health Officers. Between 1899 and 1912 several additions were made. The appointment of Sanitary Commissioner with the Government of India was created, and Sanitary Commissioners were appointed to Burma, Eastern Bengal and Assam, and the Central Provinces.

In accordance with the latest scheme of reorganisation the Department is no longer reserved for the Indian Medical Service.

FOREIGN DEPARTMENT.

In 1885 there were 27 Indian Medical Service appointments under the Foreign Department, of which one was administrative (Superintendent General of Dispensaries, Rajputana) 8 were military, *i.e.*, medical officers of local corps directly under the Foreign Department and not included in the regular army, one was a Jail appointment, one a Railway appointment, and the remaining 16 consisted of Agency or Residency surgeons. Of these latter, Rajputana States employed 6 officers, Central India, Mysore and the Persian Gulf 2 each, and the remainder were distributed between Nepal, Hyderabad, Baluchistan and Turkish Arabia.

By 1899 the number of appointments had risen to 30; but, with the delocalisation of the corps under the Foreign Department in 1897 and 1898 and their transfer to the regular army, the regimental appointments disappeared as "Foreign" ones. The cadre then consisted of 7 appointments in Central India, 9 in Rajputana, 2 in Baluchistan, 2 in the Gulf and Gilgit, 3 in Mysore, and one each in Kashmir, Hyderabad, Meshed, Nepal and Baghdad.

With the creation of the North-West Frontier Province the cadre of medical appointments underwent further changes; and in 1909 there were 38 appointments for Indian Medical Service Officers, of which 8 were in the new Province. Two of these had formerly belonged to the Punjab provincial cadre, but the remainder were new.

Since 1909 there have been few changes, as regards strength of cadre. One appointment in Persia (Kermanshah) has been abolished, and its place taken by a new one at Seistan. The whole time "chief medical officership" of Rajputana and the agency surgeoncy, Deoli, have disappeared and there are now 36 posts instead of 38.

But the status of some of these has altered materially. Gwalior, Alwar and Bikaner have removed the charge of their medical institutions from the residency surgeons; in Gwalior the Durbar has a medical officer of its own, in the other two a "State" surgeon is employed who happens, at present, to be an Indian Medical Service officer. The same tendency exists elsewhere, and it is possible other States will follow this example; on the other hand, Jaipur, at the last moment, decided to retain the existing system.

The pay of agency and residency surgeons is the same as that of civil surgeons of the same grade. They may also draw local allowances, of from Rs. 100 to Rs. 300, and special allowances from the Durbars. Outside Rajputana and Central India, however, few such special allowances exist. As regards private practice the ordinary rules apply.

JAIL DEPARTMENT.

The system of employing medical men, whether Indian Medical Service officers or covenanted medical men, as Governors (" Superintendents ") of prisons in India is one of great antiquity, and originated, apparently, in the economy and efficiency that resulted from making the civil surgeon of a station responsible for the administration as well as the medical duties of the local jail.

From the combined duties of " Superintendent " and medical officer of a district jail, the next step was the adoption of the same practice in the large central jails, which are really equivalent to convict prisons at home ; and this involved the creation of wholtime appointments for the purpose.

Finally, considering that all district and many central jails were administered by medical men, it was natural that in course of time the provincial " Inspectors General " of prisons should themselves be medical men, who had passed through the experiences of jail superintendent.

Up to 1877 it was the general rule to have Indian Medical Service officers as superintendents of central jails. But, about that time, it was found that the terms and prospects of the jail service were losing their attraction for the Indian Medical Service, and there was considerable difficulty in obtaining candidates—men preferring to follow the ordinary line and become civil surgeons. This was most marked in Bengal and Madras ; and in these provinces it was found necessary to put in non-medical superintendents.

In 1884 the Inspector-Generals of Bengal, North-Western Provinces, Punjab, Burma, and Bombay were Indian Medical Service officers ; and of Indian Medical Service superintendents of central jails there were none in Bengal, 7 in the North-Western Provinces, 2 in the Punjab and Burma, one in the Central Provinces, Madras and Bombay,—14 in all. In addition to the central jails there were 81 district jails under the " visiting charge " of the local civil surgeons.

In 1888 a Committee was appointed by Government to enquire into jail administration in India. One of their recommendations was that all superintendents of central jails should be Indian Medical Service officers. The Government of India accepted the proposal *in toto*, as regards the Bengal Presidency, but decided that in Madras and Bombay, as a commencement, half the appointments should be reserved for Indian Medical Service officers. In accepting the

* Despatch No. 46 (Judicial), dated 16th November 1893.

