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APPENDIX
TO THE
REPORT
OF
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Volume XII

MINUTES OF EVIDENCE

RELATING TO THE

MEDICAL SERVICES,

INCLUDING THE

JAIL AND SANITARY DEPARTMENTS,

Taken at Delhi, Calcutta, Madras, Bombay and London,

WITH

APPENDICES.

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



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APPENDICES I, II, AND III.

APPENDIX No. I.

(Referred to in paragraph 56361—Sir Pardey Lukis's evidence.)

Note by Surgeon-General Sir C. Pardey Lukis, K.C.S.I., M.D., F.R.C.S., I.M.S., with reference to the possibility of shortening the period spent in Military employ by candidates for Civil employ.

There are three factors which are responsible for the present position—

- (i) The orders forbidding the further extension of the Civil Side of the Indian Medical Service.
- (ii) The unpopularity of the regimental system which offers no career for men who are keen on their work.
- (iii) The rule under which officers in Civil employ remain there until they are actually promoted to Military administrative appointments.

(1) Lord Crewe's recent despatch has completely altered the position in this respect. It removes the absolute veto on the extension of the Civil Side of the Indian Medical Service, and, as a matter of fact, eight new appointments have been sanctioned during the past year. The increase in the number of Civil appointments will of course shorten the period of waiting for those in Military employ.

(2) At present 87 per cent. of the officers in the Indian Medical Service apply for Civil employ. This is due to the unpopularity of regimental employ, which offers no career to a man keen on

his work. The remedy for this is the introduction of the Station Hospital system for Indian troops. Once this is in force far fewer officers will apply for transfer to Civil employ. The change is likely to take place in the near future. In fact, an experimental system of "combined" hospitals has been in work for the last three years, with a view to preparing the way for this reform.

(3) A proposal is now under discussion, which provides that no officer in Civil employ shall become a Military Principal Medical Officer, unless he returns permanently to Military duty on attainment to the grade of advanced Lieutenant-Colonel. If this is accepted, it will promote a more rapid flow of officers through the Civil cadre.

It is hoped therefore that ere long there will be:—(1) more Civil vacancies available for officers in military employ; (2) fewer officers in Military employ applying for transfer to Civil; and (3) officers in Civil employ passing back to Military duty at an earlier stage in their career.

In this way the period of waiting for Civil employment will be considerably shortened and the average period of waiting will be decreased from six years to about four years.

APPENDIX No. II.

(Referred to in paragraph 56369—Sir Pardey Lukis's evidence.)

Government of India (Home Department), Resolution No 223-244—Medical, dated Simla, the 8th May, 1913, relating to the reversion of Indian Medical Service officers from Civil to Military employ.

In the Home Department Resolution No. 898-917-Public, dated the 30th April, 1910, certain rules were laid down by the Governor-General in Council, with the approval of the Secretary of State, to regulate the procedure to be adopted in the case of Military Officers in Civil employ, who are charged with serious misconduct or inefficiency. The Governor-General in Council has recently had occasion to consider the question of supplementing these rules to meet cases in which it may be considered inexpedient on other grounds to retain in Civil employ an officer of the Indian Medical Service, and, with the approval of His Majesty's Secretary of State, is pleased to publish the following orders:—

1. An officer of the Indian Medical Service, on first appointment to Civil employ in a Province, shall be on probation for a period of two years, and it shall be open to the Local Government at any time during this period, and before he has been confirmed, to move the Governor-General in Council to revert him to Military duty on the

ground that he is unsuited for Civil employ. It is intended that this period of probation shall be a real test of the suitability of an officer for the requirements of the Civil Department, and confirmation should not be regarded as a matter of course.

2. In order to enable the Governor-General in Council to decide whether any proposal for reversion should be accepted, the Local Government shall specify, as exactly as possible, the defects which, in the opinion of the Head of the Province, render the officer unfit for Civil employ. A breakdown in health shall not be regarded as a sufficient reason for a proposal for reversion under these rules.

3. Every such case shall be submitted by the Local Government to the Government of India in the Home Department, except in the case of officers in Political employ, when the Government of India in the Foreign Department shall be addressed.

APPENDIX No. III.

(Referred to in paragraph 56373—Sir Pardey Lukis's evidence)

Statement regarding the Professorial Appointments in the Calcutta and Lahore Medical Colleges.

The criticisms brought against the Medical Colleges fall under three heads:—

1. Defective qualifications of professors.
2. Lack of teaching experience.
3. Frequency of moves for administrative reasons, resulting in breach of continuity of instruction.

These charges, in so far as they apply to Calcutta and Lahore, are contrary to the facts brought out in the attached statements; but they will be dealt with seriatim.

I.—DEFECTIVE QUALIFICATIONS.

CALCUTTA

Medicine.—Of the five officers who have occupied this chair since 1893 all but one held the highest academic distinctions possible, i.e., M.D. (London), or M.R.C.P. or F.R.C.P. (London).

Surgery.—Of the five professors since 1894, four were Fellows of the Royal Colleges of Surgeons and one a Master in Surgery.

APPENDIX III. (continued).

Materia Medica.—Of the four permanent incumbents since 1896, one was M.B., B.Sc. (London), another was M.D., F.R.C.P.; the third was M.B., M.R.C.P.; and the fourth was M.R.C.P. Of the officers who officiated during leave vacancies, one held the M.D. (London), with Honours, one was M.R.C.P., one was M.D. (Dublin), and the fourth was M.D. (Edinburgh).

Clinical Surgery.—The only incumbent is a B.S. (London), and F.R.C.S. (England).

Anatomy.—Of the three Indian Medical Service officers who have held the chair since 1894, two are Fellows of Royal Colleges and one a Master in Surgery.

Midwifery.—Three officers have held the chair permanently since 1888; two of these were F.R.C.S. (England), and only one had no special qualifications. The officer who has officiated holds the F.R.C.S. (England), and M.D., B.S., M.R.C.P. (London).

Ophthalmology.—The three permanent incumbents since 1885 have all held the M.D., or the F.R.C.S., or both. Of three who officiated, two held the F.R.C.S., and the third had special qualifications not carrying a diploma.

Physiology.—Of five officers who held the chair permanently or temporarily since 1897, all had obtained honours in Physiology, and three had taught the subject at home.

Pathology.—Of five officers since 1896, three had made special study of Pathology since entering the Service, and two had obtained Honours in Pathology in London and had taught the subject.

Biology.—All the officers who have held the chair since 1893 had special qualifications in this subject.

Chemistry.—All six incumbents since 1897 have had large experience as Chemical Examiners, and three had obtained Honours in Chemistry at home.

Hygiene.—All had the necessary qualification.

Botany.—Both incumbents held high honours in this subject.

LAHORE.

Medicine.—Of the two permanent incumbents since 1889, one held M.D. (London), and the other got Honours in the M.B. (Edinburgh). The only officiating incumbent held the M.D. (Edinburgh) with Honours.

Surgery.—Of two incumbents since 1885, one held the F.R.C.S. (England), the other, though a brilliant surgeon, had no special qualification. The only officiating incumbent is a F.R.C.S. (England).

Anatomy.—Three officers have held this permanently and three have officiated since 1886. Of these five are Fellows of Royal Colleges of Surgeons and one a Bachelor of Surgery. All obtained Honours in Anatomy.

Materia Medica.—One officer has held the chair since 1908 and three have officiated. Of these three were specially qualified with M.D. or with M.B. Honours.

Ophthalmology.—The incumbent since the chair was created in 1909 is F.R.C.S. (England).

Midwifery.—Two officers have held the chair since its creation in 1909. One is an F.R.C.S. (England), the other is a B.S., Bachelor of Obstetrics and L.M. (Rotunda).

Pathology.—The two officers who have held the chair since its creation in 1908 are specially qualified in this subject.

Chemistry.—All incumbents have been Chemical Examiners.

The qualifications of incumbents, whether permanent or officiating, of these chairs compare favourably with those of Medical Colleges at home. In the special subjects the professors, with few exceptions, have had the special academic qualifications required.

II—LACK OF TEACHING EXPERIENCE.

This objection indicates lack of knowledge of the system by which chairs are allotted at home. It must be recognised that a chair of Medicine or Surgery at home is the culminating stage of a life spent in instruction of other cognate subjects. Thus a brilliant Anatomy student naturally takes Surgery rather than Medicine as his line; he takes a Fellowship, becomes a Demonstrator of Anatomy,

possibly an assistant professor. He becomes an "Assistant Surgeon" with instruction to impart in Clinical and Operative Surgery; and only a few become Professors of Surgery pure and simple. Many branch off into special lines, such as Diseases of Women, Eyes, etc. Similarly the path to a professorship of medicine normally lies along a course of Demonstratorships of Physiology and Materia Medica, assistant physicianships, and the like; and a man may branch off into any of the allied subjects, such as Pathology, Bacteriology, Public Health, etc.

Precisely the same thing is found in our Colleges. Teaching experience may, for example, be lacking, as regards the highest appointments—the chairs of Medicine and Surgery; but the new professor may have experience in teaching other allied subjects.

This aspect of the case will now be considered.

CALCUTTA

Medicine.—Of five officers all had been Professors of Physiology, or Materia Medica, before being appointed to this chair.

Materia Medica.—Of seven officers, four had had previous teaching experience in India or at home.

Surgery.—Of five officers three had been Professors of Anatomy and one a Demonstrator of that subject.

Clinical Surgery.—The single incumbent had wide teaching experience before.

Anatomy.—All the three Indian Medical Service incumbents had been Anatomy Demonstrators at home.

Midwifery.—All the four incumbents had been residents at the Eden Hospital where they have to instruct students, and one had been a Demonstrator at home.

Ophthalmology.—Of six officers two had taught at home, and three had taught Anatomy or Physiology out here.

Physiology.—Three out of five permanent incumbents had taught this subject at home.

Pathology.—Of five officers one had taught Anatomy and Physiology, one had taught Pathology at home; two of the remainder had taught this subject in India before being confirmed.

Biology.—Of four officers three had been teachers of Anatomy at home.

In the chairs of *Hygiene*, *Botany* and *Chemistry* there had been no special previous experience of teaching.

LAHORE

Medicine.—Of three officers one had taught Pathology at home and another had been Professor of Materia Medica and Clinical Medicine for five years in India.

Materia Medica.—Of four officers three had taught Anatomy or Physiology, or both, at home.

Surgery.—Of three officers one had two years' previous experience as a professor out here.

Anatomy.—Of six officers four had taught this subject at home.

Midwifery.—Both officers have taught at home.

Pathology.—Both officers were teachers of Pathology or Physiology at home.

In the chairs of *Chemistry*, *Ophthalmology* and *Botany* there was no previous teaching experience.

III.—FREQUENCY OF MOVES.

It must be premised that, whoever holds the chairs in Indian Colleges (*i.e.*, Indian Medical Service or non-Indian Medical Service teachers) breaches of continuity *must* be far more frequent than they are at home, because of leave and sickness among the staff.

The history of the chairs at Calcutta and Lahore will now be examined.

CALCUTTA.

Medicine, 1893–1913.—There were five permanent incumbents who held it for 11, 1, 4, 3 and 1½ years respectively.

Materia Medica and Clinical Medicine, 1896–1913.—Four permanent incumbents who held it for 4, 9, 3 and 1½ years.

Surgery, 1894–1913.—Four permanent incumbents. Tenure 4, 6, 4 and 5½ years.

Clinical Surgery, 1912–13.—A new chair which has had only one incumbent.

APPENDIX III. (continued).

Anatomy, 1894-1913.—Four incumbents. Tenure 11, 2, 5, 1½ years.

Midwifery, 1888-1913.—Three incumbents whose tenure has been 12, 8 and 5½ years.

Ophthalmology, 1885-1913.—Three incumbents whose tenure has been 16, 5 and 8½ years.

Physiology, 1897-1913.—Two permanent incumbents. Tenure 5 and 10½ years.

Pathology, 1896-1913.—Three permanent incumbents. Tenure 3, 5 and 9½ years.

Biology, 1893-1913.—Three permanent incumbents. Tenure 13½, 2½, 4½ years.

Chemistry, 1897-1913.—Four permanent incumbents. Tenure 6, 1, 6 and 3½ years.

Hygiene, 1895-1913.—Four permanent incumbents. Tenure 7½, 1, 9½ years.

Botany, 1885-1913.—Two permanent incumbents. Tenure 19 and 9 years.

LAHORE.

Medicine, 1889-1913.—Two permanent incumbents. Tenure 13½ and 10½ years.

Materia Medica, 1908-1913.—A new appointment with only one incumbent, 5 years.

Surgery, 1885-1913.—Two permanent incumbents. Tenure 23 and 5½ years.

Anatomy, 1886-1913.—Three permanent incumbents. Tenure 8, 13 and 5½ years.

Ophthalmology, 1909-1913.—A new appointment with only one incumbent, 4 years.

Midwifery, 1909-1913.—A new appointment with only one incumbent, 4 years.

Pathology, 1908-1913.—A new appointment with only one incumbent, 5 years.

Chemistry, 1894-1913.—Two incumbents. Tenure 16 and 3 years.

Physiology, 1886-1913.—One incumbent. Tenure 27 years.

N.B.—Officiating incumbents are not included in the above.

CALCUTTA MEDICAL COLLEGE.

Chair of Medicine, 1893-1913.

This Chair was held by Surgeon-Major (now Surgeon-General Sir G.) Bomford from February, 1903, to March, 1904, a period of 11 years.

During that time he was absent three times, and Major G. Harris and Major G. Drury acted for him. In March, 1904, on the promotion of Colonel Bomford, the Chair was again held temporarily for a year by Major Drury until April, 1905, when Lieutenant-Colonel (now Surgeon-General Sir P.) Lukis was appointed to it.

Lieutenant-Colonel Lukis held it from April, 1905, until he was appointed officiating Director-General, Indian Medical Service, on 1st May, 1909, *i.e.*, for four years. He was succeeded by Lieutenant-Colonel Drury, who held it until promotion in April, 1912. Since then it has been held by Lieutenant-Colonel Calvert.

During the absences on leave of the above officers the Chair was held by Majors Drury, Harris and Calvert for varying periods.

QUALIFICATIONS.

Surgeon-Major (now Surgeon-General Sir G.) Bomford, M.D. (London), had officiated as Professor of Physiology in Calcutta for two years in 1886-87.

Lieutenant-Colonel (now Surgeon-General Sir P.) Lukis, M.D. (London), with Honours and Medal in Pathology, F.R.C.S. (England), open scholarship in Science and Brackenbury Scholarship in Medicine at St. Bartholomew's Hospital, Parkes Medallist in Hygiene, was Principal of the Agra Medical School for five years, and acted as Professor of Therapeutics and Clinical Medicine for nine months in Calcutta.

Major (now Colonel) G. Harris, M.D. (Durham), F.R.C.P. (London), officiated frequently in the appointment, and was Professor of *Materia Medica* for years.

Major F. J. Drury, M.B., B.S. (Dublin), acted as Professor of Pathology in Calcutta and in Lahore for several years before obtaining the Chair of Medicine.

Major Calvert, M.B. (London), M.R.C.P. (London), was for many years Principal of the Medical School, Cuttack, acted as Professor of *Materia Medica* before obtaining Chair of Medicine, and attended special post graduate courses in London.

Chair of Materia Medica and Clinical Medicine, 1896-1913.

From October, 1896, to August, 1900 (date of retirement), Lieutenant-Colonel E. Russell held the Chair of *Materia Medica* and Clinical Medicine.

It was then held by Lieutenant-Colonel G. Harris from August, 1900, to August, 1909, *i.e.*, for nine years. Lieutenant-Colonel Calvert was then appointed, and held it until he became Professor of Medicine in April, 1912. He was succeeded by Lieutenant-Colonel Deare.

During the absence of the above officers on leave the Chair was held by Majors Drury, Chatterton, Waters and Murray, and Lieutenant-Colonel Lukis.

QUALIFICATIONS.

Lieutenant-Colonel E. Russell, M.B. (London), Honours and Medal B.Sc. (London), Honours in Chemistry.

Lieutenant-Colonel G. Harris,
Lieutenant-Colonel Lukis,
Major Drury,
Lieutenant-Colonel Calvert.

(See remarks under chair of Medicine.)

Major E. E. Waters, M.B., M.S. (Edinburgh), M.R.C.P. (London), Demonstrator in Anatomy, Sheffield; Study at home in Medicine, Pathology, etc.

Lieutenant-Colonel B. H. Deare, M.R.C.P. (London), M.R.C.S. (England), D.P.H. (Cantab). Study at home in Medicine, nervous and childrens' diseases, skin, surgery, etc., for a year.

Chair of Surgery, 1894-1913.

The Chair was held from 1st April, 1894, till April, 1898, *i.e.*, four years, by Lieutenant-Colonel J. O'Brien. On his retirement Lieutenant-Colonel R. Murray held it until March, 1904, *i.e.*, for six years. On his promotion the Chair went to Lieutenant-Colonel (now Surgeon-General Sir H.) Charles, who held it until he retired in March, 1908, *i.e.*, for four years, and since then it has been held by Lieutenant-Colonel R. Bird.

During the absences of the above officers on furlough, etc., the Chair has been held temporarily by Captain Thurston, Major O'Knealy, and by officers who were subsequently confirmed, *e.g.*, Lieutenant-Colonels Murray and Bird.

QUALIFICATIONS

Lieutenant-Colonel J. O'Brien, M.A., M.D. (Dublin), F.R.C.S. (Ireland), officiated as Professor of Anatomy on two occasions, and was subsequently confirmed in the appointment, which he held for two years.

Lieutenant-Colonel R. D. Murray, M.B., M.S. (Edinburgh), officiated in the appointment on two occasions.

Lieutenant-Colonel R. H. Charles, M.D., M.S. (Dublin), Medallist, F.R.C.S. (Ireland). Herbert prize at Netley, Montefiore Prize in Surgery. Demonstrator of Anatomy for four years; was for many years Professor of Anatomy before obtaining the Chair of Surgery.

Lieutenant-Colonel R. Bird, M.D. (London), F.R.C.S. (England), M.S. (London), was Medallist in Anatomy, Physiology and Surgery at St. Bartholomew's.

Officiated as Professor of Anatomy and Physiology in Calcutta for several years before obtaining the Chair of Surgery.

Captain E. O. Thurston, M.B., B.S. (London), Honours, F.R.C.S. (England). Demonstrator of Anatomy, Demonstrator of Pathology, Montefiore Prize in Surgery, Netley, Cheselden Prize in Surgery, St. Thomas', Assistant Teacher, Operative Surgery, St. Thomas'.

Chair of Clinical and Operative Surgery.

This Chair was part of the Chair of Anatomy (*q. v.*) until April, 1912, when it became a whole-time one.

APPENDIX III. (continued).

In April, 1912, Major C. R. Stevens was appointed to it; this officer had held the combined appointment for six years previously.

QUALIFICATIONS.

Major C. R. Stevens, M.B. (London), 1st class Honours in Pathology, M.D. (London), 1st class Honours in Midwifery, B.S. (London), F.R.C.S. (England). Brackenbury Prize in Surgery, St. Bartholomew's, also studied Pathology for six months in Zurich.

Officiated as Professor of Midwifery while Resident at the Eden Hospital, also as Professor of Pathology and of Physiology.

Was Superintendent of Medical School, Cuttack, for two years.

Chair of Anatomy, 1894-1913

Until 1912 this Chair was known as that of "Surgical Applied and Descriptive Anatomy." In 1912 the Surgical Applied Anatomy was removed, and along with clinical and operative surgery became a whole-time Chair.

The Chair was occupied from May, 1894, to May, 1905, i.e., for 11 years, by Major (now Surgeon-General Sir R.) Charles. On his transfer to the Chair of Surgery, Major D. Moir succeeded him, and held it till his death in May, 1907. Major C. R. Stevens was then appointed, and held it until April, 1912, when the new Chair of Clinical and Operative Surgery was created, and he was put in.

Since April, 1912, it has been held by Assistant-Surgeon Hira Lal Basu Dewan Bahadur

QUALIFICATIONS

Major (Surgeon-General Sir R.) Charles, M.D., M.S. (Dub.), F.R.C.S. (I.). Demonstrator of Anatomy, four years, Dublin; Professor of Anatomy, Lahore, eight years.

Major D. Moir, M.D., M.S. (Edin.). Demonstrator of Anatomy, Edinburgh.

Major C. R. Stevens. (See Chair of Clinical Surgery). Demonstrator of Anatomy.

Chair of Midwifery and Gynaecology, 1888-1913

From April, 1888, until March, 1900, i.e., for 12 years this Chair was held by Lieutenant-Colonel C. H. Joubert. It was then held from March, 1900, until March, 1908, i.e., for eight years, by Lieutenant-Colonel F. S. Peck. This officer died on the voyage to England and was succeeded by Lieutenant-Colonel C. R. Green, who has held it ever since.

During temporary absences of the permanent incumbents, the Chair was held for short periods by Major Leicester and by the officers who were subsequently confirmed in it.

QUALIFICATIONS

Lieutenant-Colonel C. H. Joubert, M.B. (Lond.), F.R.C.S. (England), officiated as Professor of Midwifery on two occasions before succeeding to the Chair.

Lieutenant-Colonel F. S. Peck, M.R.C.S., had no special academic qualifications, but had a very wide reputation in Bengal as an obstetrician.

Lieutenant-Colonel C. R. Green, M.D. (Durham), F.R.C.S. (England), a year's study of Gynaecology while on leave.

Was Resident at Eden Hospital. Officiated Professor of Midwifery on two occasions.

Major J. C. H. Leicester, M.R.C.P. (London), M.D., B.S. (London), F.R.C.S. (England), B.Sc. (London), Demonstrator of Physiology, University College

Obstetric Assistant, two years, University College.

Six months' special study of Gynaecology at home and on the Continent.

Chair of Ophthalmology, 1885-1913

The Chair was held from January, 1885, till December, 1900, i.e., for nearly 16 years, by Lieutenant-Colonel R. Sanders. It was then filled by Lieutenant-Colonel J. Lewtas until his retirement in June, 1905. Lieutenant-Colonel F. Maynard has held it ever since, i.e., for eight and a half years.

During temporary absences of permanent incumbents, the Chair has been held by officers who were

subsequently confirmed in it, and by Majors Leahy, O'Kinealy and Coppinger.

QUALIFICATIONS

Lieutenant-Colonel R. C. Sanders, M.D. (Durham), F.R.C.S. (Edin.). No records available of special qualifications.

Lieutenant-Colonel J. Lewtas, M.D. (London). Officiated as Professor of Anatomy for a year.

Lieutenant-Colonel F. P. Maynard, M.B. (Durham), F.R.C.S. (England). Assistant Moorfields Ophthalmic Hospital, one year; officiated Professor of Pathology, nine months; officiated in Chair of Ophthalmology on two occasions.

Major A. W. Leahy, F.R.C.S. (England), M.D. (Durham). Lecturer on Anatomy, Hospital for Women, London; Assistant Surgeon to Westminster Ophthalmic Hospital; Demonstrator of Anatomy, Charing Cross Hospital.

Major O'Kinealy. Clinical Assistant, Moorfields Ophthalmic Hospital; officiated as Professor of Anatomy, Calcutta.

Major W. V. Coppinger, M.D., B.Ch. (Dublin), F.R.C.S. (Ireland). Clinical Assistant, Victoria Eye Hospital, Dublin; Clinical Assistant, Moorfields Ophthalmic Hospital.

Chair of Physiology, 1897-1913.

This Chair was held by Major R. Bird from March, 1897, until January, 1902, when he went on leave. During his absence Captain T. Kelly held it. Since March, 1903, i.e., for 10½ years, it has been held by Major D. McCay.

During the absence of Majors McCay and Bird on furlough, the Chair was held by Majors Robertson-Milne and Mackenzie.

QUALIFICATIONS

Major R. Bird, M.D. (Lond.), M.S. (Lond.), F.R.C.S. (Eng.) Certificate of Honour in Physiology, S Barts.; 1st Class Honours in Physiology; Intermediate M.B.

Major D. McCay, M.D., R. University (Ireland), M.R.C.P. (Lond.). Honours in Physiology; Intermediate M.B. Scholarship in Physiology, Belfast; Demonstrator of Anatomy, Cork and Belfast; Demonstrator of Histology, Belfast; has done much valuable research in Physiology.

Capt T. Kelly, F.R.C.S. (Edin.) Clinical Assistant, Edinburgh; Scholarship in Physiology, Galway.

Major H. M. Mackenzie, M.B., B.S. (Edin.), with Honours Demonstrator of Physiology, Edin.; Demonstrator of Anatomy, Edin.; officiated Professor of Pathology, Lahore, one year.

Major C. Robertson-Milne, M.D. (Edin. and Aberd.), M.S. (Aberd.), with Honours in Physiology and Pathology.

Chair of Pathology, 1896-1913.

This Chair was held by Captain J. Evans, from September, 1896, until his death in March, 1899. Major F. Drury was then appointed to it and held it until March, 1904, when Major L. Rogers succeeded him and has held it ever since, i.e., for nine and a half years.

During absences of permanent incumbents the Chair was held by officers who were subsequently confirmed, and by Captains Megaw and Lane.

QUALIFICATIONS.

Captain J. Evans, M.B., M.S. (Edin.). Studied Bacteriology in Berlin, 1887; was Professor of Chemistry, Lahore and Calcutta, for three years.

Major F. Drury, M.B., B.S. (Durh.). Officiated as Professor in Lahore and Calcutta before he was confirmed in the Chair.

Major L. Rogers, C.I.E., M.B. (Lond.). Honours, F.R.C.S. (Eng.), F.R.C.P. (Lond.). Honours in Anatomy and Physiology.

Demonstrator Pathology and Bacteriology two years; has made several most important researches in Pathology, especially in connection with Kala Azar, Cholera and Dysentery. When at College was very highly reported on.

Captain J. W. Megaw, M.B., B.Ch., R. University. (Ire.). Eleven months' study Protozoology and Pathology in France and England.

APPENDIX III. (continued).

Captain C. A. Lane, M.D. (Lond.) Demonstrator of Physiology and Anatomy, St. Mary's.

Chair of Biology, 1893-1913.

This Chair was held from April, 1893, until December, 1903, *i.e.*, for 13½ years, by Major A. Alcock. For a time it was held by Dr. Annandale, but since April, 1909, it has been held as a whole-time appointment, separate from the Museum, by Captain R. E. Lloyd.

Officiating vacancies have been filled by Major MacGulchrist, Captain McArdle and Captain Sewell.

QUALIFICATIONS.

Major A. Alcock, M.B., M.S. (Aber.). Surgeon Naturalist to Government for four years; LL.D. (Aberdeen), F.R.S.

Carried out important researches, especially in connection with Indian fishes.

Major MacGulchrist, M.D., D.Sc. (Edin.), M.A. University Medallist in Zoology; Demonstrator of Anatomy.

Captain A. McArdle, B.A. (Biology) Honours, M.B., B.Ch. (Dub.). Scholar in Botany and Biology; three years' special study of Biology; Professor of Anatomy, Cork; Demonstrator of Anatomy, Cork.

Captain R. Sewell, B.A. (Biology) Honours (Cantab.). Demonstrator in Anatomy, Cantab.; Demonstrator in Physiology, Cantab.

Chair of Chemistry, 1897-1913

This Chair was held by Major Bedford from April, 1897, to April, 1903, *i.e.*, six years. Lieutenant-Colonel Grant then held it until July, 1904. From then until October, 1910, *i.e.*, for six years, it was occupied by Major Black until his transfer to Lahore in a similar capacity; and since then by Major Windsor.

Leave vacancies have been filled by officers who were subsequently confirmed and by Captains Owens and Emslie Smith.

QUALIFICATIONS

Major C. Bedford, M.D., C.M. (Edin.), B.Sc. (Edin.) Honours. Officiated as Chemical Examiner and Professor of Chemistry in Lahore; has carried out important researches in alcohols.

Lieutenant-Colonel D. Grant, B.A., M.B., B.S. (Dub.). Officiated as Chemical Examiner and Professor of Chemistry in Lahore.

Major F. Windsor, M.B., B.C. (Cantab.), Scholar in Natural Science (Cantab.), B.A., Honours Chemistry (Cantab.). Officiated as Chemical Examiner in Punjab, United Provinces and Burma.

Major J. A. Black, M.A., M.B., C.M. (Aber.) Honours in Chemistry. Qualified as Chemist and Assayer, London.

Captain H. Emslie Smith, M.B., Ch.B. (Aber.) Demonstrator of Anatomy, Aberdeen.

Captain T. Owens, no special qualifications.

NOTE—All Professors of Chemistry are also Chemical Examiners, and as such have gone through a year's probation in the Government laboratories in India.

Chair of Hygiene, 1895-1913.

This is not a while-time chair but a collateral charge of an officer of the Sanitary Department.

Major H. Dyson held it from August, 1895, to June, 1902, and was succeeded by Captain B. Deare, who held it until March, 1903. He was followed by Major Clarkson, who held it for a year, and since then by Major Clemesha.

During absence on leave of permanent incumbents other officers of the Sanitary Department have officiated.

QUALIFICATIONS.

Major H. Dyson had been D.S.C., Punjab, and teacher of Hygiene for five years.

Captain B. Deare, D.P.H. (Cambridge).

Major F. Clarkson, D.P.H.

Major W. Clemesha, D.P.H. (Manchester). Special study of water-supply at home. Has carried out important researches in India in connection with septic tanks and sewage disposal, and has

done much original work on the subject of the fixation of bacteriological standards of purity for water.

Lieutenant-Colonel F. R. Ozzard, D.P.H. (London).

Captain A. Jukes, D.P.H. (London), M.D. (London), State Medicine; Parkes prize in Hygiene.

Captain H. M. Brown, D.P.H. (London).

Chair of Botany, 1885-1913.

This is a collateral appointment associated with the Curatorship of the Royal Botanical Garden, Calcutta.

From June, 1885, to October, 1904, *i.e.*, for 19 years, it was held by Major Prain; since October, 1904, Major Gage has held it.

QUALIFICATIONS

Major D. Prain, M.A. (Aberdeen), Natural Science Honours, M.B., C.M. (Aberdeen).

Major A. Gage, M.A. (Aberdeen), B.Sc. (Aberdeen), Honours Botany, M.B., M.S.

LAHORE MEDICAL COLLEGE

Chair of Medicine, 1889-1913

This chair was held from October, 1889, to April, 1903, *i.e.*, for 13½ years, by Lieutenant-Colonel S. Browne. Since April, 1903, it has been held by Lieutenant-Colonel W. D. Sutherland continuously, except during his absence on leave for one year in 1910-11, when Lieutenant-Colonel H. G. Melville acted for him.

QUALIFICATIONS

Lieutenant-Colonel S. Browne, M.D. (London).

Lieutenant-Colonel W. D. Sutherland, M.B., C.M. (Edin.) Honours. Demonstrator of Anatomy, Edin.; Demonstrator of Pathology, Neurology, Histology, Edin.

Herbert Medallist in Pathology at Netley.

Has studied pathological chemistry, nervous diseases, modern methods of blood examination, opsonins, etc., in London, Edinburgh, Frankfurt, and Hamburg.

Lieutenant-Colonel H. G. Melville, M.D., C.M. (Edin.) Honours.

Demonstrator of Anatomy, Edinburgh, where he obtained high testimonials as teacher.

Had been Professor of *Materia Medica* and Second Physician for eight years before acting as Professor of Medicine.

Chair of Surgery, 1885-1913.

This chair was held (in conjunction with that of Ophthalmology) by Lieutenant-Colonel F. F. Perry from April, 1885, to March, 1903, *i.e.*, for 23 years.

When absent in 1904 and 1907 he was replaced by Major E. Hugo, D.S.O. This officer succeeded Colonel Perry on his retirement, and has held the chair since March, 1908, until October, 1913, when he went on leave. It is now held temporarily by Captain R. Bott pending Major Hugo's return.

QUALIFICATIONS

Lieutenant-Colonel F. Perry, C.I.E., M.R.C.S. (England). No records of qualifications available, but was a brilliant Surgeon.

Lieutenant-Colonel E. Hugo, D.S.O., M.D. (London), F.R.C.S. (England). Montefiore medal and exhibition in Surgery at Netley.

Captain R. Bott, M.B. (London), F.R.C.S. (England). Prize winner at St. Bartholomew's Hospital, and very highly reported on. Has acted for a year as Professor of Anatomy, and as Professor of Midwifery.

Chair of Anatomy, 1886-1913.

This chair was held from May, 1886, to April, 1894, by Lieutenant-Colonel R. H. Charles, and April, 1894 to 1907, *i.e.*, 13 years, by Captain Lamont. When absent on leave in 1903 it was held by Lieutenant G. E. Charles, and again for a short time by Captain C. Melville. On Major Lamont's retirement (to take up a chair of Anatomy at home) it was given to Captain H. Broome, who has held it ever since July, 1908, until he went on leave last year. During his absence Captain R. Bott held it.

APPENDIX III. (continued).

QUALIFICATIONS.

Captain J. C. Lamont, M.B. (Edin.), 1st Class Honours, F.R.C.S. (England). Medallist in Anatomy.

Lieutenant G. E. Charles, M.B. (Dublin), 1st Class Honours, B.Ch. (Dublin). Honours in Anatomy. Assistant Professor of Anatomy, Dublin.

Captain H. H. Broome, M.B., Ch.B. (Edinburgh), F.R.C.S. (England) 1st F.R.C.S. (London). Gold medal Anatomy; Demonstrator of Anatomy, Manchester. Assistant Professor of Anatomy, Manchester.

Captain B. H. Bott, M.B. (London), F.R.C.S. (England). Prize winner at St. Bartholomew's, and very highly reported on.

Lieutenant-Colonel R. H. Charles, M.D., M.S. (Dublin), F.R.C.S.I. Demonstrator of Anatomy, four years, Dublin.

Captain C. Melville, M.B. Ch.B. (Edinburgh), F.R.C.S.E. Demonstrator of Anatomy, Edinburgh.

Chair of Materia Medica, 1908-1913.

This chair was only created, as a whole time one, in November, 1908. It was formerly combined with that of Pathology.

The combined chair was held from 5th April, 1903, to 15th October, 1906 (three and a half years), by Major H. G. Melville; when that officer went on a year's leave it was held by Captain C. W. Melville; it was then again held by Major H. G. Melville from 14th October, 1907, to 10th November, 1908, when it was converted into a whole time chair.

Since then Major Melville has held it continuously, with two absences. From October, 1909, to September, 1910, while on leave, it was held by Captain A. MacGilchrist; and again, from October, 1911, to October, 1912, while Major MacGilchrist acted as Principal of the College, it was held by Major G. MacI. Smith.

The chair, since April, 1903, then, has been actually occupied for seven and a half years by Major H. G. Melville, and for three years by three officiating officers.

QUALIFICATIONS.

Major H. G. Melville, M.D., C.M. (Edinburgh) Honours. Honours in Anatomy at Edinburgh, where he was Demonstrator and carried high testimonials for his teaching capacity from his Professor. Has, while in England, undergone refresher courses in Medicine, Opsonins and Inoculation Treatment under Sir A. Wright, and Bacteriology.

Captain C. W. F. Melville, M.B., Ch.B. and F.R.C.S. (Edinburgh). House Surgeon and House Physician, Edinburgh; Demonstrator of Anatomy, one and a half years; Demonstrator of Pathology (medallist).

Captain A. MacGilchrist, M.A., Nat.Phil., 1st Class Honours (Edinburgh), M.D. (Edinburgh), D.Sc. (Edinburgh), Pharmacology. Medallist Chemistry, Pathology, Physiology, Exhibition-holder in Materia Medica and research scholar in Pharmacology; Demonstrator of Physiology, Edinburgh; Exhibition-holder in Chemistry; Prox. Accessit Fothergill Gold Medal in Therapeutics; was awarded his D.Sc. for original work on Quinine Salts.

Chair of Ophthalmology, 1909-1913.

This chair was only created in October, 1909, and it has been occupied continuously by Major H. Ainsworth, except during three months when it was held by the Professor of Surgery.

QUALIFICATIONS OF MAJOR AINSWORTH.

Major H. Ainsworth, M.B., Ch.B. (Manch.), 1st Class Honours, F.R.C.S. (England). Studied Ophthalmology specially for nine months at St. Bartholomew's, was a Civil Surgeon for several years and specialised in this subject.

Chair of Midwifery, 1909-1913.

This chair, which was formerly held by the Civil Surgeon, Lahore, was created as a separate chair in October, 1909, and has been held by Lieutenant-Colonel R. Heard continuously, except for one year (October, 1911, to October, 1912), during his absence on furlough. Captain R. Bott then held it.

QUALIFICATIONS.

Lieutenant-Colonel R. Heard, M.D., B.S. (Royal University of Ireland), Bachelor in Obstetrics (Royal University of Ireland); Licentiate in Midwifery (Rotunda). This officer has a very high reputation in the Punjab as a Gynæcologist and as an Operating Surgeon. As a Gynæcologist he is the most highly qualified officer in the province; and he possesses great teaching capacity.

Captain R. Bott, M.B. (London), B.S., F.R.C.S. (England). House Surgeon, St. Bartholomew's; said to have been the most distinguished student of his year, and a very brilliant Surgeon and Anatomist. Has been "Specialist in Surgery" while in military employ.

Chair of Pathology, 1908-1913.

Was created in October, 1908, and has been held continuously by Major W. C. Forster, except during his absence on furlough for six months (November, 1908, to April, 1909), when it was held by Captain H. M. Mackenzie.

QUALIFICATIONS.

Major W. C. Forster, M.B., M.S. (Edinburgh), Distinction; House Physician and Pathologist, R.N. Hospital for Phthisis; Demonstrator of Pathology (Edinburgh), D.P.H. (Cantab.); Course of Hygiene one and a half years, First Class Honours (Edinburgh); Advanced Analytical Chemistry at South Kensington (four years); Parkes Memorial Prize, Netley. Has written scientific treatises and done much original work in India. French and German scholar.

Captain H. Mackenzie, M.B. (Honours), Ch.B. (Edinburgh), D.P.H. (Cantab.). Has been employed for long periods as Public Health Officer and Pathologist in India; was Demonstrator of Physiology and Anatomy in Edinburgh for one and a half years.

Chair of Chemistry, 1894-1913.

This was held from November, 1894, to December, 1910, i.e., for 16 years, by Lieutenant-Colonel D. Grant, Chemical Examiner; during absences on leave he was relieved by other Chemical Examiners (Captain F. Windsor and A. Miller); and on his promotion the chair was given to Major J. A. Black in December, 1910. He has held it ever since.

QUALIFICATIONS.

Lieutenant-Colonel D. Grant, Chemical Examiner.

Major J. Black, M.A. (Hons), M.B., C.M. (Aberdeen), Chemical Examiner, Assay and Analytical Courses in London, Courses in Bacteriology, Science Examiner (Chemistry), Aberdeen. Previously acted as Chemical Examiner, Calcutta, for six years.

Captain J. Windsor, B.Sc. (Chemistry), (Manchester), M.B., B.C. (Cambridge), Special Courses of Chemistry (Cantab.); Special Courses of Pathology; Special Courses of Protozoology.

Captain A. Miller, Associate of Institute of Chemistry, B.Sc., (London), Chemistry and Physics, a year's special study in London.

Chair of Physiology, 1886-1913.

Has been held since 1886 by Dr. Caleb, an Indian, appointed by the Secretary of State. He has been absent once for six months. Was formerly combined with chair of Botany.

QUALIFICATIONS.

Dr. Caleb, M.B., M.S. (Durham).

APPENDIX IV.

APPENDIX No. IV.

(Referred to in paragraph 56380—Sir Pardey Lukis's evidence.)

Correspondence regarding the improvement of the pay and prospects of Military Assistant Surgeons of the Indian Subordinate Medical Department, viz.:—

- (i.) Despatch from the Government of India to the Secretary of State for India, No 20 (Army Department), dated the 12th February, 1914, and enclosures.
- (ii.) Despatch from the Secretary of State for India to the Government of India, No 44 (Military), dated the 1st May, 1914.

- (i.) Despatch from the Government of India, No. 20 (Army Department), dated the 12th February, 1914.

We have the honour to submit for Your Lordship's consideration a memorial submitted by military assistant surgeons of the Indian Subordinate Medical Department, praying for improvement of their pay and prospects. In December, 1907, the Director-General, Indian Medical Service, on a representation made by military assistant surgeons, put forward certain proposals to this end, but we did not consider that sufficient reasons had been advanced in support of his recommendations to justify their acceptance as a whole, and we agreed to an increase in the horse allowance admissible on field service only. A copy of the correspondence* on the subject is attached for Your Lordship's information.

2 After a careful consideration of the present memorial, we are convinced that under existing conditions the prospects of the Department are not sufficiently attractive to secure the stamp of man required, and that a case has been made out for improving the conditions of service of the medical subordinates in question. The recommendations of the Director-General, Indian Medical Service, on the present memorial are contained in his letter No. 69-Camp, dated the 30th January, 1911. For convenience we have classified them under the following headings, dealing with each heading separately.†

- I. Recruitment for the Department.
- II. Designation of the Department.
- III. Pay, allowances, furlough and pension
- IV. Addition of appointments to the cadre.

I.—Recruitment.—The preliminary educational standard demanded of candidates for admission to medical colleges as military medical pupils is, under existing rules, not a high one. Their course of study extends over a period of four years which is a year less than that demanded of a civil assistant surgeon. On completion of their course at medical colleges, military pupils enter the Indian Subordinate Medical Department, and are classed as qualified medical practitioners in India, but are not qualified for registration as such in the United Kingdom. We agree with the Director-General,

Indian Medical Service, and recommend that the preliminary educational standard should be raised to that required by the General Medical Council (Copy of latest orders of the Council attached)‡ or to its equivalent, and that the course of study should be extended from four to five years. If this is approved by Your Lordship, assistant surgeons will be compelled to serve seven years before being allowed to claim their discharge.

To meet the complaint of the assistant surgeons with regard to the admission of undesirable persons to the service, we are of opinion that military medical pupils should be on probation for the first six months of their course and be liable to summary removal under the orders of the Director-General, Indian Medical Service, if they are considered unlikely to become efficient assistant surgeons for any reason.

II Designation.—The Director-General, Indian Medical Service, has withdrawn his recommendation regarding the change in the designation of the Department and has submitted fresh proposals which are now under our consideration. A further communication on this subject will be made in due course.

III. Pay.—The present pay of military assistant surgeons is based on the scale sanctioned in Lord Kimberley's Military Despatch No 147, dated 22nd May, 1884, as modified by Lord George Hamilton, in his Despatch No. 99, dated 8th September, 1898, which introduced more favourable conditions. The memorialists, however, urge that the existing rates are now insufficient and ask for enhancement. The Director-General, Indian Medical Service, does not recommend the scale proposed by them, but considers it imperative that the rates should be raised. We understand that the question of improving the pay and prospects of military assistant surgeons in civil employ is being dealt with by the Public Services Commission and we do not therefore consider it necessary to take up that question in this Despatch. The table below shows the present rates, those asked for by the memorialists, and those recommended by the Director-General, Indian Medical Service:—

PRESENT SCALE.		SCALE ASKED FOR BY THE PRITIONERS		SCALE RECOMMENDED	
Grade and length of service	Rate per mensem	Length of Service	Rate per mensem	Length of service	Rate per mensem
	Rs.		Rs.		Rs.
4th class (1 to 5 years)	85	1 to 5 years	125	1 to 7 years	100
3rd class (5 to 12 years)	110	5 to 10 years	175	7 to 12 years	150
2nd class (12 to 19 years)	150	10 to 15 years	225	12 to 17 years	200
1st class (19 to selection)	200	15 to 18 years	300	17 years to selection)	250
		18 years to selection	350		
<i>Senior grade</i>					
Lieutenant	300	Lieutenant	400	Lieutenant	350
Captain	400	Captain	500	Captain	450
		Captain (after 12 years' commissioned service)	600		

* Enclosures 1—8 not reprinted.

† Enclosure No. 9.

‡ Not reprinted

APPENDIX IV. (continued).

We concur in the rates proposed by the Director-General, Indian Medical Service, which we consider are the minima likely to secure the stamp of man required. We do not anticipate that acceptance of the proposal will lead to demands for an increase of pay from Civil Assistant Surgeons. They are recruited from a different class, and serve under different conditions.

Allowances.—The memorialists request that they may be granted a local allowance at the rate of 50 per cent. of their grade pay when serving in Burma, Assam, Aden and the Persian Gulf. The Director-General, Indian Medical Service, does not support the proposal, but recommends in lieu the grant to all assistant surgeons when serving in these localities as well as in Calcutta and Bombay of an allowance of Rs. 50 per mensem irrespective of the class to which they belong. As all military assistant surgeons are allowed either free quarters or granted an allowance in lieu thereof, we are unable to accept the necessity for the allowance proposed.

Study leave.—In paragraph 1 of Military Despatch No. 108, dated the 2nd December, 1910, our opinion was invited on the question of the grant of study leave to military assistant surgeons of the Indian Subordinate Medical Department. We had this question under our consideration in connection with the proposals dealt with in this Despatch and now submit our recommendations which we hope will meet with Your Lordship's approval.

Under Army Regulations, India, Volume I, paragraph 428, departmental officers with honorary rank and warrant officers of the Ordnance Department, Supply and Transport Corps and the Military Works Services who, while on furlough at home, are selected, with their own consent, to go through a course of instruction in a Government Department, receive certain allowances during the course, in addition to their furlough pay and travelling expenses. The petitioners request that these rules may be extended to them with a view to affording them facilities for improving their professional knowledge. We, however, agree with the Director-General, Indian Medical Service, and recommend the grant of study leave with allowances under rules similar to those in the Indian Medical Service. Few men will be able to go home and we consider an allowance of Rs. 50 per mensem while spending the leave in study at large hospitals and laboratories in India, and four shillings per diem in England, would be quite sufficient. Study leave would be restricted to one month for every year's service, up to a maximum of 12 months in all.