† Surgeon-General's Circular No. 10 C-31-A., dated 3rd August 1894.

scheme for an Indian Medical Service Jail Department* the Secretary of State sanctioned an addition of 15 officers to the cadre ; and the pay scale was revised. †

The appointments reserved for Indian Medical Service officers, after the retirement with lapse of time of existing non-medical superintendents, numbered 25 in all.

By 1899 there were 27 Indian Medical Service central jails.

The present distribution of appointments is as follows :—

Inspector-Generals	...	...	...	...	8
Superintendents	...	...	...	...	29
Port Blair	...	...	...	...	2
				—	
					39
				—	

As regards the improvement of health of the inmates of Indian jails since the administration was handed over throughout India to the Indian Medical Service the following table shows admission rates and death rates per 1,000.

Year.	Death rate per 1,000.	Hospital admission rate per 1,000.	Remarks.
1859-1867	72.49	1,133	
1874	39.9	1,027	
1880	48.31	1,213	
1882	39.96	1,214	
1888	35.37	1,129	Indian Medical Service Jail Department introduced in 1893.
1894	31.83	1,077	
1898	25.87	976	
1904	19.9	841	
1908	24.47	742	
1910	21.28	664	

As regards details of administration, there are 90 district jails of which civil surgeons are the superintendents. In addition there are 30 central jails, 29 of which have Indian Medical Service officers as governors; at Port Blair two officers of the department are employed in a medical capacity. There are 8 Inspector-Generals of Prisons, all belonging to the Indian Medical Service. These latter, together with the superintendents of central prisons compose the "Jail Department" proper; and this numbers 39 officers with another 8 to 10 officiating in leave vacancies. Individuals are liable to transfer from province to province, for administrative reasons; but, in practice, such moves are limited to the junior officers; and, as far as possible, an officer confirmed in the jail department of a province is left there.

The pay of jail superintendents varies according as the jail is a 1st or 2nd class, one and according to the length of service of the incumbent. The pay of a 2nd class central jail is Rs. 50 more, and of a 1st class one Rs. 150 more than that of an officer in charge of a regiment.

PROFESSORIAL APPOINTMENTS.

RECENT HISTORY.

Bengal.—In 1884 the staff of the Medical College, Calcutta, consisted of the Principal, who was also Professor of Medicine, and Professors of *Materia Medica*, surgery, anatomy, midwifery, ophthalmology and physiology and chemistry,—the latter being also Chemical Examiner. By 1890 chairs of Botany and Medical Jurisprudence had been added, the former held by the Superintendent, Botanical Gardens, and the latter by the Police Surgeon, Calcutta. Pathology was taught by the Professor of Physiology. By 1899 a chair of Pathology was created, and was held by one of the resident medical officers at the college hospital. By 1909 a chair of Biology was instituted, and one of Hygiene, held by the Deputy Sanitary Commissioner. By 1912 a second chair of clinical and operative surgery was added, but the Professorship of Anatomy was removed from the Indian Medical Service and given to an Indian. There are now, therefore, 9 wholtime professorial appointments and 3 minor ones held as collateral charges. The Professors of Chemistry, Medical Jurisprudence, Hygiene, Pathology, Physiology and Biology are not allowed to practise at all; and the Professor of Medicine is only allowed consulting practice.

Lahore Medical College and School.—In 1884 the staff consisted of a Principal, who was also Professor of Medicine, and a Professor of Surgery. In 1886 the appointment of Professor of Botany and Physiology was created, with the reservation that it was not to be restricted to Indian Medical Service incumbents. As a matter of fact it has always been held by an Indian outsider. By 1890 a Professor of Anatomy had been added, and chemistry was taught by the Chemical Examiner and midwifery by the Civil Surgeon. By 1899 there was a chair of *Materia Medica* and Pathology. In 1909 the chairs of Midwifery and Ophthalmology were created and a wholtime Professor of Pathology appointed. Chemistry was taught by the Chemical Examiner, Forensic Medicine by the Civil Surgeon and Hygiene by the Sanitary Commissioner.

There are, thus, 7 wholtime professorships and 3 held as collateral charges.

Bombay Grant Medical College.—In 1885 there were 8 chairs in the college held as collateral charges by Indian Medical Service officers on the staffs of the hospitals in Bombay. These were medicine, surgery, ophthalmology, anatomy, pathology and hygiene, midwifery, chemistry and *materia medica*. By 1890 a wholtime Professor of Physiology had been appointed who also taught Hygiene, and since then no change has been made, except that Biology and Medical Jurisprudence are now taught by the Police Surgeon.