Furlough pay (English).—The present rates of furlough pay laid down in Army Regulations, India, Volume I, paragraph 435, for assistant surgeons are less than those admissible to departmental officers with honorary rank. The rates of furlough pay (Indian) will be increased automatically consequent on the increase of pay proposed. The English rates of furlough pay, however, require to be increased, and we recommend the following scale which has been agreed to by the Director-General, Indian Medical Service:—

	per annum.
Senior assistant surgeon with the honorary rank of Captain	£ 220
Senior assistant surgeon with the honorary rank of Lieutenant	165
1st class assistant surgeon	140
2nd class assistant surgeon	120
3rd class assistant surgeon	110
4th class assistant surgeon	80

The grades and ranks in the Indian Subordinate Medical Department do not correspond in number with those of the various departmental lists and it is not possible to apply with any uniformity the same rules to both.

Pension.—In paragraph 8 of our Despatch No. 18-M.F., dated the 5th June, 1913, we informed Your Lordship that we proposed to consider the question of the revision of the rates of pension for senior assistant surgeons of the Indian Subordinate Medical Department separately on receipt of your approval to our proposals for the increase in the

rates of pension for departmental officers with honorary rank of Indian Army Departments. We therefore reserve our recommendations on this question for the present.

IV. Addition of appointments to the cadre.—The assistant surgeons pray—

- that 30 senior assistant surgeons be added to the cadre of the Indian Subordinate Medical Department;
- that on promotion to the honorary rank of Major, they should be regarded as supernumerary to the authorised number of Captains;
- that an assistant surgeon be appointed to represent the department in the office of the Director-General, Indian Medical Service.

We do not consider that necessity exists for the grant of these concessions and are therefore unable to recommend any of them.

3. In addition to what is asked for by the petitioners, the Director-General, Indian Medical Service, recommends an increase from Rs. 30 to Rs. 60 in the field allowance authorised under Army Regulations, India, Volume I, paragraph 412. We do not however consider this increase necessary.

4. Our proposals as shown above are calculated to result in an extra expenditure of Rs. 3,70,000 per annum approximately as shown below:—

	per annum. Rs.
Increase in the rates of pay	2,92,824
Extension of course of study from 4 to 5 years	11,700
Grant of study leave	15,600
Increase in furlough pay ..	43,982
Total	3,64,086
or say, Rs.	3,70,000

5. In conclusion, we would state for Your Lordship's information that the proposals dealt with in this Despatch were considered by the Army in India Committee who recognised the fact that the improvements in the pecuniary and other conditions of service of military assistant surgeons were desirable *per se*. In view, however, of other pressing requirements of the army in India, they gave these proposals a relatively low place in the order of urgency in which funds should be allotted for military purposes. Lieutenant-General Sir Robert Scallon, however, dissented from this view and considered that it would be false economy not to provide the funds necessary to place the Indian Subordinate Medical Department on a proper footing. We agree with the majority of the Committee and consider that the proposals should, if approved by Your Lordship, be given effect to from the date when we may deem it expedient to bring them into operation and when funds can be made available.

[List of enclosures in above.]

- Letter from the Director-General, Indian Medical Service, and enclosure. No. 9019, dated 27th December, 1907. (Not reprinted.)
- Memorandum from the Controller of Military Accounts, Eastern Circle, and enclosures. No. S.E./5548, dated 28th March, 1908. (Not reprinted.)
- Letter from the Director of Medical Services in India to the Director-General, Indian Medical Service. No. 50-G., dated 5th January, 1909. (Not reprinted.)
- Endorsement from the Home Department, and enclosures. No. 1341, dated 19th December, 1910. (Not reprinted.)
- Letter from the Government of Burma. No. 885-6X-52, dated 23rd December, 1910. (Not reprinted.)
- Letter from the Government of Burma. No. 1101-6X-6, dated 27th January, 1911. (Not reprinted.)
- Letter from the Government of Burma. No. 248-6X-6, dated 7th February, 1911. (Not reprinted.)
- Letter from the Government of Burma. No. 308-6X-6, dated 8th February, 1911. (Not reprinted.)

APPENDIX IV. (continued).

9. Letter from the Director-General, Indian Medical Service, and enclosures. No. 69-Camp, dated 30th January, 1911.

10. Memorandum from the Controller of Military Supply Accounts No. 101-C.B., dated 10th April, 1911. (Not reprinted.)

11. Memorandum from the Controller of Military Accounts, Eastern Circle. No. 4147-M., dated 20th March, 1911. (Not reprinted.)

12. Letter from the Director-General, Indian Medical Service, and enclosure. No. 3-Camp, dated 19th January, 1912.

13. Letter from the Director-General, Indian Medical Service, and enclosure. No. 313/2-12, dated 28th March, 1912.

14. Extract from the latest orders of the General Medical Council detailing the preliminary standard of education required before registration as a medical student (Not reprinted.)

[Enclosure No 9]

Letter from the Hon'ble Surgeon-General C P Lukis, K C S I, M D., I M S, Director-General, Indian Medical Service, to the Secretary to the Government of India, Army Department (Through Controller of Military Accounts, Eastern Circle.) No. 69 Camp, dated the 30th January, 1911

I have the honour to forward, for the information of Government and for favour of disposal, one of a large number of petitions* to the Right Hon'ble the Secretary of State for India, which I have received from Military Assistant Surgeons in Military and Civil employ. Before dealing with the various points raised in the petition, I beg to invite attention to the somewhat similar appeal addressed to me in 1907, which I forwarded to Government, together with my opinions thereon, with my letter No. 9019, dated 27th December, 1907

2. I take this opportunity of stating that, in my opinion, the arguments I then advanced and the recommendations I made have as much force now as in 1900; the conditions remain the same, the recruiting is as unsatisfactory as ever, and, from long experience of the Military Assistant Surgeon as Principal of the Calcutta Medical College and as Director-General, Indian Medical Service, I am still of opinion that it is absolutely necessary to improve the prospects of the Service. I have during the past two years, had the opportunity of scrutinising the papers written by fourth-year Military pupils at the so-called Director-General's examination before appointment to the Department; and I am of opinion that the lamentable lack of primary education which, as already explained to Government, characterises the class on their admission to the Medical Colleges, operates throughout their course of training, and results in their being incapable of assimilating the instruction offered them. At the last passing out examination, had the standard of 50 per cent. of marks been required, not more than a quarter of the whole class would have been successful, and more than a quarter would have got less than 33 per cent.

3. In the last three years another aspect of the case has compelled attention. The Right Hon'ble the Secretary of State for India has repeatedly affirmed the desirability and the necessity for encouraging the growth of an independent medical profession in India; and all classes of practitioners—graduates of the universities, diplomates of the colleges, Europeans, Eurasians and Indians—recognise that the time has come to place the medical profession in India on an entirely new footing. There is now a demand, and a demand which the Government of India will no doubt be compelled to support, in favour of registration of all practitioners of Western medicine; and the basis of such registration will be educational attainments. In Bombay at least the opinion has been openly expressed that neither branch of the Indian Subordinate Medical Department can be regarded as fit for registration; and although the Government of Bombay have declined to accept the view, I fear the time must come when the whole question of the education of these Military Assistant Surgeons will have to be reconsidered, under pain of their becoming a class apart from all other medical men in India. I refer to this matter again below.

4. I propose now to deal with the petition, considering the various demands *seriatim*.

5. Paragraph 3 (1) deals with recruitment generally. The petitioners complain of laxity in the interpretation of the term "Eurasian," and of

* Not reprinted.

the ill results that follow the admission to the Service of men who have no claim to the title. I am thoroughly in sympathy with this complaint. For the past three years I have been doing my utmost to find a remedy, and confess that I have not yet succeeded. The difficulty is that candidates present themselves at examination centres armed with the required certificates to the effect that one at least of their grandparents was a pure European. In appearance they are pure natives, and in many cases, I am convinced, they are so; but the presiding officer really has no alternative but to admit them. In Bombay large numbers of Goanese candidates appear, claiming Portuguese descent, which is really mythical. These lads are often well educated, and they all produce the necessary certificates (mostly from the head masters of their schools). The consequence is that the Bombay establishment of Assistant Surgeons is full of Goanese natives. On the Madras side the Indian Christian is the difficulty. A native is baptised and educated in a missionary school. He possesses a British name, usually a Scotch one, and his son or grandson will claim to be a Eurasian; and the certificate is given by some individual who accepts the candidate's statement.

I can suggest no remedy to prevent the entrance of these undesirable candidates, on the strength of what are really fraudulent certificates. I have expressly barred Goanese and Indian Jews, and the Principal Medical Officer of His Majesty's Forces in India has issued orders that far more attention is to be paid to the nationality of candidates presenting themselves at the examination centres, and that, in case of doubt, the officer conducting the examination should decline to allow the candidate to appear. But the difficulties are so great that I can only suggest an entirely new departure—viz, that Military pupils shall be "on probation" for the first six months of their course, and shall be removed from the rolls summarily, under my orders, if the Principals consider them unlikely to become efficient Assistant Surgeons, whether the reason be ignorance, idleness, or doubtful antecedents.

6. The petitioners ask that the standard of education be raised, that the course of training be raised to five years, and that certificates of courses undergone, acceptable to the General Medical Council, be granted after three years' service. As regards the first of these requests, I am in entire sympathy with them; as pointed out in paragraph 3 above, the preliminary standard of education must be raised. At present, whereas even the Sub-Assistant Surgeon has to pass the entrance examination in Arts of a university before admission to a medical school, the Assistant Surgeon merely has to pass a so-called competitive examination, and if he gets 33 per cent. of marks he is almost certain to be accepted. The medical examining bodies at home now decline to recognise this examination as qualifying for registration as a medical student, and the Military Assistant Surgeon in consequence is looked down upon by the Civil students at College. I consider that the Military pupil should pass the entrance examination of a university before admission to a college; at the same time I am aware of the fact that this standard can never be insisted on as long as the

APPENDIX IV. (continued).

Indian Subordinate Medical Department is as unpopular as it is at present, and is regarded as the refuge for those who have failed in every other subordinate service.

7. The question of the extension of the course to five years is a most important one. In view of the fact that all Civil Assistant Surgeons already have to study for five years, that the question of registration of practitioners is very prominently before the public, and that it is recognised throughout the world that the minimum period of medical study should be five years, I am strongly of opinion that the Military Assistant Surgeon should, in the interests of the State, have the benefit of the extra year's study. At the same time it must be recognised that this will involve considerable additional expenditure; the education of a Military Assistant Surgeon for four years is estimated at Rs. 2,097; the extra year would cost another Rs. 500. In return for this, however, the State would of course obtain a much more highly qualified subordinate, a man as good as the Civil Assistant Surgeon.

In connection with this request for an extra year, however, it is necessary to consider the further request that certificates of classes attended be granted after three years' service. Expressed in other words this means that the State having educated, paid, fed and partially clothed a pupil for four or five years, at a cost of Rs. 2,097 or Rs. 2,597, the Assistant Surgeon will serve the State for three years, and will then take his discharge after refunding only a portion of this sum, e.g., Rs. 1,400, and will compete for practice against natives of the country and others who have paid for their own education. I cannot think that so small a return to the Army is worth the outlay; and if, as I recommend, the extra year's training be granted, then the Assistant Surgeon should certainly be compelled to serve seven years before being allowed to claim his discharge.

8. In paragraph 3 (2) the petitioners ask for a change of designation, on the ground that they alone of all departments are called "Subordinate." I cannot support this request. If the term objected to were removed, only "Indian Medical Department" would remain; and I am sure Government will agree that this is quite impossible.

9. I now turn to paragraph 3 (3)—Pay, which is the crux of the whole matter; and I beg to state at once that I adhere to the opinions I have expressed in my letter No. 9019, dated 27th December, 1907, as regards the imperative necessity for an increase, and the rates I then proposed.

For purposes of comparison I submit the following table:—

Grade and length of service.	Existing scale	Scale proposed in my letter No 9019, dated 27th December, 1907		Scale asked for by Petitioners	
		Length of service	Rate.	Length of service.	Rate.
4th class (1 to 5 years).	Rs 85	1 to 7 years	Rs 100	1 to 5 years	Rs. 125
3rd class (5 to 12 years)	110	7 to 12 "	150	5 to 10 "	175
2nd class (12 to 19 years)	150	12 to 17 "	200	10 to 15 "	225
1st class (19 to selection).	200	17 to selection	250	15 years to 18 years	300
Lieutenant	300	Lieutenant	350	18 years to selection	350
				Lieutenant	400
Captain	400	Captain	450	Captain	500
				Captain after 12 years	600

A financial statement showing the effects of these proposals is attached.

I regard the increase of pay as absolutely essential, although I consider the rates asked for by the petitioners excessive. A reference to Table II. attached to the petition will show how poorly the present rates compare with those of the Police, Forest and Postal Departments. In these services

the long preliminary course of study is not required, and I think it is not a matter for surprise that the better class of Eurasian or locally educated European declines to compete for the Indian Subordinate Medical Department as long as any other branch of Government service is open to him. I am also quite sure that no reduction of the rates proposed by me is possible, without defeating its object.

10. In the same paragraph recommendations are made regarding increase of pay of Assistant Surgeons filling the appointment of Civil Surgeons. The following table shows how the existing rates laid down in Article 143, Civil Service Regulations, compare with those now proposed:—

Present Scale.		Proposed Rate.	
Length of service as Civil Surgeon.	Rate	Length of service as Civil Surgeon.	Rate.
	Rs		Rs.
Under 5 years	350	On appointment and up to 4 years	400
From 5 to 10 years	450	From 4 to 8 years ..	500
From 10 to 15 "	550	From 8 to 12 " ..	600
Over 15 years	700	From 12 to 16 " ..	700
		From 16 to 20 " ..	800
		After 20 years	1,000

The rates proposed are claimed on the ground that they will merely correspond with those prevailing in the higher grades of the Uncovenanted Civil Service.

I do not recommend these rates, which I consider excessive, for the following reasons:—

(a) The analogy between the Assistant Surgeon and the Uncovenanted Civil Service is imperfect, as it does not take into account the private practice which falls to the former, or the special jail and railway allowances.

(b) The rates would certainly embarrass Local Governments, who would naturally object to being compelled to employ men of this class in the interests of the Army, of which they are the War Reserve.

(c) The present rates are better than those of the Police, Forests and Postal Departments. Moreover a comparison with the Civil rates of pay of officers of the Indian Medical Service shows that the proposals are excessive. It must be borne in mind that an Assistant Surgeon can only become a Civil Surgeon when he is "above the grade of 3rd class," or, if the proposals in the petition were accepted, after 10 years' service. The following table shows how the rates would then compare with those of an Indian Medical Service officer in Civil employ:—

I M S Rates in Force		I. S. M. D Rates asked for.	
Length of service.	Rate.	Length of service in the Department	Rate.
	Rs.		Rs.
Captain 3 to 5 years	500	—	—
" 5 to 7 "	550	—	—
" 7 to 10 "	600	—	—
" 10 to 12 "	650	10 to 14 years	400
Major 12 to 15 "	750	14 to 18 "	500
" 15 to 20 "	850	18 to 22 "	600
Lieutenant-Colonel 20 years	1,200	20 to 26 "	700
Lieutenant-Colonel on advance list (say, 26 years)	1,350	26 to 30 "	800
	—	After 30 "	1,000

The relationship between the two sets of figures is out of all proportion to the relationship normally existing between the rates of pay of the two Services. I do not consider any change in the present rates is necessary.

APPENDIX IV. (continued).

11. In paragraph 3 (3b) the petitioners ask for certain "foreign allowances" and "deputation allowances," and for "study leave."

As regards the first they ask for an allowance of 50 per cent. of pay when serving in certain areas in which foreign allowance is granted to other services. In my letter No. 9019, dated 27th December, 1907, I have already recommended an allowance of Rs. 50, irrespective of pay, to all Military Assistant Surgeons on Military duty in Burma, Assam, Aden and the Gulf, and in Calcutta and Bombay. I beg to recommend this again to Government; the total cost of the proposal, as shown in the letter above quoted, is Rs. 23,200 per annum.

I am also strongly in favour of the grant of study leave, with allowances, with restrictions and rules similar to those in the Indian Medical Service. As few men would be able to go Home on leave, I consider the allowances should normally be based on the assumption that they will spend such leave in study at large hospitals and laboratories in India; and as the scale of fees at these institutions is very much lower than at Home, a special monthly allowance of Rs. 50 should be sufficient to meet the cost of study. In cases, however, in which an Assistant Surgeon takes study leave to Great Britain, the allowance should be four shillings per diem.

I cannot estimate the financial effect of this proposal, as it is impossible to say how many men would avail themselves of the concession, if granted.

12. In paragraph 3 (3c) the memorialists ask that they be granted the same rates of furlough pay (English) as other Military departments. I have already made definite recommendations in regard to this matter, in paragraph 12 of my letter No. 9019, dated 27th December, 1907, and to these I still adhere. I cannot say what the financial effect of the proposal will be; but the number of Assistant Surgeons who go Home is, at present, very small, and I do not anticipate any increase, unless Government accept their proposals regarding the grant of certificates in paragraph 7 above. In any case, I cannot recommend the ordinary rates as prevailing in other Military departments.

13. In paragraph 3 (3d) the memorialists ask that the full pension be allowed after 21 years' service. The grounds on which this proposal is made is that Assistant Surgeons are required to work on Government holidays. I cannot support this proposal; it is a peculiarity of the practice of medicine that attendance on the sick cannot be restricted to working days as distinct from Government holidays.

The second request made in this paragraph, however, I would support most strongly. The present rule by which the full pension of a captain is withheld until he has held the rank for three years is an anomaly, and has very grave objections. It results in the retention in the service of worn-out captains and the blocking of promotion in the junior grades. I recommend, therefore, that the captain's pension be admissible on promotion to the rank.

14. In paragraph 4 (a) it is suggested that an addition of 30 commissioned officers be made to the existing scale. With this proposal I cannot agree for the following reason:—At present the commissioned grades in Military employ amount to 10 per cent. of the military establishment, or 45. In addition, there is an indeterminate number of seconded captains and lieutenants in Civil, the number depending on the position of seconded 1st class men in relation to those in Military employ. These numbered 50 on October 1st, 1910; and the total number of commissioned members of the Assistant Surgeon branch of the Indian Subordinate Medical Department was, therefore, 95 on a total establishment of 658, or about 14.43 per cent.

The Supply and Transport Corps appear to have only 30 honorary commissioned officers to 188 conductors and sub-conductors, or 13.76 per cent.; and the Ordnance Department has 32 commissioned to 207 of other ranks, or only 13.38 per cent. It will be seen, therefore, that the Assistant Surgeons have no grievance whatever as regards the number of the commissioned ranks.

15. In paragraph 4 (2) the memorialists ask that officers, on promotion to honorary major, be regarded as supernumerary to the number of captains. I cannot support this proposal, for which there appears to be no analogy in other Departments. In the Ordnance Department, for example, it is laid down that the commissaries may be either captains or majors.

16. Finally, the memorialists ask that an Assistant Surgeon be appointed "to represent the Department" in my office. It is quite unnecessary as far as the interests of the Department are concerned, as I personally select men for the coveted Civil branch, decide on every promotion or withholding of promotion, and watch the welfare of the Indian Subordinate Medical Department as closely as that of the Indian Medical Service. As Government are aware, I have during the past two years made many recommendations in regard to both branches of the Indian Subordinate Medical Department, and I have no reason to believe that I require the assistance of a member of the Department in its administration.

17. As regards "detention allowance" (paragraph 412, Army Regulations, India Volume I), I adhere to the opinion expressed in my letter No. 9019 of 27th December, 1907, although the point has not been raised by the memorialists, and I have recently addressed Government on the question of "combined leave."

ANNEXURE TO ABOVE.

A financial statement showing the effect of the grant of the rates of pay referred to in paragraph 9

There were on 1st October* in Military employ the following number of Military Assistant Surgeons—

Captains†	..	24
Lieutenants‡	..	22
1st class	..	34
2nd "	..	50
3rd "	..	116
4th "	..	185

At the existing rates of pay (para. 398, A. R., I, Vol. I), the monthly grade pay of these amounts to—

	Rs.
24 Captains @ Rs. 400	9,600
22 Lieutenants @ Rs. 300	6,600
34 1st class @ Rs. 200	6,800
50 2nd " @ Rs. 150	7,500
116 3rd " @ Rs. 110	12,760
185 4th " @ Rs. 85	15,725
	58,985

or Rs. 58,985 × 12 = Rs. 7,07,820 per annum.

If my proposals were adopted and had operated on 1st October, 1910, the number and cost of each class would be as follows:—

	Monthly cost.
	Rs.
25 Captains @ Rs. 450	10,800
22 Lieutenants @ Rs. 350	7,700
41 1st class (over 17 years) @ Rs. 250	10,250
46 2nd " (12 to 17 years) @ Rs. 200	9,200
39 3rd " (7 to 12 years) @ Rs. 150	5,850
259 4th " (1 to 7 years) @ Rs. 100 ..	25,900
	69,700

or Rs. 69,700 × 12 = Rs. 8,36,400 per annum.

The extra cost involved, as regards grade pay, would therefore be Rs. 1,28,580 per annum.

* Indian Army List, October, 1910.

† Including one supernumerary.

‡ The number should have been 24, but there were 2 unfilled appointments.

APPENDIX IV. (continued).

If the rates and the alteration of length of service in each class asked for by the petitioners were granted, the numbers and cost of each class on the basis of the strength on 1st October, 1910, would be as follows:—

	Num-Monthly ber.	cost. Rs.
Captains over 12 years ...	Nil.	Nil.
Captains @ Rs. 500 ..	24	12,000
Lieutenants @ Rs. 400 ..	22	8,800
1st class over 18 years @ Rs. 350	40	14,000
„ „ 15 to 18 years @ Rs. 300	23	6,900

	Num-Monthly ber.	cost. Rs.
2nd class, 10 to 15 years @ Rs. 225	39	8,775
3rd „ 5 to 10 years @ Rs. 175...	98	17,150
4th „ 1 to 5 years @ Rs. 125...	185	23,125
		90,750

or Rs. 90,750 × 12 = Rs. 10,89,000 per annum.

The extra cost involved as compared with the existing scale, therefore, is Rs. 3,81,180 per annum, and as compared with my proposed scale, Rs. 2,52,600 per annum.

[Enclosure No. 12.]

Letter from the Honourable Surgeon-General Sir C. P. Lukis, K.C.S.I., M.D., I.M.S., Director-General, Indian Medical Service, to the Secretary to the Government of India, Army Department, No. 3 Camp, dated Calcutta, the 19th January, 1912

I have the honour to address Government on the subject of the recommendations contained in paragraphs 6 and 7 of this office letter No. 69 Camp, dated the 30th January, 1910, regarding the preliminary standard of education and extension of the course of study for the military assistant surgeon class of the Indian Subordinate Medical Department.

2 In support of the recommendations contained in letter quoted above, I beg to invite a reference to an article* published in the "Pioneer," dated the 11th August, 1911, questioning the qualifications of military assistant surgeons for such appointments as lectureships at the Medical College, Lucknow, in which institution two appointments are reserved for the Military Assistant Surgeon class, vide enclosure to this office letter No. 10064, dated the 18th November, 1911.

3. I beg to state that it is essential that military assistant surgeons holding such appointments as those at the Medical College, Lucknow, should possess registrable qualifications, in order that the General Medical Council may not refuse to recognise the degrees and diplomas of that institution; were they to do so it would necessarily

* Not reprinted.

entail great hardship on any of its students who may be desirous of continuing their medical studies or prosecuting further studies in Great Britain. I may add that the General Medical Council have addressed me on the subject of the preliminary education and course of study of the Military Assistant Surgeon class, and I am of opinion that this reference is due to the article which was published in the "Pioneer" of the 11th August, 1911.

4. Apart from the necessity of military assistant surgeons possessing registrable qualifications for such appointments as those referred to, I am of opinion that the question of extension of the course of study for the Military Assistant Surgeon class is a very important one in view of the facts that the minimum course of study for medical practitioners is five years, and that the question of registration of all medical practitioners is now prominently before the public. It will be evident to Government that if Local Governments, in legislating for registration, decide to regard military assistant surgeons as "Unqualified" and decline to employ them, the entire war reserve of this class will disappear, and recruitment for the service will practically cease.

[Enclosure No. 13.]

Letter from the Honourable Surgeon-General Sir C. P. Lukis, K.C.S.I., M.D., I.M.S., Director-General, Indian Medical Service, to the Secretary to the Government of India, Army Department, No. 311/2-12, dated Simla, the 28th March, 1912.

I have the honour to state that 72 candidates presented themselves at the examination held on the 8th January, 1912, for the admission of candidates into the Assistant Surgeons' branch of the Indian Subordinate Medical Department. This figure is 32 below the number of candidates who appeared at the examination held in December, 1910. Only 18 out of the 72 candidates who presented themselves at the last examination obtained half marks and above, whilst 21 obtained below half and above one-third marks.

The remaining candidates were awarded marks varying between 95 and 34 out of a total of 300. I attach a set of question papers* which were set at the last examination from which it will be observed that the test was far from being a severe one.

At Madras, out of the 22 candidates who applied to appear at the examination, 6 were rejected as unsuitable on account of nationality. In Bombay all of the 4 candidates who applied to appear for the examination had to be rejected as physically unfit.

On an examination of the documents of the 72 candidates no less than 11 had to be rejected, as they failed to satisfy the conditions prescribed in paragraphs 3 and 6 of the prospectus for the admission of candidates into the Indian Subordinate Medical Department.

2. In 1911, 57 lads were admitted as military pupils, but owing to the rather limited requirements for the current year, only 30 admissions are to be made into all three medical colleges. Though

* Not reprinted.

only 30 admissions are to be made, it has not been possible to avoid selecting candidates who obtained less than one-third marks; but, in order to limit as far as possible the acceptance of candidates from among those who have obtained one-third marks, only 28 out of the 72 lads have been selected and two nominations are being made with a view to complete the number required, i.e., 30.

3. The lack of primary education of the candidates who appeared for the last examination, as evidenced by the unsatisfactory result referred to in paragraph 1 *supra*, must inevitably result in this batch of military pupils being below the average in regard to the power of assimilating the four years' course of study which is required before qualifying as assistant surgeons. I beg to state that between January, 1911, and the present date, eight pupils have been dismissed from the Colleges for backwardness in their studies and for repeated failure at the College test examinations. Such dismissals involve pecuniary loss to the State on account of the cost of training discharged pupils. As, however, the required number of recruits have to be admitted annually in order to maintain the sanctioned strength of the Indian Subordinate Medical Department, it has been necessary in the past, to admit candidates as military pupils, irrespective of the fact whether they possess anything like a satisfactory standard of Primary education, and in order to meet the demand for military pupils, it has also been necessary to deviate from other conditions in respect of the selection of suitable candidates for admission.

APPENDIX IV. (continued).

4. Until such time as no improvement is effected in the pay and prospects of the Military Assistant Surgeons branch of the Indian Subordinate Medical Department, the difficulties in obtaining suitable candidates for admission as military pupils will continue. As long as other branches of Government service or Mercantile employment, on more favourable rates than that at present drawn by military assistant surgeons are open to the European and Eurasian community, the Military Assistant Surgeons' branch of the Indian Subordinate Medical Department cannot ever hope to obtain anything like a satisfactory class of recruit, and I fear that ere long it will be very difficult, owing to the scarcity of applicants for the Indian Subordinate Medical Department, to meet our requirements from even among the candidates who possess an insufficient amount of preliminary education.

5. In paragraph 6 of my letter No. 69-C, dated the 30th January, 1911, I represented the necessity of raising the standard of preliminary education and extension of the course of study for military pupils from 4 to 5 years owing to the refusal of General Medical Council to recognise the present standard of preliminary education and the course of study undergone by military medical pupils as one entitling them to obtain a registrable medical qualification. But, until the question of improvement in the pay and prospects of the Military Assistant Surgeons' branch of the Indian Subordinate Medical Department is satisfactorily decided, it is highly improbable that candidates with the standard of preliminary education required by the General Medical Council, will seek admission to the Assistant Surgeons' branch of the Indian Subordinate Medical Department.

(ii) *Despatch from the Secretary of State for India to the Government of India, No 44 (Military), dated the 1st May, 1914.*

I have considered in Council the Despatch of Your Excellency's Government in the Army Department, No. 20, dated 12th February, 1914, transmitting, with your recommendations, a memorial submitted by military assistant surgeons of the Indian Subordinate Medical Department, in which they pray for an improvement of their pay and prospects.

2. I agree in your conclusion that it is desirable that the preliminary educational standard for candidates for admission should be raised to that required by the General Medical Council, and that the course of study should be extended to five years. I also agree that military assistant surgeons who are appointed after a five years' course of study should be compelled to serve for seven years before being allowed to claim their discharge, and that military medical pupils should, in future, be on probation for the first six months of their course and liable to summary removal

The Government of the United Provinces have recently applied for the services of a military assistant surgeon with a registrable medical qualification for appointment as Lecturer in Materia Medica in the Medical College, Lucknow. In view of the difficulties represented above, which the military assistant surgeon experiences in obtaining a registrable medical qualification, it may not be possible to obtain a suitable individual for the appointment in question from among the very limited number of qualified assistant surgeons in the service.

6. The war reserve of the Military Assistant Surgeons' branch of the Indian Subordinate Medical Department which is maintained in the Civil Department will be effected if Local Governments insist on employing only such military assistant surgeons as possess registrable qualifications, because inability to meet the requirements of Local Governments will eventually necessitate a reduction in the number of civil appointments which form this reserve. A very critical condition of affairs would then present itself on mobilization when the Military Assistant Surgeons' branch would be found to be below the establishment required.

7. In view of the circumstances represented in this letter, I beg to state that I apprehend serious administrative and other difficulties in respect of the Military Assistant Surgeons' branch of the Indian Subordinate Medical Department, and in the interest of the State I therefore beg to urge that Government will be pleased to consider the proposals contained in my letter No. 69-C, dated the 30th January, 1912, as matter of urgency.

under the orders of the Director-General, Indian Medical Service, if for any reason they are deemed unlikely to become efficient assistant surgeons.

3. Your Excellency's Government have come to the conclusion that the present pay and prospects of military assistant surgeons are detrimental to the efficiency of this branch of the Indian Subordinate Medical Department, and until they are improved will continue to prevent you from obtaining a sufficient number of suitable candidates for admission to the medical colleges as military medical pupils. In that conclusion I am constrained to concur. The cost of the measures you recommend for my sanction is heavy, exceeding £24,000 a year, and I note that there are many other pressing requirements of the army to be provided for in the immediate future. In according my general sanction to your proposals I authorise you to bring them into operation from such date as you may deem expedient and so far as funds are available.

APPENDIX V.

APPENDIX No. V.

(Referred to in paragraph 56385—Sir Pardey Lukis's evidence)

<i>Statement I to show for 1885 and 1913 the number of Civil appointments in the Indian Medical Service by Administrations</i>			<i>Statement II to show for 1885 and 1913 the different classes of work on which officers of the Indian Medical Service were employed.</i>		
	1885	1913.		1885	1913.
Under the Government of India, Home Department.	5	9	1. Administrative	7	10
Under the Government of India, Foreign Department.	27	39	2. Staff Officers	4	7
Under the Government of India Finance Department	4	3	3. Civil Surgeons and Presidency Surgeons	167	165
Under the Government of India, Department of Education (a)		16	4. Professors, whole time, other than the 4 Madras ones who are also Presidency Surgeons.	24	29
Under the Government of Madras	46	51	5. Alienist Department	2	6
" " " Bombay ..	49	51	6. Jail Department	19	(a) 38
" " " Bengal	55	46	7. Chemical Department	4	6
" " " the United Provinces.	46	46	8. Assay Department	4	3
" " " the Punjab	31	32	9. Foreign Department	27	(b) 38
" " " Burma	10	32	10. Sanitary Department	20	(c) 30
" " " Bihar and Orissa.		20	11. Resident and other college appointments.	5	18
Under the Chief Commissioner of the Central Provinces and Berar.	18	19	12. Bacteriological Department		12
Under the Chief Commissioner of Assam.	8	11	13. Plague appointments		20
Under the Chief Commissioner of Coorg.		1	14. Miscellaneous	16	14
Plague appointments ...		20	TOTAL	299	396
	299	396 (b)			

(a) Excluding the Punjab Canal Jail not yet established.
(b) Excluding the Deputy Sanitary Commissioner, North-West Frontier Province, shown under item 10.
(c) Includes Sanitary Commissioner with Government of India, Deputy Sanitary Commissioner, North-West Frontier, and Health Officers, Ports of Aden and Bombay.

Statement III to show for 1885 and 1913 the number of practising appointments held by officers of the Indian Medical Service.

	1885	1913
Civil Surgeons	157	157
Superintendent, Mahabeshwar	1	1
Superintendent, Matheran	1	1
Presidency Surgeons	7	6
Residency Surgeon, Travancore	1	
Professors	23	29
TOTAL	190	194

(a) Includes Bacteriological Department.
(b) On the above there is a leave reserve of 20 per cent. or 79 officers; and the total number of sanctioned Civil appointments is thus 475.

APPENDICES VI. AND VII.

APPENDIX No. VI.

(Referred to in paragraph 56401—Sir Pardey Lukis's evidence.)

Statement showing the salaries drawn by Indian Medical Service Officers in Civil and Military employ and the salaries drawn by Officers of the Royal Army Medical Corps.

Rank.	Indian Medical Service (f)										Royal Army Medical Corps (g)		
	In Military employ (e).	In Civil Employ											
		2nd class Civil Agency and Pre-sidency Surgeons (b).	Professors	Sanitary Commis-sioners	Deputy Sanitary Commis-sioners and Health Officers	Bacteriological	Jails, 1st class (c)	Asylums.	Chemical Exam-iners	Plague		Principals of Colleges.	
1. Lieutenant	500 (450)	450	750	All ranks Rs 1,600, rising by Rs 80 increments to Rs 1,800, except in Central Provinces, where it is Rs 1,250—50—1,750	700	650	650	650	All ranks Rs 800, rising by Rs 70 increments to Rs 1,500	700		420	
2. Captain	550 (500)	500	800		750	700	700	700		750	475		
3. Captain after five years' service	600 (550)	550	850		800	800	750	750		800	475		
4. Captain after seven years' service	650	600	900		850	850	800	850		850	530		
5. Captain after ten years' service	700	650	950		900	900	850	900		900	650		
6. Major	800	750	1,050		1,000	1,050	950	1,050		1,000	1,150	789-3	
7. Major after three years as such	900	850	1,150		1,100	1,150	1,050	1,150		1,100	1,300	825-11	
8. Lieutenant-Col.	1,250	1,200	1,500		1,450	1,500	1,400	1,400		1,450	1,650	1,150(e)	
9. Lieutenant - Col after 25 years' service	1,300	1,250	1,550		1,500	1,500	1,450	1,450		1,550	1,450	1,700	1,150
10. Lieutenant - Col. on selected list	1,400	1,350	1,650		1,600	1,600	1,550	1,550		1,650	1,450	1,800	1,250
11. Colonel	1,800						...						1,800
12. Surgeon-General.	2,200						

(a) The figures in brackets are the rates for officiating charge of regiments. An Indian Medical Service Officer ordinarily only officiates in charge of a regiment for his first 5 years.

(b) First class Civil and Agency Surgeons draw Rs. 100 more in each rank.

(c) Second class jails carry Rs. 100 less in each rank.

(d) A Royal Army Medical Corps officer draws Rs. 60 to Rs 240 command allowance when in charge of a hospital in addition to the figures shown in this column. At present 79 officers draw this allowance.

(e) Or Majors of over 20 years' service.

(f) In addition to the above there are numerous special appointments carrying special rates of pay.

APPENDIX No. VII.

(Referred to in paragraph 56411—Sir Pardey Lukis's evidence.)

Government of India, Home Department, Resolution No. 1211-C.—1222-C., Medical, dated Delhi, the 19th February, 1913, relating to gratuitous medical advice and treatment at hospitals and dispensaries.

The Governor-General in Council has recently had occasion to examine, in consultation with Local Governments, the question whether persons attending hospitals and dispensaries maintained or assisted from public funds should be considered to be entitled to gratuitous medical advice and treatment, irrespective of their circumstances, or whether payment should be required in the case of those who are not actually poor. The replies received indicate a considerable divergence of practice in the several provinces, as also distinct differences of opinion regarding the policy which it is expedient to adopt, but while recognising that the varying conditions prevailing in different parts of the country render it impossible and undesirable to prescribe any one course for universal adoption, the Government of India are of opinion that it would be useful to set forth the considerations which have been urged on either side and to make known briefly the systems which are now followed, in order that action may be taken to enforce the principle of discrimination which, to their mind, the time has now come to accept.

2. The provinces which are averse from the

introduction of a general requirement of payment by those who can afford to do so are Madras, Bengal, Eastern Bengal and Assam* and Burma, and the reasons which have been urged in support of this view may be summarised as follows:—

(a) The really well-to-do do not, as a matter of fact, resort to public hospitals (or at least to an extent likely to interfere seriously with the prospects of private practitioners), being deterred therefrom by prejudices (especially in the case of the ladies of the family), the discomfort of waiting along with others, and the smaller degree of personal attention which can inevitably be given to each case at a public institution as compared with a private home.

(b) The resort of as many people as possible to the public hospitals assists in the spread of a knowledge of the benefits of western medical science, which it is not desirable in any way to discourage, looking to the fact that the existing facilities for efficient medical treatment are admittedly made-

* The enquiries made were prior to the creation of the provinces of Bihar and Orissa and Assam.

APPENDIX VII. (continued).

quate for the needs of the country. To prevent the access of any class to such hospitals as there were might mean that there are debarred from proper medical advice

(c) It would be difficult to draw a dividing line between rich and poor without enquiries which would be resented, and which would place an undesirable power in the hands of subordinates.

(d) The flow of private subscriptions (already in many places meagre) might be interrupted by any interference with the charitable aspect of medical relief.

It is not the case, however, that even in the provinces named medical assistance is at present given entirely free. In Madras, medicines, as distinct from advice, are generally paid for, both in public and municipal institutions (though not in those maintained by Local Boards), by persons possessing more than a defined minimum income, while charges are recovered in the Presidency hospitals. A similar procedure as regards medicines is followed in Assam. In Burma, and Eastern Bengal, persons of reasonable means are supposed, in theory, to make some return for attendance in the shape of voluntary subscriptions.

3. On the other hand the Local Governments of Bombay, the Punjab, and the Central Provinces are in favour of some system of payment by those in a position to do so for the benefits conferred by public medical institutions. In Bombay rules directed towards this end are under preparation, while in the Central Provinces experiments are being tried with the view of arriving at a satisfactory solution of the difficulty. In the Punjab the Lieutenant-Governor has made a public pronouncement in favour of the imposition of small fees, but it is reported that opposition from municipal committees has been encountered. The Local Government of the United Provinces, while conscious of the obstacles which have hitherto been regarded as rendering inexpedient the levy of any charge, considers that these are weakening and that the time has now come to review the position. The arguments upon which reliance is placed by those who advocate some insistence upon a pecuniary return from those capable of making it without hardship are briefly, as follows:—

(i) The field to be covered before the provision of medical aid in this country can be regarded as sufficient is enormous, and it is therefore all the more necessary that the burden upon public and local funds shall be confined to the cases of the poor who are unable to help themselves. The abuse of charity by those who can afford to pay merely retards the extension of facilities to localities where they are at present unknown.

(ii) The complaint that public institutions unduly hamper private practitioners is not unfounded, and to the extent that the growth of an independent medical profession trained in Western methods is thereby hindered, this competition is to be deprecated. Government can never hope to do all that is needed in the matter of medical relief in this country, and it owes it to the men now passed out of its colleges and schools that they shall have a fair opportunity of establishing themselves.

(iii) The difficulties anticipated in the way of the differential treatment of patients of means have in fact been surmounted in some places and should not prove to be insuperable.

4. From the evidence at their disposal the Government of India are convinced that resort is at present had to the public hospitals by persons who are in a position to pay for such benefits, and

they consider that it is only fair to the growing private medical profession that an effort should be made to prevent this practice. That these hospitals help greatly to spread the popularity of Western medicine they have no doubt, but except, perhaps, in the less developed parts of the country, an appreciation of European methods is already extending, and the efforts of the men trained in the Government colleges and schools are all helping towards this result. With the exception of the more backward areas it should be possible to avoid the pauperisation of the people in the matter of medical relief, without preventing the treatment at the public expense of the poor who are willing to avail themselves of the opportunity, and as the figures show the number of these is yearly increasing. In so far as more funds can be secured from the contributions of those in easier circumstances, the extension of medical aid will be facilitated, and the fear that the refusal of gratuitous treatment to those who cannot be described as indigent will prejudice the progress of Western science is apt to be exaggerated. Persons in comfortable circumstances have to be educated up to the recognition of the fact that they have no claim to free medical relief at the cost of the State. The introduction of an efficient system of discrimination must be governed by local conditions; it is mainly a matter of method and supervision, and the efforts which have been made to improve the status of the subordinate establishments should lessen the risk of the harassment of the people at their hands. Moreover, as the people themselves become better educated they should be more capable of protecting themselves. In Madras the limits of income entitling persons to free medicine or otherwise appear to have been fixed by Government, and this also is the intention in Bombay; in the Central Provinces the agency of the dispensary committees is made use of either to prepare lists of those who are considered able to pay, according to a scale laid down by the Inspector-General of Civil Hospitals, or to certify as to the suitability of those who can reasonably claim exemption. Another possible method is the requirement of a minimum contribution from a locality before a dispensary is opened in its midst. The immediate treatment of urgent cases in all circumstances can be prescribed without difficulty, but for the rest no hard and fast rules can be framed for adoption everywhere, and the local knowledge of those controlling these institutions must be trusted to devise whatever method may best suit the particular conditions to be dealt with.

5. It is sufficient that the Governor-General in Council shown make it known that the principle of discrimination is that towards which all provinces should work. Obviously the more important urban centres where supervision is strongest, and the supply of private practitioners adequate afford the best opportunity for an early move in this direction, and especially is this the case with reference to private wards in the larger hospitals. In fact any patient who can afford to pay for separate accommodation should be charged a reasonable sum in addition for attendance and medicines, and care should be taken not to undersell private nursing homes and chemists' shops, or to compete with private medical men. In rural areas progress may be less rapid and it must be adapted to local conditions, but it is the wish of the Government of India that the object to be secured, namely, that persons should not be treated at the public expense who can afford to pay, should be consistently kept in view and action gradually taken as circumstances permit to attain this end.

APPENDIX No. VIII.

(Referred to in paragraph 56425—Sir Pardey Lukis's evidence.)

Speech by Surgeon-General Sir Pardey Lukis at the meeting of the Governor-General's Legislative Council of the 17th March, 1911.

The Hon. Surgeon-General Lukis: "Sir, with your permission I should like to say a few words on the subject of the encouragement of independent medical practitioners whose case has been so ably dealt with by the Hon. Mr. Gokhale, and

in so doing I wish to point out to the Council the various steps that have been taken by Government to improve the position of these gentlemen and also to indicate the lines on which, if they so desire it, they can help themselves. I wish it to

APPENDIX VIII. (continued).

be clearly understood, however, that I must not be regarded as the mouthpiece of Government or as holding any brief for the Indian Medical Service. I merely speak as one who has devoted 12 years of his life to teaching medicine in this country and whose interest in the spread of medical knowledge and in the improvement of the status of Indian medical practitioners is just as keen as is that of the Hon. Mr. Gokhale in the equally important subject of primary education. Now, Sir, when one considers the status of the Indian medical practitioner in this country, one finds that he labours under three disadvantages which are not shared by his professional brethren in the West. In the first place, when a private medical student has passed his curriculum and obtains his diploma or degree, he is practically debarred from holding any of the important appointments of house surgeon or house physician in the large Government hospitals; these appointments being, as a rule, reserved for civil assistant surgeons. Recognising the importance of this, the Bengal Government has agreed to the suggestion of the Government of India that in future the posts of house surgeon and house physician in the various large Calcutta hospitals shall be thrown open to the most deserving students of each year; whether or no they wish to enter Government service. This, Sir, is a very important boon, and I hope that future generations of medical students and young practitioners will take full advantage of it.

"The second disadvantage under which he labours is that here in India there are no opportunities whatever for post-graduate studies such as exist in connection with all the large medical schools in England and Europe. The result of this is that when a young practitioner goes out to a remote mufassal district, where he is probably over-worked and underpaid and has neither the leisure nor the facilities for study, he fails to keep himself abreast of the times and he very quickly lags behind in the race. Here, again, Government recognises that this is a tremendous drawback and that it militates very largely against his successful career. The Government of India, therefore, is now formulating a scheme for the establishment of a School of Tropical Medicine in Calcutta, which it is hoped will be affiliated to the Calcutta Medical College; and for the introduction of a Diploma in Tropical Medicine in connection with the Calcutta University. This School of Tropical Medicine, if it takes shape, will afford facilities not only for post-graduate studies, but also for original research, and it will be open to all properly qualified medical practitioners, whether official or non-official. You will see, therefore, that the young medical practitioner will now have a chance of coming back to his hospital and refurbishing up his knowledge; or, if he wishes to do original work, he will have every opportunity afforded to him in the research laboratories attached to the Tropical School of Medicine.

"The third disability to which he is subject—and this is the one upon which Mr. Gokhale laid most stress—is that the independent medical practitioner cannot obtain a share of the professorial and hospital appointments in connection with the big Government medical colleges. That, of course, is a great disability, and it is one that has the serious attention of Government; but it is not for me to enter into it here. In this connection, however, I should like to draw the attention of Council to certain very sensible advice which was given to

the Bombay medical men by Dr. Temalji Nariman when he was entertained at dinner in August, 1908, by over a hundred Indian medical men. In the course of his speech Dr. Nariman said:—

"If Indians wish to bring into existence a profession of native doctors, they should not hanker after one or two minor professorial posts in the Grant Medical College of Bombay, but should all unite and set to work to found a medical college of their own."

"Later on in his speech he went on to say: 'It is only when we have a large number of teachers with hospital experience that we shall be in the position of an independent profession, and by perseverance, industry and self-sacrifice we are bound to produce young men who will adorn our profession and leave their names to posterity as those of Jenner, Harvey, Lister or Simpson. Founding hospitals alone will not elevate our status. We must have our own college, with laboratories, where some of our best men may carry on original research work. It may take years for its completion, but let us make a beginning.'

"That, Sir, is very wise and statesmanlike advice. I strongly recommend it to the careful consideration of my Indian colleagues, and I beg of them not to be satisfied by merely obtaining a proportion of the professorial appointments in Government medical colleges. Let them also unite and found medical colleges of their own."

"In the very excellent speech which we listened to with such interest yesterday, the Hon. Mr. Gokhale, when pleading the cause of primary education, said that this was a case in which it was necessary that there should be the cordial co-operation of the Government with the public. May I be allowed to invert the terms and say 'This is a case where we want the cordial co-operation of the public with the Government.' I hope that the wealthy and charitable public will bear this in mind, and I can assure them that if they will do anything to advance the scheme for the institution of unofficial medical colleges, entirely officered by Indians, they will not only be conferring a benefit on the profession, but on their country at large."

The Hon. Mr. Gokhale: "What about institutions maintained out of public funds, public moneys?"

The Hon. Surgeon-General Lukis: "I am not dealing with appointments held by the Indian Medical Service. It is well known that the Government medical colleges and schools cannot accommodate more than a fraction of those who ask for admission. In Calcutta alone, as I know from personal experience, over 200 candidates have to be rejected every year, and there is, therefore, ample room for well-equipped and properly staffed unofficial medical colleges and schools which may be either affiliated to the University or run on the same lines as a Government medical school, but entirely conducted by Indian medical men; and I look forward to the time when in every important centre in India we shall have well-equipped unofficial medical schools working in friendly rivalry with the Government medical schools, and each institution striving its hardest to see which can get the best results at the University examinations."

"As Dr. Nariman said, this may take years to accomplish, but I earnestly hope that, before I say farewell to India, I shall see it an accomplished fact, at any rate in Calcutta and Bombay; and if I have said anything to-day which will induce the leaders of the people to give this scheme their cordial support, I feel, Sir, that I shall not have wasted the time of the Council by interposing in this debate."

APPENDIX No. IX.

(Referred to in paragraph 56443—Sir Pardey Lukis's evidence)

Letter from the Government of India to Local Governments, dated the 23rd May, 1913, relating to private practice of Government Medical Officers.

The Government of India have under consideration the question of placing further restrictions in the matter of general private practice upon Government medical officers holding professorial appointments. Neither the Government of India nor Local Governments have been unmindful of the objections to allowing these officers unrestricted liberty in the matter; but although private practice

has been denied altogether to certain professors, and others have been restricted to consulting practice, there have been practical difficulties in the way of introducing any uniform arrangements. The result has not been entirely satisfactory; and, in view of the altered conditions resulting from the recent growth of a considerable independent medical profession, the Government of India desire

APPENDIX IX. (continued).

that the question should now be further examined. They propose at present to limit the scope of the present enquiry to the Presidency towns of Madras, Bombay, and Calcutta and to Lahore and Lucknow; and they have no intention to interfere with the privilege enjoyed by officers who may happen to hold as collateral charges the principalships of medical schools at out-stations.

2. The objection to unrestricted private practice may be regarded from two points of view: the professional and the administrative. It is on the latter ground that certain medical officers holding principalships of colleges or in administrative charge of large hospitals have been restricted to consulting practice; but with such considerations, however important, the general public are only remotely concerned. But the Government of India discern a growing body of criticisms directed against the liberty still allowed to medical officers who hold professorial appointments, particularly in the Presidency towns, to take up annual contracts as family doctors upon terms with which the private practitioner finds it difficult to compete. They feel that there is force in these objections, and they are inclined to the view that all officers holding professorial chairs in medicine, surgery,

gynæcology, or ophthalmology in Government medical colleges should be strictly debarred except as consultants from general private practice, though they may be permitted to practice unfettered that branch of their profession in which they are accredited specialists, unless their administrative duties as principals of colleges or superintendents of hospitals render some further restriction necessary. The recognition of professors in medical colleges as specialists would, in the opinion of the Government of India, not only add to the dignity of the Medical Service and provide a number of officers with the additional leisure for scientific work, but would also tend to allay any jealousy which may at present affect the relations between the Indian Medical Service and the independent medical practitioner in this country.

3. The Government of India would be glad if the Governor in Council will take the foregoing observations into consideration and will furnish them with the information as to the extent to which the classes of officers referred to at present enjoy the privilege of private practice, and how far in the opinion of the Local Government, it is expedient to impose restrictions suggested.

APPENDIX No. X.

(Referred to in paragraph 56451—Sir Pardey Lukis's evidence)

Table showing the present professorial appointments attached to the various Medical Colleges and how they are held.

Chair.	Class of Officer by whom the Chair is held in				
	Madras.	Bombay.	Calcutta.	Lahore.	Lucknow.
Medicine	I. M. S.	I. M. S.	I. M. S.	I. M. S.	I. M. S.
Surgery	I. M. S.	I. M. S.	I. M. S.	I. M. S.	I. M. S.
Clinical Surgery	—	I. M. S.	I. M. S.	—	—
Midwifery	I. M. S.	I. M. S.	I. M. S.	I. M. S.	—
Materia Medica	(1) [I. M. S.]	—	I. M. S.	I. M. S.	A European Military Assistant Surgeon.
Ophthalmology	I. M. S.	I. M. S.	I. M. S.	I. M. S.	—
Pathology	(1) [I. M. S.]	I. M. S.	I. M. S.	I. M. S.	I. M. S.
Physiology	I. M. S.	I. M. S. (3)	I. M. S.	A specially entertained Indian not in Government service for the Chair of Physiology.	I. M. S.
Hygiene	(1) [I. M. S.]	—	—	—	—
Biology*	(1) [I. M. S.]	A non-I. M. S. European practitioner.	I. M. S. (2)	—	—
Medical Jurisprudence (2)	(1) [I. M. S.]	—	Police Surgeon	—	—
Chemistry (2)	Chemical Examiner. (2)	Chemical Examiner. (2)	Chemical Examiner. (2)	—	—
Anatomy	I. M. S.	A Civil Assistant Surgeon or an outsider.	An Indian Assistant Surgeon of the Provincial Service.	I. M. S.	An Indian Civil Assistant Surgeon.
<i>Tutorships and Minor Chairs:—</i>					
Dentistry	Private European Dentist.	Private European Dentist.	Private European Dentist.	—	—
Physics	—	—	An Indian Teacher.	—	—
Pharmacy	—	—	—	A European Military Assistant Surgeon.	—
Bacteriology	—	An Indian practitioner.	—	—	—
Ear, nose and throat	—	Do.	—	—	—
Electrotherapy	—	Do.	—	—	—
Skin	—	Do.	—	—	—
Anæsthetics	—	Do.	—	—	—

(1) In Madras the minor Chairs of Biology, Hygiene, Pathology, Jurisprudence and Materia Medica are held as collateral charges by Indian Medical Service Officers.

(2) There are no regular "Chairs" in Medical Jurisprudence and Chemistry; but the first subject is taught in Calcutta and the second in Calcutta, Madras, and Bombay by the officers named. The Police Surgeon may or may not be an Indian Medical Service Officer; the Chemical Examiner is an Indian Medical Service officer.

(3) "Physiology and Hygiene" in Bombay.

APPENDIX XI.

APPENDIX No. XI.

(Referred to in paragraph 56456—Sir Pardey Lukis's evidence)

"*The Sanitary Awakening of India*"—being an article by Surgeon-General Sir Pardey Lukis which appeared in *Science Progress* for October, 1913

In the admirable address with which the Hon. Mr. S. H. Butler opened the proceedings of the First All-India Sanitary Conference, held at Bombay on 13th and 14th November, 1911, he said: "The basis of all sanitary achievement in India must be a knowledge of the people and the conditions under which they live, their prejudices, their ways of life, their social customs, their habits, surroundings and financial means."

This was emphasised by me in a memorandum which I laid upon the table at the meeting of the Imperial Legislative Council, held at Simla on 15th September, 1911. In this memorandum, which dealt with the measures taken for the suppression of plague and malaria in India, I pointed out that although the important discoveries and the vigorous prophylactic efforts that had been made in India had resulted in a very accurate knowledge of the measures necessary for the control of the above-mentioned diseases, even a modicum of success in effective prevention could not be hoped for unless the people themselves were willing to co-operate whole-heartedly in the campaign. I stated moreover that, in my opinion, this active co-operation will not be secured until the people have learned to understand and to have faith in the principles on which these preventive measures are based, and that their education on these matters is a primary and essential condition of success.

No one unacquainted with the conditions of life in tropical or subtropical countries can have any idea of the difficulties that beset the path of the sanitary reformer in a continent of such vast size as India. The illiteracy of the vast majority of the population, their prejudices, their conservatism and suspicion of innovation or change, their fatalism, and their ignorance and disregard of the most elementary rules of domestic and personal hygiene, all combine to form an insurmountable obstacle to rapid progress in sanitary matters.

The life of the Indian peasant is one long struggle with his environment. The extremes of heat and cold to which he is subjected have led to the adoption of a type of dwelling which from the sanitary standpoint leaves everything to be desired. The question of ventilation is never considered. In both towns and villages, the houses, originally crowded together for purposes of defence, still remain in the same undesirable juxtaposition even though the necessity for crowding no longer exists. Cattle and other domestic animals live in close contact with human beings, and water is used indiscriminately for drinking, washing, and bathing. Lastly it must be remembered that more than 75 per cent. of the population live "on the land," leading a hand-to-mouth existence, and being absolutely dependent on climatic conditions, especially rainfall, for their very existence. Is it surprising, therefore, that their resistance to disease is lower than that of the European, or that, when an epidemic breaks out amongst a community living under such conditions, it spreads with lightning rapidity, and is difficult to control?

What I have written above will enable the reader to appreciate the enormity of the problems before us. Sanitary measures possible and effective in the West are not necessarily possible and effective in India. We must work out our own sanitary salvation. The difficulties before us are many. The ignorance and even hostility of the masses are still fundamental obstacles. But a thousand difficulties need not dismay us. On all sides there is evidence that the more enlightened minds in India have awakened to the importance of sanitation, and the movement in its favour is steadily gaining ground. Both in the Council Chamber and in the columns of the Indian Press

constant demands are made for the three great essentials—pure water, pure food, and pure air, and, as the Hon. Mr. Sivasawmy Iyer said in a recent speech, a very hopeful feature in the situation is that the sanitary consciousness of the people themselves has been aroused.

This sanitary awakening of India I regard as one of the most important developments of recent years, and one which is fraught with infinite possibilities for the future. Once we have the people with us, instead of against us, the work of sanitary reform will advance by leaps and bounds, especially as regards the avoidance, prevention, and suppression of those four great scourges—plague, malaria, cholera, and dysentery—in dealing with which we are hopelessly handicapped without the assistance and co-operation of the Indian public. Herein lies the importance of education of the masses. I shall devote, therefore, a few lines to a short account of certain recent developments in the educational policy of the Government of India, to which allusion was made by Mr. Montague in his Indian Budget speech on 7th August last. In a resolution dated 21st February, 1913, the Government of India drew attention to three matters in which education in the past has been imperfect. One of these was the teaching of hygiene in schools and colleges, and attention to the personal hygiene of the students. With a view to remedying obvious defects and ensuring practical instruction, the Education Department has commended to local Governments a thorough inquiry, by a small committee of experts, into school and college hygiene, the scope of the inquiry to comprehend not merely medical inspection, but likewise the inclusion of practical instruction. For various reasons it is considered desirable to make these courses of instruction voluntary, at any rate in collegiate institutions, and it is felt that if such courses are voluntary it would be as well to introduce the influence of some external agency, which by its reputation and its rewards will be able to encourage private endeavour. Such an agency already exists in the St. John Ambulance Association, which might well provide the initial stimulus, appealing strongly, as it does, to both teachers and taught. Domestic hygiene is now a recognised branch of the Association's work, and on this subject useful literature and instruction could be supplied to the schools. Instruction in "first-aid" might also be given, and active workers in the provincial branches of the Association would be encouraged to afford assistance in the inspection of pupils and of school premises, and in giving practical instruction in all matters connected with personal hygiene. It is also suggested that special training in hygiene should form part of the curriculum for teachers.

The practical details of the scheme will be worked out when reports have been received from the Committees of Inquiry which may be appointed by local Governments; meanwhile the Government of India have approached the Executive Committee of the Indian Council of the St. John Ambulance Association, saying that they would be glad to receive their views on the points raised, and asking whether the Executive Committee are willing that the Association should be enlisted in a work which it is believed may ultimately prove one of far-reaching importance in India.

As a member of the Executive Committee of the Indian Council, I know that this matter has already engaged their serious attention. I have also had an opportunity of discussing the case informally with the authorities at St. John's Gate, so that I have no doubt as to the favourable nature of the reply which will be sent to the Government of India, and I am confident that, in the near future, we shall be able to work out a scheme which will

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have a lasting effect upon the welfare of future generations of our Indian fellow-subjects, not only by increasing their knowledge of preventive measures, but also by improving their general standard of health and raising their powers of resistance against disease.

Meanwhile the Government of India is actively engaged not only in remedying sanitary defects, but in studying the conditions and circumstances which affect mortality and the increase and decrease of populations, as well as the relative effects of personal environment and of the social and economic conditions in the different parts of the Indian Empire. Want of space prevents me from discussing the various recurring and non-recurring grants made under the head of Sanitation or from enumerating the numerous important sanitary schemes which have been carried out during the past few years. It will suffice if I state that during this year and last year recurring grants of £261,000 and non-recurring grants of nearly £1,500,000 have been made, the bulk of which are intended for schemes of urban sanitation; also that the Budget estimate of expenditure under this head for the current year comes to nearly £2,000,000, showing an increase of 112 per cent over the expenditure of three years ago. Nor have the claims of rural areas been overlooked. Assignments have been made to local Governments to enable them to forego the amounts which at present are appropriated for provincial use from the cess on land. This will increase the resources at the disposal of local bodies, and it is hoped that it will lead to a great improvement in village sanitation and especially to the provision of a pure water supply and its adequate protection from pollution. For further details I must refer the reader to the Annual Reports of the Sanitary Commissioner with the Government of India and to the various Blue Books presented to the House of Commons, and I shall devote the remainder of this article to a description of the work done by the General Malarial Committee and the Indian Research Fund, and to an account of the inauguration of the All-India Sanitary Conferences and the reorganisation of the sanitary services.

The *General Malarial Committee* owes its origin to the Imperial Malarial Conference held at Simla in October, 1909. Its duties are the direction and co-ordination of investigations and the selection, at the request of local Governments, of officers qualified for carrying out such investigations. A similar organisation, working in consultation with this Central Committee, is constituted in each province, and a conference consisting of the members of the Central Committee and a delegate or delegates from each local organisation is held annually at such place as may be convenient for the purpose of reviewing the work done and preparing a programme of future work. Up to the present three conferences have been held, namely, at Simla in 1909, at Bombay in 1911, and at Madras in 1912, and the fourth conference will be held at Lucknow in January, 1914. The value of these conferences has been proved by the interesting nature of the discussions that have taken place, by the opportunities afforded to delegates of studying malaria under varying conditions, by the stimulus given to original work, and by the valuable resolutions that have been passed and brought to the notice of Government. It is not necessary to give all these resolutions in detail, but the following summary of the conclusions arrived at may be of interest:—

1. Careful malarial surveys such as those made by Robertson and Graham in Saharanpur, Kosi and Nagina, and researches in the field such as those carried out by Bentley in Bombay and Christophers in the Andamans, prove the value of preliminary scientific investigation, and point to the probability that anti-mosquito measures may not prove so costly as was at one time feared. Moreover, although further research and expert investigation is still necessary, enough is known of the breeding habits of mosquitos, etc., to make it frequently possible for trained workers to deal with malaria in an efficient manner.

2. Quinine prophylaxis, applied to a free population, is difficult to carry out in the thorough way necessary for success, but notwithstanding these difficulties it cannot be too strongly emphasised that arrangements for the treatment by quinine of those sick from malaria is a matter of primary importance from the point of view of saving life, of preventing suffering, and of destroying a potent source of infection. On the other hand experience in the United Provinces and elsewhere has shown that the regular administration of quinine to school-children during the malarial season is a practical measure of proved utility and easy application.

3. In view of the correlation which observers have found to exist between density of jungle in and around villages on the one hand and intensity of malaria on the other it is desirable that this question should receive the careful attention of all those working at malaria in India.

4. In view of the fact that investigation has shown that the cultivation of rice and other crops, for which an abundance of water is necessary during growth, need not lead to the formation of dangerous breeding grounds for mosquitos, it is desirable in the interests of the Indian agriculturist to ascertain definitely the precise conditions under which such cultivation is or is not likely to be harmful.

5. Further research is necessary with a view to ascertaining the most effective larvæcides and natural enemies of the mosquito, and which of them are best suited for use in particular localities and under different conditions of environment. It is desirable, moreover, to consider the advisability of constructing ponds in centres where permanent water can be obtained for the breeding on a large scale and the distribution of the more important of the natural enemies of mosquito larvæ.

Other resolutions deal with such subjects as educational propaganda, borrow-pits, water-tidiness, and the provision of a pure and protected water supply. But it must not be imagined that the functions of the General Malarial Committee began and end in the passing of pious resolutions at conferences. On the contrary it is doing much practical work, and its organisation has been materially strengthened by the appointment of special malarial officers in Madras, Bengal, the United Provinces, the Central Provinces, the Punjab and Burmah. A Central Malarial Bureau, consisting of a museum, a laboratory, and a reference library, under the charge of Major Christophers, has been started at the Central Research Institute, Kasauli, where a very fine collection of mosquitos and their natural enemies has now been arranged and is available for study. We have also organised classes of instruction in malarial technique. These classes meet twice a year, and the course lasts for two months. During the last two years the system of these classes has been modified so as to make them more practical and to render it possible for any medical officer or subordinate, who is seriously desirous of studying malaria, to gain admission to one of the classes, and it is hoped that ere long this will result in a large number of competent and keenly active workers being spread over the country—a result which cannot fail to bring about a great increase in our knowledge, not only of malaria, but of other closely allied diseases, especially those of the "Leishmania" group. In 1911 only 18 officers were trained at these classes, all from the civil side. During 1912, however, we trained 57 candidates, of whom 27 were in civil and 30 in military employ; whilst in 1913 we admitted 64 candidates, 32 military and 32 civil. In conformity, too, with the practical aspect of our policy, we arranged that the last two classes, instead of meeting at Amritsar, should be held at Delhi, where Captain Hodgson, who was officiating for Major Christophers, was conducting a detailed malarial survey of the Imperial enclave—a survey which, by the way, proved of the greatest value to the authorities when they had to decide upon the site for the new Imperial Delhi. Thus Captain Hodgson's pupils have actually participated in a malarial survey, and

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are fully equipped for carrying on similar work in their own districts.

There are at the present moment eight officers on special duty in different parts of India, studying the local conditions which underlie and are causing the malaria and devising schemes for its reduction or abolition. The Government of India has set aside a sum of five lakhs for anti-malarial purposes, and, from this, special grants have been made for such investigations, and as schemes have been prepared, further grants have been given either to cover their full cost or to assist in bringing them into effect, the guiding principle being as far as possible to recommend expenditure only upon schemes which preliminary investigations have shown to be likely to accomplish definite results. Thus to Madras Rs. 28,000 has been given for a malarial survey in Ennore, and to Bombay Rs. 50,000 to assist in carrying out Bentley's recommendations for the prevention of malaria in Bombay City. Two other investigations—one in Sind and the other in the Canara district—are also in progress in the Bombay Presidency, and for these a grant of Rs. 21,380 has been made.

In the United Provinces malarial surveys have been undertaken in the towns of Saharunpur, Nagina, Kosi, Kairana, and Meerut, and recommendations have been made for each place. In Saharunpur, Nagina, and Kosi an active anti-mosquito campaign is now being carried out with the aid of a grant of Rs. 1,80,000 from the Government of India, but the schemes for Meerut and Kairana were still under consideration when I left India in April last.

In the Punjab Rs. 35,000 has been allotted for anti-malarial measures at Palwal, which lies in a specially malarious tract. The list of work in progress is a fairly satisfactory one, but it is the intention of Government to extend their operations to other places as soon as funds and men are available. In Bengal the conditions are very different from those in other parts of India, and Stewart and Proctor have shown that in Lower Bengal there is a close connection between over-vegetation and intensity of malaria—in which respect they are in close agreement with the findings of Watson in Malaya. At the suggestion of the Government of India, the Government of Bengal has taken the matter up, and a grant of Rs. 50,000 has been allotted to them for carrying out an extensive experiment of jungle-clearing in the vicinity of inhabited areas. Should this experiment prove successful we shall have at our disposal one method, at least, of improving the conditions obtaining in small villages, specially those in the deltaic area. Indeed, I am of opinion that if with systematic clearing of jungle we combine the provision of a pure water supply, water-tidiness, the preservation of mosquito destroyers, and the distribution of quinine, it may be possible to achieve wonderful results in rural areas where financial considerations and the physical conditions render elaborate drainage schemes practically impossible. For this reason I have noted with much pleasure the formation at Jessore of a Coronation Anti-malarial Society which intends to work in villages on lines very similar to those indicated above, and I congratulate Rai Jadunath Mazumdar Bahadur on its inception. It is yet another sign of that sanitary awakening to which I have alluded above, and I trust that it marks the beginning of that co-operation of the public, upon the necessity for which I have insisted so frequently, and without which we can never hope to achieve a victory in our campaign against malaria.

But, although jungle-clearing may prove useful in flat country, it is doubtful whether it will avail in hilly tracts intersected by ravines. Watson has found it useless in Malaya, and Major Perry, as the result of his investigations in the Jaypore Hill Tracts, confirms these conclusions. In a paper which he read before the last Malarial Conference he showed that, whereas on the 3,000 ft. plateau, jungle-clearing produces little obvious effect, on the 2,000 ft. plateau the conditions are different, and he believes that in this situation the proper

clearing of jungle gives hope of the practical eradication of malaria.

Much important work has been done in India in connection with the stocking of pools and tanks with mosquito destroyers, and the observations of Sewell and Chaudhri in Calcutta, of Glen Liston in Bombay, and of Wilson in Madras, have shown that this need not be an expensive or troublesome task. It is not necessary that we should import the much-vaunted "millions" from Barbadoes; we have in India numerous fish of proved utility as mosquito destroyers, especially species belonging to the four genera *Haplochilus*, *Ambassis*, *Trichogaster*, and *Nuria*.

The credit for the inception of the *Indian Research Fund Association*, which was established in 1911, is due to the late Lieutenant-Colonel Leslie, Sanitary Commissioner with the Government of India, whose untimely death has deprived of a valued colleague all those interested in the cause of sanitation in the East. The objects of the Association are the prosecution and assistance of research, the propagation of knowledge, and experimental measures generally, in connection with the causation, mode of spread, and prevention of communicable diseases. The nucleus of the fund was a grant of five lakhs from the Government of India, to which a similar amount has since been added, and the control and management of the Association are vested in a governing body, the president of which is the Honourable Member in charge of the Education Department. The Governing Body is assisted by a "Scientific Advisory Board," of whom not less than three are members of the governing body. They examine all proposals in connection with the scientific objects of the Association, and report as to their feasibility. The members of this board are appointed for one year, but are eligible for re-election, and they have power to add to their number. The present members are the Director-General Indian Medical Service, the Sanitary Commissioner with the Government of India, the Director of the Central Research Institute at Kasauli, the officer in charge of the Central Malarial Bureau, and the Assistant Director-General Indian Medical Service (Sanitary), and Sir Ronald Ross has been elected an honorary consulting member of the board.

The scientific objects of the Association are carried out with the aid of "Working Committees," appointed by and acting under the direction of the Scientific Advisory Board—an arrangement which ensures proper correlation of research and prevents overlapping.

Under the auspices of this Fund, exhaustive inquiries into various problems connected with Kala Azar, Yellow Fever, Plague, Relapsing Fever, Cholera, and Dysentery have been conducted by specially selected officers, and several interesting and important discoveries have been made.

Kala Azar.—The researches into this disease have been carried out under the direction of a Working Committee consisting of Surgeon-General Bannerman, Lieutenant-Colonel Donovan, Major Christophers, and Dr. Bentley, the chief points under consideration being the possible antagonism between Oriental Sore and Kala Azar, and the question of the carrier and reservoir of the parasite of that disease. The actual investigations have been entrusted to Captains Patton and Mackie, and Dr. Korke, the division of labour being as follows: Captain Mackie has conducted an epidemiological inquiry into the distribution and prevalence of Kala Azar in Assam, where the conditions for the spread of the disease appear to be peculiarly favourable. Captain Patton and Dr. Korke have worked in Madras, the former devoting himself chiefly to laboratory experiments, whilst Dr. Korke undertook the investigation of the disease in the endemic area at Royapuram. Patton's results are well known. He has undoubtedly proved that under certain definite conditions the parasite of Kala Azar undergoes its full cycle of development in the body of the bug; he has not, however, succeeded in transmitting

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the disease from one animal to another. The difficulty, of course, is to obtain a susceptible animal for the transmission experiments, but we hope that this difficulty will soon be surmounted. As the result of his investigations in Royapuram, Dr. Korke has discovered the interesting fact that the disease is not strictly speaking a house-infection, but that it tends to cling to communities having close social relations with one another. Another valuable experiment is that made by Colonel Donovan, in which he succeeded in infecting an Indian dog with the disease, the post-mortem examination showing extensive infection of the bone-marrow, whilst the liver and spleen were apparently healthy. This renders it necessary that we should reconsider our position as regards Indian dogs, and I am of opinion that a further series of observations, with examination of the bone-marrow, will be necessary before we can say with confidence that the Indian dog is immune to "*Leishmania Donovanii*," and these observations are all the more necessary in view of the opinion expressed by Laveran and Nicolle, in their recent paper read before the International Medical Congress, as to the probable identity of the Mediterranean and Indian forms of the disease. It has been decided, therefore, to continue the inquiry for another year, both by laboratory experiments and investigations in the field.

Yellow Fever.—In view of the opening of the Panama Canal, it was considered to be of importance that prior to the actual opening the Government of India should obtain definite first-hand information regarding the conditions in Central America, where Yellow Fever is endemic, and in the principal ports between Central America and India, to admit of adequate measures being devised to prevent the introduction of the disease into India. Accordingly, in October, 1911, Major S. P. James, I.M.S., was deputed, at the cost of the Research Fund, to proceed to the endemic area by the route that will be followed by ships coming to India when the Canal is opened. Major James returned to India last November and submitted a most interesting and valuable report, which is now under consideration. After a careful study of the trade routes, he is of opinion that the immediate danger to India on the opening of the Panama Canal is not as great as was anticipated originally. His chief reasons for his view are (1) that the very thorough precautions taken at Honolulu, which is the first port of call for the Transpacific voyage to the East, affords a strong protection against the infection of Asia and the East Indies, and (2) that on the usual route to Hong Kong, ships after leaving Honolulu pass northwards into latitudes not as a rule favourable to the life of the mosquito, so that there is little likelihood at present of the introduction of infected mosquitos into our ports. This, however, does not justify the conclusion that no action is necessary at this stage. Major James has made many important recommendations which are now under consideration. Meanwhile, an active "*Stegomyia*" survey has been made of our chief Indian ports by specially selected officers who had undergone a preliminary training by Mr. Howlett at Pusa, the object of the survey being to prove whether or no the extermination of this mosquito or its reduction to non-dangerous numbers in our seaports is really practicable. So far the preliminary reports are very encouraging. They show that *Stegomyia fasciata* is essentially a domestic mosquito, breeding in small collections of stagnant water within house limits, so that its extermination is largely a question of home sanitation, and not one involving extensive drainage operations. But from the observations made it is clear that the problem is not quite so simple as it appears. We can easily deal with discarded tins, bottles, etc., but if we are to attain success, it is necessary that arrangements should be made for a continuous water supply to the houses in the poorest localities, thus obviating the necessity for water-storage in houses, for it is the receptacles for such storage which constitute the most important breeding grounds of this mosquito. This point is now under consideration. I may also mention that, at the suggestion of the Government

of India, the Government of Ceylon has arranged to conduct a similar survey of the principal ports in the island, and that for this purpose the services of Major S. P. James, on his return from Panama, have been lent temporarily to the Colonial Government.

Plague.—Space will not permit of a discussion of the many problems associated with this disease. There is, however, one point on which I wish to lay stress, and that is the large part played in the spread of plague by grain stores and grain markets. Captain White, I.M.S., in a paper read before the last All-India Sanitary Conference, showed clearly that there is a close correlation between the import of grain into each trade block and the amount of plague from which such areas have suffered in the past. Experiments have therefore been made at the Bacteriological Laboratory, Parel, with a view to solving the problem of the disinfection of grain in bulk. These experiments have proved encouraging under laboratory conditions, but the Scientific Advisory Board consider it necessary to carry out a practical experiment of disinfection of grain on a larger scale, and for this purpose a sum of Rs. 1,000 has been sanctioned from the Research Fund. The experiment is being carried out by Major Glen Liston, and we await his report.

Relapsing Fever.—Most people are under the impression that this disease has practically died out in India, but Government has known for some time that small outbreaks occur frequently in certain districts in the United Provinces. They are not serious, and there are reasons for believing that the disease is endemic in the villages of the Jumna Kadir, where it is usually unrecognised and treated as malaria. In the spring of last year the death-rate was noticed to be rising in the Meerut district, and it was presumed at first to be due to plague. The comparatively low mortality, however, aroused suspicion, and the examination of blood films revealed typical Spirochetæ, whilst subsequent investigation showed that some 70 villages were infested with relapsing fever. At the request of the local Government, the governing body of the Research Fund have deputed Captain Brown from the Central Research Institute, Kasauli, to proceed to the United Provinces to investigate the causes of the recent outbreak. He will also endeavour to confirm the recent observations of Nicolle as to the exact mechanism of transmission by the body-louse, which, as Captain Mackie was the first to demonstrate, is known to be the carrier of the disease.

Cholera.—Major Greig, Indian Medical Service, working at Calcutta and Puri, has during the year carried out a most important series of observations. He has shown that we can no longer regard cholera merely as a water-borne disease. The cholera vibrio will live for a long time in the gall bladder, and it is certain that not only cholera convalescents but also healthy persons who have been in contact with cholera cases can act as "carriers." Major Greig also incriminates flies. His researches will be continued for another year, and we trust that his discoveries will prove of much value to the committee which, under the presidentship of the Sanitary Commissioner with the Government of India, is now inquiring into the possibility of improving the sanitary arrangements at the different pilgrim centres.

It is also proposed to depute a second officer to study various problems in connection with the life-history of the cholera vibrio outside the human body.

Dysentery.—As regards this disease, which is the cause of so much sickness and mortality throughout India generally, and specially in Eastern Bengal and the Andamans, much uncertainty and doubt still exist as to the causation of its different varieties, especially the bacillary forms. It has been decided therefore that the whole subject shall be carefully and thoroughly investigated by Captain Cunningham, Assistant Director, Central Research Institute, who has been placed on special deputation for that purpose.

Water Analysis.—It is obvious that in dealing with water-borne diseases we must be in a position to say definitely whether or no a given sample of

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water is fit for human consumption. This is a point on which there is much difference of opinion. It is recognised that the bacteriological standards fixed for England are not always reliable in India. Moreover, samples of water sent to distant laboratories, especially during the hot months, are liable to undergo decomposition *en route*, and thus the analysis may be of little or no value. It has been decided, therefore, to hold an exhaustive inquiry into the whole subject with a view to settling (a) what are the most suitable methods of water analysis, (b) is it possible to fix definite bacteriological standards for India, and (c) what are the best methods of conveying samples of water to distant laboratories.

The Journal of Indian Medical Research.—Under the above title, a quarterly journal will be published, the first number of which is now in the press. It will be edited by the Director-General Indian Medical Service and the Sanitary Commissioner with the Government of India, and it will contain full accounts and reports of all work done under the auspices of the Indian Research Fund. There will be special sections for malaria, medical entomology, protozoology, etc., and all original communications will be welcomed. Such a journal will, we think, serve a useful purpose—it will take the place of "Paludism," and in it will be included many of the shorter papers by officers of the Indian Medical Service which are not of sufficient length to justify publication as separate "Scientific Memoirs."

I can only deal very briefly with the subject of the *All-India Sanitary Conferences*. The first of these was held in Bombay in November, 1911, and the second in Madras in November, 1912, whilst the third will meet in Lucknow in January, 1914. Their popularity may be judged from the fact that whereas at the first conference 29 delegates attended and the proceedings lasted for only two days, at the second conference 73 delegates were present and the proceedings extended over a week, with both morning and afternoon sittings. For further information as to the subjects discussed and the important resolutions passed, I must refer the reader to the published Proceedings. All I wish to say here is that the value of these conferences lies not so much in the conclusions reached as in the opportunity which they afford of informing and interesting the public, and of interchange of views between men working under varying conditions in isolated parts of India. I have already pointed out that sanitary measures possible and effective in the West may not be suited to Indian conditions. Similarly it must be clearly understood that there cannot be one sanitary programme for all India. Sanitation is rightly decentralised, and it is only by the examination of results obtained under differing conditions that we can arrive at definite conclusions as to what is suitable for a particular locality. That is why the conference is held each year in a

different place. The last two meetings have been in large presidency cities; the next will be in an up-country town, where I need hardly remark the conditions are very different from those existing in Madras and Bombay.

In conclusion I must say a few words about the *reorganisation of the sanitary services in India*. In 1912 the Government of India decided to create eight additional appointments of Deputy Sanitary Commissioner. As these posts did not fully meet the needs of the provinces, the Secretary of State for India has recently approved of the addition of four appointments to this class.

The twelve appointments will be allotted as follows: three to Bengal, two each to Madras, the United Provinces and Behar and Orissa, and one each to the Punjab, the North-West Frontier Province, and Burmah.

For the present three of the twelve appointments will be held by officers of the Indian Medical Service and the remaining nine are open to officers recruited in India. Six Indians have already been appointed as Deputy Sanitary Commissioners. The remaining three appointments have not yet been filled up.

In addition 39 first-class and 104 second-class health officers are to be appointed to the municipalities, and in order to assist Local Governments in organising the service a recurring grant of 2.66 lakhs of rupees has been sanctioned from Imperial revenues, in addition to an expenditure of Rs 25,560 per annum in the North-West Frontier Province which will be met by the Imperial Government.

The Government of India are meeting the cost of the new appointments of Deputy Sanitary Commissioners on the scale sanctioned for Indians and are giving a subvention amounting to half of the pay of first and second-class health officers.

This to some sanitary enthusiasts may not seem sufficient provision, but I would point out that one must cut one's coat according to the cloth, and it is not sound policy to tax the clothes off people's backs in order to provide them with the benefits of sanitation. As one of the Indian delegates said at a recent conference, "You must feed us before you educate us," and the same remark applies here. Moreover, when funds are limited it is unwise to spend on personnel money which would be better applied in remedying obvious sanitary defects. An expensive supervisory staff is hopelessly handicapped if there be no money for carrying out the recommendations submitted. I think that what I have written suffices to justify the title of this article, and proves that the Government of India, the medical services, and the public are all alive to the value of preventive measures, and that we fully realise the important part which will be played by sanitation in the medicine of the future.

APPENDIX No. XII.

(Referred to in paragraph 56669—Lieutenant-Colonel H. Smith's evidence.)

Statement of operations performed by the Assistant Surgeons at the Amritsar Civil Hospital.

Years.	Major or Selected.	Minor or Non-Selected.
1910	203	2,971
1911	575	5,083
1912	391	3,883

Operations performed by the Civil Surgeon:—

1910	1,816 (Absent for three
1911	1,664 months on leave
1912	2,664 in 1911.)

I would point out that a considerable proportion of those operations classed as minor or non-selected would be classed as major operations in any other part of the world. The Civil Surgeon's operations are practically all major operations; the variation in the major operations done by the Assistant Surgeon depends on the capacity of the men. In 1911, I had an exceptionally capable assistant to whom I could entrust operations which with other men I would have had to do myself in the interests of the patients.

APPENDIX XIII.

APPENDIX No. XIII.

Letter from the Chief Secretary to the Government of the Punjab and its Dependencies. No. 616 (Home—Medl. and Sany). Dated Lahore, 30th October, 1913.

With reference to your letter dated the 1st August, 1913, I am directed to forward herewith 20 copies of a letter No. 1310 S. Gaz., dated the 14th October, 1913, from the Inspector-General of Civil Hospitals, Punjab, and of its enclosures, giving the supplementary information required by the Royal Commission regarding the Civil Medical Services in the Punjab

[Enclosures in above.]

Memoranda enclosed in covering letter from Colonel C. J. Bamber, I.M.S., Inspector-General of Civil Hospitals, Punjab. No. 1310 S. Gaz. Dated Simla, 14th October, 1913.

(1) SUPPLEMENTARY INFORMATION AS TO THE ORGANISATION, ETC., OF THE INDIAN MEDICAL SERVICE (CIVIL SIDE), PUNJAB.

1 PRESENT REGULATIONS AS TO RECRUITMENT, TRAINING AND PROBATION, AND WHETHER THESE REGULATIONS ARE SATISFACTORY.

Recruitment.—At present Indian Medical Service officers are recruited as vacancies (temporary or permanent) occur. On the occurrence of a vacancy the Inspector-General of Civil Hospitals makes an application to the Local Government for the services of an officer. The Local Government then applies to the Department of the Government of India concerned who select the officer in consultation with the Director-General, Indian Medical Service, and place his services at the disposal of the local administration. The selection accordingly rests with the Imperial Government, but officers are generally selected according to priority of application coupled with their qualifications for the particular appointment they will be called upon to fill. The Local Government is competent to nominate an officer for any special appointment, such as a Professorship in the Medical College or in the Sanitary Department, but the final selection rests with the Government of India.

Training.—In 1908 the Government of India

this period, and before he has been confirmed, to move the Governor-General in Council to revert him to military duty on the ground that he is unsuited for civil employ. This period of probation is intended to be a real test of the suitability of an officer for the requirements of the Civil Department, and confirmation is not regarded as a matter of course.

To enable the Governor-General in Council to decide whether any proposal for reversion should be accepted, the Local Government has to specify, as exactly as possible, the defects which, in the opinion of the head of the province, render an officer unfit for Civil employ.

The regulations regarding recruitment and probation appear to be satisfactory. As regards training, however, there is room for improvement. This part of the question will be dealt with fully under head (3).

2. RATES OF PAY AND ALLOWANCES IN FORCE IN 1890 AND 1900 AND AT THE PRESENT TIME, AND WHETHER THEY ARE SATISFACTORY.

The statement below shows the rates of pay fixed for the various appointments in 1890, 1900 and the present time:—

Appointment	Pay in 1890.	Pay in 1900.	Pay in 1913
	Rs.	Rs.	Rs.
Inspector-General, Civil Hospitals, Punjab	2,000	2,000	2,250
Civil Surgeon, 1st class	500—1,050	500—1,050	550—1,470
Civil Surgeon, 2nd class	400—950	400—950	450—1,350
Principal Medical College	1,400—1,600	1,400—1,600	1,200—1,800
Professors, Medical College	850—1,050	850—1,050	750—1,650
Sanitary Commissioner	1,200—120—1,800	1,200—120—1,800	1,500—60—1,800
Deputy Sanitary Commissioner	600—50—1,000	600—50—1,000	600—50—1,500
Chemical Examiner	700—1,250	800—50—1,400	800—70—1,500
Superintendent, Punjab Lunatic Asylum	600—1,402	600—1,402	(over 25 years' service, 1,550). 650—1,550

agreed to a scheme under which officers of the Indian Medical Service on first joining the province for civil employment as Civil Surgeons were to be attached for short periods to the Mayo Hospital, Lahore, or other large civil hospital, for the purpose of acquainting themselves, under proper guidance, with the treatment of a variety of diseases not ordinarily met with while on military duty, and more especially of witnessing a considerable amount of operative surgery, and of acquiring a knowledge of their work as Civil Surgeons and other collateral duties.

This training, however, is in practice not insisted upon, as officers are generally posted in the first instance to fill leave vacancies and are consequently required to assume charge of the appointments for which they have been recruited immediately they report themselves for duty. In other words, officers receive no training in the great majority of cases, and to all intents and purposes the scheme is practically a dead letter.

Probation.—On first appointment to civil employ, an officer is on probation for two years, and it is open to the Local Government at any time during

The only allowances drawn by Indian Medical Service officers are for the executive charge of district jails, for attendance on railway employes, and for holding charge of minor Professorships. The allowances for district jails are granted on the following scale:—

	Per mensem.
	Rs.
1st class district jail	150
2nd class district jail	100
3rd class district jail	75
4th class district jail	50

The allowance for attendance on railway employes, sanctioned in 1892, is paid in accordance with the following scale:—

	Rs.
Up to 25 employes	Nil.
25 and up to 99 employes	25
100 and up to 399 employes	50
400 and up to 799 employes	75
800 and up to 1,599 employes	100
1,600 and up to 2,999 employes	125
3,000 and up to 5,999 employes	150
6,000 and up to 8,999 employes	175
Above 9,000	200

APPENDIX XIII. (continued)

In the above calculations each European and Eurasian employé counts as three natives.

An allowance of Rs. 200 per mensem is granted for the charge of a minor Professorship.

The rates of pay above mentioned are inadequate at the present time and are much lower compared with other services.

The Inspector-General of Civil Hospitals is the head of the Provincial Medical Department, but yet draws less pay than certain other Heads of Departments like the Public Works Department (both Branches) and the Police. He is an expert in his own Department as such as the others are in their respective Departments and has the same responsibilities as they have. They should all be paid alike. He should receive Rs. 3,000, the pay now given to the Inspector-General of Police and Chief Engineers, and if their pay is raised, his should be raised to the same amount. Civil Surgeons and particularly junior Civil Surgeons, are very badly placed in the matter of pay. They should be paid at the same rate as Indian Army officers serving in the Political Department, and in addition all first class Civil Surgeons should be granted a local allowance of Rs. 150 per mensem, in addition to their pay of rank. Civil Surgeons should also be provided with residential quarters by the State, the rent being paid by them.

The Principal of the Lahore Medical College is very much underpaid, considering the arduous and responsible duties he has to perform. He is responsible for the administration of a large college and school and the largest hospital in the province, together with the control of a large staff of Commissioned Medical Officers, Assistant Surgeons, Sub-Assistant Surgeons, nurses and menials. In addition he has to lecture on medicine. There should be a Principal of the Medical College and a Superintendent of the Hospital at Lahore, both of whom should receive staff allowances of Rs. 350 each in addition to their grade pay as professors.

The Professors, who are specialists in their own subjects, should draw Rs. 200 per mensem more than 1st class Civil Surgeons as at present.

The Sanitary Commissioners should be granted the pay that is to be given to a Civil Surgeon of the 1st class plus a staff allowance of Rs. 350. Similarly, the Deputy Sanitary Commissioner should draw Rs. 100 per mensem more than the Civil Surgeons of the 1st class.

The Chemical Examiner is another officer who holds a very important appointment from the judicial point of view and who is underpaid, and if the department is to be attractive enough to encourage recruitment, it is essential that the pay should be improved.

The Superintendent of the Punjab Lunatic Asylum should draw the same rate of pay as the Superintendents of Central Jails to whatever extent it may be raised.

As regards the rates of allowances, it is only reasonable that along with an increase in pay they should also be increased, as these additional charges mean extra work. Rupees 300 per mensem for the charge of a 1st class district jail, Rs. 200 for a 2nd class district jail and Rs. 100 for a 3rd class district jail is suggested.

The allowances for attending railway employés should be increased by 50 per cent., but no increase is necessary in the allowance for holding a minor Professorship.

3. THE NUMBER OF POSTS IN EACH GRADE AND THE PROVISION, IF ANY, MADE IN THE CADRE FOR LEAVE AND TRAINING.

The strength of the Indian Medical Service in the Punjab excluding the Jail Department is 27 officers—*vide* detail below:—

Inspector-General, Civil Hospitals	1
Civil Surgeons, 1st class	5
Civil Surgeons, 2nd class	8
Principal and Professor of Medicines, Medical College, Lahore	1
Professors, Medical College	6
Sanitary Commissioner	1
Deputy Sanitary Commissioner	1
Chemical Examiner	1
Medical Adviser to Indian Chief	1
Superintendent, Punjab Lunatic Asylum	1
Health Officer, Simla	1

The leave reserve is 20 per cent. of the above and is employed on military duty until required for leave or other vacancies. This is sufficient. There is no provision for training, which is very unsatisfactory. It is desirable in every way that young officers should be given a chance of gaining some knowledge of the work before them, and if two officers at a time were always kept supernumerary to the cadre on the officiating pay of a Civil Surgeon, the training alluded to under head (1) could be given and would be very useful to the officer himself and in the interests of Government, as he would have the opportunity of acquiring a knowledge of the routine medical work of a district, including jail management, sanitary duties, etc.

4 APPOINTMENTS OUTSIDE THE AUTHORIZED CADRE HELD TEMPORARILY OR OTHERWISE.

The appointments of this nature are those of officers on temporary plague duty. There are seven such appointments at present. There is also a temporary appointment of Chief Malaria Medical Officer for malarial investigation.

5. ADDITIONS, IF ANY, REQUIRED TO THE CADRE

There should be more European Indian Medical Service officers employed as Civil Surgeons. At present there are only 13 Indian Medical Service Civil Surgeons in the Punjab, out of 26 Civil Surgeoncies, or just 50 per cent. The percentage of Indian Medical Service Civil Surgeons in the other provinces is as follows:—Bombay, 78.57; Madras, 77.43; and Bengal, 59 per cent.; United Provinces, 64 per cent.; Bihar and Orissa, 79 per cent.; Burma, 50 per cent. European civil officers when they come out to this country expect medical treatment from the hands of their own countrymen, and especially for their families, but since 1907 the growth of the Indian Medical Service has been stopped on the civil side, with the result that any increase in the number of special appointments for Indian Medical Service officers must be made at the expense of the European Indian Medical Service Civil Surgeons, as the tendency is to reduce the number of appointments held by them.