Madras Medical College.—In 1885 there were 9 professorial appointments all of which were held as collateral charges by Indian Medical Service officers on the staffs of hospitals or otherwise employed in Madras—except the chair of Anatomy and Physiology, which was a wholtime appointment. There was no change until 1909 when Biology and Medical Jurisprudence were added, and the chairs were divided up into 6 major ones (medicine, surgery, anatomy, ophthalmology, midwifery, physiology), carrying the pay of full professorships, and 5 minor ones (biology, hygiene, pathology, *materia medica* and medical jurisprudence) for which local allowances are given.

United Provinces—King George's Medical College, Lucknow.—The college was opened in October 1911. The Indian Medical Service staff consists of a Principal who is Professor of Surgery, and Professors of Medicine, Pathology and Physiology. The chair of Hygiene is held by a Deputy Sanitary Commissioner, that of Midwifery by the Civil Surgeon, and that of *Materia Medica* by a military assistant surgeon. Other chairs are filled by civil assistant surgeons or outsiders.

In 1886, an Indian was appointed Professor of Anatomy and Physiology at Lahore, and the last year the chairs of Anatomy at Calcutta and Lucknow were given to Indians.

The pay of Indian Medical Service professorial appointments varies with the rank and length of service of the incumbents, and also with the conditions of the employment, *i.e.*, according as the chair is a "major" wholetime one, or a "minor" one held as a collateral charge, and according as private practice is or is not allowed.

A wholetime professor draws from Rs. 750 to Rs. 1,650; a principal of a college Rs. 1,800. For the minor chairs held as collateral charges (*e.g.*, chemistry) additional allowances of Rs. 200 may be given.

"Non-practising" professors are allowed Rs. 300 to compensate them.

CHEMICAL DEPARTMENT.

History.—The origin of the connexion between the Department of Chemical Examiners to Government and the Indian Medical Service is remote; as the necessity for chemical examinations in criminal cases was recognised it was found convenient to employ Indian Medical Service officers, and it is probable that it would have been impossible to obtain qualified persons from any other source.

In 1885 the Professor of Chemistry, Calcutta Medical College, was Chemical Examiner, Bengal; in the Punjab, Madras and Bombay, there were "chemical analysers" who had college duties in addition, and only one non-Indian Medical Service Examiner existed, in the North-Western Provinces.

In 1897 the question of maintaining a trained staff of chemical examiners engaged the attention of the Government of India, and in Resolution Nos. 157-169 H.D. of 11th February 1898, it was pointed out that the introduction of the Merchandise Marks and Petroleum Acts demanded a higher standard of knowledge than was necessary for ordinary medico legal examination, and that special instruction was necessary. It was then decided, with the concurrence of the Secretary of State, to have a "chemical probationer" always under training; and in 1904 it was ruled that, in making appointments, preference would be given to fellows or associates of the Institute of Chemistry.

In 1906 the Secretary of State decided that chemical examinerships are not reserved exclusively for Indian Medical Service officers.

Present organisation.—There are now 6 Indian Medical Service chemical examiners, and one (under the United Provinces Government) who does not belong to the service, but is under contract with the Secretary of State.

The pay varies with the rank of the individual. It rises from Rs. 800 by increments of Rs. 70 to Rs. 1,650 per mensem. The pay of the single non-Indian Medical Service examiner is Rs. 1,290 rising to Rs. 1,500, with a pension as part of his contract.

It must, however, be borne in mind that in calculating the financial effect of the addition to or deduction of an Indian Medical Service officer from the cadre the Government of India works on an average cost for the whole service, including pension charges. This average is Rs. 1,010 at present.

ASYLUM APPOINTMENTS.

History.—The appointment of Indian Medical Service officers to charge of asylums has followed the same course as has been traced in the jail department. Asylums were originally small institutions administered by civil surgeons; gradually, it was found convenient to accumulate mental cases in larger asylums serving whole Provinces; and the appointment thereto as superintendents of medical officers who possessed special knowledge of the subject was a corollary.

In 1885 only two large asylums under wholetime superintendents existed at Colaba and in Madras. In course of time central asylums were established in Bengal (Berhampur) at Agra, Lahore and Rangoon; and there are now six of them.

The pay of wholetime asylum appointments varies from Rs. 650 to Rs. 1,450 according to the rank and length of service of the incumbent.

ASSAY DEPARTMENT.