(2) SUPPLEMENTARY INFORMATION AS TO THE ORGANISATION, ETC., OF THE INDIAN SUBORDINATE MEDICAL DEPARTMENT (CIVIL SIDE).

1. PRESENT REGULATIONS AS TO RECRUITMENT, TRAINING AND PROBATION, AND WHETHER THESE REGULATIONS ARE SATISFACTORY.

1. *Recruitment.*—Military Assistant Surgeons in civil employ constitute the war reserve of the Indian Subordinate Medical Department, and are available for military duty in time of war, or rather urgent necessity. They are recruited as vacancies occur. On the occurrence of a vacancy the Inspector-General of Civil Hospitals makes an application to the Director-General, Indian Medical Service, for the services of an officer, and one is sent if available. The selection rests entirely with the Director-General.

2. *Training.*—Military Assistant Surgeons on joining the province receive no training, as they assume charge of the appointments for which they are recruited directly they report their arrival.

3. *Probation.*—Military Assistant Surgeons selected for civil employ are on probation for the first five years of their employment, and it is open to the Local Government at any time during this period to move the Government of India to revert an Assistant Surgeon to military duty if he is considered for any reason unsuited for civil employ. It is similarly open to the Local Government at any time during the first three years that a Military Assistant Surgeon holds an independent civil

APPENDIX XIII. (continued).

charge to move the Government of India to revert him to military duty on the ground that he is unfitted to hold an independent charge, unless the unfitness arises from any defect of moral character, and is of such a nature as to render him equally unfit for military duty. In order to enable the Government of India, in consultation with the military authorities, to decide whether any proposal for reversion should be approved in the case of Assistant Surgeon in independent medical charge of districts, the Local Government, in making any such proposal, has to specify, as exactly as possible, the defects which in its opinion render the Assistant Surgeon unfit for an independent charge. They have to be stated in the form of a written charge to which the Assistant Surgeon's answer has to be attached before the papers are forwarded to the Government of India. Military Assistant Surgeons cannot be reverted to military duty for their own convenience or as a punishment.

4. The regulations regarding recruitment and probation require no modification. The medical training given needs considerable improvement, and some provision is necessary in the matter of training on joining the Civil Department. At present Military Assistant Surgeons receive their medical training in the Medical Colleges at Calcutta, Bombay, and Madras. The course is a four-year one, and there is no fixed standard of preliminary education for the competitive entrance examination into the service. It is very important that the preliminary education should be of a fairly high standard, and the Intermediate examination should be the minimum qualification. The course of medical training should be increased to five years, and on passing out Military Assistant Surgeons should be granted a qualification that will be recognised by the General Medical Council of Great Britain and Ireland. On joining the Civil Department a Military Assistant Surgeon should be attached to the Mayo Hospital, Lahore, for a period of three months training.

2. RATES OF PAY AND ALLOWANCES IN FORCE IN 1890 AND 1900 AND AT THE PRESENT TIME, AND WHETHER THEY ARE SATISFACTORY.

The following are the monthly rates of pay that were in force in 1890:—

	Rs.
Senior Apothecary, 1st grade	400
Senior Apothecary, 2nd grade	300
Apothecary, 1st grade	200
Apothecary, 2nd grade	150
Assistant Apothecary, 1st grade	110
Assistant Apothecary, 2nd grade	85
Sub-Assistant Apothecary	50

A Senior Apothecary or Apothecary in independent medical charge of a civil station received pay at the following monthly rates:—

	Rs.
Under 5 years' service in charge	350
From 5 and under 10 years	450
Over 15 years	700

The monthly rates of pay in force in 1900 and at present are given below:—

	Rs.
Senior Assistant Surgeon with the honorary rank of Captain	400
Senior Assistant Surgeon with the honorary rank of Lieutenant	300
Assistant Surgeon, 1st class, after 19 years' service	200
Assistant Surgeon, 2nd class, after 12 years' service	150
Assistant Surgeon, 3rd class, after 5 years' service	110
Assistant Surgeon, 4th class	85
Civil Surgeon	Same as in 1890

The allowances—local, staff or other—drawn by Military Assistant Surgeons are fixed according to the nature of the appointment held by them, but the minimum staff or local allowance is Rs. 30 per mensem. The following allowances are drawn at present:—

Deputy Superintendent, Punjab Lunatic Asylum—staff allowance Rs. 50—150 per mensem according to the length of service in the appointment.

Assistant Deputy Superintendent, Punjab Lunatic Asylum—staff allowance Rs. 30 per mensem.

House Surgeons—local allowance Rs. 50 per mensem.

Superintendent, Mayo Hospital Dispensary—local allowance Rs. 50 per mensem.

Medical Officer, Kulu Valley—local allowance Rs. 60 per mensem.

Superintendent, Vaccine Institute—staff allowance Rs. 60—10—100 per mensem.

The Assistant to the Civil Surgeon, Lahore, draws no staff or local allowance, but is in receipt of a conveyance allowance of Rs. 25 per mensem.

The rates of pay of Military Assistant Surgeons are quite inadequate and should be increased. It is impossible in the present state of affairs to expect an European or Anglo-Indian to live as his position requires on the existing rates of pay. The very least that might be done is to grant the following rates of pay:—

	Rs.
Senior Assistant Surgeon with the honorary rank of Captain	600
Senior Assistant Surgeon with the honorary rank of Lieutenant	450
Assistant Surgeon, 1st grade, after 15 years' service	350
Assistant Surgeon, 2nd grade, after 10 years' service	300
Assistant Surgeon, 3rd grade, after 5 years' service	250
Assistant Surgeon, 4th grade, on first appointment	150
Civil Surgeon	550—60—850

The local and staff allowances should also be increased by 50 per cent. above what is given while on military duty, as Military Assistant Surgeons in civil employ have more responsible and onerous duties to perform than their military *confrères*.

3. THE NUMBER OF POSTS IN EACH GRADE AND THE PROVISION, IF ANY, MADE IN THE CADRE FOR LEAVE AND TRAINING.

There is no fixed cadre for Military Assistant Surgeons, as the number fluctuates according to appointments are created or reduced by the Local Government. The following appointments in the Punjab are at present reserved for Military Assistant Surgeons:—

Provincial.	
Civil Surgeons	6
Assistant to Civil Surgeon, Lahore	1
Deputy Superintendent, Punjab Lunatic Asylum	1
Assistant Deputy Superintendent, Punjab Lunatic Asylum	1
Superintendent, Punjab Vaccine Institute	1
Superintendent, Mayo Hospital Dispensary, and Lecturer on Pharmacy, Lahore Medical School	1
House Surgeon, Albert Victor Hospital, Lahore	1
X-Ray and Electrical Department and House Surgeon Obstetric and Gynaecological Ward, Mayo Hospital, Lahore	1
Total	13
Local Fund.	
Medical Officer, Kulu	1
Temporary.	
Plague Inspection Post, Simla	1
Railway Appointments.	
Rawalpindi Railway Hospital	1
Lala Musa Railway Dispensary	1
Lahore Railway Dispensary	1
Moghulpura Railway Dispensary	1
Nowluka (Lahore) Railway Dispensary	1
Khanewal Railway Dispensary	1
Medical Officer, Southern Punjab Railway, Bhatinda	1
Medical Officer, Kasur-Lodhran Railway, Pakpattan	1
Medical Officer, North-Western Railway, Malakwal	1
Total	9

APPENDIX XIII. (continued).

<i>Special.</i>	
Sanitary Inspector and Laboratory Assistant to Health Officer, Simla	1
<i>Imperial Appointments.</i>	
Station Staff Dispensary, Simla	1
Medical charge, European and Eurasian Clerical Establishment, Government of India and Punjab Government	1
Walker Hospital, Simla	1
Lawrence Memorial School, Murree . . .	1
Assistant to Civil Surgeon, Delhi . . .	1
	6

The leave reserve is two, and when not employed for this purpose are on military duty. There is no provision for training. There ought, however, to be one Supernumerary Assistant Surgeon for this latter purpose.

4. APPOINTMENTS OUTSIDE THE CADRE HELD TEMPORARILY OR OTHERWISE.

There is only one such appointment, that of

Inspecting Medical Officer, Plague Inspection Post, Simla district.

5. ADDITIONS, IF ANY, REQUIRED TO THE PRESENT CADRE.

All appointments on railways should be held by Military Assistant Surgeons in preference to Civil Assistant Surgeons, as they are more acceptable to railway employees and consequently get on better with them. In some instances the Civil Assistant Surgeon is not treated with that courtesy by some railway employees which his position demands. Another reason that might be advanced is that Europeans and Eurasians constitute no small portion of a railway community, and Civil Assistant Surgeons have not the same practical experience in Midwifery and the treatment of Diseases of Women as the Military Assistant Surgeon has. We do not expect Indian ladies to be attended by a European doctor. There is no reason why a European and Anglo-Indian lady should be forced to have an Indian to attend her.

(3) SUPPLEMENTARY MEMORANDUM AS TO THE ORGANISATION, ETC., OF THE CIVIL ASSISTANT SURGEONS SERVICE IN THE PUNJAB

1. REGULATIONS AS TO RECRUITMENT, TRAINING, AND PROBATION, AND WHETHER THESE REGULATIONS ARE SATISFACTORY.

Recruitment.—Before dealing with the direct question of recruitment, it might usefully be noted that the grade of Sub-Assistant Surgeon—the designation borne up to 1874 by the officers now styled Assistant Surgeons—was established in 1847, when Government authorised the formation of a superior grade of native practitioners. The service is now open to Europeans, Anglo-Indians and Indians, but very few, if any, Europeans or Anglo-Indians enter the Civil Assistant Surgeons Service in this province. Until 1865 the Punjab used to recruit its Assistant Surgeons from Bengal, but in 1860 the Medical College at Lahore came into being, and the first batch of students passed out in 1865, since which time recruitment has been from the Lahore Medical College.

Up to 1894 the Punjab Government guaranteed appointments as Assistant Surgeons to the five students of the Lahore Medical College who passed highest at the first attempt the final examination for the diploma of Licentiate in Medicine and Surgery. Selections are now made, according to the number of vacancies there may be on the provincial cadre, from the temporary Assistant Surgeons on plague duty in the province if they are considered fit in all respects, their places being filled by selection from among the passed students.

The five best students each year are, however, appointed House Surgeons and House Physicians at the Mayo Hospital for a term of one year, at the end of which they are sent on plague duty if there are vacancies on the temporary plague establishment and await their turn for appointment as Permanent Assistant Surgeons. If there are no vacancies, these five men take to private practice. This scheme has only been in force for the past three years and is working well, as the students being fresh from college are up-to-date in the technique of the Professors. The same system is in force in Medical Schools and Colleges in England which have hospitals attached to them.

It has been suggested that the door of entry to the service of Civil Assistant Surgeons should not be entirely closed to the Subordinate Medical Service, provided that the concession of admission is strictly confined to a few specially deserving cases, and that a Sub-Assistant Surgeon who has shown exceptional professional qualifications should accordingly be promoted, without going through a fresh college course, to the higher rank of Civil Assistant Surgeon together with the pay and privileges of that rank. The most that should be done, and in a very few cases only, is to confer the rank of Honorary Assistant Surgeon on a Sub-

Assistant Surgeon who has shown exceptional professional qualifications.

Training.—All Civil Assistant Surgeons receive their medical training in the Lahore Medical College. The period of training extends to five years, at the end of which those who qualify at the final examination receive the M.B.B.S. degree of the Punjab University.

There is no fixed system of training on entering the service, but as far as possible an Assistant Surgeon is attached as a supernumerary officer to one of the large civil hospitals at the headquarters of a district or to the Mayo Hospital, Lahore, to learn the routine work of a hospital and to gain experience in the treatment of diseases and operative surgery.

Probation.—There is no actual period of probation in the case of an Assistant Surgeon once he is brought on to the permanent establishment, as the period spent on plague duty is considered sufficient to test his qualifications and abilities.

So far matters have worked very satisfactorily and no change appears necessary.

2. RATES OF PAY AND ALLOWANCES IN FORCE IN 1890 AND 1900 AND AT THE PRESENT TIME, AND WHETHER THE PRESENT RATES OF PAY AND ALLOWANCES ARE SATISFACTORY.

The rates of pay drawn in 1890, 1900, and at present are given below:—

	1890.	1900.	1913.
	Rs.	Rs.	Rs.
Third grade ...	100	100	100
Second grade...	150	150	150
First grade ...	200	200	200
Senior grade ...	—	300	300
Civil Surgeon...	—	350-30 500	350-30-400

The pay noted above for the 1st, 2nd and 3rd grades was fixed in 1847. The Senior grade and the Civil Surgeon grade were created in 1898.

No regular allowances are drawn by Civil Assistant Surgeons except by those holding special appointments such as Lecturerships in the Lahore Medical School, who draw Rs. 100 per mensem in addition to their grade pay. Those employed on plague duty get an allowance of Rs. 2 per diem, and when on cholera duty Rs. 30 per mensem. The rates of pay are totally inadequate at the present time, considering that they were fixed as far back as 1847 or over half a century ago. The cost of everything has risen considerably since then and made living much more expensive.

Practically every service has been reorganised of late years, but the Civil Assistant Surgeons Service, except for the creation of the Senior grade in 1898, has been the same since it was established in 1847.

APPENDIX XIII. (continued).

The course of medical training has been made much more difficult, and unless the service is improved the demand may at no very distant date be greater than the supply. Other Departments offering better prospects will draw candidates away from a medical career. This is practically what is happening now.

The following revised scale of pay is suggested:—

	Per mensem. Rs.
Assistant Surgeons, 4th grade, on first appointment	175
Assistant Surgeons, 4th grade, after three years' service	200
Assistant Surgeons, 3rd grade, after six years' service, subject to passing a professional examination at any time after completion of four years' service	250
Assistant Surgeons, 2nd grade, after 11 years' service	300
Assistant Surgeon, 1st grade, after 15 years' service, subject to passing a second professional examination at any time between the 12th and 15th years of service	350
Senior Assistant Surgeon by selection	400
Civil Surgeon by selection	500—60—800

3 THE NUMBER OF POSTS IN EACH GRADE AND THE PROVISION, IF ANY, MADE IN THE CADRE FOR LEAVE AND TRAINING

Except in the Civil Surgeon and Senior grades there is no fixed number in each of the 3rd, 2nd, and 1st grades, as the scale varies according to the number of dispensaries opened and closed. At present six Civil Surgeoncies are held by the Civil Assistant Surgeons Service, and the number of appointments in the Senior grade is fixed at 10 per cent. of the total strength.

The number of posts in each grade at the present time is noted below:—

Civil Surgeons	6
Senior Assistant Surgeons	10
1st grade Assistant Surgeons	10
2nd grade Assistant Surgeons	34
3rd grade Assistant Surgeons	45

The leave reserve is fixed at 15 per cent. and is included in the above 99 appointments for Assistant Surgeons. The reserve might well be fixed at 20 per cent. as at times it is difficult to grant leave, particularly when Assistant Surgeons are required to fill leave vacancies among Civil Surgeons as there is no leave reserve for the Civil Surgeons belonging to the Assistant Surgeon Service.

No provision exists in the cadre for training, and if an Assistant Surgeon is desirous of undergoing any special course, such as training in the use and management of the X-Ray apparatus, he cannot be deputed unless one of the Assistant Surgeons forming the leave reserve is available. There is an additional reason for increasing the reserve so as to include provision for training, and 20 per cent. for leave and training combined would be a reasonable percentage.

4. APPOINTMENTS OUTSIDE THE CADRE HELD TEMPORARILY OR OTHERWISE.

There are 22 such appointments composing the Special Medical Staff on plague duty and three for malaria duty. Both the Plague and Malaria Department are temporary departments at present.

5. ADDITIONS, IF ANY, REQUIRED TO THE PRESENT CADRE.

No addition to the cadre is needed at present. In fact it is important that no further additions should be made to the number in the Civil Surgeon grade, as a little over 25 per cent. of these appointments is already held by Civil Assistant Surgeons. If necessary the number of appointments in the Senior grade might be increased to 15 per cent. by way of compensation.

APPENDIX No. XIV.

Letter from the Chief Secretary to the Government of the Punjab and its Dependencies, No. 330 (Home—Jails), dated Lahore, 1st November, 1913.

With reference to your letter of the 1st August, 1913, I am directed to forward herewith 20 copies of letter No. 3265 G. I., dated the 17th October, 1913, from the Inspector-General of Prisons, Punjab, describing the organisation of the Jail Department in the Punjab.

No. 3265 G. I., dated Lahore, 17th October, 1913. From—Lieutenant-Colonel G. F. W. Braide, I.M.S., Inspector-General of Prisons, Punjab. To—The Chief Secretary to Government, Punjab.

With reference to correspondence ending with your letter No. 2872-S. Gaz., dated the 22nd September, 1913, regarding the preparation of a statement showing the organisation of the Jail Department in this Province for the information of the Royal Commission, I have the honour to say that excluding the subordinate services of Jailers and Deputy Jailers there remains only the specialised services of Indian Medical Officers holding charge of the Central Jails and the appointment of Inspector-General of Prisons to be considered.

2. As these officers are not recruited on a Provincial basis, there are no special regulations governing their recruitment, probation, training, etc., for the Punjab alone. They are recruited under the special terms and conditions of service set forth in circular letter No. 3-C., dated the 16th October, 1908, issued by the Director-General of Indian Medical Service, and as full information concerning the organisation, pay and allowances of this specialised Service is already given in the Memorandum prepared by the Government of India, a copy of which was received under cover of your endorsement No. 449 (Home), dated the 17th December, 1901, I cannot do better than refer the Commission to it and to the collection of papers accompanying it.

3. I consider these regulations are satisfactory.

4. There are at present five whole-time Indian Medical Service officers serving in this Department, one each holding charge of the Central Jails at Montgomery, Multan, Lahore and Lahore Borstal and one of the appointment of Inspector-General of Prisons. I consider this number is sufficient for our requirements at present.

APPENDIX No. XV.

Note prepared by the Government of the United Provinces of Agra and Oudh relating to the Medical Service.

I.—*Methods of Recruitment.*—Both for military and civil purposes it is essential that the Indian Medical Service Officers should be recruited in England. It is also essential that the Service should continue

to attract men of the highest qualifications as it has done in the past. At present the falling off in the average quality of the recruits is a matter of common knowledge.

APPENDIX XV. (continued.)

There are various causes contributing to this result. Some of these are common to all Indian Services, such as—

- (1) Changed conditions of life in India.
- (2) Increase in the cost of living.

A cause which is peculiar to the Indian Medical Service is the decrease in private practice.

Finally there is the improvement in the prospects of Royal Army Medical Corps Officers, which to some extent attracts competitors away from the Indian Medical Service. The following table compares the scale of pay in the two services:—

Besides these there are three Indian Medical Service officers holding professorships in the King George's Medical College.

It would be exceedingly difficult to find suitable substitutes for these three posts among the civil assistant surgeons or private practitioners (Indian Subordinate Medical department men would, of course, not be available) and impossible to do so for any larger number.

The presence of an Indian Medical Service Civil Surgeon is also highly desirable at Gorakhpur, where there is a large railway community

	Indian Medical Service			Royal Army Medical Corps
	Military (in charge of regiment)	Civil		
		1st class Civil Surgeon	2nd class Civil Surgeon	
Lieutenant	500	550	450	420
Captain	550	600	500	475
Captain 5 years' service	600	650	550	475
Captain 7 years' service	650	700	600	530
Captain 10 years' service	700	750	650	650
Major	800	850	750	789
Major after 3 years' service	900	950	850	825
Lieutenant-Colonel	1,250	1,300	1,200	1,150
Lieutenant-Colonel after 25 years' service	1,300	1,350	1,250	1,150
Lieutenant-Colonel specially selected	1,400	1,450	1,350	1,250

Officers both of the Royal Army Medical Corps and Indian Medical Service (Military side) get special allowances for holding the post of Staff Surgeon or charge of a cantonment hospital. Senior officers of the Royal Army Medical Corps are eligible for "charge allowances," which are worth Rs. 200 to Rs. 300 per mensem, which are not available for Indian Medical Service Officers. Therefore though Indian Medical Service officers on the Military side are rather better off in the junior ranks than Royal Army Medical Corps officers, the case is reversed in the senior ranks. As the Indian Medical Service officers have to spend the whole of their service in India, their pay should be substantially higher if the same class of candidates is to be secured for both services. The rates of pay on the civil side will be dealt with in detail later on.

II. *Distribution of Civil Surgeoncies, Professorships, Superintendentships of Central Jails, Deputy Sanitary Commissioners and the post of Chemical Examiner between the Indian Medical Service, Indian Subordinate Medical Department and Civil Assistant Surgeons*
The total number of Indian Medical Service and Indian Subordinate Medical department officers in the province is ultimately governed by military considerations, as the civil branches of these services form the war reserve. From the civil point of view, however, the just claim of European officials to medical attendance by a European officer must not be lost sight of.

According to present arrangements only fifteen Indian Medical Service officers out of forty-six would be left to the province on mobilisation. This number, which is the minimum necessary for the needs of the province, would be distributed as follows:—

- 1 Inspector-General of Civil Hospitals.
- 1 Inspector-General of Prisons.
- 6 Superintendents of Central Jails
- 1 Civil Surgeon, Naini Tal.
- 1 " " Lucknow.
- 1 " " Allahabad.
- 1 " " Cawnpore.
- 1 " " Agra.
- 1 " " Bareilly.
- 1 Principal, King George's Medical College.

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Therefore, as in addition to these 15 posts we have to find employment for a fixed number of Indian Medical Service officers to provide the war reserve, and as the 15 officers to be left in case of mobilisation is barely sufficient for existing needs, it follows that the number of Indian Medical Service officers cannot be reduced. Also if it should be found necessary to recruit Indian Medical Service officers for any more posts from which they could not be removed on mobilisation, the strength of the cadre must be correspondingly increased.

It therefore follows that, as matters now stand, the number of Civil Surgeoncies in charge of Indian Medical Service officers cannot be further reduced. There are 10 and there will later on be eleven such posts held by Indian Subordinate Medical department officers. The number of these posts has been fixed with reference to military considerations which the Local Government is not in a position to discuss.

It follows that the number of civil surgeoncies (eight) at present held by civil assistant surgeons cannot be increased. Moreover, the number could not be substantially enlarged without unfairly disregarding the desire of European officers for European medical officers to attend on their families. This matter has been well dealt with in Mr. Taylor's letter of the 29th January, 1910, which is printed as an appendix to the narrative as to the Indian Medical Service.

Apart from military considerations, civil assistant surgeons should not as yet be put in charge of Central Prisons. The duties of Superintendents are difficult and often dangerous. Under present conditions it would be a risky experiment to put men of the civil assistant surgeon class in charge. On the other hand, if civil assistant surgeons can be found with suitable qualifications there is no reason why they should not be appointed to chairs in the King George's Medical College. At present there are two posts of Deputy Sanitary Commissioner reserved for the Indian Medical Service, and probably it will be necessary to fill these posts from the Indian Medical Service for some years. Ultimately, when the service of health officers has been sufficiently developed, promotion may be made from their cadre.

The post of Chemical Examiner is one which, in

APPENDIX XV. (continued)

consideration of its responsibilities, should certainly be reserved for an officer of the Indian Medical Service.

The question of manning any of the posts at present held by members of the medical services by independent medical practitioners has been fully dealt with in Mr. Taylor's letter.* The Lieutenant-Governor is in full agreement with the views therein expressed and has nothing to add to them.

III. *Recruitment of Indian Medical Service.*—The only change advocated in present system is that a year's study in Great Britain or Ireland should be a condition precedent to admission to the open competition. A year's study is the minimum, but two years is desirable.

IV. *Recruitment for Civil Employment.*—A period of service on the military side is advantageous as a training for civil employ. Officers appointed to the Sanitary department should possess a recognised sanitary qualification, and should be of some seniority; seven years' service seems about a reasonable standing. Indians selected for the post of Deputy Sanitary Commissioner should have served as health officers of large municipalities.

V. *Training and Probation.*—Six months' study at the Calcutta School of Tropical Medicine is recommended for Indian Medical Service officers on first arrival in India. The training of Indian Subordinate Medical department officers should extend to five years and they should, on passing their final examination, be granted the L.M.S. as recognised by the Medical Council in England.

A post-graduate course after about twelve years' service is recommended for both Indian Subordinate Medical department officers and Civil Assistant Surgeons.

The recent concession to Civil Assistant Surgeons in the matter of their examinations is sufficient except that the course of post graduate study proposed above, followed by an examination at the end, might be substituted for the second examination.

The general educational qualifications of Indian Subordinate Medical department officers should be raised, so as to be at least as high as those of Civil Assistant Surgeons.

VI. *Conditions of Service.*—The question of allowances on transfer must be considered for the medical services along with other services. The demands of the Indian Medical Service officers are however distinctly moderate. There does not appear to be any ground for revising existing arrangements as to promotion to the selected list in the Indian Medical Service. But on the other hand officers on consolidated pay (e.g., administrative officers) should, on appointment, be held to vacate the allowances held by them, and these should be available for other officers. The two proposals at the end of paragraph III† of the memorial of the Indian Medical Service officers do not commend themselves to His Honour. They would unfairly deprive senior officers of pay and military rank.

The proposed change of the title Indian Subordinate Medical department to Indian Medical department is objectionable. His Honour has no alternative suggestion to make and would prefer to retain the present title.

For both Indian Subordinate Medical Department and Civil Assistant Surgeons periods of not less than a year spent as officiating Civil Surgeons should count towards increments. This concession will in all likelihood be granted before long to Civil Assistant Surgeons, and should also be granted to Indian Subordinate Medical department officers.

It is already open to the Inspector-General of Civil Hospitals to recommend for appointment by Government as Civil Surgeons, Civil Assistant Surgeons other than those of the senior grade. The observations on this point in the memorial of the Civil Assistant Surgeons are correct ‡. Moreover it is often inadvisable to appoint Civil Assistant Surgeons of the senior grade to Civil Surgeons as age often saps their energy and long continuance in a

subordinate position renders them unfit to hold an independent charge. On the other hand there does not appear to be any sufficient reason to make a rule as suggested by the Indian Subordinate Medical department that no Assistant Surgeon shall be promoted to Civil Surgeon until he has put in twelve years' service.

The rules by which a Civil Assistant Surgeon on appointment must engage to serve for five years should be retained. It would be highly inconvenient to have officers resigning after a couple of years' service as they might do in the case, for instance, of a distasteful transfer.

All Civil Assistant Surgeons should be *darbaris*.

VII. *Salaries and Private Practice—Indian Medical Service on the Civil Side.*—The following is an estimate of the average income of Indian Medical Service Civil Surgeons:—

	Pay Rs.	Jail allowance Rs.	Private practice. Rs.	Total. Rs.
Captain, seven years' service	600	75	100	775
Captain, ten years' service	650	75	150	875
Major	750	75	250	1,075
„ after three years	850	75	250	1,175
Lieutenant-Colonel... ..	1,200	100	450	1,750
„ 25 years' service	1,350	100	650	2,100
„ selected	1,450	150	900	2,500

[Note.—In the above calculation the rates of pay of second-class Civil Surgeons have been taken for the first five grades and of first-class Civil Surgeons for the last two.]

The above rates in the junior ranks are not sufficiently high to attract the right stamp of man. The billets on the civil side of the Indian Medical Service are looked on as the prize appointments, and it has been the hope of obtaining them that has kept up the quality of the competition for the Service. Owing to the serious reduction in the income from private practice the income of an officer at any rate up to the rank of Lieutenant-Colonel has become totally insufficient.

The Lieutenant-Governor would remedy these by increasing the pay of all officers of rank lower than Lieutenant-Colonel. He considers that the following should be the minimum incomes:—

	Rs.
Captain, seven years' service	850 per mensem.
„ ten „ „ „	1,000 „
Major	1,150 „
„ three years' service as such	1,300 „

This means that the pay of a—

Captain after seven years must be increased by ...	75
Captain after ten years must be increased by	125
Major	75
„ after three years as such	125

In this connection, however, certain proposals with reference to jail allowances must be considered.

These are:—

(1) that the present rule by which these allowances are variable and are calculated with reference to the average number of inmates in the previous year should be abolished and

(2) that jail allowances should be increased generally.

As to the first proposal it should be remembered that jail allowances are not for medical but for executive charge of a jail. The duties connected with the latter are only to a small degree affected by the number of inmates. In fact, a reduction in the number sometimes makes it more difficult to arrange satisfactorily for the internal economy of a jail. The fairer course would be to fix the allowance for each jail permanently with reference to the amount of work it ordinarily involves. The present rates are also too low for the amount of work to be done. They vary from Rs. 50 (in one case) to Rs. 150. Rates ranging from Rs. 100 to Rs. 200 with Rs. 250 in a few special cases would be more suitable. But if these rates are raised, the increment will have to be taken into considera-

* Not reprinted.

† Vide paragraph 56467.

‡ Vide paragraph 56554.

APPENDIX XV. (continued).

tion in connection with the increase in salaries proposed above.

Jail Department.—The present rates of pay in the Jail Department as compared with the income proposed for Civil Surgeons are as follows:—

	Jail department.	Proposed civil surgeon	Difference.
	Rs.	Rs.	Rs.
Captain after seven years' service as such	800	850	50
Captain after ten years' service as such	850	1,000	150
Major	950	1,150	200
" after three years' service as such	1,050	1,300	250

But it must be recollected that superintendents of central jails get a free house. This may be put at Rs. 100 per mensem, and the difference in each case must therefore be reduced by Rs. 100. It must be further recollected that the income earned by Civil Surgeons from private practice represents so much extra hard work. Taking these facts into consideration it would appear sufficient to raise the pay of—

Majors by Rs. 50 to Rs. 1,000.
Majors, after three years' service as such, by Rs. 100 to Rs. 1,150.

Sanitary Department.—The pay of Deputy Sanitary Commissioners in the same grades are:—

	Rs.
Captain, after seven years' service	850
Captain, after ten years' service	900
Major	1,000
Major, after three years' service as such	1,100

The officers are at present entitled to recess for a couple of months in the hills during the hot season. But in spite of this advantage it is understood that there are at present no applicants among Indian Medical Service officers for employment in this Department. Moreover, the right to recess should be subject to the condition that Deputy Sanitary Commissioners will be required to make tours in the plains in the case of an outbreak of epidemic diseases. Having regard to these points, the Lieutenant-Governor is prepared to recommend that the pay of:—

	Rs.
Captain after ten years' service be increased to	950
Major to	1,100
Major, after three years' service to	1,200

The present rate of pay of the Inspector-General of Civil Hospitals, Rs. 2,250, is too low. Rs. 2,500 would be a very moderate figure considering the important duties and the extensive jurisdiction which attach to the post.

Similarly the present rate of pay of the Inspector-General of Prisons, Rs. 1,800 to Rs. 2,000, is inadequate. This officer's charge is about 20 per cent. greater than the charges of the corresponding officers in Bengal, Bihar, and Orissa taken together. Rs. 2,000 is the lowest reasonable rate of pay. It has been suggested that the rate of pay fixed for the Principal of the King George's Medical College is too low. This officer gets Rs. 200 more than a 1st class Civil Surgeon of his grade, plus Rs. 150 staff allowance. He is also allowed consulting practice. If the proposal which is under consideration as to a free house is sanctioned, His Honour considers that this officer will be sufficiently well remunerated.

Indian Subordinate Medical Department.—The rates of pay, which are as follows, are too low in the lower grades:—

	Rs.
Assistant surgeon, 4th class	85
" " 3rd "	110
" " 2nd "	150
" " 1st "	200
Senior with rank of honorary lieutenant	300
Captain	400
Civil surgeons	350—700

The lowest grade should be abolished, and the pay of the third grade raised to Rs. 130.

The second grade raised to Rs. 165.

This would bring the scale of pay into agreement with the rates lately brought in for Civil Assistant Surgeons. Promotion should be after seven years' service in each of the three lowest grades with selection for the higher grades.

Civil Assistant Surgeons.—As noted above, the pay of these officials has been recently raised. The present rates are sufficient for the time being to attract a proper stamp of candidate. Any further improvement in pay must depend on financial considerations.

VIII. *Leave.*—The leave rules do not call for any special revision. In the case of the Indian Medical Service the fixing the period of 18 months as the maximum amount of leave which can be taken at a time does not appear to be objectionable, but at the same time there appears to be no special reason why the ordinary rules should not apply. It has been suggested that the Sanitary Department should for purposes of leave be treated as an Imperial and not a Provincial Department, as is the case with the Jail Department. There is a good deal to be said on both sides. But His Honour considers that the balance of advantage is in favour of keeping it as a Provincial Department. In his opinion a junior Civil Surgeon officiating in the Sanitary Department of his own province is likely to prove more satisfactory than officers of the Sanitary Department brought in from another province.

The proposal made by the Indian Subordinate Medical Department that two months leave on full pay should be granted each year is impracticable.

The study leave asked for by the Indian Subordinate Medical Department and the Civil Assistant Surgeons will be unnecessary if arrangements are made for post-graduate courses.

IX. *Pension.*—Certain Indian Medical Service officers enter the Service after they attain the age of 25 years, and so are unable (some of them by only a few days) to complete the 30 years' service required for full pension. His Honour considers that in the case of these officers a concession might be made (within limits) whereby they would be permitted, as is done in the Educational Service, to count as service for pension the period whereby their age on entering the Service exceeded 25 years. If this is allowed all officers except administrative officers should be retired on attaining 55 years. In the case of the Indian Subordinate Medical Department and Civil Assistant Surgeons there appears to be no reason for reducing the period of service for pension to 25 years. The Indian Subordinate Medical Department officers apply that their pensions should be granted under civil rules; but as the service is a military service it seems proper that the pensions should be regulated by military rules.

APPENDIX No. XVI.

(Referred to in paragraph 57265—Evidence of Major Hammond, I M.S.)

Extracts from the "Rangoon Gazette" of the 6th and 13th December, 1913, regarding the Medical Service in Burma.

6th December, 1913.—The following letter dated 10th November, 1913, was sent by the Chairman, Burma Chamber of Commerce, to the Secretary to the Government of Burma, Rangoon:—

"(1) The Committee of the Chamber of Commerce, in considering the development and needs of the Province, which can in no way be separated

from the interests of the commercial community, have from time to time observed with some anxiety the progress of the adequate practice of western medicine throughout its parts. It is now so universally admitted that the possibility of commercial expansion in the tropics depends upon such progress, that it is quite unnecessary to give

APPENDIX XVI. (continued).

any other excuse for addressing you concerning medical officers, more especially as it seems that an undesirable check has been given to their material advance by the medical policy laid down in despatch No. 225, Military, from his Majesty's Secretary of State for India, dated 11th December, 1908.

"(2) During the development of other Indian Provinces the necessity for a well organised European Medical Service has been freely recognised, and not until quite recent times has any policy other than that of encouragement been pursued with regard to the expansion of the practice of western medicine by practitioners well qualified in European medical schools. However fit the more fully developed Provinces of India may be for the institution of a Native Independent Medical Service, it is apparent that no material for recruiting such an independent Service exists at present in Burma, and that the cadre of European medical officers is most inadequately filled.

"(3) As the development of Burma progressed it would seem but natural that the medical needs of the province would be met by the allotment of more European medical officers, through the agency of the Indian Medical Service; but for the past five years the medical policy, introduced by the despatch referred to above, has effectively barred the healthy development of western medicine in this province. As examples may be mentioned:—(a) The refusal to supply officers of the Indian Medical Service to rapidly growing trade centres; (b) the understaffing of the General Hospital in this city; (c) the slow development of the Burma Medical School.

"(4) In the course of the expansion of trade, districts hitherto comparatively unimportant have been opened up by enterprises, many of which are of a pioneer character and quite sufficiently handicapped by the natural difficulties always attendant upon such enterprises. With the opening of these districts there arises a need for first class medical aid, which can only be afforded by Government, yet owing to a policy designed to assist practitioners native to the country (practitioners practically non-existent in Burma) such aid is refused: a refusal which means the loss of many valuable lives and a check to commerce without, as far as the Committee of the Chamber are able to judge, any compensating advantage.

"(5) I am therefore instructed to submit that in the adoption of the medical policy of 1908 the Imperial authorities have unwittingly overlooked the youth of this province, and that its needs are other than those of the more fully developed ones of India. In the view of my Committee any policy of repression of the Indian Medical Service which has so well fulfilled the needs of the other provinces during their progress of development, is detrimental to the true commercial progress of Burma. As the country opens out more and more and gradually develops, commercially and in other ways, larger numbers of representatives of European firms will proceed to live up-country. Such employees are not infrequently married, a fact which greatly adds to the importance of the reasonable provision of European medical men. In short, if the Service continues to be recruited on its present inadequate lines, the progress of the province will very probably be permanently injured.

"(6) The question of adequate medical attention for European women in up-country stations has been rightly given great prominence in a letter of the European Defence Association to the Secretary to the Government of India on medical attendance for Europeans, and it is unnecessary for the Committee of the Chamber to do more than intimate their hearty acquiescence with the views therein put forward at length. At the same time when considering the question of the native members of the Government Subordinate Medical Service, it should not be forgotten that the nationality of this province is totally different from that of the rest of India, and, broadly speaking, the Burman has little or no confidence in any medical assistance except that dispensed either by the European or by a representative of his own race. Appendix.—

The following are the names of some of the principal townships in Burma where it would be a great protection to all concerned if, in addition to those stations already furnished with Indian Medical Service officers, the services of fully qualified representatives of the same corps could be provided:—Prome, Tavoy or Mergui, Magwe, Monywa, Kindat, Minbu, Pakokku Yamethin, Lashio, Myitkyina."

The following letter, dated 24th November, has been received in reply:—

"I am directed to acknowledge the receipt of your letter, dated the 10th November, 1913, in which you put forward the views of the Chamber regarding the necessity for providing more European medical officers for the charge of Civil surgeoncies in Burma, and to say that a copy has been submitted to the Government of India for their information. The Lieutenant-Governor sympathises with the view of the Chamber that it is desirable to post Indian Medical Service officers as Civil Surgeons in a number of districts for which such officers cannot at present be made available. (2) I am to add that the need for more Indian Medical Service officers in Burma has been represented more than once to the Government of India, whose orders are still awaited."

13th December, 1913.—In a recent issue we reproduced a communication which was recently forwarded to the Burma Government by the Burma Chamber of Commerce on the inadequate supply of European-trained medical officers in the various parts of this province. The contentions of the Chamber are undeniable. Europeans whose work lies in the outlying parts of the province have not the facilities for obtaining skilled medical assistance which should be expected in a country as long established as this. Even in the capital of the Province there is insufficiency of State doctors. The General Hospital, which should be the focus of medical scientific enterprise in the province, is understaffed to a degree which impairs its efficiency.

It is inevitable that facilities for medical attendance should be very much more restricted in India than in England. Europeans who leave their own country to reside in the tropics face that prospect with open eyes, and as a rule they receive compensations of one order or another which reconcile them to the prospect. But Burma is penalised to an unusual degree. The conditions are much worse than in most parts of India, and the added risks entailed by residence in most districts of Burma are met by no corresponding advantages. This consideration is no small factor in determining Government officers against Burma when they are left any choice in the province of India in which they elect to spend their service. When entrants to conventioned Civil Service of India were allowed free choice of their destination they used to be offered this epigrammatic advice by a famous coach: "Madras for wealth, the Upper Provinces for health, Bengal for propinquity to headquarters." Burma was assumed to be poorly paid, unhealthy, and a backwater in the matter of promotion. Although free choice of destination has been abolished, candidates still may select a province as being that which they prefer, and it is understood that the India Office will consult their wishes when possible. It is not always possible to do so, which may account for some of the highly placed candidates who have eventually found themselves in Burma. It is to be feared that the reputation of the Province has not materially improved since then. Nor is there reason apparent why it should have done so. As regards health, certainly Burma may be considered the least desirable of the major provinces. It is then all the more desirable that the provision of skilled medical attendance be adequate. While Burma's needs in this matter are greater than those of other provinces, and the supply of Europe-trained doctors is less, she suffers under the further disability that there does not exist at present, nor is there any prospect apparent of their existing, an indigenous Medical Service as in India. The check which was ordered by the Secretary of State in 1908 in the supplying

APPENDIX XVI. (continued).

of Indian Medical Service officers to India was prompted by the desire to encourage the growth of and supply opportunities for Indian born and bred doctors. It was a concession to national sentiment and aspiration. Burma is suffering from the practical ill effects of that measure, without the supposititious gain. There are to intents and purposes no Burma born and bred doctors. Where in India many Europeans and a very much larger number of Indians will have to be content to an increasing degree in future years with Indian trained doctors; in Burma many Europeans and Burmese will have to do without any doctor at all. It is true that Indian trained doctors may come to Burma, with the view of taking the place of the indigenous staff, but on the other hand the Burmese people in the main do not value the services of

Indian doctors, and without Burmese patients to make the foundation of their practice, Indian doctors cannot remain.

These considerations make an overwhelming case for the relaxation in the instance of Burma of the Secretary of State's recent orders on the restriction of the Indian Medical Service. It is satisfactory to note that the Burma Government are in hearty accord with the representations of the Chamber of Commerce in this matter, and have themselves moved the Government of India. In this, as in all other matters where Burma lies under disadvantageous conditions compared with the rest of India, undeterred and persistent agitation is the only means in our power of working to the desired end, and if well informed and properly ordered, should be certain of eventual satisfaction.

APPENDIX No. XVII

Memorandum prepared by the Government of Bengal relating to the Indian Medical Service, with a Minute of Dissent by the Hon'ble Nawab Syed Shamsul Huda

1. *The present regulations as to recruitment, training and probation, and whether these regulations are satisfactory.*—The present regulations relating to the recruitment and training of officers of the Indian Medical Service are generally satisfactory. They provide for the Medical Services in India officers of a high standard of qualification. As long as this standard can be maintained Government are perfectly satisfied with the present regulations, but a decrease in late years in the number of candidates for the Indian Medical Service examination and a falling off in the general standard of marks obtained point to a growing unpopularity of the Indian Medical Service as a career and to a decrease in the average qualification of the new recruits. Some of the reasons which have led to this unpopularity are discussed below, and Government cannot look with any equanimity on the prospect of any lowering of the high standard hitherto attained in the Indian Medical Service. Indian Medical Service officers in civil employ are mainly a reserve for military purposes, and the administrative, professional and disciplinary training which such officers undergo during the first few years of their service in medical charge of regiments is of very great advantage to them when they come to Civil employ, but the Civil medical needs of the province are too great to permit of Military considerations being the sole guide as to the number of civil appointments or as to the qualifications and the conditions of service. It is desirable to continue the present system of recruitment and training, but it is undesirable to so restrict the number of civil appointments that in the case of a severe crisis the Civil administration will be paralysed owing to the drain upon it by the calling out of the reserve. In this connection it must be remembered that the Civil duties are very largely administrative, and that the Indian Medical Service officers are reserved for only the most important medical charges, whether administrative or teaching. Provision has already been made—in the opinion of this Government to the utmost limit of safety—for the employment of a less highly-trained agency and of an Indian agency in the less important charges. The existing Indian Medical Service charges, therefore, are such as demand the highest possible standard of qualification; but further, even if this high standard of medical qualification is maintained, it must be remembered that the administrative duties of an Indian Medical Service officer in Civil employ are very large, and are an important factor in weighing proposals either to give increased facilities to Indians to enter the Indian Medical Service or to reduce the length of their stay in England which the present rules necessitate. Even with regard to their purely medical work the fact cannot be overlooked that an important part of the medical duties of the Indian Medical Service is to provide medical attendance to members of the European services in India and their families, and it has already been a matter of very serious complaint against Government that

the members of these services have in many places been deprived of the aid of medical officers of their own nationality to which they understood at the time they entered the Government service they would be entitled

2. *The rates of pay and allowances in force in 1890 and 1900 and at the present time, and whether the present rates of pay and allowances are satisfactory.*—The pay and allowances of the various officers of the Indian Medical Service serving in this province are set out below (*vide pp. 302-3*).

The existing rates of pay, although an improvement on the rates of say 20 years ago, are still inadequate when the increased cost of living is taken into consideration. Further, private practice has declined to a very considerable extent owing to the large increase in the number of medical men, European and Indian, the majority of whom have been trained by Indian Medical Service officers in Indian schools and colleges. The practice formerly held by Indian Medical Service officers has dwindled to a very small amount. There was in former days a considerable practice among mills, factories and railways, but Indian Medical Service officers have been largely replaced by whole-time officers brought out from Europe. In the mufassil districts the increasing number of Indian doctors possessing the L.M.S. or M.B. degree has ousted the Indian Medical Service officer from the greater part of his practice among the Indian residents. In Calcutta the private practice of Indian Medical Service officers among Indians has vanished, and they are called in only as consultants when their assistance must be held to be very valuable both to patient and to doctor. Moreover, there is reason to believe that the consulting practice itself has very considerably diminished within recent years, and is still steadily diminishing owing to political causes, as well as to the fact that some of the best Indian practitioners have assumed the roles of Consulting Physicians and Surgeons themselves. Amongst the European population their practice too has declined owing to the increase in the number of European independent medical practitioners. These facts are well illustrated by the case of the Civil Surgeon of the 24-Parganas. Out of 15 factories which in former days would have employed the Civil Surgeon, only one now employs him as Consulting Medical officer. The others are in the charge of independent practitioners resident in Calcutta, at a greater distance from the mills than is Alipore, where the Civil Surgeon resides. This extended practice among independent practitioners has been rendered easier by the advent of motor-cars, and this cause has also tended to an increase in the private practice of Calcutta practitioners in areas outside Calcutta itself. The routine duties devolving on a Civil Surgeon have been largely added to by the increased attention that is being given to sanitation, and in this province in particular to the malaria problem.

Again, an officer transferred from the charge of a Native regiment to Civil employment as a Civil

[Continued on p. 304.]

APPENDIX XVII. (continued).