The system of having Indian Medical Service officers at the Calcutta and Bombay mints is one of great antiquity; and, until 1911, four of these appointments of "assay master" and "deputy assay master" existed.

The officers appointed had to fulfil certain requirements, as regards a knowledge of metallurgy, chemistry, and experience of the assay of bullion in a mint at home; and there was never any difficulty in obtaining a sufficiency of trained officers to fill vacancies.

It has now been decided however that there is no advantage in retaining the assay appointments, as a branch of Indian Medical Service; and one has already been absorbed. In future no more Indian Medical Service officers will be admitted to the department.

MISCELLANEOUS APPOINTMENTS.

Surgeon Naturalist.—This officer is engaged in research on the Royal Indian Marine Ship "Investigator" during the winter months, and on shore during the summer. The appointment is one for a junior officer, and the pay is Rs. 50 more than the ordinary regimental rate. The Professorship of Biology at the Calcutta Medical College is normally filled, sooner or later, by the Surgeon Naturalist.

Physician to the Maharaja of Travancore; Medical Officer to the Maharaja of Patiala.—These appointments could no doubt be determined by the Princes concerned, if they desired to employ an outsider.

Port Health Officers, Calcutta, Bombay and Aden.—Of these the first is not confined to Indian Medical Service officers, and is at present held by an outsider.

Superintendents, Matheran and Mahableshtar.—There are Civil Surgeons at these hill stations who combine with their professional duties those of cantonment magistrates.

Superintendent, X-ray Institute.—This officer is engaged in holding courses of instruction in radiography to military and civil medical officers and subordinates; he is also in charge of mobilisation reserves of equipment.

Superintendent, Royal Botanical Gardens.—Though not reserved for the Indian Medical Service this appointment has always been held by an Indian Medical Service officer, who in addition is Professor of Botany and Government Quinologist. In his latter capacity he is responsible for the supply of quinine to the army and most of the Government civil hospitals.

MILITARY ASSISTANT SURGEONS, I.S.M.D.

Military Assistant Surgeons are Europeans or Anglo-Indians recruited and trained at the expense of the State for service in Hospitals for British troops. A certain number are employed in peace time, as a war reserve, in the civil department in various capacities. They rank as Warrant Officers and 10 per cent of the military establishment have honorary commissions. They can rise to the civil surgeoncies of small districts, but are at all times liable to recall to military duty; and, without those in civil employ, it would be quite impossible to meet the requirements of mobilisation of the field army. In this respect this branch of the "Indian Subordinate Medical Department" resembles the Indian Medical Service.

HISTORY SINCE 1885.

In 1885 these men were known as "Apothecaries", and there were separate establishments for the three Presidencies. The strength of the service was as follows:—

Bengal ...	...	...	...	195 plus 30 reserve for leave.
Madras ...	...	...	...	63 „ 10 ditto.
Bombay ...	...	...	...	73 „ 11 ditto.
			<hr/>	
			331 „	51 or 382 in all in military employ.

In addition there was a reserve of 20 per cent on the cadre appointments, or 67, employed in peace time in the civil department.

In 1890 the number of Apothecaries in the civil department had risen to 76.

In 1894 the designation was changed to "Assistant Surgeon".

In 1897 discretionary power was given to the Director General, Indian Medical Service, to admit Christian Armenians to the service.

In 1898 "with the view of creating an adequate 'war reserve'" the Government of India decided to extend the employment of Assistant Surgeons in the civil department. As a preliminary step 30 appointments on State railways were added to the cadre; and Local Governments were asked to reserve more appointments for them. In 1901 the service was re-organised, and the establishment divided into Military, miscellaneous, and civil appointments. The military establishment, including reserve at 15 per cent, numbered 409; the miscellaneous appointments were 24, and the purely civil and railway 182. The distribution of civil appointments was as follows:—

Madras	...	...	...	...	21
Bombay	...	...	...	...	16
Bengal	...	...	...	...	38
North-Western Provinces	...	...	...	...	18
Punjab	...	...	...	...	16
Central Provinces	...	...	...	...	5
Burma	...	...	...	...	18
Assam	...	...	...	...	4
Berar	...	...	...	...	4
Railways	...	...	..	...	19
				<hr/>	
					159
- Reserve	...	...	...	...	23
				<hr/>	
			Total	...	182

In addition a fluctuating number were employed on plague duty as their services could be spared by the military authorities.

In 1905 the three Presidency establishments were amalgamated. In 1907 the Miscellaneous, Railway and provincial civil appointments numbered 271, with a reserve in addition of 30, or 231 in all. The purely military establishment at the same time was 424. Local Governments were allowed in 1910 to modify the list of appointments reserved for these men, provided the total number of posts was not altered in any way.