Appointment.	Pay in 1890.					Pay in 1900.					Remarks
	Consolidated pay.	Brigade Surgeon	Surgeon Major	Surgeon.	Surgeon on probation.	Consolidated pay.	Lieutenant-Colonel	Major.	Captain.	Lieutenant.	
Inspector - General of Civil Hospitals	2,250			...	...	2,250	..			...
Principal, Medical College	1,800	.			...	1,800		...	...	.
Full Professorships in Medical College	..	1,250	1,050	850	700	.	1,250	1,050	850	700	
Minor Professorships	*200	...	.	..	..	*200	..	...	...	...	*Staff salary
Resident Physician, Medical College Hospital	..	.		450		..	...	..	450		In 1890 the Resident Physician used to lecture on Pathology, and was in receipt of an allowance of Rs. 800 per mensem. In 1900 a separate chair of Pathology was sanctioned, but the duties of the Professorship of Physiology were again re-attached with one of the Resident appointments on the above terms.
Resident Surgeon, Medical College Hospital											
Surgeon Superintendent, Presidency General Hospital	..	1,250	1,050	..	..	1,800	..	...	...	...
1st Surgeon, Presidency General Hospital	..	...	...	900		..	...		800		
2nd Surgeon, Presidency General Hospital	...	...	...	800		...	.	...	650		
Sanitary Commissioner, Bengal	{ †1,1200 to 1,800 }	..	..	...	..	{ †1,200 to 1,800 }	...	...		...	† In five years.
Deputy Sanitary Commissioner, Bengal	{ †600 to 1,000 }	..	...	...	...	{ †600 to 1,000 }	...	...		...	† In eight years.
Civil Surgeons, 1st class	..	1,050	850	650	500	..	1,050	850	650	500	Allowance for Jails. Rs. 1st class .. 100 2nd class .. 75 3rd class .. 50
Ditto 2nd class ..	...	950	750	550	400	...	950	750	550	400	Lunatic Asylum allowance. Rupees 250 and 150 according to the number of inmates.
Superintendent, Campbell Medical School; Police Surgeon, Calcutta; and Superintendent, Lock Hospital, Alipore	1,650	...	...	...	...	1,500	..	...	...	...
Chemical Examiner to Government and Professor of Chemistry	...	1,250	1,050	850	700	...	1,250	1,050	850	700	

APPENDIX XVII. (continued).

Appointment.	Present Pay.											Remarks.
	Consolidated pay	Lieutenant-Colonel specially selected for increased pay.	Lieutenant-Colonel after 20 years' service	Lieutenant-Colonel.	Major after 8 years' service	Major.	Captain after 10 years' service	Captain after 7 years' service	Captain after 5 years' service.	Captain	Lieutenant	
Inspector-General of Civil Hospitals	2,500	...	..	..	...	..	..	..	..	..	..
Principal, Medical College.	1,800	..	..	..	..	..	..	..	..	..	..
Professional appointments.	..	1,650	1,550	1,500	1,150	1,050	950	900	850	800	750	Professors of Pathology, Physiology and Biology draw an allowance of Rs. 300 each.
Minor Professorships	*200	..	..	..	..	..	..	..	..	..	..	*Staff allowance. The allowance of the Dental Surgeon who is a non-Indian Medical Service man is Rs. 300 per mensem.
Resident Physician, Medical College Hospital.	}	..	..	..	..	800	..	..	600	550	500	An allowance of Rs. 200 is granted for lectures and demonstrations to students studying for University degrees
Resident Surgeon, Medical College Hospital.		..	..	..	..	+200	..	..	+200	+200	+200	
Surgeon Superintendent, Presidency General Hospital.	1,800	..	..	..	..	..	..	..	..	..	..
1st Surgeon, Presidency General Hospital.	1,000	..	..	..	..	..	..	..	..	..	..
2nd Surgeon, Presidency General Hospital.	800	..	..	..	..	..	..	..	..	..	..
Sanitary Commissioner, Bengal.	†1,500 to 1,800	..	..	..	..	..	..	..	..	..	..	†In five years
Deputy Sanitary Commissioner, Bengal.	1,600	1,500	1,450	1,100	1,000	900	850	800	750	700		Allowance for Jails. Rs. 1st class ... 150 2nd " ... 100 3rd " ... 75 4th " ... 50
Civil Surgeons, 1st Class.	..	1,450	1,350	1,300	950	850	750	700	650	600	550	Lunatic Asylum allowance. Rs. 250 and 150 according to the number of inmates.
Civil Surgeons, 2nd Class.	..	1,350	1,250	1,200	850	750	650	600	550	500	450	
Superintendent, Campbell Medical School and Hospital.	†1,500 to 1,800	..	..	..	..	..	..	..	..	..	..	†For a Major Rs. 1,500 For a Lieutenant-Col. 1,800
Police Surgeon, Calcutta.	..	1,450	1,350	1,300	950	850	750	700	650	600	550	
Chemical Examiner to Government and Professor of Chemistry	\$800 to 1,500	..	..	..	..	..	..	..	..	..	..	\$In ten years. May be held by a non-Indian Medical Service man.
Probationary Chemical Examiner.	..	..	..	..	..	..	750	700	650	600	550	
Bacteriological Department.	..	1,600	1,500	1,500	1,150	1,050	900	850	800	750	650	
Port Health Officer	..	1,650	1,550	1,500	1,150	1,050	950	900	850	800	750	

APPENDIX XVII. (continued).

Surgeon loses at once Rs. 50 per month. When there was sufficient private practice, this loss of pay was compensated for; but with the decline in private practice, there is no compensation, and the officer is a loser by the transfer.

All these cases must operate greatly to the detriment of the Service; and unless the salaries are raised, it will be difficult to secure recruits. The Service has already lost in popularity, difficulty is experienced in securing a sufficient number of qualified candidates, and the experience of existing members of the Service is not such as to encourage them to induce others to join. And it may be added that the encouragement of the profession outside the Indian Medical Service causes a fear that at no distant date the higher administrative and professional appointments—the plums of the Service—will not be restricted, even if they are open, to the Indian Medical Service, and impairs recruitment accordingly.

3. *The number of posts in each grade and the provision, if any, made in the cadre for leave and training.*—The constitution of the medical cadre (Indian Medical Service) of the Bengal Presidency is as follows:—

BENGAL.	
Inspector-General of Civil Hospitals ...	1
" " of Prisons ...	1
Sanitary Commissioner ...	1
Deputy Sanitary Commissioner.	1*
Principal and Professors, Medical College, Calcutta ...	9
Chemical Examiner ...	1
Superintendents, Presidency General and Sealdah Hospitals ...	2
Superintendent, Royal Botanic Garden	1
Superintendents of Prisons ...	4
Superintendent, Lunatic Asylum ...	1
Civil Surgeons, List I ...	14
" " List II ...	2
	—
Officiating appointments ...	39
	—
Total ...	54

The reserve for leave is reckoned at 20 per cent. No reserve for training is allowed; no addition to the allotment for the leave reserve has been allowed to provide for concessions in respect of study leave.

4. *What appointments outside the authorized cadre are held temporarily, or otherwise, by officers of the Service.*—(1) One appointment outside the authorized cadre is held by an Indian Medical Service officer, viz., the post of Surgeon to His Excellency the Governor.

5. *Whether any addition is required to the present cadre.*—(1) The post of Surgeon to His Excellency the Governor should be added to the cadre

(2) The leave reserve should be increased to 25 per cent. of the total number of permanent appointments. The rules under which study leave can be combined with and added to furlough render it impossible to allow officers to proceed on furlough as frequently as desired both in the interests of the officer and of Government, and as a consequence officers break down and have to take medical leave, with the result that the number of officers left for duty is insufficient. Officers now combine study leave with ordinary furlough, and as a rule the total period of absence thus amounts to two years and even longer. It follows that when officers proceed on two years' leave, the leave reserve can only supply leave vacancies every two years. The annual number that can be given leave annually is thus only half the leave reserve; it becomes in reality 10 per cent. instead of 20 per cent. Either study leave must be curtailed or the reserve increased, and in the interests of the profession and the public the former alternative is impossible.

(3) A third Resident Surgeon is required at the Presidency General Hospital. There are only two Resident Surgeons and they are insufficient for the work. An additional resident officer will also be

* An additional Deputy Sanitary Commission has been sanctioned, but no officer has yet been sent.

† Includes five Resident appointments and Police Surgeon.

required for the Medical College Eye Hospital. These proposals involve consideration of the existing orders under which the growth of the Indian Medical Service on the Civil side has been stopped.

Under the existing orders of the Secretary of State it is declared that no extension will be allowed to the Indian Medical Service on the Civil side, and Government would strongly urge that these orders should be reconsidered. It has already been stated that the necessities of the Civil Department can no longer be measured entirely by Military requirements, and the object of the orders therefore must be to encourage the growth of a medical profession outside the Indian Medical Service and the employment of an Indian agency. So far as this may result in the employment of men with lower qualifications than the Indian Medical Service, it can only be harmful because, as far as this Province is concerned, the fullest advantage is already taken of men of lower qualifications, such as the Assistant Surgeon class, to perform the work in appointments where these qualifications, whether medical or administrative, are in any way sufficient. But even if it is assumed that the same standard of medical qualification can be obtained from among the independent medical practitioners in India, the proposal is open to very serious disadvantages. In the first place, when an independent practitioner's qualifications are up to the standard of the Indian Medical Service, he is, in most cases, financially very much better off than an Indian Medical Service officer, and would require very much greater prospects to tempt him to the service of Government, and would therefore prove a more expensive agency. Secondly, most of the appointments for which an extension of the Civil side of the Indian Medical Service is desired are appointments which require other qualifications besides strictly medical ones, and the administrative and disciplinary training of the Indian Medical Service officer and the driving power he has acquired are often factors of very great importance in the selection of candidates for these new appointments. While new appointments, for which there are suitable medical men other than the Indian Medical Service available, are rightly filled by such men, the orders of the Secretary of State will in practice result in a diminution of the number of Indian Medical Service Civil Surgeons. In the case, for example, of the Professor of Biology or the Superintendent of the new jail at Kalighat, when it was first opened, it was not found possible to obtain a suitable candidate outside the Indian Medical Service. Indian Medical Service officers were, therefore, transferred to these appointments; but in order to carry out the Secretary of State's strict orders, two Civil Surgeoncies were deprived of Indian Medical Service officers, being placed in charge of Assistant Surgeons. In the opinion of this Government it is not possible to hand over the medical charge of any more districts to the agency of Assistant Surgeons who are less qualified both medically and administratively than the Indian Medical Service; nor is it possible to obtain from among the independent medical practitioners men of higher qualifications than Assistant Surgeons, to whom further districts might be made over, since the prospects of a Civil Surgeon would not tempt medical men of high qualifications, and it is impossible in the interests of Government and of the people to be content with lower qualifications, whether administrative or medical.

Minute of dissent recorded by the Hon'ble Nawab Syed Shamsul Huda

I do not agree with the last paragraph of the memorandum. I agree with the rest. I think medical education imparted by the Calcutta Medical College is highly efficient and graduates of the Medical College should get greater opportunities of performing work of the kind now performed by members of Indian Medical Service. In private practice in Calcutta and the mufassal the Indian medical practitioner is often able to hold his own against the member of Indian Medical Service.

APPENDIX XVIII.

APPENDIX No. XVIII.

Memorandum prepared by the Government of Bengal relating to the Indian Subordinate Medical Department.

1. *The present regulations as to recruitment, training and probation, and whether these regulations are satisfactory*—The officers of the Indian Subordinate Medical Department employed in Bengal are drawn from the general list of the Department. The rules for admission to this Department, which are laid down by the Director-General of Indian Medical Service, require that candidates must be of European or Eurasian parentage—A Eurasian candidate being required to furnish proof that one of his parents or grand-parents was of pure European extraction. This rule should be strictly enforced—it is essential that officers of this class who are enlisted primarily for Military employment should be capable of maintaining discipline among British soldiers in hospital. The standard of education required for recruitment is too low. It is based on the result of an examination which does not demand particularly high qualifications. All candidates should have passed the Matriculation examination or First Arts examination of an Indian University or the Cambridge Senior Local examination. They undergo a training of four years and are periodically examined, at the conclusion of their course the successful candidates are gazetted as fourth class Assistant Surgeons but they possess no medical qualification which is recognisable by the British General Medical Council. These officers should be trained through the full course for the L.M.S. degree of the Calcutta University, and should be required to obtain this qualification. Encouragement should also be given towards attainment of the M.B. degree of the University.

2. *The rates of pay and allowances in force in 1890 and 1900 and at the present time, and whether the present rates of pay and allowances are satisfactory*—The rates of pay and allowances for Military Assistant Surgeons were:—

		Rs
Senior Apothecary	{ 1st grade	400
	{ 2nd "	300
Apothecary	{ 1st "	200
	{ 2nd "	150
Assistant Apothecary	{ 1st "	110
	{ 2nd "	85
Sub-Assistant Apothecary		50

In 1900 they were as follows:—

	Rs.
Senior Assistant Surgeon with the honorary rank of Captain	400
Senior Assistant Surgeon with the honorary rank of Lieutenant	300
First class	200
Second "	150
Third "	110
Fourth "	85

The existing scale is that which prevailed in 1900

When placed in independent charge of Civil stations, those who are above the grade of third class receive pay at the following rates:—

	Rs.
Under 5 years in charge	350
From 5 and under 10 years	450
From 10 and under 15 years	550
Over 15 years	700

Third class Military Assistant Surgeons in charge of Civil stations draw Rs. 250 a month

With the improvement recommended in the status and qualifications of these officers the pay might be raised as follows:—

	Rs.
Fourth class Assistant Surgeon on first appointment	125
Third class Assistant Surgeon after 5 years in the fourth class	175
Second class Assistant Surgeon after 5 years in the third class after passing the departmental examination	225
First class after 5 years in the second class	300

First class after 3 years in the first class	Rs 350
Lieutenant	400
Captain	500
Captain (after 12 years' Commission Service)	600

As Civil Surgeons they are at the head of all medical and sanitary matters in the district and as such they are expected to maintain an official status commensurate with their office, necessitating a very much larger expenditure than is made possible by their present income. The following revised scale is suggested —

	Rs.
Civil Surgeons on first appointment	400
" " after 4 years	500
" " " 8 "	600
" " " 12 "	700
" " " 16 "	800

Promotion from first to senior grades should be regulated according to length of service. At present there is a limit to the number of Captains and Lieutenants. This limit should be removed and men should be promoted by seniority unless there is anything against them. This will remove the hardship and enable every man to get his full pension.

Military Assistant Surgeons other than those in charge of civil stations or railways are given in addition to their grade pay, allowances as noted against each post shown below:—

1 Superintendent Gobra Leper Asylum	1st to 4th grade	Rs 100 S A
2 Deputy Superintendent, Campbell Hospital, Sealdah	Honorary rank of Lieutenant,	Rs 150 S A
3 Assistant to the Superintendent, Medical College Hospital	Honorary rank of Captain,	Rs 200 S A
4 Assistant to the Surgeon-Superintendent of Presidency General Hospital		Rs.
5 Other Military Assistant Surgeons, Presidency General Hospital		100 S. A.
6 Assistant to the Civil Surgeon, 24 Parganas		50 S. A
7 Superintendent and Medical Officer, Juvenile Jail		Rs.
		200 L. A.
		50 S. A for 1st 3 years.
		75 S A from 4 to 9 years
8 Deputy Superintendent, Beharapore Lunatic Asylum		100 S. A. from 10 to 16 years
		150 S. A. over 16 years
9 Assistant Superintendent of Emigration and Medical Inspector of Emigrants, Goalundo		50 S A

These allowances are sufficient.

3. *The number of posts in each grade and the provision, if any, made in the cadre for leave and training.*—There is no fixed number of posts in each grade. Promotion to the various classes is by length of service, except to the Senior Assistant class, promotion to which is by selection. No reserve for leave is maintained in this Presidency. The leave reserve is at the disposal of the Director-General, Indian Medical Service.

4. *What appointments outside the authorized cadre are held temporarily, or otherwise, by officers of the Service.*—The post of Inspector of Certifying Surgeon for Factories which is a temporary one is at present held by an officer of the Indian Subordinate Medical Department.

5. *Whether any addition is required to the present cadre*—No addition to the present cadre is required.

APPENDIX XIX.

APPENDIX No. XIX.

Memorandum prepared by the Government of Bengal relating to the Service of Civil Assistant Surgeons.

1. *The present regulations as to recruitment, training and probation, and whether these regulations are satisfactory.*—There are no rules for the recruitment of Civil Assistant Surgeons. They are recruited from the passed students of the Medical College, Calcutta, direct into service without any period of probation. No training is required after entering into Government service.

2. *The rates of pay and allowances in force in 1890 and 1900 and at the present time, and whether the present rates of pay and allowances are satisfactory.*—The rates of pay were originally fixed in 1849: As first grade (after 14 years' service and after passing second professional examination), on Rs. 200; second grade (under 14 years' service and after passing a professional examination), on Rs. 150; and third grade (under seven years' service), on Rs. 100 a month. These rates were in force till 1898, when a senior grade on Rs. 300 was created, and the pay of the Assistant Surgeons promoted to be Civil Surgeons was fixed at Rs. 350—30—500. A time-scale of pay was introduced with effect from the 1st April, 1912, as follows:—

Years of service in the Assistant Surgeon's Department	Rate of pay	Years of service in the Assistant Surgeon's Department	Rate of pay
0-2	Rs. 100	19	Rs. 270
3	110	20	280
4	120	21	290
5	130	22-24	300
6	140	10 per cent. of total cadre to be in these two grades, which are to be filled by selection on merit alone from officers having more than 14 years' service.	325
7	150		
8	160		
9	170		
10	180		
11	190		
12	200		
13	210		
14	220		
15	230		
16	240		350
17	250		
18	260	Civil Surgeons, 350-30-500	

After two years' service, Civil Assistant Surgeons in Bengal receive an annual increment of Rs. 10 until they reach the pay of Rs. 300 a month; but the passing of examinations after seven and 14 years' service is still a condition precedent to the drawing of any further increment. Above the pay of Rs. 300, there are two grades on Rs. 325 and Rs. 350, ordinarily limited to 10 per cent. of the Service and filled by selection from all officers who have completed 14 years' service. In addition, the appointments to Civil Surgeoncies, eventually seven in number in the Province, as at present constituted,

on a pay of Rs. 350—30—500 are open to members of the Service. Certain allowances are attached to particular posts such as Rs. 20 for charge of dispensaries, Rs. 50, Rs. 75 or Rs. 100 for charge of District Jails according to number of prisoners, and Rs. 20 for charge of sub-jail. In the Chemical Examiner's Department the first Assistant Chemical Examiner gets a local allowance of Rs. 150 and the other Assistants in that Department get an allowance at the rate of Rs. 50—10—150. In the case of teachers in Medical Schools, the rate of these allowances is:—

	Campbell School, Rs.	Other Schools, Rs.
Up to seven years' service ...	75	50
Above seven years' service and up to 14 years' service ...	100	75
Above 14 years' service ...	150	100

In the case of the Assistant Professors of Pathology, Physiology and Biology in the Medical College, Calcutta, the scale is:—

	Rs.
Up to seven years' service ...	75
Above seven years' service and up to 14 years' service ...	100
Above 14 years' service ...	150

In the case of Assistant Surgeons attached to the Bacteriological Department of the Medical College, Calcutta, the scale is:—

	Rs.
Up to 14 years' service ...	100
Above 14 years' service ...	150

The other allowances are:—

- Two Casualty or Emergency officers, Medical College Hospital, Calcutta, on Rs. 50 each a month.
- Two Assistant Surgeons appointed to instruct the native police in Calcutta in ambulance work on Rs. 70 each a month.
- Assistant Surgeons instructing the district police in ambulance work on Rs. 10 each a month.
- Assistant Surgeon attached to the Sambhunath Pandit Hospital, Bhowanipore, on Rs. 50 a month.
- Assistant Surgeon attached to the Presidency General Hospital on Rs. 50 a month.

The rates of pay and allowances are satisfactory. 3. *The number of posts in each grade and the provision, if any, made in the cadre for leave and training.*—There is no fixed number of posts for each grade. The total sanctioned strength is 128 plus 25 per cent. of this number as a leave reserve.

4. *What appointments outside the authorized cadre are held temporarily, or otherwise, by officers of the Service.*—No appointments are held by Assistant Surgeons outside the cadre.

5. *Whether any addition is required to the present cadre.*—No addition is required to the present cadre.

APPENDIX No. XX.

Memorandum prepared by the Government of Bengal relating to the Sanitary Department.

1. *The present regulations as to recruitment, training and probation, and whether these regulations are satisfactory.*—(a) The appointment of Sanitary Commissioner is reserved for Commissioned Medical Officers. Local Governments can appoint their Sanitary Commissioner from officers serving in the Provincial Sanitary Department, provided that no officer of less than 15 years' service is appointed without the sanction of the Government of India. This method has been found to be quite satisfactory. (b) Deputy Sanitary Commissioners are recruited partly from members of the Indian Medical Service

and partly from independent doctors having European qualifications and holding the British diploma of Public Health. The latter are appointed on probation for two years. The possession of a diploma of Public Health renders preliminary training in the case of either class of officer unnecessary. Officers start at once on the duties of Deputy Sanitary Commissioner. This system has been found to be, generally speaking, satisfactory. (c) The special post of Health Officer of the Port of Calcutta is at present filled by an officer who does not belong to the Indian Medical Service.

APPENDIX XX. (continued).

The Assistant Health Officer is appointed from the subordinate ranks of the Medical Service. The system is satisfactory. (d) Assistant Surgeons are lent by the Medical Department for special malaria duty when required, and this also is found to be satisfactory. They receive such training as is required in the course of their duties.

2 The rates of pay and allowances in force in 1890 and 1900 and at the present time, and whether the present rates of pay and allowances are satisfactory—The schedule below gives the necessary information. Owing to the expensiveness of living in Bengal, the extra expenses, especially in the case of a married man, which are involved by the constant touring which a Sanitary officer has to undertake, the slowness of promotion due to the smallness of the Service, and the fact that, unlike other officers of the Indian Medical Service, Sanitary officers are debarred from private practice, there are good grounds for considering that an increase of Rs. 100 per mensem in the staff allowance of Deputy Sanitary Commissioners would be justified. There seems some ground also for increasing the pay of the post of Sanitary Commissioner, which is steadily becoming more and more important. The allowances given to the subordinate officers employed in the Department in addition to their time-scale pay appear to be on the whole adequate.

3 The number of posts in each grade, and the provision, if any, made in the cadre for leave and training—Service in the Sanitary Department is

not graded. There is no separate provision in the establishment for leave and training. Officers serving in the Sanitary Department have to take their chance in competition with their fellows in the general line for such leave vacancies as may be available. This is not satisfactory for either branch and is especially undesirable in the case of the Sanitary Department officers. It is extremely important for a Sanitary officer to have opportunities of taking leave in order to spend it in bringing his knowledge up to date, and under present conditions this is very difficult to do. There should be a leave reserve of at least one officer in the Province. If no officer is on leave, the supernumerary can be employed very profitably in the laboratory.

4 What appointments outside the authorized cadre are held temporarily, or otherwise, by officers of the various Services—The only such appointment is that of Professor of Hygiene at the Medical College, Calcutta, which is held by the Sanitary Commissioner.

5 Whether any addition is required to the present cadre—In addition to the supernumerary officer referred to in (3) above, there should be an increase of one officer in the cadre as a special Deputy Sanitary Commissioner for dealing with Hygiene and the sanitation of schools. This Government has recently at the request of the Government of India been considering the matter, and this is the recommendation which it is proposed to make

APPOINTMENTS.	1890.			1900.			1913.		
	Number	Rates of pay.	Allowance, if any.	Number	Rates of pay	Allowance, if any	Number	Rates of pay.	Allowance, if any.
Sanitary Commissioner ...	1	Rs. 1,200 to Rs. 1,800	.	1	Rs. 1,200 to Rs. 1,800.	..	1	Rs. 1,500 to Rs. 1,800	
Deputy Sanitary Commissioners and Superintendents of Vaccination	3	2 at Rs. 600—50—1,000 each. 1 at Rs. 350.		2	Rs. 600—50—1,000 each.		4*	2 on Rs. 500 to Rs. 1,400 plus staff allowance Rs. 200 per mensem, and two on Rs. 500 to Rs. 1,000.	
Special Deputy Sanitary Commissioner for Malaria Research.†	Nil	Nil	Nil	Nil	Nil	Nil	1†	Rs. 500 to Rs. 1,400 plus staff allowance Rs. 200	
Special Officer for Malaria Research ‡	Nil	Nil	Nil	Nil	Nil	Nil	1‡	Rs. 1,100—40—1,300.	
Deputy Superintendents of Vaccination.	8	4 at Rs. 300 each. 1 at Rs. 150 3 at Rs. 100 each.	4 at Rs. 25 each as special allowance.	Nil	Nil	Nil	Nil	Nil	
Inspectors of Vaccination in charge of Animal Vaccination Depots.	2	1 at Rs. 100 1 at Rs. 60	1 special allowance at Rs. 60	2	1 at Rs. 100 to Rs. 200. 1 at Rs. 75—5—100.	1 local allowance at Rs. 25.	1	Rs. 100 to Rs. 300—Assistant Surgeon on time-scale pay.	Local allowance at Rs. 50 per month.
Assistants to the Special Deputy Sanitary Commissioners for Malaria Research—Assistant Surgeon ...	Nil	Nil	Nil	Nil	Nil	Nil	1	Assistant Surgeon, time-scale pay Rs. 100 to Rs. 300.	Rs. 100 special allowance.
Sub-Assistant Surgeon	Nil	Nil	Nil	Nil	Nil	Nil	1	Sub-Assistant Surgeon, grade pay Rs. 30 to Rs. 100.	Gets allowance at Rs. 50 per month.
Health Officer of the Port of Calcutta.	1	Rs. 1,200	...	1	Rs. 1,200	...	1	Rs. 1,200.	
Assistant Health Officer of the Port of Calcutta	1	...	...	1	...	...	1	Rs. 300.	
Health Officer of the Port of Chittagong.	1	...	...	1	Rs. 100	Rs. 50 local allowance.	1	Assistant Surgeon, time-scale pay Rs. 100 to Rs. 300.	Rs. 50 local allowance.
Assistant Surgeon in connection with disinfection work at the Port of Calcutta.	Nil	Nil	Nil	Nil	Nil	Nil	1	Time-scale pay Rs. 100 to Rs. 300.	Rs. 2 a day as plague allowance.

* Now designated Deputy Sanitary Commissioner. Two Indian Medical Service and 2 non-Indian Medical Service officers. One appointment for Indian Medical Service officers recently sanctioned by the Secretary of State, but the officer has not yet taken up his duties.

† Held by an Indian Medical Service officer.

‡ Temporary. Held by a non-Indian Medical Service officer.

APPENDIX No. XXI.

Memorandum prepared by the Government of Bengal regarding the Jail Department.

1. *The present regulations as to recruitment, training and probation, and whether these regulations are satisfactory.*—The Jail Department is an Imperial Department. The special Jail Department in this Presidency consists of the Inspector-General of Prisons and four Superintendents of Central Jails, all these officers being members of the Indian Medical Service, recruited, trained, and paid in the manner set forth in the memorandum prepared by the Government of India. The regulations in this respect are satisfactory. The smaller jails in the Province, with their short term and under-trial prisoners, are collateral charges to the Civil Surgeons of the districts concerned. A similar arrangement prevails in regard to the small central jail at Rampur Boalia, which is a collateral charge of the Civil Surgeon of the Rajshahi district. The Juvenile Jail at Alipore is in the charge of a Military Assistant Surgeon. These arrangements are satisfactory.

There are also a few special appointments on special rates of pay—

- (i) Superintendent of Jail Manufactures.
- (ii) Three Deputy Superintendents of Jails at Alipore, the Presidency and Dacca Jails—one of these is temporary, and will be abolished with the cessation of printing work in the Dacca Jail.
- (iii) One Mill Manager.
- (iv) One Mill Foreman.
- (v) One Workshop Foreman.

These posts are not filled by any special method of recruitment, the only qualifications necessary are that the recruit should possess expert knowledge of the work for which he is employed. The Superintendent of Jail Manufactures is an officer with expert knowledge of machinery and of jail industries. It is proposed to abolish the appointment. One of the main industries at the Alipore Jail is the printing of Government forms. The Deputy Superintendent at this jail must be an expert printer. The Deputy Superintendent at the Presidency Jail is required to be an expert in mechanical engineering, with a thorough knowledge of machinery. The mill manager is a jute expert. These arrangements work well and call for no change.

2. *The rates of pay and allowances in force in 1890, 1900 and at the present time, and whether the present rates of pay and allowances are satisfactory—*

(i) *Inspector-General:* 1890—Rs. 2,000; 1900—Rs. 2,000, 1913—Rs. 2,000.—It has been decided by the Government of India that, on the termination of the appointment of the present incumbent, the pay of the post in this Presidency should be Rs. 1,800—50—2,000, which is the sanctioned rate of pay in Madras, Bombay, and the United Provinces. This Government, when consulted by the Government of India on this proposal, expressed its opinion as follows:—

“The proposal to reduce the pay of the future incumbent of the post of Inspector-General of Prisons, Bengal does not commend itself to the Governor in Council, as it is open to question whether the reconstitution of the Provinces will lead to any reduction of work in the Jail Department, in spite of the statistics quoted by the Government of India. The responsibilities of the appointment are not to be judged merely by the number of jails or their daily average population. The difficulties and anxieties of the work occasioned by the unfavourable climatic conditions and the absence of comfortable facilities for travelling are factors to which due importance ought to be attached. Moreover, the volume of the work to be performed by an Inspector-General of Prisons depends greatly on the health of the prisoners under his charge. If the general health is bad, his work is proportionately increased and the responsibilities and anxieties of the post are doubled. The death-rate in the Eastern Bengal and Assam jails in 1911 was 28 per mille, while in Bengal jails it was only 17 per mille. Strenuous exertions and watchfulness on the part of the

Inspector-General will consequently be necessary for years to come to effect the necessary improvement in the sanitation of the Eastern Bengal jails. Moreover, the reduction of 18 per cent. in the number of jails to be supervised and inspected is counterbalanced by the inaccessibility of many of the jails in Eastern Bengal, involving tedious journeys of inspection. In order to ensure the energy and sustained concentration which are requisite in such conditions, the emoluments of the appointment must be sufficiently high to attract a really efficient and experienced officer. The anxieties and discomforts to which reference has been made above will greatly diminish the amenities of the appointment, and any attempt to lower its status would therefore be extremely prejudicial to the satisfactory working of the Department.

The existing pay of the Inspector-General in Bengal was deliberately fixed in September, 1905, at Rs. 2,000, and the pay of the corresponding appointment in several other Provinces was raised from Rs. 1,800 to Rs. 1,800—2,000 as part of the general scheme for improving the pay of Indian Medical Service officers. The appointment in Bengal was the only one, or one of the very few, the pay of which was not raised at a time when that of all Indian Medical Service officers was enhanced, and it was recognised that a man who had to live in Calcutta on Rs. 2,000 was no better off than one in Lucknow or Lahore on Rs. 1,800, and certainly in a worse position than the latter when he received increments up to Rs. 2,000. It has also to be remembered that, on account of the expensiveness of living in Calcutta, local and personal allowances are attached to superior appointments held by officers in other branches of the Public Service.

“Again, the pay of the heads of other Departments is higher, e.g., the pay of the Inspector-General of Civil Hospitals is Rs. 2,500, that of the Inspector-General of Police is Rs. 2,500—100—3,000, while the pay of the Director of Public Instruction is Rs. 2,000—100—2,500. It does not seem desirable to put the Inspector-General of Prisons in Bengal practically on the same footing as a Deputy Inspector-General of Police on Rs. 1,800. On the other hand, the appointment is usually held by a senior man, and his pay compares unfavourably with the income earned by officers of similar rank employed in the Medical Department. Moreover, the reduction in the pay of the Inspector-General in Bengal will tend to make the Jail Department more unpopular than ever. The prizes in the Jail Department are remarkably few, and it is doubtful if a senior officer in the Department on Rs. 1,550 or even Rs. 1,450, with a free house and a quiet life, would care to accept the appointment.

“For the reasons explained above, the Governor in Council is opposed to the proposed reduction, and I am desired to urge strongly a reconsideration of the matter, and to suggest that the pay of Rs. 2,000 specially fixed for Bengal in 1905 be allowed to continue as a permanent arrangement.”

The Government of India did not accept these views. This Government would, however, again urge the arguments which were previously expressed with reference to the climatic conditions that prevail in Bengal, and the arduous, tedious, and uncomfortable travelling that has to be performed by the Inspector-General, and they would repeat the view that they previously expressed in favour of maintaining the higher rate of pay.

(ii) *Superintendents of Central Jails*—The salaries of these officers are set out in Circular No. 3 C., issued by the Director-General, Indian Medical Service, on the 16th October, 1908, which is appended to the memorandum prepared by the Government of India. The rates bear a certain relation to the salaries of officers of the Indian Medical Service in ordinary Civil employ, and cannot be considered except in connection with

APPENDIX XXI (continued).

their salaries. Any revision of the latter must be accompanied by a corresponding revision in the case of Jail officers.

While Superintendents of Central Jails obtain the advantages of a good house and fewer transfers, which make these appointments somewhat attractive to junior men if married, they suffer from the disadvantages of—(1) limitation of professional work to medical cases, minor surgery, and practical sanitation; (2) loss of private practice, and consequently no possibility of extension of income; and (3) large amount of executive work and of practical manufactory work, and the great responsibilities with regard to money transactions, purchase of raw materials, and other purely business matters. Their emoluments should, therefore, be fixed at a higher rate than those of Indian Medical Service officers in ordinary Civil employ.

(iii) *Civil Surgeons in charge of District Jails*—The allowances to Civil Surgeons in charge of district jails, both in 1890 and 1900, were as follow:—

	Per month.
	Rs.
First class district jails, containing 300 or more prisoners	100
Second class district jails, containing less than 300 and more than 100 prisoners	75
Third class district jails, containing not more than 100 prisoners	50

This scale differed from that fixed for other Provinces. The Government of Bengal raised objections to the scale laid down for other Provinces, as it involved difficulties arising from classifying jails on a mean daily average, and allowed no remuneration to medical officers holding charge of the smaller jails, which seldom averaged more than 50 prisoners. In 1907 the Government of Eastern Bengal and Assam adopted the scale in force in other Provinces, and with the reconstitution of the provinces the following scale prevailed in the eastern districts of the Presidency which formerly formed part of the Province of Eastern Bengal and Assam:—

	Per month.
	Rs.
First class district jails, <i>i.e.</i> , with a daily average population of 500 or more prisoners	150
Second class district jails, <i>i.e.</i> , with a daily average population of 300 and not more than 499 prisoners	100
Third class district jails, <i>i.e.</i> , with a daily average population of 150 and not more than 299 prisoners	75
Fourth class district jails, <i>i.e.</i> , with a daily average population of more than 50 and less than 150 prisoners	50

This scale was extended to the western districts of Bengal in November, 1912, and is now universal throughout the Presidency. This extension was made in order to ensure uniformity. These arrangements are not satisfactory. In the first place, the classification of a jail is fixed with reference to the average population of the preceding year. A slight decrease or increase of population means no lessening of the responsibility or the amount of work devolving on the officer in charge, and it is unfair that in a jail where population happened in a particular year to fall, say to 299, the Civil Surgeon should draw only Rs. 75, when during his tenure the average population exceeds 300. Jails should be classified with reference to their capacity and importance. Again, the allowances are quite inadequate for the work performed. This was clearly set out in the Government of India Despatch No 212 of the 16th July, 1903* Although on the ground that the emoluments of Indian Medical Service officers were generally increased, the Secretary of State did not accept the proposals of the Government of India, yet this Government would desire to emphasise the fact that the executive charge of a jail is a separate duty and outside the scope of the functions of a Civil Surgeon. The allowance for such executive work should therefore be separately considered, and adequately remunerated on the merits of such work.

(iv) *The Superintendent of Juvenile Jail*.—Draws grade pay as a Military Assistant Surgeon. The present incumbent draws a personal allowance of Rs 200

3 *The number of posts in each grade, and the provision, if any, made in the cadre for leave and training*—There are no special grades. The cadre is filled by officers from the Indian Medical Service. No provision exists in the cadre of the province for leave and training. Vacancies are filled by the deputation of substitutes from the reserve under the Government of India. As it is not desirable that such substitutes should be entirely ignorant of jail administration, it is suggested that the reserve should be of such strength as to provide for a certain number of officers on training.

4 *What appointments outside the authorized cadre are held temporarily, or otherwise, by officers of the various Services*—None

5 *Whether any addition is required to the present cadre*—Not to the Provincial cadre. The total reserve should be increased to provide for officers on training.

* Not reprinted

APPENDIX No. XXII.

Memoranda prepared by the Government of Bihar and Orissa on:—

(A) THE INDIAN MEDICAL SERVICE.

Training.—The Lieutenant-Governor in Council considers it desirable that when an Indian Medical Service officer is transferred to Civil employ he should be deputed to work under an experienced Civil Surgeon for a short period of at least two or three months and thus have the opportunity of becoming acquainted with the prejudices (caste, religious or otherwise) of his Indian patients; he will also learn to work harmoniously with Indian subordinates and obtain useful advice as to his duties as health officer.

Salary.—The Lieutenant-Governor in Council desires to point out that times have changed considerably since these salaries for members of the Indian Medical Service were fixed. On the one hand, private practice has declined; Indian practitioners, official and non-official, get practically all the Indian practice and the Civil Surgeon, except for a few European patients, is only called in as a consultant.

On the other hand, Government now expects considerably more work from the Civil Surgeon in charge of a district than was formerly the case. The number of hospitals and dispensaries has largely increased, and sanitation has become the object of much expenditure. The grave importance that attaches to the duties of the Civil Surgeon as health officer, in dealing with sanitary improvements and epidemic diseases, confirms the opinion already expressed by the Local Government that at least 15 out of the 21 districts in this Province should be held by officers of the Indian Medical Service. His Honour in Council does not propose to suggest appropriate salaries for the different ranks in detail as these must necessarily be fixed with reference to the requirements of India as a whole, but it is of the utmost importance that the rates offered should insure the recruitment of men really capable not only as physicians and surgeons but also as administrators, and should suffice to attract men who might otherwise reasonably expect to attain a high rank in their profession in England,

APPENDIX XXII. (continued).

in other words to make entry to the Indian Medical Service, a matter of competition for men of ambition and zeal. The growing expenditure on medical relief and sanitation calls, in his opinion, unless the money is to be wasted, for a proportionate increase in the expenditure on account of administration and inspection.

In this connection, it is to be remembered that in 18 districts of this Province the Civil Surgeon is in executive charge of the Jail as Superintendent, in addition to his other duties. His Honour in Council is of opinion that regard being paid to the time that a Civil Surgeon has to devote to jail work, other than that of a medical nature, the jail allowances should be fixed at not less than Rs. 160 for first class, Rs. 120 for second class and Rs. 100 for third class jails.

Limitations regarding the employment of non-Europeans—The Lieutenant-Governor in Council regards it as essential that the Indian Medical Service should continue to be closed to any candidate who has not a registrable British Medical qualification.

(B) THE INDIAN SUBORDINATE MEDICAL DEPARTMENT.

This Province consists of 21 districts, one of which, Angul, is not regarded as a Civil Surgeoncy, there being an Assistant Civil Surgeon in the two main subdivisions of that district. Of the remaining 20, it is necessary that 15 should ordinarily be

held by officers of the Indian Medical Service. Of the other five, four should be regarded as reserved ordinarily for Civil Assistant Surgeons and one for a Military Assistant Surgeon, but no Military Assistant Surgeon should be posted to the charge of a district who does not possess a registrable medical qualification.

(C) THE PROVINCIAL CIVIL ASSISTANT SURGEONS.

The Lieutenant-Governor in Council considers that this might fitly be styled the "Provincial Medical Service." The prospects have recently been improved. A clever, energetic officer can make a fair income by private practice and, in the opinion of the Lieutenant-Governor in Council, a further increase in salary is not at present necessary.

(D) THE SANITARY DEPARTMENT.

The short experience gained in this Province is too limited to justify any generalisation as to the conditions of recruitment and training. In view of the importance of the work, however, more especially in connection with epidemics, the Lieutenant-Governor in Council considers that the Deputy Sanitary Commissioners should almost invariably be officers of the Indian Medical Service who have received special training in tropical diseases and as officers of Public Health. The Sanitary Commissioner should, for similar reasons, possess a diploma of Public Health.

APPENDIX No. XXIII.

*Memorandum prepared by the Government of Burma relating to the Medical Services.***INDIAN MEDICAL SERVICE.**

1. *The present regulations as to recruitment, training and probation, and whether these regulations are satisfactory.*—The Indian Medical Service is recruited by means of a competitive examination held in London, which is open to both Europeans and Asiatics. The successful candidates are required to attend two successive courses of two months each at the Royal Army Medical College, Millbank and at Aldershot. At the time of their admission to the Service, officers are allotted to certain specified areas for the purposes of Civil employment; and when they have become eligible for Civil duties after two years actual Military duty, such of them as have specifically applied for Civil employment are placed at the disposal of Local Governments requiring officers for such duty. On first appointment to Civil employ in a province an Indian Medical Service officer is on probation for a period of two years in order to test his suitability for the requirements of the Civil Department.

In Burma the Sanitary Commissioner is an Indian Medical Service officer and both the appointments of Deputy Sanitary Commissioner are to be held by officers of the Indian Medical Service. An officer of not less than 15 years' service may be appointed Sanitary Commissioner by the Local Government and the selection of its Deputy Sanitary Commissioners also rests with the Local Government. The candidate is required to hold a British diploma in Public Health and to be an accepted candidate for the Sanitary Department. The Government of India are asked for an officer when the Local Government has no qualified and registered candidate available.

Regarding the Jail Department, as has been already stated in the memorandum explanatory of its history, growth and present constitution, there are only three whole-time Superintendents of Central Jails in this Province; these appointments are reserved for officers of the Indian Medical Service. Officers without previous jail experience are, on arrival, placed under training before being given independent executive charge of a jail. As a rule, the period of training is expected to extend to three months, but force of circumstances has often necessitated a much shorter course. This is

considered insufficient and a period of from four to six months would seem to be desirable. The officers appointed are placed on probation for two years, during which period they are required to pass in Burmese by the lower standard. Their confirmation depends upon the fulfilment of this condition as well as on their general capacity and merit. The two years' probationary period is considered suitable.

In the Lieutenant-Governor's opinion, which naturally has reference only to the Civil employment of Indian Medical Service officers in this Province, the arrangements sketched above are satisfactory.

2. *The rates of pay and allowances in force in 1890 and 1900 and at the present time, and whether the present rates of pay and allowances are satisfactory*—The statement below compares the salaries drawn by Indian Medical Service officers in 1890, 1900 and at the present time. The Lieutenant-Governor has no remarks or suggestions to offer regarding the rates of pay of Indian Medical Service officers in Civil employ in Burma.

The appointment of Sanitary Commissioner, Burma, which was sanctioned in 1907, carries a salary of Rs. 1,500—60—1,800 a month. The pay of the Deputy Sanitary Commissioner, Burma, who was first appointed in 1900, was then fixed at Rs. 600—50—1,000 a month, but, since 1906, Deputy Sanitary Commissioners get a staff allowance of Rs. 200 a month in addition to their consolidated military pay. These amounts have undergone no change. The grant in May, 1912, by the Government of India of certain concessions to the officers of the Sanitary Department with a view to render service in that Department more attractive to both officers and candidates indicates that the rates of pay were previously unsatisfactory. It is too early yet to judge whether the revised terms will prove sufficiently attractive.

In the Jail Department the rates of pay have been:—

1890. At this time the Inspector-General of Jails was also in charge of the Civil medical administration. He was also Sanitary Commissioner and Superintendent of Vaccination. Pending the separation of duties of the officer in charge of the

APPENDIX XXIII. (continued).

Appointments.	Rates of pay and allowances in force in						Remarks.	
	1890.		1900.		Present time.			
(1)	(2)		(3)		(4)		(5)	
I.—Administrative appointments.								
1. Inspector-General of Jails with Civil Medical Administration.	2,000		...		...
2. Inspector-General of Civil Hospitals and Sanitary Commissioner.	...		2,000		...			
3. Inspector-General of Civil Hospitals.	...		...		2,250		
4. Inspector-General of Prisons.	...		1,800		1,800 to 2,000			
5. Sanitary Commissioner ...	...		...		1,500 to 1,800		
II.—Civil Surgeoncies.								
1. Lieutenant-Colonel selected for special rates of pay.	First class.	Second class.	First class.	Second class.	First class.	Second class.		
2. Lieutenant-Colonel after 25 years' service.	...	...	...	...	1,350	1,250	
3. Lieutenant-Colonel ...	1,050	950	1,050	950	1,300	1,200	Officers of the Indian Medical Service employed in the Civil Medical Department, Burma, whose salary does not exceed Rs.1,000 a month receive a local (Burma) allowance of Rs. 100 a month.	
4. Major after 3 years' service ...	...	...	...	...	950	850	
5. Major ...	850	750	850	750	850	750		
6. Captain after 10 years' service.	...	...	...	...	750	650	
7. Captain after 7 years' service	...	...	...	...	700	600	
8. Captain after 5 years' service	650	550	650	550	650	550		
9. Captain ...	500	400	500	400	600	500		
10. Lieutenant ...	500	400	500	400	550	450		
III.—Special appointments.								
1. Resident Medical Officer, General Hospital, Rangoon	Pay of a second class Civil Surgeon of equal rank + Rs. 150 for Medico-legal duties + Rs. 200 from Municipality + free quarters.		Rs. 1,100 + 100 lecture allowance + free quarters.			
2. Police Surgeon and Pathologist, General Hospital, Rangoon.	...	...	...		Rs. 1,100+100 lecture allowance + free quarters.		
3. Superintendent, General Hospital, Rangoon.	...	...	...		Rs. 1,700+100 lecture allowance + free quarters.		
4. Ophthalmic Surgeon, General Hospital, Rangoon.	...	...	...		Pay of a second class Civil Surgeon of equal rank + Rs. 100 lecture allowance.		
5. Superintendent, Lunatic Asylum, Rangoon.	...	...	...		Grade pay + a staff allowance varying from Rs. 300 to Rs. 550 according to rank.		If drawing a salary not exceeding Rs. 1,000 a month these officers also receive a Burma allowance of Rs. 100 a month.
6. Chemical Examiner, Burma...	...	...	...		Rs. 800—70—1,500 + Rs. 50 after 25 years' total service + Rs. 100 on being advanced to the selected grade of Lieutenant-Colonel		

medical administration and those of the Inspector-General of Jails, the combined appointment was sanctioned for two years from 1st April, 1888, at Rs. 2,000 per mensem debitable as follows:—

Jails	Rs. 1,000
Medical	650
Sanitation	200
Vaccination	150

Total 2,000

There were two whole-time Superintendents of Jails in 1890, one at Rangoon and the other at

Moulmein. If a commissioned medical officer was in charge his pay was Rs. 700—50—950 per mensem; when the Superintendent was not a medical officer the pay was Rs. 600—50—850 per mensem.

1900. In this year the separate appointment of Inspector-General of Prisons was created on a salary of Rs. 1,800 per mensem. In this appointment he also assisted the Inspector-General of Civil Hospitals and Sanitary Commissioner in the inspection of medical institutions. There were at this time two whole-time Superintendents of Jails, namely, one at Rangoon and one at Insein. Commissioned medical officers appointed to whole-time

APPENDIX XXIII. (continued).

charge of a first class Central Jail in Burma were entitled to the following concessions:—

(a) If an officer had held collateral charge of a Central Jail for six years, of which not less than one had been spent in charge of a first class Jail, his salary rising by Rs. 50 annually to Rs. 950 a month commenced at Rs. 750, 800, 850, 900, or 950, according as he had completed one, two, three, four, or five years' service in charge of a first class Jail.

(b) On his completing 18 years in the Jail Department his salary might be raised to Rs. 1,200 a month, provided he had held charge, collateral or otherwise, for not less than five years of a first class Central Jail.

Present rates of pay.—The pay of the Inspector-General of Prisons was raised with effect from 1st December, 1912, from Rs. 1,800 to Rs. 1,800—50—2,000. In 1911 the appointment was admitted to the benefits of the Rangoon House Allowance scheme, under which the Inspector-General is entitled to receive an allowance of Rs. 100 per mensem.

The following scale of consolidated pay has been sanctioned (in 1905) for officers of the Indian Medical Service employed in the Jail Department:—

	Central Jails.	
	1st class. Rs.	2nd class. Rs.
Lieutenant-Colonel (specially selected for increased pay)	1,550	1,450
Lieutenant-Colonel after 25 years' service	1,450	1,350
Lieutenant-Colonel	1,400	1,300
Major after three years' service	1,050	950
Major	950	850
Captain after ten years' service	850	750
Captain after seven years' service	800	700
Captain after five years' service	750	650
Captain	700	600
Lieutenant	650	550

A minimum staff salary of Rs. 225 and Rs. 175 a month, respectively, is granted to officers of the Indian Medical Service without a permanent regimental appointment who are appointed to officiate as first or second class Central Jail Superintendents. Commissioned medical officers posted to learn the details of management for a period of about three months in a Central Jail before they take charge of their duties as Superintendents are entitled to their grade pay under the Army Regulations, India, Volume I, Part I.

The three whole time Superintendents draw in addition to their pay a Burma allowance of Rs. 100 each. This allowance ceases when the pay of their appointments reaches Rs. 1,000 each.

3. *The number of posts in each grade and the provision, if any, made in the cadre for leave and training.*—There are 32 appointments in Burma reserved for officers of the Indian Medical Service as shown below:—

(a) Inspector-General of Civil Hospitals	1
Inspector-General of Prisons	1
Sanitary Commissioner	1
Deputy Sanitary Commissioners	2
Superintendents of Jails	3
First Class Civil Surgeoncies	5
(b) Second Class Civil Surgeoncies	13
Superintendent, General Hospital, Rangoon	1
Police Surgeon and Pathologist, Rangoon General Hospital	1
Resident Medical Officer, Rangoon General Hospital	1
Ophthalmic Surgeon, Rangoon General Hospital	1
Superintendent, Rangoon Lunatic Asylum	1
Chemical Examiner and Bacteriologist	1
Total	32

(a) The appointment of the Inspector-General of Civil Hospitals, Burma, is reserved for Indian

Medical Service officer of the Madras cadre. The Government of India make the appointment after consulting the Local Government.

(b) This number is now to be reduced under the orders of the Secretary of State, from 13 to 12, as the Director of the Pasteur Institute, Burma, is to be an Indian Medical Service officer who will count against the cadre.

The provision for leave is six, calculated at 20 per cent. on 28 of the above cadre appointments, the Inspector-General of Prisons and the three Superintendents of Jails being excluded from the calculation. No provision is made in the cadre for training.

Burma is allowed two supernumeraries over and above the cadre and leave reserve.

Recently it has been suggested by the Government of India to exclude the chemical examiner and bacteriologist from the cadre, to which the Government of Burma has agreed.

As it has been found that the leave reserve of six is quite insufficient for requirements, the Government of India have on three occasions been asked to increase it from 20 per cent. to 30 per cent., but no orders on the representations have been received as yet.

When the Port Health officer proceeds on leave the vacancy is sometimes filled by an Indian Medical Service officer.

In the Jail Department there are no grades, the Indian Medical Service officers being paid according to rank and length of service. No special provision is made in the cadre for leave or training. The number of officers in Jail employ on leave at any one time is calculated at 20 per cent. of the total number of officers holding such appointments throughout India.

4. *What appointments outside the authorized cadre are held temporarily, or otherwise, by officers of the Service*—No appointments outside the sanctioned cadre of the Indian Medical Service are held temporarily or otherwise by officers of that Service.

5. *Whether any addition is required to the present cadre*—Three representations have been made to the Government of India, in 1909, in 1911, and again this year, regarding the small proportion of Civil Surgeoncies in Burma filled by officers of the Indian Medical Service. An increase in the number of these officers in ordinary Civil employ in Burma was asked for in view of the increase in the European population and was justified by a comparison of the total number of Civil Surgeoncies in other provinces and the proportion held by commissioned medical officers. No orders have yet been received.

The Inspector-General of Prisons has represented that for the Jail Department it is desirable to recruit an additional Indian Medical Service officer who may be trained and be readily available to take the place of officers going on leave. It is undesirable that officers with little or no previous experience in the working and management of a jail and with no knowledge of Burma should be posted to the charge of a Central Jail in this Province. This proposal was put forward by the Local Government in 1910, but was negated by the Government of India on the ground that owing to the small number of jail appointments in each province it was impracticable to maintain a separate leave reserve for each.

INDIAN SUBORDINATE MEDICAL DEPARTMENT.

1. *The present regulations as to recruitment, training and probation, and whether these regulations are satisfactory.*—The Indian Subordinate Medical Department is recruited and trained in India for Military and Civil duties. The Director-General, Indian Medical Service, arranges for the holding of a public competitive examination at various centres. Accepted candidates are enrolled as Military pupils and sent to the Medical College, Calcutta, Madras, or Bombay, to be educated at the expense of the State. They undergo a four years' training and are periodically examined. After this period, the successful candidates, after execution of the prescribed declaration are appointed fourth class Assistant Surgeons and posted to Military duty.

APPENDIX XXIII. (continued).

In connection with the War Reserve a certain number of Civil posts in Burma, as elsewhere, are reserved for Military Assistant Surgeons; and on a vacancy occurring the Local Government authorises the Inspector-General of Civil Hospitals to apply to the Director-General, Indian Medical Service, for the services of a Military Assistant Surgeon. The Director-General of Indian Medical Service keeps a list of deserving medical subordinates of sufficient standing for Civil employment, and from these selects and sends an officer. The officers are considered as merely lent to the Civil authorities, and are liable to be recalled for Military employment in case of war or extreme emergency or for other reasons. They are on probation in the Civil Department for five years, and the Local Government may at any time during this period move the Government of India to revert an Assistant Surgeon to Military duty on the ground that he is unsuited for Civil employ.

The above arrangements are on the whole satisfactory.

Owing to the pressure of work in the Rangoon Central Jail, which was becoming too unwieldy for the charge of one officer, a new appointment of Deputy Superintendent was created with effect from 1st April, 1913. This appointment is filled by a Military Assistant Surgeon and is recruited in the ordinary way by application to the Director-General, Indian Medical Service. It is included in the cadre of Civil medical appointments reserved for Military Assistant Surgeons in Burma. No special regulations have been laid down for the training of this officer as his charge is a subordinate one, and his duties confined purely to Medical and Sanitary work in the Jail.

There have been several representations in recent years from Military Assistant Surgeons serving in Burma for an increase in their pay; these representations have been transmitted to the Government of India by the Local Government without comment, as the Service is a Military one.

The Deputy Superintendent of the Rangoon Central Jail receives his grade pay as Military Assistant Surgeon plus the usual Burma allowance of 50 per cent. of his pay, and free quarters or an allowance in lieu thereof, with a staff allowance on the following scale:—

Rs	
For the first 3 years in the post	50 per mensem.
From 4 to 9 years' service	75 "
From 10 to 16 years' service	100 "
Over 16 years	150 "

3 The number of posts in each grade and the provision, if any, made in the cadre for leave and training—

—There are 18 appointments in Burma reserved for Military Assistant Surgeons as shown below:—	
Second class Civil Surgeoncies	11
Subordinate charges	7

Total 18

The leave reserve of this Service is fixed at two. There are seven second class Civil Surgeoncies filled by Uncovenanted Medical Service officers.

It has been decided to abolish this Service which was created in 1895 to meet a special need. For many years past no additions have been made to it and as the seven officers at present holding these appointments vacate them the vacancies thus caused will be available for officers of other Services.

2 The rates of pay and allowances in force in 1890, in 1900, and at the present time are as follows.—

Appointments	Rates of pay and allowances in force in			Remarks
	1890.	1900	Present Time	
(1)	(2)	(3)	(4)	(5)
	Rs.	Rs.	Rs.	
(1) <i>Uncovenanted Medical Officers and Military Assistant Surgeons above the grade of third class in independent Medical charge of Civil Stations</i>				
(a) Below 5 years' service	350	350	350 + 50 local allowance	
(b) Above 5 and under 10 years' approved service	450	450	450 + 50 local allowance	
(c) Above 10 and under 15 years' service.	550	550	550 + 50 local allowance	
(d) Above 15 years' service	700	700	700 + 50 local allowance.	
(2) Military Assistant Surgeons, 3rd class, in independent Medical charge of Civil Stations.	250 + 50 local allowance.	250 + 50 local allowance.	350 + 50 local allowance.	
(3) Military Assistant Surgeons, 4th class, in independent Medical charge of Civil Stations.	250 + 50 local allowance.	250 + 50 local allowance.	250 + 50 local allowance.	
(4) <i>Military Assistant Surgeons in subordinate charges—</i>				
(a) Senior and Honorary Captain	400 + 200 local allowance.	400 + 200 local allowance.	400 + 200 local allowance.	Was called in 1890 Senior Apothecary, 1st grade.
(b) Senior and Honorary Lieutenant	300 + 150 local allowance.	300 + 150 local allowance.	300 + 150 local allowance.	Was called in 1890 Senior Apothecary, 2nd grade.
(c) First class	200 + 100 local allowance.	200 + 100 local allowance.	200 + 100 local allowance.	Was called in 1830 Apothecary, 1st grade
(d) Second class	150 + 75 local allowance.	150 + 75 local allowance.	150 + 75 local allowance.	Was called in 1890 Apothecary, 2nd grade.
(e) Third class	110 + 55 local allowance.	110 + 55 local allowance.	110 + 55 local allowance.	Was called in 1830 Assistant Apothecary, 1st grade.
(f) Fourth class	85 + 42½ local allowance + in all cases free quarters.	85 + 42½ local allowance + in all cases free quarters.	85 + 42½ local allowance + in all cases free quarters.	Was called in 1890 Assistant Apothecary, 2nd grade.
(g) Sub-Assistant Apothecary	50	...	...

APPENDIX XXIII. (continued).

In accordance with the scheme outlined in paragraph seven of the Government of India Resolution No. 921-936 (Sanitary), dated the 23rd May, 1912, 15 Military Assistant Surgeons are employed as Assistant Health officers, three of them being treated as leave reserve.

4 *What appointments outside the authorized cadre are held temporarily, or otherwise, by officers of the Service.*—There are no appointments outside the authorised cadre held by officers of the Indian Subordinate Medical Department.

5 *Whether any addition is required to the present cadre*—The Local Government is now competent to sanction an increase in the cadre of Military Assistant Surgeons in Civil employ in Burma. No addition to the present cadre is necessary, but the eventual disappearance of the Uncovenanted Medical Service may necessitate an increase.

CIVIL ASSISTANT SURGEONS.

1 *The present regulations as to recruitment, training and probation, and whether these regulations are satisfactory*—Candidates for Civil Assistant Surgeonships must have the qualifications mentioned on page four of the historical memoranda. On joining they are placed on probation for a period of nine months, during which time their services may, if the men are found unsuitable, be terminated by a month's notice.

These arrangements are satisfactory

2 *The rates of pay and allowances in force in 1890 and 1900 and at the present time, and whether the present rates of pay and allowances are satisfactory*—The rates of pay and allowances in force in 1890, 1900 and at the present time are—

	1890.	1900.	Present time.
Civil Surgeoncies ... ..	...	350—30—500 + Rs. 50 Burma allowance.	500—40—700
Subordinate charges—			} Time scale of pay rising from Rs. 200 to Rs. 400 in 21 years and to Rs. 450 thereafter, plus free quarters in all cases.
(a) Senior grade	Nil	300 + 50 Burma allowance	
(b) First grade	200 + 50 Burma allowance	200 + 50 Burma allowance	
(c) Second grade	150 50 Burma allowance	150 + 50 Burma allowance	
(d) Third grade	100 + 50 Burma allowance	100 + 50 Burma allowance	

Their pay was last raised in 1912 and is, in the Lieutenant-Governor's opinion, suitable

3 *The number of posts in each grade and the provision, if any, made in the cadre for leave and training*—There are 37 appointments in Burma reserved for Civil Assistant Surgeons as shown below:—

*4 second class Civil Surgeoncies.
33 subordinate appointments.

—

37

For the purpose of the leave reserve the seven appointments of the Uncovenanted Medical Service officers are added to the above noted 37 appointments and the reserve is calculated at 15 per cent. on the 44 appointments, which gives a reserve of seven for these two Services.

4 *What appointments outside the authorized cadre are held temporarily, or otherwise, by officers of the Service.*—Only one officer belonging to the Civil Assistant Surgeon class is employed on Foreign Service, as Health officer to the Moulmein municipality.

5 *Whether any addition is required to the present cadre.*—No addition is required to the present cadre; in fact, the present cadre is not yet fully worked up to, owing to want of funds

* This number has now been increased from 4 to 5 in order to relieve an Indian Medical Service officer for duty as Director of the Pasteur Institute, Burma

SUB-ASSISTANT SURGEONS.

1 *The present regulations as to recruitment, training and probation, and whether these regulations are satisfactory*—Fifteen Military Sub-Assistant Surgeons have for some years past been temporarily employed in subordinate posts in the Sanitary Department, Burma. Some of these have been reverted to Military duty and three have recently resigned the Service. As the vacancies are to be filled by recruiting Civil Sub-Assistant Surgeons and as there are no other Military Sub-Assistant Surgeons working under this Government the notes below refer to Civil Sub-Assistant Surgeons only.

Ten scholarships are allotted every year at the Burma Government Medical School for training candidates of Burmese origin or domicile as Sub-Assistant Surgeons for service in Burma. The school was only established in 1907 as an experimental measure. In addition, scholarships are still granted by this Government, ten at the Lahore Medical School and twelve at the Madras Medical School, for candidates willing to bind themselves to serve as Sub-Assistant Surgeons in Burma on the completion of their training. As long as the sanctioned cadre cannot be worked up to by local recruitment, these arrangements must be continued but the Lieutenant-Governor hopes that eventually the Burma Government Medical School will be able to provide all the Sub-Assistant Surgeons required in Burma

2 *The rates of pay and allowances in force in 1890 and 1900 and at the present time, and whether the present rates of pay and allowances are satisfactory*—The rates of pay and allowances of Civil Sub-Assist-

ant Surgeons in 1890, 1900 and at the present time are:—

	1890—	Pay. Rs.	Burma Allowances.
1st class after 14 years' service		55	45 with English qualification.
		35	35 without English qualification.
2nd class above 7 years' service		35	40 with English qualification.
		25	25 without English qualification.
3rd class under 7 years' service		25	25 with English qualification.
		20	20 without English qualification.
1900—			
	No change.		

Present time.

	Rs.
Senior grade, 1st class ..	145 per mensem.
Senior grade, 2nd class	125 "
First grade, over 15 years' service	110 "
Second grade, 11 to 15 years' service	95 "
Third grade, 6 to 10 years' service	75 "
Fourth grade, 1 to 5 years' service	55 "

The present rates are believed to be satisfactory.

3 *The number of posts in each grade and the provision, if any, made in the cadre for leave and training.*—The sanctioned cadre of Sub-Assistant Surgeons

APPENDIX XXIII. (continued).

up to the end of August, 1913 was 370, which number includes a reserve of 73 calculated at 25 per cent on 297 appointments. Three hundred and twenty-six of these appointments were filled on the 1st July, 1913, and are graded as follows:—

Senior grade, 1st class	Nal
Senior grade, 2nd class	43
First grade	33
Second grade	45
Third grade	73
Fourth grade	132

Total .. 326

4. *What appointments outside the authorized cadre are held temporarily, or otherwise, by officers of the Service*—Only one Sub-Assistant Surgeon, who is in foreign service under the *Saibwa* of Yawngwe in the Southern Shan States, holds an appointment outside the sanctioned cadre.

5. *Whether any addition is required to the present cadre*.—No addition is required to the present cadre which, in fact, cannot be worked up to for want of candidates for posts in the Sub-Assistant Surgeon service in Burma.

SUBORDINATE EXECUTIVE SERVICE OF THE JAIL DEPARTMENT (JAILORS).

1. *The present regulations as to recruitment, training and probation, and whether these regulations are satisfactory*.—The Inspector-General of Prisons selects and appoints candidates for employment in the subordinate executive service of the Jail Department as unpaid apprentice Jailors. A candidate so appointed is required to possess the Anglo-Vernacular Seventh Standard or other equivalent educational qualifications in addition to certain other qualifications as regards physique, age, etc. Candidates are recruited from among Europeans, Anglo-Indians, Indians and Burmans.

A list of apprentices for Jail employ is maintained by the Inspector-General of Prisons. There are 10 paid apprentice jailors attached to different jails in the province undergoing training. On the occurrence of a permanent vacancy the most efficient of them is appointed to the post, even though he be not the most senior.

Assistant Jailors on appointment are considered to be on probation for the first six months of their service. Their confirmation in the Department depends on the reports of Superintendents under whom they work. General competency, proficiency in drill and a practical and thorough knowledge of the rules in the Jail Manual are the predominating factors in deciding on the confirmation of these men.

All non-Burman jailors are required to pass in the Burmese language by the Elementary Standard within two years from date of appointment, failing which they are liable to forfeit their appointments. Till such time as they acquire this qualification they receive no grade promotion nor increments of pay.

The above regulations have worked satisfactorily.

2. *The rates of pay and allowances in force in 1890 and 1900 and at the present time, and whether the present rates of pay and allowances are satisfactory*.—

In 1890 there were—	
3 1st grade jailors on	Rs. 250—400
7 2nd grade jailors on	160—250
6 3rd grade jailors on	110—160
12 4th grade jailors on	80—110
7 5th grade jailors on	50—80
4 Jailors on fixed salaries of	50—80
1 Deputy jailor on	200—250
3 Deputy jailors on	110—160
2 Assistant jailors on	150—200

Total 45

In 1900 there were—	
3 1st grade jailors on	Rs. 250—400
6 2nd grade jailors on	160—250
12 3rd grade jailors on	110—160
18 4th grade jailors on	80—100
30 5th grade jailors on	50—80
36 6th grade jailors on	40—50

Total 105

There are at present—	
2 1st grade jailors on	Rs. 250—400
4 2nd grade jailors on	240
6 3rd grade jailors on	190
14 4th grade jailors on	155
22 5th grade jailors on	125
28 6th grade jailors on	100
36 7th grade jailors on	70
10 apprentice jailors on	50

Total 122

All jailors are provided with free furnished quarters. If quarters are not available, they receive in lieu thereof house allowance at 10 per cent on the maximum salary of their respective grades.

The present rates of pay appear to be satisfactory.

3. *The number of posts in each grade and the provision, if any, made in the cadre for leave and training*.—The number in each grade has been given above.

There is no special provision for leave or training, although the 10 apprentice jailors practically form the reserve for leave and training. Candidates appointed as unpaid apprentice jailors are eligible for any officiating appointment in the lowest grade of jailors that may become vacant owing to grant of leave or otherwise.

No practical inconvenience has arisen under the present system in regard to leave and training.

4. *What appointments outside the authorized cadre are held temporarily, or otherwise, by officers of the Service*.—No appointments outside the authorized cadre are held temporarily or otherwise by members of the Subordinate Jail Department.

5. *Whether any addition is required to the present cadre*.—The jailor staff was reorganized in 1911 and there are at present 122 jailors against 105 in 1900, and no additions to this establishment are at present considered necessary.

APPENDIX No. XXIV

Letter from G. B. H. Fell, Esq., C.I.E., I.C.S., Officiating Secretary to the Government of Burma, Medical Department, No. 698—6 X—43, Rangoon, dated the 17th December, 1913.

I am directed to submit, for favour of consideration by the Royal Commission on the Public Services in India, copies of letters* addressed to the Inspector-General of Civil Hospitals, Burma, by the six officers named in the margin, who are serving under this Government as Civil Surgeons of districts.

* As the letters are almost identical only one has been printed with footnote showing minor points of difference.

2. The history of the Uncovenanted Medical Service in Burma (which comprises only these six officers and one other) is given on page 2 of the "Memoranda explanatory of the history, growth and present constitution of the Medical and Jail Departments in Burma," which have been already submitted to the Royal Commission. The seven officers constituting this service entered Government employ between November, 1891, and December, 1894. As the scale of pay provides for no increments after the fifteenth year of service, these officers have all been drawing the same rate of pay for some years past and have nothing to look forward to during the time remaining for them to serve, which varies from a few months in one case to eight years in another.

3. I am to explain that in response to the Notice

APPENDIX XXIV (continued).

issued by the Royal Commission in February last, which was duly circulated to these seven officers, only one representation (from Mr. H. J. Augustine) was received; and this was transmitted to you by the Inspector-General of Civil Hospitals, Burma, on the 25th March, 1913. The explanation, no doubt, is that this small Uncovenanted Service was not specifically included in the schedule of service mentioned in that Notice, and that the members of this Service were therefore probably for the most part unaware that it was open to them to submit representations. The Lieutenant-Governor considers that the requests of these officers have some claims to consideration and therefore ventures to submit their letters, although they have been received so late.

The Uncovenanted Medical Officers ask for (a) higher pay, (b) the grant of an increased Burma allowance, and (c) the grant of full pension after 25 years' service. As regards pay, I am to say, that His Honour is inclined to think that they have a valid grievance and proposes to consider remedial means without awaiting the result of the deliberations of the Royal Commission. As regards the Burma Allowance, the amount was fixed by His Majesty's Secretary of State in 1906 and this Government does not propose to take any steps to advocate its enhancement. As regards pension, the Uncovenanted Medical Service officers have, His Honour considers, as valid a claim as other services to a reduction in the qualifying period.

[Enclosure to above]

I have the honour most respectfully to lay before you this my humble memorial trusting that you will be so good as to give your kind and sympathetic consideration to the hardships that I am labouring under and that you would be kind enough to forward this memorial to the Royal Commission on Public Service with your kind and favourable considerations.

Firstly: I beg to submit that while the pay and prospects of all other Services have been revised and improved during the past years the pay of my Service (Uncovenanted Medical) has remained the same since its inauguration some 50 or 60 years ago. The scale of pay then fixed was Rs 350—450—550 and 700, rising by an increment of Rs 100 after every five years' service for the first ten years and a final increment of Rs. 150 after 15 years' service, after that there is an end to all promotion (a). This, I very humbly submit, is not only a very discouraging and hopeless condition to serve under

(a) Mr Hollingsworth adds here the words "and of future prospects there are absolutely none, and this while in the very middle of the long 30 years' service required of us."

but is also very painful, considering that Assistant Surgeons also can now rise to a pay of Rs. 700 while the Uncovenanted Officers in the Burma Commission can rise to Rs. 2,000, and more. All of us in my Service possess British qualifications and have been District Medical Officers from the beginning of our service. Under these circumstances, I respectfully beg to suggest that I might be allowed adequate and reasonable quinquennial increments to the end of my service up to a maximum pay of (b) Rs. 1,000 per mensem as in all other superior branches of Government Service.

Secondly: I beg to submit that in addition to the hardship with regard to pay, I have a further cause for being aggrieved and that is with regard to the Burma Allowance. My status, position and expenses as Civil Surgeon of a district are just the same as those of the Covenanted Medical Officers, and yet only half of the allowance is granted to me who needs it far more than those who draw double of my salary (c).

Therefore I respectfully beg to suggest that full Burma Allowance of Rs. 100 which is allowed to meet the extra cost of living in Burma, be granted to me.

Thirdly: In conclusion, I beg most humbly to submit that if it is under consideration to allow my service to run to extinction, that a few of us (seven in Burma) who are now in the Service might be accorded a generous treatment with regard to pension, as a last act of kindness and appreciation for our humble services. If permitted, I should most respectfully suggest that I might be granted a full pension after 25 years' active service (d). If at least this last act of magnanimity is performed, it will make me extremely grateful to the Government as it will enable me to pass my declining years in reasonable comfort and to give a decent education to my children.

(b) Mr Hollingsworth suggests that the maximum pay of Rs. 1,000 may be attained by the grant of two further quinquennial increments of Rs. 150 each, one at the end of the 20th year and the other at the end of the 25th year of service.

Mr Martin suggests a maximum pay of Rs 1,200 per mensem.

(c) Mr Hollingsworth adds the words "in this connection I may be permitted to remark that while private practice in Burma is generally speaking a negligible quantity except in the case of a few of the larger towns it is practically non-existent in the small stations to which members of my Service are usually posted"

(d) For the suggestion of 25 years' service for full pension Mr Hollingsworth writes: "I beg to crave that any relief Government may see fit to afford on this petition may be granted as early as possible, and that it may have retrospective effect in so far as increments to salary go, in order to enable me to benefit by such relief, who am already within eight years of retirement."

APPENDIX No. XXV.

Memoranda prepared by the Assam Administration relating to the Medical Services.

(1) INDIAN MEDICAL SERVICE.

1. *The present regulations as to recruitment, training and probation, and whether these regulations are satisfactory*—The training and recruitment of Indian Medical Service officers are regulated by the Military rules, the Director-General, Indian Medical Service, being the head of the Service under the Government of India. Any officer, on completion of two years' Military Service in India, becomes eligible for transfer to Civil Department, to which transfers are made, as occasion requires, according to the seniority of applications. When an Indian Medical Service Officer is required for a particular province, the Local Government applies to the Government of India in the Home Department specifying, if possible, the length of time for which his services are likely to be required and also where and when he should join his Civil appointment. The Indian Medical Service officers in Civil employ are directly under the Local administrations or Governments which employ

them, but their relations as Indian Medical Service Officers to the Director-General are the same as when they are in Military Service. A joint Indian Medical Service cadre for Bengal and Assam is at present under the consideration of the Government of India.

The present system is, on the whole, satisfactory.

2. *The rates of pay and allowances in force in 1890 and 1900 and at the present time, and whether the present rates of pay and allowances are satisfactory*—In 1890 and 1900 the officers of the Indian Medical Service used to draw:—

	Rs.
Civil Surgeon, Second class, Lieutenant	400
" " Captain ..	400
" after 5 years' service ..	550
" Major ...	750
" Lieutenant-Colonel ..	950
" selected	1,050

A Civil Surgeon, first class, received Rs. 100 more than the pay of a Civil Surgeon of the second class.

APPENDIX XXV. (continued).

There was no Administrative Medical officer other than a Principal Medical officer, and no Deputy Sanitary Commissioner, in Assam till 1905.

The present scale of pay is as follows.—

	Rs.
Inspector-General of Civil Hospitals and Prisons and Sanitary Commissioner	2,250
Deputy Sanitary Commissioner	700
Ditto Staff allowance	200
Civil Surgeon, second class, Lieutenant	450
" " Captain	500
" " Captain, after 5 years' service	550
Civil Surgeon, second class, Captain, after 7 years' service	600
Civil Surgeon, second class, Captain, after 10 years' service	650
Civil Surgeon, second class, Major	750
" " Major, after 3 years' service	850
Civil Surgeon, second class, Lieutenant-Colonel	1,200
Civil Surgeon, second class, Lieutenant-Colonel, after 25 years' service	1,250
Civil Surgeon, second class, Lieutenant-Colonel (specially selected for increased pay)	1,350

The following allowances are also drawn:—

	Rs.
First-class district jail ..	150
Second	100
Third	75
Fourth	50
Lunatic asylum	250
Medical school	150
Vaccine dépôt	50
Leper asylum	50
Labour transport allowance ..	50

Local allowances of Rs. 100 and Rs. 50, respectively, are drawn by the Civil Surgeons of the Naga Hills and the Khasi and Jaintia Hills.

Civil Surgeons of the first class receive Rs 100 more than the pay of Civil Surgeons of the second class.

The present scale of pay is not satisfactory. It was originally formulated upon the assumption that Civil Surgeons supplemented their pay to a large extent by private practice. The majority of Civil Surgeons find that the income derived from this source is very small and is gradually diminishing. The Chief Commissioner would recommend an increase of the present pay by 25 per cent.

With respect to the allowances he would recommend:—

(i) That the minimum jail allowance of Rs. 50 should be given irrespective of population;

(ii) That the medical school allowance should be raised from Rs. 150 to Rs. 250 and the vaccine dépôt and leper asylum allowances from Rs. 50 to Rs. 100. An allowance of Rs. 100 should also be given for the medical charge of a Military Police Battalion;

(iii) That the staff allowance of Rs. 200 now admissible to the Deputy Sanitary Commissioner should be raised to Rs. 300, so as to make it equal to the allowance given to officers of the Research Department.

3. The number of posts in each grade and the provision, if any, made in the cadre for leave and training.—The cadre includes:—

One Inspector-General of Civil Hospitals and Prisons and Sanitary Commissioner.

One Deputy Sanitary Commissioner.

Two first-class Civil Surgeons.

Seven second-class Civil Surgeons.

Provision is made for one supernumerary Indian Medical Service Officer.

4. What appointments outside the authorised cadre are held temporarily, or otherwise, by officers of the various services.—One appointment outside the authorised cadre, viz., that of Civil Surgeon, North-East Frontier, is held temporarily by an Indian Medical Service Officer in this Province.

5. Whether any addition is required to the present cadre.—The Chief Commissioner does not consider that any addition to the present cadre is required.

(II) MILITARY ASSISTANT SURGEONS.

1 Present regulations as to recruitment, training and probation, and whether these regulations are satisfactory.—The training and recruitment of Military Assistant Surgeons are regulated by Military rules, the Director-General, Indian Medical Service, being the head of the Service under the Government of India. They are regarded as recruited for the Army, and, when attached to the Civil Department, form a war reserve and are liable at any time to revert to Military duty. When the services of a Military Assistant Surgeon are required, the Inspector General of Civil Hospitals, after consulting the Local Administration, applies to the Director-General, Indian Medical Service, who selects the most suitable officer available and arranges for his transfer.

The Chief Commissioner has no recommendations to make under this head.

2 The rates of pay and allowances in force in 1890 and 1900 and at the present time, and whether the present rates of pay and allowances are satisfactory.—The rates of pay drawn by Military Assistant Surgeons in 1890 were as follows.—

	Rs.
3rd-class Assistant Surgeon ..	50
2nd " " under 5 years' service	85
2nd " " above 5 " "	110
1st " " under 5 " "	115
1st " " above 5 " "	200

Senior Assistant Surgeon with the honorary rank of Lieutenant

Senior Assistant Surgeon with the honorary rank of Captain

In 1899 the following scale which is still in force was sanctioned:—

	Rs.
4th Class Assistant Surgeon ..	85
3rd " "	110
2nd " "	150
1st " "	200

Senior Assistant Surgeon with the honorary rank of Lieutenant

Senior Assistant Surgeon with the honorary rank of Captain

The following is the scale of salaries for Military Assistant Surgeons above the grade of fourth class when in medical charge of Civil stations:—

	Rs.
Below 5 years in charge ..	350
From 5 and under 10 years ..	450
From 10 and under 15 years ..	550
Over 15 years	700

Service towards these quinquennial increments counts from the date of assumption of such charge as a permanent appointment. Military Assistant Surgeon, 4th class, in independent medical charge of Civil stations receive pay at the rate of Rs. 250 per mensem.

The Chief Commissioner considers that the present scale of pay is inadequate and recommends the following scale of pay for Military Assistant Surgeons:—

Pay of Members in Civil Appointment

	Rs. per mensem
4th-class Military Assistant Surgeon on appointment ..	125
3rd-class Military Assistant Surgeon after 5 years in 4th class ..	175
2nd-class Military Assistant Surgeon after 5 years in 3rd class ..	225
1st-class (b) Military Assistant Surgeon after 5 years in 2nd class ..	300
1st-class (a) Military Assistant Surgeon after 5 years in 1st class (b) ..	350
Lieutenant	400
Captain	500
Captain after 12 years' commissioned service ..	600

Pay of Members in offices of Civil Surgeons.

	Rs. per mensem.
Civil Surgeon on first appointment ..	400
Ditto after 4 years	500
Ditto " 8 "	600
Ditto " 12 "	700
Ditto " 16 "	800
Ditto " 20 "	900

APPENDIX XXV. (continued).

3. *The number of posts in each grade and the provision, if any, made in the cadre for leave and training.*—There are three Civil Surgeoncies and five subordinate appointments held by Military Assistant Surgeons serving in this Province. They are not graded.

No provision is made in the cadre for leave. Officers for leave vacancies are obtained on requisition.

4. *What appointments outside the authorised cadre are held by Military Assistant Surgeons temporarily*—None

5. *Whether any addition is required to the present cadre.*—The Chief Commissioner does not consider any addition to the present cadre is required.

(III) CIVIL ASSISTANT SURGEONS

1. *Present regulations as to recruitment, training and probation, and whether these regulations are satisfactory*—Civil Assistant Surgeons are recruited from among candidates who hold diplomas from an Indian Medical College recognised by Government. Candidates are generally selected from among the natives of the Province, and a departure from this principle is only made when no qualified natives of the Province are forthcoming. Appointments are made by the Inspector-General of Civil Hospitals with the approval of the Chief Commissioner. Accepted candidates are required to execute a bond undertaking to serve Government for a term of five years or to forfeit a stipulated sum. On appointment Civil Assistant Surgeons are placed under the immediate orders of the Civil Surgeons, who supervise their work and report confidentially after every half-year to the Inspector-General of Civil Hospitals as to their conduct and professional qualifications. In matters of discipline, reference is made to the Inspector-General of Civil Hospitals, who obtains the orders of the Local Administration when necessary.

The Chief Commissioner considers that the present system is satisfactory, but he would be glad to see the bond system abolished.

2. *Rates of pay and allowances in force in 1890, 1900 and at the present time, and whether the present rates of pay and allowances are satisfactory*—The rates of pay drawn by Civil Assistant Surgeons in 1890 were as follows:—

	Rs
1st grade	200
2nd „	150
3rd „	100
„ „ (unemployed)	50

In the year 1898 some improvements were made in the prospects of these officers. The unemployed pay was abolished and it was provided that, subject to passing certain examinations, their pay should rise after seven years from Rs. 100 to Rs. 150 and after 14 years from Rs. 200, and a senior grade on

Rs. 300, limited to 10 per cent. of the number in the Service, was sanctioned, promotion to which was by selection and was open to any officer who had completed 14 years' service. In addition, a certain number of Civil Surgeoncies were declared available for Civil Assistant Surgeons, and the pay to be drawn by the officers so appointed was fixed at Rs. 352—30—500. At present no Civil Assistant Surgeon in Assam is in medical charge of a district. A proposal was submitted in January last to the Government of India asking for their sanction to the reservation of one Civil Surgeoncy for Civil Assistant Surgeons, but no order has yet been received.

The rates of pay as indicated above, continued till the 1st April, 1912, with effect from which date the following time scale of pay has been sanctioned:—

	Rate of pay.
	Rs.
0—2 years' service	100
3 to 21 „ „	110—10—290
22 to 24 „ „	300
10 per cent of the total cadre selected on merit from officers of more than 14 years' service	325 and 350
Civil Surgeons	350—30—500

Officers are still required to pass examinations after seven and 14 years' service before drawing any further increment.

The Chief Commissioner considers that a further increase of pay is required and would be glad to see a scale of Rs. 200 rising to at least Rs. 500 with a corresponding increase of pay for officiating as Civil Surgeons. He also recommends a local allowance of Rs. 50 over and above what is given in Bengal till such time as efficient well-qualified Civil Assistant Surgeons are available in this province.

3. *The number of posts in each grade and the provision, if any, made in the cadre for leave and training.*—The number of appointments sanctioned for this province is 26 and a reserve of 20 per cent. of the sanctioned strength is maintained to fill leave and other vacancies. There are thus 31 Civil Assistant Surgeons, of whom one is in the senior grade on Rs. 350 and two in the senior grade on Rs. 325, and the rest are distributed in the lower grade on Rs. 100 to Rs. 300.

4. *What appointments outside the authorised cadre are held temporarily, or otherwise, by officers of the Service*—There are two temporary appointments in connection with the kala-azar survey of the province, which are held by two permanent officers who have been replaced by two temporary Civil Assistant Surgeons. Civil Assistant Surgeons are occasionally appointed to officiate as Civil Surgeons for short periods.

5. *Whether any addition is required to the present cadre*—The Chief Commissioner is of opinion that no addition to the present cadre is required.

APPENDIX No. XXVI.

Note dated the 9th April, 1913, by the Hon'ble Sir Archdale Earle, K.C.I.E., Chief Commissioner of Assam, relating to the Medical Services.

(I) THE INDIAN MEDICAL SERVICE

1. *Recruitment*—Indians are eligible for the Indian Medical Service, and I do not consider that any question arises as to the method of recruitment, once the number of officers to be recruited is settled. I shall deal later in this note as to the question of the restriction of the growth of the Indian Medical Service. The Service being a Military one, I consider it essential that all officers recruited to it, both European and Indian, should be recruited in the same way. At present, I understand that Indians secure about 5 per cent. of the places. I doubt if the Service will, at any rate for many years to come, be a very popular one with Indians, owing to the nature of the duties imposed.

2. *Pay and prospects of officers of the Indian Medical Service*—I am quite satisfied that the present pay and prospects of Indian Medical Service officers in Civil employ in this Province is inadequate. I have already recommended to the Govern-

ment of India that there should be a single cadre of Indian Medical Service officers for Assam and Bengal, with necessary safeguards so as to ensure that a fair average set of men are provided for this Province from the joint cadre. I made this recommendation with great reluctance. On general principles I am most strongly in favour of the separate cadres for this Province, which were inaugurated from the 1st April, 1912. We want officers in this Province to get to know their districts and the inhabitants of the Province, and to look upon this Province as the sphere of their life's work. An interchange of officers with Bengal is on general grounds strongly to be deprecated. I felt, however, after consulting the Inspector-General of Civil Hospitals and the officers of the Indian Medical Service in Assam, that an exception should be made in this case. Officers of the Indian Medical Service are professional men, and it is, in my opinion, essential that full scope for

APPENDIX XXVI. (continued).

their ambitions should be provided. Owing to the absence of large hospitals or of any medical college in this Province, it is impossible to expect that the Service will remain contented and efficient under the present system. I hope, therefore, that, primarily in the interests of the officers themselves, and secondarily in those of the Province, my recommendation will be accepted.

3. Apart, however, from the question of a joint cadre with Bengal, it seems to me that the present scale of pay is out of date, at any rate as regards this Province. In years gone by there was some private practice among the tea gardens, but, now that the gardens have appointed their own European medical officers, there is little or none. Officers of the Indian Medical Service are called in occasionally in consultation by Assistant or Sub-Assistant Surgeons, who monopolise the practice among Indians, but even this form of practice is on the decrease, owing to the tendency of Indians to resort to big centres like Calcutta for medical treatment. Officers of the Indian Medical Service must, therefore, more and more look to their pay as their sole method of support. They are now paid scarcely as well as officers of the Forest and Public Works Departments. The members of the Service will, no doubt, make out their own case under this head.

4. *Proposed restrictions on recruitment to the Indian Medical Service and private medical practitioners*—I now turn to the important questions raised in the correspondence initiated by the Government of India, Home Department, Medical letter of the 26th February, 1909, forwarding despatches from and to the Secretary of State, as indicated below.* The orders contained in that correspondence laid down that no further increase of the Civil side of the Indian Medical Service would be allowed, and made proposals for fostering the growth of an independent medical profession in India, in particular, for appointing private practitioners to some of the posts now held by officers of the Indian Medical Service. In the first place, the situation is dominated by the fact that a large proportion of the officers of the Indian Medical Service form the war reserve, and, as such, are conveniently employed on the Civil side in times of peace, but have to be surrendered in case of mobilisation. Thus, of 12† officers of the Indian Medical Service in this Province, seven are required in case of mobilisation. This leaves only five officers for purely Civil duties. Even, therefore, if these few posts were surrendered to private medical practitioners, little or nothing would be done to further the object in view. Even these five posts, however, could not in any case all be given up. Thus, the post of Inspector-General of Civil Hospitals is one which obviously could not be surrendered, while that for the North-East Frontier, which is for quasi-military duties, would not, for obvious reasons, be suitable. There remain, therefore, three only which would come within the pale of possible discussion. This is the first and most important point.

5. The next point of importance is that the private medical practitioner is not suitable for the kind of work which has to be done by officers of the Indian Medical Service. The ordinary duties of such officers include, besides the medical charge of officials, police, etc., and other work at headquarters, the administration and inspection of all hospitals and dispensaries in the district, inspec-

tion of vaccination throughout the district, all duties connected with sanitation in the district, etc., etc. The private medical practitioner would like the headquarters' work, but not the duties which would take him into the interior and away from his private practice at headquarters. Moreover, if he performed his Government duties properly, his private practice would suffer. The private medical practitioner would, therefore, for all intents and purposes, have to become a full-time Government servant, and the cause of the private medical profession would not gain. The simple fact is that the work of an Indian Medical Service officer is as much administrative as professional, and that the private practitioners could not do the administrative work.

6. The next point is that Government is under liability to provide medical attendance for its officers, and that its European officers can reasonably expect that reasonable facilities should be afforded so that they can call in either a European medical officer or an Indian medical officer trained in the way in which Indian Medical Service officers are trained. If such provision is not made, recruitment would undoubtedly, I think, be affected. In this connection it is necessary also to consider the needs of families of European officers in remote stations. Reasonable facilities for medical aid of the nature indicated must obviously be provided. As regards this Province the question has received my careful attention, and I am deliberately of opinion that the limit has been reached, and that we cannot afford to give up a single further post. I have recently agreed to give up a post of Civil Surgeon in favour of a specially promoted Civil Assistant Surgeon. I did this with great reluctance, and solely because I thought it was essential for the contentment of the Civil Assistant Surgeons, who, as a class, are most deserving. Apart from the question of the legitimate expectations of Civil Assistant Surgeons, I was much opposed to surrendering a post in the Indian Medical Service cadre, which, I consider, is at its lowest limit.

7. Although, however, it is impossible to help private practitioners by depleting the Indian Medical Service cadre, there are numerous ways in which they can be legitimately helped by Government. They can, for instance, be made honorary surgeons and physicians at hospitals, and be allowed hospital facilities. Some of the professorships at the medical colleges can also be made over to them. And so on.

8. There is one other point in this connection which I wish to mention, and that is the recruitment of Europeans either in England or in India to posts usually held by officers of the Indian Medical Service. In regard to the recruitment of Europeans in England, I am in complete agreement with the views expressed by the Government of India in paragraph 6 of their despatch No. 20 of August, 1908. As regards the recruitment of Europeans in India, there are but few European private medical officers in this country, and it is not at all likely that the supply will increase to any appreciable extent. These men usually come to India because they are recruited by private companies for special purposes, and it would not, generally speaking, be fair to take men from such a source. Not only is the supply small, but, as explained by the Government of India in the case of Europeans recruited in England, there would appear to be no object in recruiting men of this class, as they would demand to be put in practically the same position as regards pay, leave and pension as officers of the Indian Medical Service.

(II) CIVIL ASSISTANT SURGEONS.

Inasmuch as the terms of service of these most useful and respected officers have been recently considered by the Government of India, it is unnecessary to make any recommendations at present. In view, however, of the general tendency to improve prospects in corresponding branches of the public services, I doubt if the terms recently sanc-

* 1. Despatch from the Secretary of State, No 137, Military, dated the 9th August, 1907, and enclosures

2. Despatch to the Secretary of State, No. 20, dated the 28th August, 1908.

3. Despatch from the Secretary of State, No 225, Military, dated the 11th December, 1908
(Not reprinted)

† Inspector General of Civil Hospitals	1
Deputy Sanitary Commissioner	1
Civil Surgeons	9
For North-East Frontier	1
	<hr/>
	12

APPENDIX XXVI. (continued).

tioned will be found to be suitable for long. The question of the terms upon which Civil Assistant Surgeons are granted acting allowances when holding temporary charge of a Civil Surgeoncy is now before the Government of India. The present position is unsatisfactory, but, no doubt, this defect will be remedied.

(III) SUB-ASSISTANT SURGEONS.

I am fully satisfied that the pay and prospects of these useful public servants are very inadequate, at any rate as regards this Province. As, however, the Public Services Commission will presumably not consider the case of this Service, I refrain from stating my proposals.

APPENDIX No. XXVII.