The present strength of this branch of the Indian Subordinate Medical Department is as follows:—

Military appointments	...	...	...	353	
					Total
Reserve at 20%...	...	...	...	71	424
				—	
Miscellaneous appointments (Military)	...	...	...	26	
" " (Civil)	...	...	...	31	
Railway appointments	...	...	...	25	
Civil appointments	...	...	...	162	
Reserve at 15% ...	...	...	...	37	281
				—	—
Grand Total	...	...	...	...	705
				—	—

The civil miscellaneous, railway and civil provincial appointments now number 218.

MILITARY SUB-ASSISTANT SURGEONS, I.S.M.D.

These men, until recently called Hospital Assistants, are Indians recruited primarily for work in military hospitals, but also employed in the civil department in the same manner as officers of the Indian Medical Service are employed. They are educated by the State, and must serve in the army for 7 years under pain of repayment to the State of the cost of their education. They are Warrant Officers, and 10 per cent of them are given commissions. The men employed in civil are the war reserve, and are liable to recall to military duty at any moment.

HISTORY SINCE 1885.

1885.

The strength of the Hospital Assistants in military employ, including a 15 per cent leave reserve, was as follows:—

				Commissioned or Senior Hospital Assistants.	Hospital Assistants.	Total.
Bengal	...	...	...	34	302	336
Madras	...	...	...	15	138	153
Bombay	...	...	...	12	112	124
Grand Total	...	...	...	61	552	613

No cadre of men in civil employment existed; they were so employed as and when their services could be spared. In 1887 however 20 were employed in corps under the Foreign Department, 8 in the Baluchistan Agency, 25 in the Survey Department, 33 in Burma, 8 in the Andamans and 11 on certain State Railways,—a total of 105 in civil employ.

1894.

It was decided that sufficient Hospital Assistants to meet the wants of Burma and the Andamans and the Survey department should be added to the list of military requirements; and that men entering the service after 1st August 1894 should be liable for temporary duty anywhere under the civil department.

1895.

The 3 Presidency establishments were placed under the orders of the Surgeon General with the Government of India.

1896.

It was decided that, until Burma could make its own arrangements, military Hospital Assistants must be employed in the civil department of that province.

1902.

The strength of the Indian Subordinate Medical Department Hospital Assistant branch was as follows (including 20 per cent reserve):—

Bengal	...	...	...	...	...	530
Madras	...	...	...	...	...	161
Bombay	...	...	...	...	...	169
						<hr/>
				Total	...	860
						<hr/>

Of these the civil department employed 116, made up as follows:—

Baluchistan	...	...	...	...	...	27
Foreign Department	...	...	...	...	...	21
Imperial Service Troops	...	...	...	...	...	9
Survey	...	...	...	...	...	20
Andamans	...	...	...	...	...	6
Miscellaneous	...	...	...	...	...	14
Reserve	...	...	...	...	...	19

The Hospital Assistants employed in Burma had been replaced by civil Hospital Assistants.

1910.

The title of Hospital Assistant was changed to "Sub-Assistant Surgeon". At this time the service was considerably under strength, and there was much dissatisfaction at the low rates of pay.

1912.

The latest establishment is as follows:—

Bengal	...	...	...	...	...	579
Madras	...	...	...	...	...	110
Bombay	...	...	...	...	...	176
						<hr/>
				Total	...	865
						<hr/>

Of these the civil department employed 126 including reserve, made up as follows :—

Baluchistan	...	...	...	...	33
Foreign Department	...	...	...	...	18
Imperial Service Troops	...	...	...	...	10
Andamans	...	...	...	...	9
Survey Department	...	...	...	...	20
Miscellaneous	...	...	...	...	11
Reserve	...	...	...	...	25
Total civil appointments					101

CIVIL ASSISTANT SURGEONS.

Local Governments make their own arrangements for their subordinate provincial medical services. The Civil Assistant Surgeon is a graduate or diplomate of an Indian University, and is practically always an Indian. The Imperial Government exercises no control over the administration of these men, except in so far as it is not possible for a local Government to alter the conditions of pay or pensions without reference to it. The increase of the provincial services, the distribution of individuals, etc., are matters which are entirely within the powers of the local Government concerned.

CIVIL SUB-ASSISTANT SURGEONS.

The same remarks apply.

SIMLA ;
The 1st October 1912. }

C. P. LUKIS, *Surgeon General,*
Director-General, Indian Medical Service.