MEMORANDA PREPARED BY THE GOVERNMENT OF MADRAS RELATING TO THE MEDICAL SERVICES, as follows --

I—Memorandum relating to the Indian Medical Service.

1. The present regulations as to recruitment, training and probation, and whether these regulations are satisfactory—The Madras Government have no criticisms to offer on the present regulations as to recruitment, etc.

2 The rates of pay and allowances in force in 1890, 1900, and at the present time, and whether these rates of pay and allowances are satisfactory.

(a) The rates of pay in force in 1890

Grade pay

Rank.	Years' service.	Indian pay and allowances per mensem when not holding an appointment carrying higher pay
		RS. A P.
Brigade Surgeon and Surgeon Major	25 and over	888 12 0
"	20 "	852 3 7
"	15 "	877 6 11
"	12 "	640 14 6

Rank	Years' service	Indian pay and allowance per mensem.					
		A When not receiving any staff allowance		B When receiving staff allowances in addition			
		RS	A	P.	RS	A	P.
Surgeon	10 and over	451	14	5	410	9	5
"	6 "	433	10	2	392	5	2
"	5 "	335	5	2	304	14	2
"	Under 5	317	8	0	286	10	0

Sanctioned pay and allowances of appointments.

	Above 20 years.	Above 12 and below 20 years.	Above 5 and below 12 years.	Under 5 years.
	Rs.	Rs.	Rs.	Rs.
Surgeon-General	...	2,500	...	...
Principal, Medical College, Professor of Medicine and Physician, General Hospital	...	1,600	...	...
Surgeon, General Hospital, and Professor of Surgery, Medical College	1,250	1,050	850	700
Fort Surgeon with Port and Marine duties and Professor of Anatomy, Medical College				
Ophthalmic Surgeon and Professor of Ophthalmology, Surgery and Physiology, Medical College				
Superintendent, Government Lying-in (now called Maternity) Hospital and Professor of Midwifery, Medical College	...	...	700	800
Chemical Examiner and Professor of Chemistry				
Resident Surgeon, General Hospital, and Professor of Pathology, Medical College	1,050	850	650	500
Assistant Physician, General Hospital, and Professor of Hygiene				
Second Surgeon, General Hospital, and Professor of Materia Medica and Pharmacy				
Presidency Surgeon, First District, Inspector of Emigrants and Superintendent of Leper Hospital				
Presidency Surgeon, Second District	1,050	850	650	500
Presidency Surgeon, Third District				
Presidency Surgeon, Fourth District, and Professor of Medical Jurisprudence, Medical College	1,050	850	1,000	500
Superintendent, Lunatic Asylum, Madras †				
Surgeon to His Excellency the Governor	1,050	850	650	500
District Medical and Sanitary Officer, first-class stations	950	750	550	400
Do. do second-class stations				

* Drew an allowance of Rs 1 200 for lectures on Medical Jurisprudence.

† Drew also an allowance of Rs 200 per mensem for delivering a course of lectures on mental diseases at the Medical College and for giving clinical instructions at the Asylum.

APPENDIX XXVII (continued).

Secretary (now called Personal Assistant) to the Surgeon-General—consolidated salary Rs. 800 with house-rent of rank.

(b) The rates of pay and allowances in force in 1900

Grade Pay.	RS	A.	P.
Lieutenant-Colonel specially selected for increased pay)	900	0	0
Lieutenant-Colonel after 25 years' service	888	12	0
Lieutenant-Colonel	852	3	7
Major after 15 years' service	677	6	11
Major	640	14	6
Captain after 10 years' service	450	0	0
Captain after 5 years' service	400	0	0
Captain	300	0	0
Lieutenant	300	0	0

Pay and allowances of appointments were the same as in 1890 except that the pay of the appointment of Personal Assistant to the Surgeon-General was reduced to Rs. 600 per mensem.

NOTE—(1) The Surgeon, First District, drew also an allowance of Rs. 150 per mensem as Medical Inspector of Emigrants.

(2) The Surgeon, Second District, drew an allowance of Rs. 100 per mensem as Superintendent, Voluntary, Venereal Hospital, Madras

(3) The District Medical and Sanitary Officers, Vizagapatam and Malabar, drew an allowance of Rs. 50 for the charge of the Lunatic Asylum; the District Medical and Sanitary Officer, Chingleput,

(c) The rates of pay and allowances in force in 1913

Grade pay.

	Rs.
Colonel	1,000
Lieut.-Colonel (specially selected for increased pay)	1,000
Lieut.-Colonel after 25 years' service	900
Major after three years' service	900
Major after seven years' service	750
Captain after ten years' service	650
" after seven years' service	550
" after five "	500
Captain	450
Lieutenant	400
Lieutenant	350

Sanctioned pay and allowances of appointments

Surgeon-General	2,500
Surgeon to His Excellency the Governor	1,000

The Chemical Examiner, Madras, and Professor of Chemistry, Medical College, Rs. 800—70—1,500 with Presidency house-rent according to rank until the salary reaches the limit of Rs. 1,400 per mensem. After 25 years' total service, the pay will be raised to Rs. 1,550, and, after promotion to the grade of Lieutenant-Colonel (selected) to Rs. 1,650

The following tabular statement shows the scale of consolidated salaries drawn by most of the officers of the Indian Medical Service in this Presidency:—

Appointments	Lieutenant-Colonel.			Major.		Captain.				Lieutenant.
	Selected.	Above 25 years	Lieutenant-Colonel.	Above 3 years' service.	Major.	Above 10 years	Above 7 years	Above 5 years	Under 5 years	
1. Major Professors, Medical College.	1,650	1,550	1,500	1,150	1,050	950	900	850	800	750
2. First Surgeon, General Hospital ...	1,450	1,350	1,300	950	850	750	700	650	600	550
3. Second Surgeon, General Hospital, with Fort and Marine duties.										
4. Superintendent, Maternity Hospital										
5. Superintendent, Ophthalmic Hospital										
6. Surgeon, First District, and Inspector of Emigrants *										
7. Surgeon, Second District, and First Physician, General Hospital.	1,350	1,250	1,200	850	750	650	600	550	500	
8. Surgeon, Third District, and Second Physician, General Hospital.										
9. Surgeon, Fourth District ...										
10. District Medical and Sanitary Officers, first-class stations	1,350	1,250	1,200	850	750	650	600	550	500	
11. Residency Surgeons, first-class stations										
12. Third Physician, General Hospital	1,350	1,250	1,200	850	750	650	600	550	500	
13. Fourth Physician, General Hospital										
14. Third Surgeon, General Hospital ..	1,350	1,250	1,200	850	750	650	600	550	500	
15. District Medical and Sanitary Officer, second-class stations, and Civil Surgeons.										
16. Resident Medical Officer, General Hospital.†	700	650	600	550	500
17. Lecturer on Mental Diseases, Medical College, and Superintendent, Lunatic Asylum, Madras	1,550	1,450	1,400	1,150	1,050	900	850	800	700	650
18. Officers in the Bacteriological Department.	1,600	1,500	1,500	1,150	1,050	900	850	800	700	650
19. Assistant Superintendent, Maternity Hospital ‡	700	650	600	550	500
20. Personal Assistant to the Surgeon-General	900	800	750	700	650	600

* The Surgeon, First District, Madras, draws a local allowance of Rs. 150 per mensem as Medical Inspector of Emigrants and of Rs. 20 per mensem as Superintendent of the Royapuram Medical School.

† Draws a local allowance of Rs. 200.

‡ Draws a local allowance of Rs. 100 for lecturing on midwifery to the female students of the Medical College, Madras.

an allowance of Rs. 100 for the charge of Reformatory School; and the Civil Surgeon, Ootacamund, an allowance of Rs. 50 for professional attendance on Sher Afzul and other Chitralis detained at Ootacamund.

The Principal, Medical College, Madras, draws pay as Professor with a staff allowance of Rs. 150 a month in addition.

The Senior Medical Officer, General Hospital, Madras, draws pay as Physician or Surgeon of the

APPENDIX XXVII. (continued).

General Hospital, as the case may be, with a staff allowance of Rs. 150 a month in addition.

The major Professorships are those of Medicine, Surgery, Anatomy, Ophthalmology, Physiology (including Practical and Chemical Physiology and Histology) and Midwifery.

The minor Professorships are those of Medical Jurisprudence, Pathology, Biology, Materia Medica, and Hygiene and Bacteriology.

The Government may confer any Professorship, whether major or minor, on any medical officer serving at the Presidency town, who may be qualified to hold it. Although no major Professorship is combined with any particular medical appointment at the Presidency town, the holder of a major Professorship must hold, in addition, one of the sanctioned medical appointments at the Presidency town.

The incumbent of a medical appointment held with a major Professorship will, for the combined duties, be entitled to the scale of pay sanctioned for a major Professorship, and will be required to perform the duties of his medical appointment or appointments without additional remuneration. The major Professorship is the main or substantive appointment, the additional duties being merely collateral without pay attached.

When an officer holds a minor Professorship, he will be granted the pay of his medical appointment which will be regarded as his substantive appointment and a local allowance of Rs. 200 per mensem for the Professorship.

Medical officers holding appointments at the Presidency and not provided with free quarters are granted Presidency house rent according to relative rank, provided they are debarred from private practice and their salaries do not exceed Rs. 1,400 a month*.

All medical Officers officiating in medical appointments at the Presidency town are allowed the option of engaging in private practice and foregoing house rent or of drawing Presidency house rent on condition that they accept no private practice and that their salary does not exceed Rs. 1,400 a month. The following are the monthly rates of Presidency house rent:—

Colonel, Brevet-Colonel, or Lieutenant Colonel	125
Major	100
Captain	75

The District Medical and Sanitary Officers, Malabar and Vizagapatam,† draw an allowance of Rs. 50 each a month for the charge of the Lunatic Asylums at Calicut and Vizagapatam. The District Medical and Sanitary Officers, Tanjore and Vizagapatam, draw an allowance of Rs. 150 per mensem as Superintendents of Medical Schools at Tanjore and Vizagapatam.

The District Medical and Sanitary Officer, Chingleput, draws an allowance of Rs. 100 for the charge of Reformatory School.

The Civil Surgeon, Ootacamund, draws an allowance of Rs. 15 a month for attendance on Chitrals and an allowance of Rs. 100 for charge of the 9th Division Head-quarters, and an allowance of Rs. 50 for the Lawrence Memorial School, Lovedale.

In the absence of Medical Superintendents of Central Jails, the District Medical and Sanitary Officers or the Civil Surgeons of those stations are the Medical Officers of the Central Jails and draw an allowance of Rs. 100 per mensem.

The District Medical and Sanitary Officer, South Arcot, draws a conveyance allowance of Rs. 25 for the medical charge of District Jail, Cuddalore.

The District Medical and Sanitary Officers, Madura and Ganjam, are the Superintendents of District Jails at Madura and Berhampur and draw an allowance of Rs. 100 and Rs. 75 respectively, per mensem.

(d) *Whether the present rates of pay and allowances are satisfactory.*—The Government have no criticisms to offer on the present rates of pay and allowances.

3. *The number of posts in each grade and the provision, if any, made in the cadre for leave and training.*—The number of sanctioned posts for Indian Medical Service officers, excluding the five appointments in the Jail Department is 46.

A reserve of 20 per cent. or nine officers of the sanctioned number of appointments in ordinary civil employ is allowed as a leave reserve.

4. *What appointments outside the authorised cadre are held temporarily or otherwise by officers of the Service.*—Two officers of the Madras cadre temporarily hold appointments outside it, viz. :—

(1) Lieut.-Col. T. H. Foulkes, Indian Medical Service, on foreign service as Darbar Physician and Surgeon, Mysore, seconded in his appointment. (Pay Rs. 1,950.)

(2) Major T. S. Ross, Indian Medical Service, on special malaria investigation duty (pay Rs. 1,300, i.e., grade pay Rs. 750, staff allowance Rs. 400, and special allowance Rs. 150).

An Indian Medical Service officer who does not belong to the Madras cadre is at present working in the Madras Presidency temporarily under the Malaria Board, viz., Capt. J. H. Horne, Indian Medical Service (Bengal). (Pay from Rs. 700—850.)

5. *Whether any addition is required to the present cadre.*—The Government consider that it will be necessary from time to time to add to the cadre of the Indian Medical Service, and they deprecate any hard and fast decision to restrict its number to the dimensions existing at the present day.

II.—Memorandum relating to the Indian Subordinate Medical Department (Civil Side), Madras.

1. *Present regulations as to recruitment, training and probation, and whether these regulations are satisfactory.*—(1) A public examination is held on December at various stations for admission to the Assistant Surgeon Branch of the Indian Subordinate Medical Department, for which only Europeans and Eurasians are eligible.

2. Candidates joining the Indian Subordinate Medical Department are borne on one general list, and will be hable for service in any part of the Indian Empire.

3. Candidates must be of European or Eurasian‡ parentage, and between 16 and 18 years of age on the date of the examination.

* This concession was in existence in 1890 and 1900.

† Only during the absence of a Medical Superintendent for the Central Jail, Vizagapatam.

‡ Before being admitted to examination a Eurasian candidate is required to submit a certificate from a clergyman, head master of the school in which he last studied, or a magistrate, showing that he is a Eurasian, and that one of his parents or grandparents was of pure European extraction.

They must be of healthy constitution, physically fit for military service and of good character, and they will be required to produce certificates showing that they possess these qualifications. A candidate will not be admitted to the examination until he has satisfied the superintending officer that he fulfils the conditions as regards age, race, physique and fitness for military service.

4. Candidates possessing the qualifications required by paragraph 3 will be examined in the following subjects:—

English Composition; marks will be added to or subtracted from the total for spelling, handwriting, and punctuation.

History and Geography—The outline of English and Indian History, and the elements of Physical and General Geography.

Mathematics—Arithmetic.—The four simple rules; Vulgar and Decimal fractions; Reduction; Practice; Proportion; Simple Interest; Extraction of Square Root; the Metric System.

Algebra.—The four simple rules; Proportion; Simple Equations; Simultaneous Equations and Simple Problems.

APPENDIX XXVII (continued).

Geometry of points, lines, angles and simple figures as covered by the First Book of Euclid.

Vernacular.—Hindustani, colloquial. §

The examination will be conducted by means of written papers in all subjects, except the vernacular, which will be *viva voce*. The final selection of candidates will, however, be made by the Director-General, Indian Medical Service.

5. Selected candidates will be enrolled as "military pupils," and provided with a passage warrant and a free baggage allowance of two maunds from the centre at which they appeared for the examination to the Medical College at Calcutta, Madras, or Bombay; and will be educated at Government expense. Whilst every endeavour will be made to meet the wishes of candidates, their parents and guardians, with regard to the college at which they are desirous of being trained, they must be prepared to join any other college if the exigencies of the service require it. They will neither be attested nor gazetted.

6 They will undergo a four years' training in a Medical College in the subjects laid down, and will be periodically examined under the rules given as below:—

COURSE OF STUDY FOR MILITARY MEDICAL PUPILS

First year.

Anatomy (including Osteology and Dissections)
Surgical Applied Anatomy.
Physiology.
Materia Medica.
Chemistry.
Out-door Medical and Surgical Practice.
Compounding and Dispensary Practice.

Second year.

Anatomy and Dissections. Surgical Applied Anatomy.
Physiology and Histology.
Materia Medica.
Pharmacy and Compounding.
Chemistry and Practical Chemistry.
Hospital Practice.

Third year.

Medicine (Systematic and Clinical).
Surgery (Systematic and Clinical).
Ophthalmology.
Post-mortems.
Hospital Practice, Medical and Surgical.
Dentistry and Dental Practice.
Midwifery or Gynæcology and Diseases of Children (lectures, practical demonstrations, attendance on labour cases), out-patients only.

Fourth year.

Medicine.
Surgery and Operative Surgery.
Gynæcology and Diseases of Children or Midwifery (lectures, and wards and out-patients).
Pathology (lectures and practical work in laboratory).
Hygiene (including vaccination)
Medical, Surgical, Ophthalmic and Obstetric Hospital Practice.
Medical Jurisprudence.

The scope of the instruction in these subjects and the prescription of text-books will be arranged departmentally by the Director-General, Indian Medical Service.

At the conclusion of each year's course, military pupils will be examined under the direction of the Principal of the College in the subjects of study, and their progress therein will be reported to the Director-General, Indian Medical Service, who

§ The candidates should be required to answer a few short questions put to them in Hindustani by an officer who has passed at least the Lower Standard Examination in Hindustani. Accepted candidates who fail to pass in colloquial Hindustani at the Entrance Examination will be required to pass it at the end of their second year in the Medical College

may, if he considers it expedient, remand an unsuccessful student to his studies for a definite period, or issue orders for his removal from the college.

One hundred good conduct marks are allotted to each pupil on admission to college, from which deductions are made, under the orders of the Principal, for petty offences against discipline and for failures in examination as detailed below; 50 marks are also allotted for drill and 50 for deportment, and deductions will be similarly made from these. At the end of the course, the balance at credit will be added to the marks obtained by the pupil at the examination by the Director-General, Indian Medical Service, and will thus help to determine his position on the list of Assistant Surgeons

Rules for the conduct of periodical examinations are detailed below:—

1 Test examination at the end of the—

First year

(a) Military pupils who obtain less than 33 per cent of marks in one subject to be "warned" and informed that failure in the same subject at the end of the second year will entail liability to removal from the college

(b) Pupils who fail as above in two subjects will lose 20 conduct marks for idleness, and will be re-examined two weeks before the commencement of the next session. Failure then in obtaining 33 per cent. of marks in either of the subjects will entail liability to removal.

(c) Pupils who fail to get 33 per cent. as above in three subjects will be removed from the college as being unlikely to succeed eventually

2 Test Examinations at the end of the—

Second year

(a) A pupil who obtains less than 33 per cent of marks in one or two subjects will lose 20 conduct marks for idleness in each case and will be re-examined at the commencement of the next session. If he fails again in either or both subjects, he may be permitted to continue his studies as a second year student without stipend, and will be re-examined at the end of the session, if he fails again, he will be removed from the College.

No pupil will be permitted to enter on the third year's course until he has passed in all the subjects of the first and second years.

(b) A pupil who fails in three subjects will be removed from the college.

3. Test examinations at the end of the—

Third year

(a) Pupils who fail to obtain 33 per cent of marks in any of the subjects for the third year will lose 20 conduct marks for each failure, and be re-examined at the end of the next session.

(b) Failure in two or more subjects will render the pupil liable to dismissal.

4 Test and Pass Examination at the end of the—

Fourth year.

At the conclusion of the Oral and Clinical Examination in the subjects in the fourth year, which will include Gynæcology and Diseases of Children but not Midwifery, in which their practical knowledge will be tested, the Principal of the College will report to the Director-General, Indian Medical Service, on their fitness for admission to the Indian Subordinate Medical Department. The students who fail at the fourth year Test Examination may, at the discretion of the Director-General, be allowed to continue their studies at their own expense for a further period, at the end of which they will be re-examined by the Principal of the College, who will then report as to their fitness for admission into the Indian Subordinate Medical Department. Those declared fit will then be examined by written papers issued by the Director-General, Indian Medical Service, this examination

APPENDIX XXVII. (continued).

being common to all the colleges and comprising the following subjects:—

Medicine.	Pathology.
Surgery.	Hygiene.
Midwifery.	Materia Medica.

To the marks obtained in the Oral and Written Examinations will be added those awarded for good conduct, drill and deportment, and the result will determine the position of the candidates on the combined list.

If qualifying marks are not obtained in every subject of the Written Examination, a student will be remanded for a further period of study without stipend, at the discretion of the Director-General.

The Written Examination will commence on the third Monday in April of each year.

After this period the successful candidates will, after signing the prescribed declaration, be gazetted fourth-class Assistant Surgeons and posted to a Military Hospital for duty as Medical Warrant Officers. As already stated in paragraph 2, their names will be placed on one list, their position herein being determined by the results of the examination held by the Director-General, Indian Medical Service. When two or more obtain equal marks, their relative positions will be regulated by age. Medical Warrant Officers, on appointment, will be allowed to notify their preference for the division in which they desire to serve, and this will be considered with due regard to the requirements of the Service and to their position on the list. It must, however, be distinctly understood that no claim to be posted to any particular locality can be recognised.

7. Military pupils will receive a monthly allowance of Rs. 26-4-0 (out of which a sum not exceeding Rs. 17 will be deducted for food, furnished* quarters, bedding, and uniform clothing (gloves, helmets, and boots excepted, for which compensation is admissible), also books and appliances for study. Monitors receive an additional monthly allowance of Rs. 5.

8. Military pupils while on duty will be required to appear in uniform. They must become members of the local Volunteer Corps, and are required to qualify in stretcher drill and waggon drill.

9. Irrespective of the "Rules for the conduct of periodical examinations" any pupil who at the end of his first year in the college, does not, in the opinion of the Principal, give promise of proving a successful and desirable student is liable to removal.

The Government have no criticisms to offer on the present regulations as to recruitment, etc.

2. The rates of pay and allowances in force in 1890, in 1900 and at the present time, and whether these rates of pay and allowances are satisfactory.—

(a) Rates of pay and allowances in force in 1890—

	Per mensem.	Rs.
Senior Apothecary, first grade	..	400
Do. second "	..	300
Apothecary, first "	..	200
Do. second "	..	150
Assistant Apothecary, first "	..	110
Do. second "	..	85
Sub-Assistant Apothecary	..	50

Note.—Promotion from first-grade Assistant Apothecary to second-grade Apothecary was dependent on passing an examination.

Warrant Medical Officers above the grade of Assistant Apothecary when in independent medical charge of a Civil Station received pay at the following rates:—

	Per mensem.	Rs.
Under 5 years' service	350
From 5 and under 10 years' service .	..	450
From 10 and under 15 "	..	550
Over 15 years' service .	..	700

* In Madras, Military Medical pupils are not granted free quarters, but are given an allowance of Rs. 11-4-0 in lieu.

(b) Rates of pay and allowances in force in 1900—

	Per mensem.	Rs.
(1) Senior Assistant Surgeon with the honorary rank of Captain	..	400
(2) Senior Assistant Surgeon with the honorary rank of Lieutenant .	..	300
(3) Assistant Surgeons, first class	..	200
(4) Do. second "	..	150
(5) Do. third "	..	110
(6) Do. fourth "	..	85

Note.—Promotion from third-class Assistant Surgeon to second-class was dependent on passing an examination.

Warrant Medical Officers above the grade of Assistant Surgeon, second-class, when in independent medical charge of Civil Station, received pay at the following rates:—

	Per mensem.	Rs.
Under 5 years' service .	..	350
From 5 and under 10 years' service .	..	450
From 10 and under 15 " " "	550
Over 15 years' service	700

(c) Rates of pay and allowances in force in 1913—

	Per mensem.	Rs.
(1) Senior Assistant Surgeon with the honorary rank of Major or Captain	..	400
(2) Senior Assistant Surgeons with the honorary rank of Lieutenant	300
(3) Assistant Surgeons, first class	..	200
(4) Do. second "	..	150
(5) Do. third "	..	110
(6) Do. fourth "	..	85

Note.—Subject to good conduct and efficiency, and in the case of third-class Assistant Surgeons, to the passing of an examination as detailed in the next paragraph, a service of five years in the fourth class and of seven in the third and second classes respectively, shall entitle an Assistant Surgeon to promotion to the next higher class.

Third-class Assistant Surgeons will, before being eligible for promotion, be required to pass an examination in surgery, and surgical applied anatomy, medicine, materia medica, hygiene, midwifery, diseases of children, and acquaintance with the regulations which govern military hospitals, at any time before the end of the twelfth year of service.

Warrant medical officers of and above the grade of Assistant Surgeon, third-class, when in independent medical charge of Civil stations receive pay at the following rates:—

	Per mensem.	Rs.
Under 5 years' service .	..	350
From 5 and under 10 years' service	..	450
From 10 and under 15 years' service	..	550
Over 15 years' service	..	700

Note.—The promotion of first-class Assistant Surgeon to Senior Assistant Surgeon, with the honorary rank of Lieutenant, and of the latter to Senior Assistant Surgeon, with the honorary rank of Captain, will be made by selection for ability and merit.

When Military Assistant Surgeons are not provided with quarters, compensation is granted to them at the following rates with an addition of 50 per cent. when in serving at the Presidency town:—

	Per mensem.	Rs.
Senior Assistant Surgeon with the honorary rank of Captain or Lieutenant	50
Assistant Surgeons, first and second classes	30
Assistant Surgeons, third and fourth classes	20

Note.—This concession was in existence in 1890 and 1900.

A list of allowances, besides grade pay sanctioned to Military Assistant Surgeons in Civil employ in this Presidency is given in the list below:—

APPENDIX XXVII. (continued).

List of allowances besides grade pay sanctioned to Military Assistant Surgeons in Civil employ in Madras

Appointment.	Allowances
1. Senior Assistant Surgeon, General Hospital	S A 30, Lec A. 30
2. Lunatic Asylum, Madras	S.A. 50 to 150, C T A. 40.*
3. Resident Assistant Surgeon, Maternity Hospital	S.A. 30, Lec. A. 50.
4. Assistant Surgeon, Egmore Female Dispensary	S A. 30, H R Spl 65.
5. Medical College, Madras	M C A 100
6. Resident Assistant Surgeon, Ophthalmic Hospital	L.A. 100 †
7. Second Assistant Surgeon, Ophthalmic Hospital	S.A. 30 (H R Spl. 75).
8. Port and Marine Dispensary, Madras	S A. 30
9. Resident Assistant Surgeon, Ramaswami Lying-in Hospital ...	S A. 30, M S A 50
10. Assistant to Surgeon, First District, and Superintendent, Leper Hospital.	S A 30, M S A. 50
11. Assistant to Superintendent, Voluntary Venereal Hospital, Madras.	S A. 30
12. Munro's Hospital, Gooty	S.A. 30
(Temporarily transferred to plague duty, Jalarpet)	S A 30, P D A 2 per day.
13. Local Fund and Police Hospital, Gudalur	S.A. 30, W A 50
14. Municipal Hospital, Kodakanal	S A 30, A. for Chitrals 15
15. Local Fund Hospital, Kotagiri	S A 30.
16. Lawrence Memorial School, Lovedale	S.A. 30, L M S A 50.
17. Police and Sub-Jail Hospital, Koraput	S A. 30, L A 50, J A 25
18. Local Fund Police and Sub-Jail Hospital, Russell-konda ...	S A 30, J A 25.

Military appointments under civil control.

Sub-Medical charge, Government House Dispensary	S A. 30, L S A. 50.
Sub-Medical charge of Government establishment, Ootacamund.	S A. 30.

* For the first three years in the department, *etc.*, in Lunatic Asylums, Rs 50 From 4 to 9, Rs 75 From 10 to 16, Rs 100. Over 16, Rs. 150. † Debarred from private practice

S A. = Staff allowance. Lec A. = Lecturing allowance C T A. = Clinical teaching allowance M C A. = Medical College allowance L A. = Local allowance M S A. = Medical School allowance. P D A = Plague duty allowance. W A. = Wynaad allowance. A. for Chitrals = Allowance for Chitrals L M S A = Lawrence Memorial School allowance J A = Jail allowance. L S.A. = Local sanitary allowance H.R Spl = House-rent (special).

(d) *Whether the present rates of pay and allowances are satisfactory.*—The Government have no criticisms to offer on the present rates of pay and allowances.

3 *The number of posts in each grade and the provision, if any, made in the cadre for leave and training*—The number of posts sanctioned for Military Assistant Surgeons in Civil employ in this Presidency is 23, including the two Civil stations reserved for them and the two Military appointments under Civil control.

The distribution of the officers in the several grades on the 1st July, 1913, is as shown below:—

	Rs.
2 Civil Surgeons on	450
1 Assistant Surgeon on	400

	Rs.
10 Assistant Surgeons on	300
4 Do.	150
6 Do.	110

A reserve of 15 per cent is maintained by the Director-General, Indian Medical Service, to provide for leave and other vacancies among Military Assistant Surgeons employed in the Civil department

4 *What appointments outside the authorised cadre are held temporarily or otherwise by officers of the Service.*—One Military Assistant Surgeon sanctioned for Munro's Hospital, Gooty, is temporarily holding the post of Plague Medical Officer, Jalarpet.

5 *Whether any addition is required to the present cadre*—The Government have no recommendations to make under this head.

III Memorandum relating to the Madras Provincial Subordinate Medical Department (Civil Assistant Surgeons)

1. *Present regulations as to recruitment, training and probation, and whether these regulations are satisfactory*—The Service of Civil Assistant Surgeons is open to all classes, whether Europeans, Eurasians or Indians.

Civil Assistant Surgeons are appointed by open competition from among candidates who have educated themselves without cost to the State and whose medical qualification is not below the L.M. and S. Degree of the Madras University. When a vacancy occurs it is advertised and applications called for. An examination is thereafter held by the Board of Examiners of the Medical College, and the candidate who obtains the highest number of marks is, as a rule, chosen to fill the vacancy, preference being given to those who have undergone a course in Dentistry and Minor Sanitary Engineering. The rule that preference will be given to candidates who have undergone a course in Minor Sanitary Engineering was introduced with a view to secure officers eligible for appointments as Sanitary Assistants or Health Officers. The examination consists of papers on medicine, surgery, midwifery, and hygiene. Candidates may also be called on to pass oral and practical examinations. Candidates must produce to the satisfaction of the Surgeon-General—

- (1) Evidence of good moral character,
- (2) Evidence of physical fitness for service,
- (3) Evidence of age not exceeding 25 years,
- (4) A licence or diploma in medicine or surgery.

When a candidate is a graduate in medicine and holds the Degree of Bachelor of Arts or has passed the First Examination in Arts or the Intermediate Examination before commencing his medical studies, the age limit is extended to 28 years.

The Government consider that the present system of recruitment by competition is satisfactory.

Candidates appointed as Assistant Surgeons are not subjected to any course of training or probation after entering the Department.

Assistant Surgeons are required to execute a bond undertaking to serve Government for a term of five years.

2. *The rates of pay and allowances in force in 1890, in 1900 and at the present time and whether these rates of pay and allowances are satisfactory*—

(a) *Rates of pay and allowances in force in 1890—*

	Per mensem.
Third grade (under 7 years' service) ...	100
Second ,, { „ 14 „ „ } ...	150
First ,, { above 14 „ „ } ...	200

In addition to the above scales of pay, a local allowance of Rs. 50 per mensem was granted to all Civil Assistant Surgeons.

(b) *Rates of pay and allowances in force in 1900—*The same pay and allowances as in 1890 continued to be in force. Two Civil Assistant Surgeons were

APPENDIX XXVII. (continued).

drawing pay as Uncovenanted Medical Officers in charge of civil stations at the rate of Rs. 350 and Rs. 450 per mensem respectively.

(c) Rates of pay and allowances in force in 1913—

	Per mensem
	Rs.
Third grade (under 7 years' service) ...	100
Second „ („ 14 „ „) ..	150
First „ (above 14 „ „) ...	200

In addition to the above scales of pay, Civil Assistant Surgeons draw charge or local allowances as under:—

	Per mensem
	Rs.
*Assistant Professors of the Medical College, Assistant Superintendents of the Medical Schools, Royapuram, Tanjore and Vizagapatam, and Health Officer, Ootacamund ...	100
†Sanitary Assistants, Health Officer, Madura, and Resident Assistant Surgeon, Municipal Hospital, Madura ...	75
‡Assistants to District Medical and Sanitary Officers ...	50
§Assistant Surgeons employed in the Presidency hospitals or attached to mufassal institutions ...	30

Five Civil Surgeoncies on a salary of Rs 350—30—500 per mensem and one appointment of Additional Medical Officer. Ootacamund, on Rs. 350 per mensem for six months for every year are held by Civil Assistant Surgeons.

Assistant Surgeons are promoted at the end of seven years' service in each of the two lower grades to the next higher grade on passing a professional examination, promotion to Civil Surgeoncies being made by selection for ability and merit from Civil Assistant Surgeons who have completed 14 years' service.

Special rates of pay and charge allowances have been sanctioned for Civil Assistant Surgeons who are employed in the Bacteriological Department and in the Chemical Examiner's Department, and these are as follows:—

Bacteriological Department.			
Grade.	Pay.	Local allowance.	
	Rs.	Rs.	Rs.
Third	100	100	100
Second	150	100	100
First	200	150	150
Senior	300	150	150
Senior after 25 years' service, of which a minimum of 15 years in Bacteriological Department ...	350-30-500	150	150

* These allowances were sanctioned in 1902, 1903, and 1911.

† These allowances were sanctioned in 1908.

‡ These allowances have been in force since 1883.

§ These allowances were sanctioned in 1904.

(a) With not less than 10 years' service in a Chemical Examiner's laboratory.

(b) With not less than 15 years' service as an Assistant Chemical Examiner and with not less than 10 years' service as First Assistant to the Chemical Examiner.

Chemical Examiner's Department—First Assistant Chemical Examiner.

Total service.	Salary.	
	Grade pay.	Staff allowance.
	Rs.	Rs.
1 to 7 years ...	100	100
7 to 14 years ...	150	100
15 to 21 years ...	200	100
22 to 25 years (a) ...	300	100
Over 25 years (b) ...	350-30-500	100

Second Assistant Chemical Examiner.

Total service	Salary.	
	Grade pay	Staff allowance.
	Rs.	Rs.
1 to 7 years	100	50
7 to 14 years	150	50
Over 14 years	200	50

(d) Whether the rates of pay and allowances are satisfactory—The Government have at present under their consideration a memorial from the Civil Assistant Surgeons praying, among other things, for an improvement in their pay.

3. The number of posts in each grade and the provision, if any, made in the cadre for leave and training.—There are at present 173 posts for Civil Assistant Surgeons, the number of officers in each grade, including officers absent on leave or otherwise, standing on 1st July, 1913, as follows:—

	Salary
	Per mensem.
	Rs.
1 Uncovenanted Medical Officer ...	700
4 Civil Surgeons	350—30—500
8 First - grade Civil Assistant Surgeons	200
44 Second-grade Civil Assistant Surgeons	150
89 Third-grade Civil Assistant Surgeons	100
52 Civil apothecaries—	
30 on	150
21 on	125
1 on	75

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A reserve of 15 per cent. of the sanctioned number of posts has been provided for leave and training.

4. What appointments outside the authorised cadre are held temporarily or otherwise by Civil Assistant Surgeons.—The services of Civil Assistant Surgeon T. Sundara Reddi have been lent to Pudukkottai State for employment as Chief Medical and Sanitary Officer on a pay of Rs. 200—10—250 with conveyance allowance of Rs. per mensem and with free quarters.

5. Whether any addition is required to the present cadre.—The Government have no recommendations to make under this head.

IV.—Memorandum relating to the Madras Sanitary Department.

There is at present no regular Sanitary Department in this Presidency. The Sanitary service so-called consists at present of the Sanitary Commissioner, the Deputy Sanitary Commissioner, the District Medical and Sanitary Officers, the Sanitary Assistants to District Medical and Sanitary Officers and the Sanitary Inspectors. The last class of officers form the subordinate service and will, it is understood, be excluded from the scope of the Commission's inquiry.

1. The present regulations as to recruitment, training

and probation, etc., of the other classes of officers are given below:—

(a) Sanitary Commissioner. — The appointment is reserved for an Indian Medical Service officer and the general regulations in regard to the recruitment of Indian Medical Service officers apply to his case. The officer selected for the post must, however, possess a D.P.H. qualification and be of not less than fifteen years' service. The latter condition may be relaxed with the sanction of the Government of India.

APPENDIX XXVII. (continued).

(b) *Deputy Sanitary Commissioner.*—Hitherto the appointment has been reserved for an Indian Medical Service officer, but the Government of India have recently withdrawn this restriction and Indians possessing the necessary qualifications are now eligible for the post. The qualifications prescribed are:—

(i) that the candidate holds a British diploma in public health and a registrable medical qualification; and

(ii) that he is an accepted candidate for the Sanitary Department.

In the case of non-Indian Medical Service candidates appointment will be made subject to probation for a period of not less than two years, but the Local Government is vested with discretionary power to dispense with the probationary period in the case of candidates who have rendered approved service as municipal officers of health.

(c) *District Medical and Sanitary Officers.*—These are either Indian Medical Service Officers or Civil Surgeons promoted from Civil Assistant Surgeons and they form part of the general Medical Service of the Presidency.

(d) *Sanitary Assistants to District Medical and Sanitary Officers and Health Officers.*—These are selected from the ranks of Civil Assistant Surgeons who have undergone training in Minor Sanitary Engineering. The recruitment and training of these officers will now be modified in view of the qualifications recently prescribed by the Government of India. Health Officers will be divided into two classes: first class Health Officers being recruited from persons possessing a registrable medical qualification and a British diploma in public health or, failing a supply of candidates with these qualifications, from persons possessing the Madras University degree of Licentiate in Sanitary Service; second-class Health Officers will be required to possess a medical qualification of not less professional value than the L.M. and S. of the Madras University and to have undergone an approved course of practical training in sanitary work of not less than three months' duration.

2. *The rates of pay and allowances in force in 1890, in 1900 and at the present time and whether these rates of pay and allowances are satisfactory.*

(a) *Rates of pay and allowances in force in 1890.*—Sanitary Commissioner—Rs. 1,200—120—1,800 per mensem.

Deputy Sanitary Commissioner { under 5 years, Rs. 700 per mensem.
above 5 and below 12 years, Rs. 850 per mensem.
above 12 and below 20 years, Rs. 1,050 per mensem.
above 20 years, Rs. 1,250 per mensem.

The Deputy Sanitary Commissioner drew house-rent allowance ranging from Rs. 75 to Rs. 125 per mensem according to military rank.

(b) *Rates of pay and allowances in force in 1900.*—The same rates of pay and allowance as in 1890.

(c) *Rates of pay and allowances in force in 1913.*—Sanitary Commissioner—Rs. 1,500—60—1,800.

Deputy Sanitary Commissioner: *Consolidated military pay (Rupees 500 to Rs. 1,400) and house-rent allowance (Rs. 75 to Rs. 125 per mensem) according to military rank plus staff allowance of Rs. 200.

NOTE—The pay of non-Indian Medical Service Deputy Sanitary Commissioners is as shown below:—

Year of service.	Rs.
1— 2 (probationary)	500
3— 5	600
6—10	700
11—15	800
16 and over	900

Sanitary Assistants and Health Officers.—Grade pay of a Civil Assistant Surgeon (Rs. 100—150—200) plus a local allowance of Rs. 75 per mensem except in Ootacamund where the local allowance is Rs. 100 per mensem.

NOTE—The Government of India have sanctioned the following scales of pay for Health Officers of the first and second class referred to in paragraph 2 (d):—

First class	Rs. 300—20—500
Second class	Rs. 150—10—300

3 *The number of posts in each grade and the provision, if any, made in the cadre for leave and training.*—There are at present one Sanitary Commissioner, one Deputy Sanitary Commissioner, six Sanitary Assistants to District Medical and Sanitary Officers and two Health Officers. It has recently been decided to increase the number of Deputy Sanitary Commissioners by two. There will also be a large number of Health Officers in the Presidency. No separate reserve is maintained in respect of any of the above classes of officers.

4. *What appointments outside the authorised cadre are held temporarily or otherwise by officers of the Service.*—Nil.

5 *Whether any addition is required to the present cadre.*—Not otherwise than is explained in paragraph 3 above.

* Consolidated military pay

	Per mensem
Lieutenant	500
Captain	550
Captain (after 5 years' service)	600
Captain (after 7 years' service)	650
Captain (after 10 years' service)	700
Major	800
Major (after 3 years' service)	900
Lieutenant-Colonel	1,250
Lieutenant-Colonel (after 25 years' service)	1,300
Lieutenant-Colonel (specially selected for increased pay)	1,400

V—Memorandum relating to the Jails Department.

(1) *The present regulations as to recruitment, training and probation, and whether these regulations are satisfactory.*

The superior establishment of the Jails Department consists partly of Indian Medical Service officers and partly of non-medical officers. Indian Medical Service officers are selected for employment in the Jails Department by the Government of India from a list maintained by the Director-General of the Indian Medical Service of officers desirous of joining the department. Non-medical Superintendents are usually selected from the grade of jailor, though direct recruitment from outside, as for instance from the Police Department, is not prohibited. No special educational qualifications are prescribed for employment as Superintendents of Jails.

2. Indian Medical Service officers before they are appointed to the post of Superintendent of a

Central Jail are generally attached to a jail of that class for about three months for instruction in the details of prison management. They are also given the option of reverting, if they so desire, from the department at any time within the first two years of their service in it. When persons not previously connected with the Jail Department are selected for the post of Superintendent, they are required to undergo training in a Central Jail for a period of six months under an experienced Superintendent. The Government consider that the existing system of recruitment is not satisfactory.

(2) *The rates of pay and allowances in force in 1890 and 1900 and at the present time, and whether the present rates of pay and allowances are satisfactory.*

The annexed statements show the rates of pay and allowances in force in 1890 and 1900 and at the present time. The present rates are, in the opinion of Government, satisfactory.

APPENDIX XXVII. (continued).

Designation.	Rates of pay	
	RS.	A. P.
1890—		
Inspector-General of Prisons	1,833	5 4
Superintendents of Central Jails, {		
first class. { When held by Indian Medical Service officers	700—50—950	
" " non-medical officers	600—50—850	
Superintendents of Central Jails, {		
second class. { " " Indian Medical Service officers	550—50—700	
" " non-medical officers	450—30—600	
Superintendent of the Penitentiary, Madras	600	
Superintendents of District Jails	350—20—450	
1900—		
Inspector-General of Prisons	1,833	5 4
Superintendents of Central Jails, {		
first class. { When held by Indian Medical Service officers	700—50—950	
" " non-medical officers	600—50—850	
Superintendents of Central Jails, {		
second class. { " " Indian Medical Service officers	550—50—700	
" " non-medical officers	450—30—600	
Superintendent of the Penitentiary, Madras	600	
Superintendents of District Jails	350—20—450	
1913—		
Inspector-General of Prisons	1,800—50—2,000	
Superintendents of Central Jails, {		
first class. { When held by Indian Medical Service officers according to rank and service as shown below :—		
Lieutenant-Colonel (specially selected)	1,550	
" (after twenty-five years' service)	1,450	
Major, after three years' service	1,050	
Major	950	
Captain, after ten years' service	850	
" " seven "	800	
" " five "	750	
Captain	700	
Lieutenant	650	
When held by non-medical officers	600—50—1,000	
When held by Indian Medical Service officers according to rank and service as shown below :—		
Lieutenant-Colonel (specially selected)	1,450	
" (after twenty-five years' service)	1,350	
Lieutenant-Colonel	1,300	
Major, after three years' service	950	
Major	850	
Captain, after ten years' service	750	
" " seven "	700	
" " five "	650	
Captain	600	
Lieutenant	550	
When held by non-medical officers	450—30—600	
Superintendents of District Jails	350—20—450	

Note.—The Penitentiary, Madras, is now classed as a first-class Central Jail.

Allowances.

Year	Designation.	Nature and rate of allowance.	
		House-rent allowance.	Conveyance allowance.
1890	Superintendent of the Penitentiary, Madras	RS. 125	RS. 50
1900	" "	125	30
1913	Superintendent of Central Jail, Vizagapatam	60	...

Note.—All other Superintendents are provided with free quarters.

In addition to the above, the District Medical and Sanitary Officers of Madura and Ganjam, who are *ex-officio* Superintendents of the District Jails at Madura and Berhampur, draw an allowance of Rs. 100 and 75 respectively, for the executive charge of these jails.

(3) The number of posts in each grade and the provision, if any, made in the cadre for leave and training.

There are one Inspector-General of Prisons, six Superintendents of first-class Central Jails, three Superintendents of second-class Central Jails, and three Superintendents of District Jails. Half of the first ten appointments and three out of the six

first-class Central Jails are reserved for Indian Medical Service officers.

No reserve is provided for in the cadre for leave and training, temporary vacancies due to these causes being supplied from the ranks of the jailors.

(4) What appointments outside the authorised cadre are held temporarily or otherwise by officers of the Service.

Nil.

(5) Whether any addition is required to the present cadre.

None.

APPENDIX XXVIII.

APPENDIX No. XXVIII.

(Referred to in paragraph 57733—Evidence of Surgeon-General Bannerman)

*Statement prepared by the Surgeon-General with the Government of Madras regarding Professional Appointments in the Madras Medical College**Chair of Medicine (1891 to 1913)*

This chair was held by Surgeon-Major (afterwards Lieut.-Colonel) W. Price, M.D. (Ireland), from November, 1891, to April, 1896, a period of a little over four years.

During that time he was absent once and Surgeon Lieut.-Colonel W. R. Browne, M.D. (Ireland), acted for him. In April, 1896, on the retirement of Brigade Surgeon Lieut.-Colonel W. Price, M.D. (Ireland), Surgeon Lieut.-Colonel W. R. Browne, M.D. (Ireland), was appointed for him.

Surgeon Lieut.-Colonel W. R. Browne, M.D. (Ireland), held it from April, 1896, to July, 1901, *i.e.*, for a little over five years, when he was appointed Principal, no professorship being attached to that post.

He was succeeded by Major (afterwards Lieut.-Colonel) R. Robertson, M.B., M.S. (Glasgow), who held it until he was placed at the disposal of the Government of India in June, 1912. He held it for 11 years.

During that time he was absent twice and Lieut.-Colonel Lee, L.R.C.P. and S. (Ireland), and Captain E. W. Browne, M.R.C.P. (London), M.R.C.S. (England), acted for him.

Lieut.-Colonel W. Molesworth, M.D. (Dur.), acted from July to December, 1912. The professorship is occupied permanently by Major F. F. Elwes, M.D. (London), from December, 1912, to date.

QUALIFICATIONS

Surgeon-Major (afterwards Brigade Surgeon Lieut.-Colonel) W. Price, M.D. (Ireland), had officiated as Professor of Anatomy for over a year. Surgeon Lieut.-Colonel (afterwards Surgeon-General) W. R. Browne, M.D. (Ireland), had acted previously, and had experience in teaching.

Major (afterwards Lieut.-Colonel) R. Robertson, M.B. and M.S. (Glasgow), had officiated as Professor of *Materia Medica* for about a year in 1896.

Lieut.-Colonel W. A. Lee, L.R.C.S. (Ireland), was previously Superintendent, Medical School, Tanjore.

Captain E. W. Browne, M.R.C.P. (London), M.R.C.S. (England), was for three years Professor of *Materia Medica* previous to officiating Professor of Medicine, Special Study, St. Thomas' Hospital, School of Clinical Medicine, Greenwich Hospital for the Paralytic and Epileptic, London, and Hospital for Diseases of Heart, Soho, London.

Lieut.-Colonel W. Molesworth, M.D., B.S. (Durham), M.R.C.S. (England), was previously Professor of Medical Jurisprudence.

Major F. F. Elwes, M.D. (London), M.R.C.S. (England), L.R.C.P. (London), was previously Professor of Pathology for a year in 1904-1905, and for varying periods for over two years Professor of Hygiene. He was also for some time Professor of Biology.

Honours in Medicine at M.B. (London)

Examination

M.D. (London)—Branch VI Tropical Medicine speciality.

Prizeman, Medicine, Middlesex Hospital.

Was House Surgeon and acting House Physician, Middlesex Hospital.

Special course of Tropical Medicine, Bacteriology and Hygiene at London School of Tropical Medicine.

Prizeman in Practical Histology, etc.

Chair of Materia Medica (from October, 1893 to 1913).

Surgeon Captain (afterwards Lieut.-Colonel) F. J. Crawford, M.D. (Ireland), was Professor from October, 1893, to June, 1901, *i.e.*, for about eight years. He was on leave and on other duties during this time when Surgeon Captain C. L. Williams,

M.D., M.S. (Edinburgh), Captain (now Colonel) R. Robertson, M.B., M.S. (Glasgow), Captain (now Lieut.-Colonel) G. G. Giffard, C.S.I., M.R.C.P. (London), M.R.C.S. (England), acted for him.

Captain (now Lieut.-Colonel) G. G. Giffard, M.R.C.P. (London), M.R.C.S. (England), was appointed to the chair in July, 1901, and occupied till 3rd February, 1903 (two years). Major P. C. Gabbett, M.R.C.S. (England), L.R.C.P. (London), Captain F. D. S. Fayrer, M.R.C.S. (England), L.R.C.P. (London), acted for him on two occasions.

Major T. H. Symons, M.R.C.S. (England), and L.R.C.P. (London), held the chair, February, 1903, to May, 1908, *i.e.*, for five years. During this time Captain W. C. Long, M.R.C.S. (England), L.R.C.P. (London), Captain D. G. Rai, L.R.C.P., L.R.C.S. (Edinburgh), L.F.P. and S. (Glasgow), Captain E. W. Browne, M.R.C.S. (England), M.R.C.P. (London), acted for him.

Captain E. W. Browne, M.R.C.P. (London), and M.R.C.S. (England), succeeded Major T. H. Symons, M.R.C.S. (England), and L.R.C.P. (London), in May, 1908, and holds the chair at present but was posted to other duties. Captain A. C. Ingram, M.D., B.S., D.P.H. (Cant.), M.R.C.S. (England), and L.R.C.P. (London), first acted, and Captain J. M. Skinner, M.B., B.Ch. (Manchester), is now acting for him while on leave.

QUALIFICATIONS

Surgeon-Major (afterwards Lieut.-Colonel) F. J. Crawford, M.D., B.S. (Ireland)

Lieut.-Colonel G. G. Giffard, M.R.C.P. (London), M.R.C.S. (England).

Major T. H. Symons, M.R.C.S. (England), L.R.C.P. (London)

Major E. W. Browne, M.R.C.P. (London), M.R.C.S. (England), see remarks under Medicine

Major C. L. Williams, M.D., M.S. (Edinburgh)

Lieut.-Colonel R. Robertson, M.B., M.S. (Glasgow), see remarks under Medicine.

Major P. C. Gabbett, M.R.C.S. (England), L.R.C.P. (London).

Captain F. D. S. Fayrer, M.R.C.S. (England), L.R.C.P. (London).

Captain W. C. Long, M.R.C.S. (England), L.R.C.P. (London).

Captain D. G. Rai, L.R.C.P., L.R.C.S. (Edinburgh), L.F.P. & S. (Glasgow)

Captain A. C. Ingram, M.D., B.C., D.P.H. (Cantab.), M.R.C.S. (England), L.R.C.P. (London), see remarks under Physiology

Captain J. M. Skinner, M.B., B.Ch., Victoria University and Queen's College, Manchester.

Chair of Surgery (1890 to 1913)

This chair was held by Surgeon-Major (afterwards Surgeon-General) W. R. Browne, C.I.E., M.D. (Ireland), and M.Ch., R.U.I. from June, 1890, to August, 1895, for five years.

He was succeeded by Surgeon-Major J. Maitland, M.D., C.M. (Edinburgh), who held the chair from August, 1895, to November, 1902, *i.e.*, for seven years. During this period he was absent four times when Surgeon-Major Smyth, M.D., M.S. (Ireland), Major F. J. Crawford, M.D., B.S. (Ireland), and Captain G. G. Giffard, M.R.C.P. (London), M.R.C.S. (England), acted for him.

Lieut.-Colonel W. B. Browning, L.R.C.S. (Ireland), and L.K.Q.C.P. (Ireland), took charge of the professorship from Lieut.-Colonel J. Maitland, M.D., in November, 1902, and continued to hold it till June, 1903 (nine months).

Major G. G. Giffard, M.R.C.P. (London), M.R.C.S. (England), held the office from June, 1903, to May, 1906 (three years). But Captain W. J. Niblock, M.B., B.Ch., F.R.C.S. (Ireland), and

APPENDIX XXVIII. (continued)

B.A.O. (Dublin), the present professor was acting for him for six months when he was on other duty.

Major G. G. Giffard, M.R.C.P. (London), M.R.C.S. (England), was succeeded by Major P. C. Gabbett, M.R.C.S. (England), L.R.C.P. (London), who was Professor from May, 1906, to October, 1912 (six years). During this period Major T. H. Symons, M.R.C.S. (England), L.R.C.P. (London), acted for him when he was on leave once.

Major W. J. Niblock, M.B., B.Ch., F.R.C.S. (Ireland), B.A.O. (Dublin), took charge from Major P. C. Gabbett in October, 1910, and was confirmed in August, 1912. He holds the office at present (three years). He proceeded on leave once, during which period Major T. H. Symons acted for him.

QUALIFICATIONS

Surgeon-Major (afterwards Surgeon-General) W. R. Browne, C.I.E., M.D. (Ireland, Master of Surgery, Queen's University, Ireland (see remarks under Medicine).

Surgeon-Major J. Maitland, M.D., C.M. (Edinburgh). An authority on surgical treatment of elephantiasis.

Lieut.-Colonel W. B. Browning, L.R.C.S. (Ireland), L.K.Q.C.P. (Ireland). He had one of the most extensive surgical practices that any one in Madras has ever had.

Major (now Lieut.-Colonel) G. G. Giffard, M.R.C.S. (England), M.R.C.P. (London), was Professor of Pathology for over four years, 1895 to 1899, and had extensive surgical experience for several years as Resident Surgeon, General Hospital, Madras.

Major P. C. Gabbett, M.R.C.S. (England), L.R.C.P. (London), was specially selected on account of his success as a surgeon in the districts. He had also acted as second Surgeon, General Hospital, Madras.

Major W. J. Niblock, M.B., B.Ch., F.R.C.S. (Ireland), B.A.O. (Dublin), was Professor of Anatomy for three years, 1909 to 1912. Was also Superintendent of the Royapuram Medical School for over six months.

Upper Pass in Surgery, Royal University, Ireland.

First place in Final Fellowship Examination, Royal College of Surgeons, Ireland.

Major (now Colonel) J. Smyth, M.D., M.S. (Queen's University, Ireland).

He was formerly Professor of Anatomy, and had large surgical experience whilst Resident Surgeon, General Hospital, Madras.

Major (afterwards Lieut.-Colonel) F. J. Crawford, M.D., B.S. (Ireland), was previously Professor of Anatomy.

Major T. H. Symons, M.R.C.S. (England), L.R.C.P. (London), was Professor of Biology for over a year in 1901-02, and Acting Professor of Anatomy on three occasions and permanent from August, 1912; was Superintendent, Royapuram Medical School for about one and a half years.

Medalist in Anatomy.

Demonstrator in Anatomy and Surgery
House Surgeon
House Physician and Resident
Obstetric Officer
Acting Surgical Registrar (three months)

Charing Cross
Hospital.

Chair of Anatomy (1891 to 1913).

This Chair was occupied by Surgeon Major (afterwards Lieut.-Colonel) H. Allison, M.D., M.S. (Ireland), from 1891 to December, 1902, *i.e.*, for eleven years. He was on leave on four occasions, when Surgeon Major Smyth, M.D., M.S. (Ireland), Captain R. H. Elliot, M.D., B.S. (London), F.R.C.S. (England), and L.R.C.P. (London), and Captain H. Kirkpatrick, M.B., B.Ch., B.A.O. (Dublin), acted for him.

When Lieut.-Colonel Allison, M.D., M.S. (Ireland), was on other duty from December, 1902, to October, 1903 (ten months), Captain H. Kirkpatrick,

M.B., B.Ch., B.A.O. (Dublin), acted as Professor of Anatomy.

Major D. Simpson, M.D., C.M. (Aberdeen), held the Chair for a year and a half, and handed over charge to Major F. J. Crawford, M.D. (Ireland), in April, 1905.

Major (afterwards Lieut.-Colonel) F. J. Crawford, M.D. (Ireland), was permanent Professor from April, 1905, to May, 1908, *i.e.*, for three years. Major H. Kirkpatrick, M.B., B.Ch., B.A.O. (Dublin), Major T. H. Symons, M.R.C.S. (England) and L.R.C.P. (London), and Captain L. Hirsch, M.R.C.S. (England) and L.R.C.P. (London) acted.

Major W. J. Niblock, M.B., B.Ch., B.A.O., R.U.I., F.R.C.S. (Ireland), was appointed permanent Professor of Anatomy in November, 1909, and held it till August, 1912, *i.e.*, for three years. During this period he was acting as Professor of Surgery for nearly two years, and Captain (now Major) A. Chalmers, M.B., B.Ch. (Aberdeen), F.R.C.S. (Ireland), and L.M. (Dublin), and Major T. H. Symons, M.R.C.S. (England), L.R.C.P. (London), acted for him.

Major T. H. Symons, M.R.C.S. (England), L.R.C.P. (London), was made permanent in August, 1912, but when he was acting as Professor of Surgery for a year till December, 1913, Captain E. W. C. Bradfield, M.S. (London), F.R.C.S. (Edinburgh), held the chair.

QUALIFICATIONS

Lieut.-Colonel H. Allison, M.D., M.S. (Ireland).

Major D. Simpson, M.D., C.M. (Aberdeen).

Major F. J. Crawford, M.D. (Ireland), see remarks under Surgery.

Major W. J. Niblock, M.B., B.Ch., F.R.C.S. (Ireland), see remarks under Surgery.

Major T. H. Symons, M.R.C.S. (England), L.R.C.P. (London), see remarks under Surgery.

Major (now Colonel) J. Smyth, M.D., M.S. (Ireland), see remarks under Surgery.

Captain (now Colonel) R. H. Elliot, M.D., B.S. (London), D.Sc. (Edinburgh), F.R.C.S. (England), L.R.C.P. (London), B.Ch. (Cantab.), M.P.S. (London), see notes under Ophthalmology.

Major H. Kirkpatrick, M.B., B.Ch., B.A.O. (Dublin), see notes under Ophthalmology.

Captain A. Chalmers, M.B., B.Ch. (Aberdeen), F.R.C.S. (Ireland), L.M. (Dublin). Six months Practical Anatomy at College of Surgeons, Dublin, and extra Demonstrator of Anatomy, four months.

Captain L. Hirsch, M.R.C.S. (England), L.R.C.P. (London).

Captain E. W. C. Bradfield, M.S. (London), F.R.C.S. (Edinburgh). Was senior Science Scholar, St. Mary's Hospital, London. Ophthalmic Specialist while in Military employ. Ophthalmic House Surgeon, St. Mary's Hospital, London. House Surgeon and House Physician, the General Hospital, Birmingham.

Chair of Midwifery and Gynaecology (from 1880 to 1913).

Surgeon Lieut.-Colonel A. M. Branfoot, M.B. (London), M.R.C.S. (England), L.R.C.P. (London), held the chair from September, 1880, to April, 1898, *i.e.*, for 18 years. During which period he was on leave on three occasions. Major Fox, Surgeon-Major W. Price, M.D. (Ireland), and Surgeon-Major A. J. Sturmer, acted for him.

Surgeon-Major (afterwards Lieut.-Colonel) A. J. Sturmer, M.R.C.S. (England), and L.R.C.P. (London), succeeded Lieut.-Colonel Branfoot, as Professor of Midwifery when the services of the former were placed at the disposal of the Government of India in April, 1898. He held the chair till April, 1905, *i.e.*, for seven years.

Major D. Simpson occupied the chair from April, 1905, to February, 1906, when he died.

Captain T. E. Watson, M.B., M.S. (England), held the Chair temporarily till relieved by Major G. G. Giffard, in the middle of May, 1906.

Major (now Lieut.-Colonel) G. G. Giffard, C.S.I., M.R.C.P. (London), M.R.C.S. (England), has occupied the Chair since May, 1906. He was on leave

APPENDIX XXVIII. (continued).

on three occasions when Major Illington, M.R.C.S. (England), L.R.C.P. (London), F.R.C.S. (Edinburgh), and D.T.M. (Liverpool), and Captain C. A. F. Hingston, M.R.C.S. (England), and L.R.C.P. (London), acted for him.

QUALIFICATIONS.

Surgeon Lieut.-Colonel (now Surgeon-General) Sir A. M. Branfoot was M.B. (London), M.R.C.S. (England), and L.R.C.P. (London).

Surgeon-Major (afterwards Lieut.-Colonel) A. J. Sturmer, M.R.C.S. (England), L.R.C.P. (London), was specially selected on Colonel Branfoot's recommendation as experienced in this subject.

Surgeon D. Simpson, M.D., was previously Professor of Anatomy for about one and a half years, 1903 to 1905, and had large surgical experience both in the mufassil and General Hospital.

Lieut.-Colonel G. G. Giffard, M.R.C.S. (England), M.R.C.P. (London), see remarks under Surgery.

Major E. M. Illington, F.R.C.S. (Edinburgh), M.R.C.S. (England), L.R.C.P. (London), D.T.M. (Liverpool), was Clinical Assistant, Samaritan Free Hospital for women, London and West London Hospital (Gynaecological Department) and in the hospital for sick children, Great Ormonde Street, out-patient (Medical and Surgical). Was also Superintendent, Medical School, Vizagapatam, for 1905-06.

Captain C. A. F. Hingston, M.R.C.S. (England), L.R.C.P. (London), was House Physician, Middlesex Hospital. Awarded Certificate of Honour, Practical Midwifery, Middlesex Hospital. For six months Resident Obstetric Physician at the Middlesex Hospital. Had two months' special study of Gynaecology on the continent. Has been "specialist on Midwifery and Gynaecology" while in Military employ. While Resident Medical Officer at the Government Maternity Hospital for about three years was Lecturer on Midwifery and Gynaecology.

Chair of Ophthalmology (from 1890 to 1913)

Brigade-Surgeon Lieut.-Colonel E. F. Drake-Brockman, L.R.C.P. (London), F.R.C.S. (England), was Professor from 1890 to 1894, *i.e.*, for four years. He was on leave once from 1892 to April, 1894, when Surgeon-Major T. H. Pope, M.D., B.Sc., M.S., F.R.C.S. (Edinburgh), was acting.

Surgeon-Major (afterwards Lieut.-Colonel) T. H. Pope, succeeded Lieut.-Colonel Drake-Brockman in April, 1894, and held the Chair till March, 1904—10 years, when he retired. During this period he was absent thrice and Captain (afterwards Major) R. H. Elliot acted for him.

The Professorship of Ophthalmology and Physiology was separated on 1st July, 1901.

Major (now Lieut.-Colonel) R. H. Elliot, M.D., assumed charge of the Chair in March, 1904, and is now occupying it, *i.e.*, for about nine years. He was on leave on four occasions and Captain H. Kirkpatrick, M.B., B.Ch., B.A.C. (Dublin), acted for some 18 months, and Captain W. C. Gray, M.B., B.Ch. (Ireland), for nine months. The last officer is now acting in the appointment, and he has had special training under Colonel Elliot.

QUALIFICATIONS.

Brigade-Surgeon Lieut.-Colonel E. F. Drake-Brockman, F.R.C.S. (England), L.R.C.P. (London), was also Professor of Physiology during the time he held the Chair of Ophthalmology.

Surgeon-Major (afterwards Lieut.-Colonel) T. H. Pope, M.D., M.S., B.Sc. (Edinburgh), F.R.C.S. (Edinburgh), was also Professor of Physiology till July, 1901. Was specially trained by Colonel Brockman, before he retired.

Lieut.-Colonel R. H. Elliot, M.D., B.S. (London), D.Sc. (Edinburgh), F.R.C.S. (England), L.R.C.P. (London), was acting Professor of Physiology for over one year in 1895-1896, and acting Professor of Anatomy for about one year in 1900-1901.

Before appointment to Medical College he was officiating Professor of Biology in the Presidency College, Madras. The reputation of this officer is world-wide, and his merits need not be emphasised.

Major H. Kirkpatrick, M.B., B.Ch., D.A.O. (Dublin), Professor of Pathology from 1902 to date. Acted as Professor of Anatomy on three occasions for over two years. Honours in Anatomy. Was for one year House Surgeon for St. Mark's Ophthalmic and Aural Hospital, Dublin. House Surgeon for two months at Wolverhampton Eye Infirmary. Third House Surgeon with Ophthalmic duties at Leicester Infirmary for nine months. Course in Ophthalmic Pathology at Moorfields Hospital, Special course in Pathology when on study leave.

Captain W. C. Gray, M.B., Ch.B. (Aberdeen). Was specially trained by Colonel Elliot for nine months before he went home in 1913. Professor of Biology for one year and six months, 1911 to 1913. Studied Mental Diseases for over three years at home. Had a course of Midwifery, Rotunda Hospital, Dublin. During the medical course took Honours in Biology. Attended courses at West London Post Graduate Hospital, Eye Departments.

Chair of Physiology (1890 to 1913)

Surgeon-Lieut. Colonel E. F. Drake-Brockman, F.R.C.S. (England), L.R.C.P. (London), held the Professorship from 1890 to 1894, *i.e.*, for four years. He was on leave from October, 1892, to April, 1894, when Surgeon-Major T. H. Pope, M.D., B.Sc., F.R.C.S. (Edinburgh), acted for him. The latter held it permanently from April, 1894, to July, 1901—seven years.

[N.B.—The Professorships of Ophthalmology and Physiology were separated from 1st July, 1901.]

Major F. J. Crawford, M.D. (Ireland) was Professor from 1901 to April, 1905, *i.e.*, for four years, and Major C. Donovan, M.D., B.Ch., B.A.O. (Ireland), acted for him.

Major (now Lieut.-Colonel) C. Donovan succeeded him, and holds the chair to the present day, *i.e.*, for over eight years. During this period he was on leave twice when Major (now Lieut.-Colonel) Foulkes, F.R.C.S. (England), M.R.C.P. (London), and Captain A. C. Ingram, M.D., B.C., D.P.H. (Cantab.), M.R.C.S. (England), L.R.C.P. (London), acted for him.

QUALIFICATIONS

Surgeon-Lieut.-Colonel E. F. Drake-Brockman, F.R.C.S. (England), L.R.C.P. (London), see remarks under "Ophthalmology."

Lieut.-Col. T. H. Pope, M.D., M.S., B.Sc., F.R.C.S. (Edinburgh), see remarks under "Ophthalmology."

Major (afterwards Lieut.-Colonel) F. J. Crawford, M.D. (Ireland), see remarks under Surgery.

Lieut.-Colonel C. Donovan, B.A., M.D., B.Ch., B.A.O. (Ireland). Has undertaken special advanced work in Physiology and Biology for M.A. degree before entering for Medicine. Advanced course in Chemical Physiology under Professor Halliburton. Has studied the working of the physiological laboratories of Edinburgh. Has specialised on Tropical Medicine and has world-wide fame as the co-discoverer with Leishman of the parasite of kala-azar.

Major (now Lieut.-Colonel) T. H. Foulkes, F.R.C.S. (England), and M.R.C.P. (London), was Superintendent of the Medical School, Vizagapatam, and had large experience in teaching.

Captain A. C. Ingram, M.D., B.C., D.P.H. (Cantab.), M.R.C.S. (England), L.R.C.P. (London), was previously Professor of Pathology for eight months, and is a good teacher.

Chair of Pathology (from 1891 to 1913)

Surgeon-Major (now Colonel) J. Smyth, M.D., M.S. (Ireland), was Professor from March, 1891, to December, 1897, *i.e.*, for over six years. He was absent once during this time when Surgeon-Captain O. L. Williams, M.D., M.Sc. (Edinburgh), acted for him. He was also on other duty when Surgeon-Captain G. C. Giffard, M.R.C.S. (England), M.R.C.P. (London), acted for him.

Surgeon-Captain G. G. Giffard, M.R.C.S. (England), M.R.C.P. (London), succeeded Surgeon-Major Smyth, M.D., in December, 1897, and held it

APPENDIX XXVIII. (continued).

till November, 1899, for two years Captain H. St. J. Fraser, M.R.C.S. (England), and L.R.C.P. (London), succeeded Captain G. G. Giffard, M.R.C.S. (England), M.R.C.P. (London), in November, 1899, and held it till October, 1903, *i.e.*, for four years; during this period Captain H. Kirkpatrick, M.B., B.Ch., B.A.O. (Dublin), and Captain W. H. Tucker, M.R.C.S. (England), L.R.C.P. (London), acted for him.

Captain (now Major) H. Kirkpatrick, M.B., B.Ch., B.A.O. (Dublin), has occupied the Chair from October, 1903, to the present day, *i.e.*, ten years. He was absent on leave and was on other duty during this period, when Captain (now Major) F. F. Elwes, M.D. (London), M.R.C.S. (England), L.R.C.P. (London), Captain D. G. Rai, L.R.C.P. (Edinburgh), Captain Tucker, M.R.C.S. (England), L.R.C.P. (London), Captain J. W. Illius, M.R.C.S. (England), F.R.C.S. (Edinburgh), Captain Ingram, M.D., and Captain T. W. Harley, B.A., M.B., B.Ch., B.A.O. (Dublin), acted for him.

QUALIFICATIONS

Surgeon-Major (Now Colonel) J. Smyth, M.D., M.S. (Ireland).

Surgeon-Captain (now Lieut.-Colonel) G. G. Giffard, M.R.C.S. (England), M.R.C.P. (London), see remarks under Surgery.

Captain H. St. J. Fraser, M.R.C.S. (England), L.R.C.P. (London) (deceased).

Major H. Kirkpatrick, M.B., B.Ch., B.A.O., B.A., F.C.D., L.M. (Dublin), see remarks under Ophthalmology

Major C. L. Williams, M.D., M.S. (Edinburgh).

Major F. F. Elwes, M.D. (London), M.R.C.S. (England), L.R.C.P. (London), see under Medicine

Captain D. G. Rai, L.R.C.P. (Edinburgh), L.R.C.S. (Edinburgh), L.F.P. & S. (Glasgow).

Captain W. H. Tucker, M.R.C.S. (England), L.R.C.P. (London), special course in Pathology, St. Thomas' Hospital, Assistant Pathology laboratory, St. Thomas' Hospital.

Captain J. W. Illius, L.R.C.P. (London), F.R.C.S. (Edinburgh) Assistant House Surgeon and Pathologist, Southampton Hospital for a year; House Physician and Pathologist, Norfolk Norwich Hospital, for about five months. Special course in Elementary Bacteriology and Midwifery. Was engaged in medico-legal work while District Medical and Sanitary Officer, Guntur and South Arcot.

Captain A. C. Ingram, M.D., B.C., D.Ph. (Cantab.), M.R.C.S. (England), L.R.C.P. (London).

Captain T. W. Harley, B.A., M.B., B.Ch., B.A.O. (Dublin).

Chair of Biology (from 1893 to 1913)

Lecturers on an annual honorarium were appointed till July, 1901, after which date Indian Medical Service officers held the Chair.

Dr. J. R. Henderson, M.B., was Lecturer from 1893 to 1896.

S. K. Reynolds, Esq., M.A., in 1897.

Dr. A. G. Bourne, D.Sc., F.R.S., F.L.S., in 1898.

Dr. J. R. Henderson, M.B., in 1899 and 1900.

The Indian Medical Service officer who was appointed to the Chair for the first time was Captain (now Major) W. J. Niblock, M.B., F.R.C.S.I., who held it from 1st July, 1901, to April, 1908, *i.e.*, for seven years.

When he was on other duty or absent on leave Captain F. F. Elwes, M.D. (London), M.R.C.S. (England), L.R.C.P. (London), Captain E. W. Browne, M.R.C.S. (England), M.R.C.P. (London), and Captain T. W. Harley, B.A., M.B., B.Ch., B.A.O. (Dublin), acted for him.

Major T. H. Symons, M.R.C.S. (England), L.R.C.P. (London), was permanent Professor from November, 1909, to August, 1912, *i.e.*, for three years, when Captain T. W. Harley, M.B., B.Ch., B.A.O. (Dublin), Major W. J. Niblock, M.B., B.Ch., F.R.C.S. (Ireland), B.A.O. (Dublin), Captain L. Hirsch, M.R.C.S. (England), L.R.C.P. (London), and Captain W. C. Gray, M.B., Ch.B. (Aberdeen), acted for him.

Captain W. C. Gray, M.B., B.Ch. (Aberdeen), acted from August, 1912, till December, 1913. Captain E. W. C. Bradfield, M.S. (London), F.R.C.S. (Edinburgh), holds the office at present.

QUALIFICATIONS.

Major W. J. Niblock, M.B., B.Ch. (Ireland), B.A.O. (Dublin), F.R.C.S. (Ireland), special course in General Biology and Anatomy, in Queen's College, Belfast, and Royal College of Surgeons, Dublin.

Major T. H. Symons, M.R.C.S. (England), L.R.C.P. (London), see remarks under Surgery.

Captain T. W. Harley, B.A., M.B., B.Ch., B.A.O. (Dublin), special course in Anatomy, Applied Anatomy, Embryology and Physiology in Trinity College, Dublin.

Major F. F. Elwes, M.D. (London), M.R.C.S. (England), L.R.C.P. (London), see remarks under Medicine

Mr. E. W. Browne, M.R.C.P. (London), M.R.C.S. (England), see remarks under Medicine

Captain L. Hirsch, M.R.C.S. (England), L.R.C.P. (London).

Captain W. C. Gray, M.B., Ch.B. (Aberdeen), took honours in Biology during his medical course.

Captain E. W. C. Bradfield, M.S. (London), F.R.C.S. (Edinburgh), senior science scholar, St. Mary's Hospital, London, and Demonstrator of Biology.

Chair of Chemistry (from 1892 to 1913)

Surgeon-Major (afterwards Lieut.-Col.) J. L. VanGeyzel, M.B., F.I.C., occupied the chair from October, 1892, to July, 1911, *i.e.*, for 19 years. During this period he was on leave four times when Major K. C. Sanjana, Major (now Lieut.-Col.) T. H. Pope, M.D., B.Sc., Captain (now Major), A. Miller, M.B., F.I.C., acted for him. He retired in July, 1911, and Major A. Miller succeeded him, and is now occupying the chair for the last two years and seven months.

QUALIFICATIONS.

(The Professors of Chemistry are also Chemical Examiners to Government, and as such had probationary training in chemical laboratories.)

Lieut.-Col. J. L. VanGeyzel, M.B., M.S. (Aberdeen), F.I.C.

Major A. Miller, M.D. (London), M.R.C.S. (England), L.R.C.P. (London), F.I.C., worked in the Chemical Department of King's College, London, for two years.

Major K. C. Sanjana, L.R.C.S. (Edinburgh), L.S.A. (London).

Chair of Hygiene (from 1892 to 1913)

This chair was held by Surgeon-Captain A. E. Grant, M.B., from March, 1892, to 1904, but he actually performed duties till September, 1900—eight years.

During the absence of this officer Captain (now Colonel) R. Robertson, M.B., M.S. (Glasgow), and Captain (now Major) J. W. Cornwall, officiated.

Captain J. W. Cornwall, M.A., M.D., D.O., D.P.H., D.T.M. (Cantab.) held permanent charge from December, 1903, to April, 1908—over two years and three months. During his absence Captain Christopher, M.D., B.S. (Victoria University), and Captain (now Major) F. F. Elwes, acted.

Captain W. A. Justice, M.B. and C.M. (Aberdeen), D.P.H. (Cantab.), was professor from April, 1906, to February, 1907—nearly one year.

The following officers thereafter held the chair, *sub. pro tem.* or acting:—

Captain W. J. Scroggie, M.R.C.S. (England), L.R.C.P. (London), from April, 1907, to October, 1908

Captain R. B. B. Foster, B.A., M.B., B.Ch., B.A.O. (Dublin), L.M. (Dublin), Rotunda Hospital, D.P.H. (Cantab.), from October, 1908, to February, 1910.

Captain E. A. Roberts, M.R.C.S. (England), from February, 1910, to July, 1910, was specialist in Bacteriology while in Military employ was formerly officiating Assistant Director of Pasteur Institute, Kasauli.

Captain M. J. Quirke, M.B., Ch.B. (Birmingham), D.P.H. (Cantab.), from July, 1910, to October, 1910. Certificate of London School of Tropical Medicine, 1907. Specialist in Prevention of Diseases while in Military employ. House Surgeon, Queen's Hospital, Birmingham, for eight months.

APPENDIX XXVIII. (continued).

Major T. S. Ross, L.R.C.P., L.R.C.S. (Edinburgh), D.P.H. (Cantab), from October, 1910, to November, 1911. Attended special course of six months' lectures and laboratory work in Hygiene and Bacteriology, University College, London, 1907-08, and at Netley. Health officer, Corporation of Madras, for eight years.

Major F. F. Elwes, M.D. (London), M.R.C.S. (England), L.R.C.P. (London), from January, 1912, to December, 1912, see remarks under medicine.

Captain A. J. H. Russell, M.A., M.B., B.Ch., M.D., St. Andrew's University, D.T.M. (Liverpool), from December, 1912, up to date. Has attended all courses required for D.P.H. Was acting Assistant Professor of Pathology and Bacteriology (summer), St. Andrew's University. Medalist in Public Health and Jurisprudence, M.B. class, St. Andrew's University, 1904. Medalist in Pathology and Bacteriology, theoretical and practical, St. Andrew's University, M.B. class, 1904-05.

Specialist in Preventive Medicine and charge of Brigade Bacteriology Laboratory while on Military duty for three years.

Attended the Kasauli Research Institute course in Bacteriology.

Awarded the Carnegie Research Scholarship in 1907.

For qualifications of Col. R. Robertson see under Medicine.

QUALIFICATIONS OF THE PERMANENT OFFICERS

Surgeon Captain (afterwards Major) A. E. Grant, M.B. (Edinburgh), an enthusiastic sanitarian. Author of the Indian Manual of Hygiene. Established the Hygiene Laboratory in the Medical College.

Captain (now Major) J. W. Cornwall, M.A., M.D., B.O., D.P.H., D.T.M. (Cantab). Fellow of the Linnean Society. Fellow of the Royal Institute of Public Health. Member of the Royal Sanitary Institute. Was on Plague and General Sanitary duty in Sind, 1897-98. Was Health Officer, Corporation of Madras, for four years till 1902.

Captain (now Major) W. A. Justice, M.B. and C.M. (Aberdeen), D.P.H. (Cantab). Was District Medical Officer on Plague duty in Bombay and Calcutta for four and a half years. Was in charge of Laboratory Station Hospital, Secunderabad. Took special courses in Tropical Diseases, Bacteriology and Sanitation at Royal Army Medical College, London, 1905.

The Chair of Medical Jurisprudence (1893 to 1913).

Surgeon Major J. Maitland, M.D., was permanent Professor of Medical Jurisprudence from August, 1893, to August, 1895, and held it for two years.

Surgeon-Lieut.-Col. A. J. Sturmer, M.R.C.S. (England), L.R.C.P. (London), succeeded Major J. Maitland, M.D., in August, 1895, and held office till July, 1901, for six years. During this period Lieut.-Col. G. L. Walker, M.D., acted for him once.

Lieut.-Col. W. B. Browning, L.R.C.S. and L.K.Q.C.P. (Ireland), held this Chair from July, 1901, to May, 1906, i.e., for five years. During this period he was on other duty on two occasions when Captain T. E. Watson, M.B., M.S. (Edinburgh), and Major E. H. Wright, M.R.C.S. (England), L.R.C.P. (London) and F.R.I.P.H., acted for him.

When Lieut.-Col. W. B. Browning, L.R.C.S. and L.K.Q.C.P. (Ireland), was promoted as Principal of the College, Major E. H. Wright was appointed to succeed him in June, 1906. He did not join the appointment, but Captain (now Major) Webster, F.R.C.S., L.R.C.P. (Edinburgh), L.F.P.S. (Glasgow), was acting from June, 1906, and holds the Chair permanently from May, 1909 to the present day. He is now Professor for eight years.

The following acted for him during his absence:— Captain L. Hirsch, M.R.C.S. (England), L.R.C.P. (London).

Captain J. W. Ilius (now acting), M.R.C.S. (England), L.R.C.P. (London), F.R.C.S. (Edinburgh).

Summary of Qualifications.

Medicine.—Of the four permanent officers who occupied this Chair since 1891, two were M.D.

(Ireland), one M.D. (London), and one was M.B. (Glasgow). Three officiated, one of whom was M.B., B.S. (Durham), one L.K.Q.C.P. (Ireland), and L.R.C.P. (Ireland), and the other M.R.C.S. (England), M.R.C.P. (London).

Surgery.—Of the six permanent Professors since 1890, one was M.D. (Ireland), and M.Ch. R.U.I., one was M.D.C.M. (Edinburgh), one L.R.C.S. (Ireland), two M.R.C.S. (England), and one M.B., B.Ch., F.R.C.S. (Ireland). Two officers who were M.D., one M.S., and the other B.S. (Ireland), and one M.R.C.S. (England), L.R.C.P. (London), officiated.

Materia Medica.—Four held the Chair permanently from 1893, of these one was M.D. (Ireland) and the others were M.R.C.P. (London), M.R.C.S. (England), or both. Eight others officiated, one M.D., M.S. (Edinburgh), one M.B., M.S. (Glasgow), three M.R.C.S. (England), one L.R.C.P., L.R.C.S. (Edinburgh), one M.D., B.Ch. (Cantab), and one M.B., B.Ch. (Manchester).

Clinical Surgery.—No separate Chair.

Anatomy.—Of the five permanent officers who had charge of this Chair since 1891, three were M.D., M.S. (Ireland), one M.B., B.Ch., F.R.C.S. (Ireland), and the other M.R.C.S. (England), L.R.C.P. (London). Six officiated, one of whom was M.D., M.S. (Ireland), one M.B., B.S. (London), one M.B., B.Ch. (Dublin), one M.B., B.Ch. (Aberdeen), one M.R.C.S. (England), and one M.S. (London), F.R.C.S. (Edinburgh).

Midwifery.—Of the four permanent officers who held this office since 1880, one was M.B. (London), M.R.C.S. (England), one M.D., C.M., and the two others, one M.R.C.S. (England), M.R.C.P., and one M.R.C.S., and L.R.C.P. (London). Two others officiated, who were M.R.C.S. (England), L.R.C.P. (London), and one also held F.R.C.S. (Edinburgh).

Ophthalmology.—Three officers have held this professorship permanently since 1890, one was F.R.C.S. (England), one M.D., M.S. (Edinburgh), and one M.D. (London), D.Sc. (Edinburgh), F.R.C.S. (England). Two officers who were M.B., B.Ch., (Dublin and Aberdeen) and one M.R.C.S. (England), L.R.C.P. (London), officiated during the period.

Physiology.—Four officers held this Chair permanently from 1892, of whom one was F.R.C.S., L.R.C.P. (England), one M.D., B.Sc., F.R.C.S. (Edinburgh), one M.D. (Ireland), and the present officer B.A., M.D., B.Ch., B.A.O. (Ireland). Of the three acting officers one was M.R.C.S. (England), and L.R.C.P. (London), one F.R.C.S. (England), M.R.C.P. (London), and the other M.D., B.S. (Cantab.) M.R.C.S. (England), L.R.C.P. (London).

Pathology.—Four permanent officers since 1891. One M.D., M.S. (Ireland), one was M.R.C.P. (London), M.R.C.S. (England), one M.R.C.S. (England), L.R.C.P. (London), and one M.B., B.Ch. (Dublin). Seven officers officiated during the period. One was M.D., M.S. (Edinburgh), one M.D. (London), M.R.C.S. (England), one M.D., B.C. (Cantab.), one M.B., B.S. (Dublin), and the others M.R.C.P., L.R.C.P., F.R.C.S., or M.R.C.S.

Biology.—Before 1st July, 1901, this Chair was filled by a lecturer nominated by Government, who drew an honorarium for the course.

After that date it was held by Indian Medical Service officers.

Three were permanent, one of whom is M.B., F.R.C.S.I., one M.R.C.S., L.R.C.P. (England), and the present holder is M.S. (London), and F.R.C.S. (England). Five others officiated. All the officers had special study of the subject in England, and some had obtained honours.

Chemistry.—Always held by Indian Medical Service officers, who are also Chemical Examiners to Government.

Of the two permanent officers since 1892 one was M.B., C.M. (Aberdeen), F.I.C., and the other M.B. (London), M.R.C.S. (England), L.R.C.P. (London), F.I.C. One officer acted who was L.R.C.S. (Edinburgh), and L.S. Apothecaries.

APPENDIX XXVIII. (continued).

Hygiene.—Three permanent and eight officiating incumbents held office since 1892. The officers appointed to this chair have invariably been Diplomates of Public Health. Two of them have been Health Officers of the Corporation of Madras, and a few others specialists in Prevention of Diseases while in Military employ.

Medical Jurisprudence.—Four permanent holders, one M.D. (Edinburgh), one F.R.C.S. (Edinburgh), one M.R.C.S. (England), one L.R.C.S. (Ireland) and L.K.Q.C.P.

Five officers have acted—

- One M.D. (Dublin)
- One M.B., M.S. (Edinburgh)
- One F.R.C.S. (Edinburgh).
- Two M.R.C.S. (England).

Frequency of Moves.

Medicine—1891-1913—Four permanent incumbents holding for 4, 5, 11 years and 1 year, respectively.*

Materia Medica—1893-1913.—Four permanent officers, 8, 2, 5 and 5 years, respectively.

Surgery—1890-1913.—Six permanent incumbents, 5, 7, $\frac{3}{4}$, 3, 4 and 3 years*

Clinical Surgery.—No separate chair.

Anatomy—1891-1913.—Five permanent officers, 11, 1 $\frac{1}{2}$, 3, 3 and 1 $\frac{1}{2}$ years.*

Midwifery—1880-1913.—Four permanent officers, 18, 7 years, 11 months (died), and 7 years.*

Ophthalmology—1890-1913.—Three permanent incumbents, 4, 10 and 9 years.*

Physiology—1892-1913.—Four permanent incumbents, 4, 7, 4 and 8 years.*

Pathology—1891-1913.—Four permanent officers, 6, 2, 4 and 10 years.*

Chemistry—1892-1913.—Two permanent officers, 1 $\frac{1}{2}$ and 2 $\frac{1}{2}$ years.*

Biology—1893-1913.—Three non-Indian Medical Service lecturers, on an annual honorarium held the chair till July, 1901—one for six years, and the two others for one year each. The three permanent Indian Medical Service officers held the chair for two, six and three years.

Hygiene—1892-1913.—Three permanent officers for eight, two, and about one year, after 1907 seven Indian Medical Service officers held the chair, either acting or sub. *pro tem.*, no permanent officer being appointed.

* The last still holding the post.

APPENDIX No. XXIX.

(Referred to in paragraph 58089—Surgeon-General Lyons' evidence)

Statement by Surgeon-General R. W. S. Lyons regarding the professorial appointments in the Grant Medical College, Bombay.

1. No criticisms regarding the defective qualifications of professors have been made.

2. Lack of teaching experience has been criticised, and also

3. Frequency of moves for administrative reasons, resulting in breach of continuity of instruction.

I.—QUALIFICATIONS.

Medicine.—Of the three officers who have occupied this chair since 1888, one was an M.R.C.S., L.S.A. (Lond.), the other two were university graduates holding the M.D. M.Ch. (Queen's University, Ireland), and the M.B. (Lond.), respectively.

Surgery.—Of the four officers who have occupied this chair since 1882, one was L.Ch. (Dublin), the other three F.R.C.S. (Eng.).

Midwifery and Gynaecology.—Of the three officers who have occupied this chair since 1882, all were university graduates holding the M.D., C.M. (Glas.), M.D. (Durh.) and M.B., C.M. (Edin.), respectively.

Ophthalmology.—Of the three officers who have occupied this chair since 1872, one was F.R.C.S. (Eng.), the other two university graduates holding the M.D., C.M. (Aberdeen), and M.B. (Edin.), B.Ch. (Dublin), respectively.

Pathology.—Of the three officers who occupied this chair since 1889, all were university graduates holding M.B. (Lond.), M.D., B.S. (Lond.) and M.B., B.S., M.R.C.P. (Lond.), respectively.

Anatomy.—Of the five officers who occupied this chair since 1881, four were F.R.C.S. (Eng.) and one M.S. (Bombay), recently appointed.

Physiology and Hygiene.—Of the two officers who occupied this chair since 1889, both were university graduates holding the degrees M.D., B.S. (Lond.) and M.D., B.C. (Cantab.), respectively.

Materia Medica.—This chair was held by many officers who were all well qualified. It formed a collateral duty of the Resident Surgeon, St. George's Hospital, Bombay.

Chemistry and Medical Jurisprudence.—Of the two officers who occupied this chair since 1889, one was M.R.C.S. (E.), L.R.C.P. (I.), F.R.S.E., F.I.C., the other M.B., B.Ch. (Edin.).

Biology (Minor Chair).—Since 1907 this chair has been held by two incumbents, one M.B., M.Ch. (Dublin) and the other L.M. and S. (Bombay).

Physics (Minor Chair).—Since 1907 this chair has been occupied by four incumbents, who were M.B.,

B.Ch. (Edin.), M.R.C.S. (Eng.), L.R.C.P. (I.), B.Sc. (Bombay) and L.M. and S. (Bombay), respectively.

Botany (Minor Chair).—This chair was abolished in June, 1910. From 1885 to 1910 it was held by two incumbents, one of whom held M.D., B.Sc., C.M. (Edin.), the other M.B., M.Ch. (Dublin).

Bacteriology (Minor Chair).—Since 1907 this chair has been occupied by one incumbent without any interruption. He is a M.A., B.Sc., M.D. (Bombay), M.R.C.P. (Lond.), D.P.H. (Lond.).

2.—LACK OF TEACHING EXPERIENCE.

As far as possible, the principle followed at home of the teacher of one subject succeeding to the chair in an allied subject has been carried out, giving much longer tenure to the professorial staff. For example, the Chair of Pathology was held for 12 years by the present occupant of the Chair of Medicine, which latter he has already held for 11 years, making 23 years on the professorial staff.

Similarly, the Chair of Anatomy was held by three officers for periods of 12, 8 and 9 years, who subsequently held the Chair of Surgery for 11, 7 and 3 years, respectively. Again, the Chair of Physiology was held by one officer for 13 years. He succeeded to the Chair of Pathology, which he held for 11 years.

In other cases, officers who have successfully officiated for short periods during the absence on leave of the holder of the chair, or who have proved successful teachers in one of the medical schools (Poona, Ahmedabad, or Hyderabad) have been appointed, first to act, and subsequently, when the chair became vacant, to succeed to it.

Medicine.—Of the three officers who held this Chair, one had been professor of materia medica. A second had been a teacher in the Poona Medical School and officiated as Professor of Medicine in the Grant Medical College on two occasions, for three and 11 months respectively, eventually succeeding to the chair on the death of its incumbent from plague. The third had been professor of pathology in the college and officiated for nearly two years while the incumbent was on furlough. He eventually succeeded when the chair was vacated.

Surgery.—Of the four officers who have held this chair, all had been Professors of Anatomy in the college.

Midwifery and Gynaecology.—Of the three officers

APPENDIX XXIX. (continued)

who held this chair, one had been a teacher of Midwifery at the Poona Medical School and afterwards held the Chair of Pathology, Grant Medical College, from which he was appointed Professor of Midwifery. The second had previously acted as Professor of Physiology, and on another occasion of Pathology, Grant Medical College. The third taught Midwifery in the Poona Medical School for some years before his appointment.

Ophthalmology.—Of the three officers who occupied this chair, one officiated for three years, 1872 to 1875, and was afterwards confirmed. This appears to have been the creation of this chair. The second acted as Professor of Anatomy. The third had no teaching experience.

Pathology.—Of the three officers who occupied this chair, all had officiated in it for varying periods before being appointed.

Anatomy.—Of the five occupants of this chair the four who were F.R.C.S. were most probably Demonstrators of Anatomy in their schools at home. The fifth, who has recently been appointed, was specially selected in India for this post.

Physiology and Hygiene.—The first of the two occupants was specially selected in England for the post, at the instance of the Government of Bombay, it is believed by the Secretary of State for India, and qualified himself to hold the post by entering the Indian Medical Service. The second was appointed because he had specially qualified himself for this work at Cambridge University, and presumably had been an Assistant Demonstrator.

Materia Medica.—No previous teaching facilities are usually available in the case of those appointed to this chair, as no class assistants or demonstrators are employed.

Among the occupants of such minor chairs previous teaching experience is rare, as these appointments are generally given as first appointments to junior officers.

3.—FREQUENCY OF MOVES

This is a matter which is most frequently and strongly emphasised in criticisms of the professorial arrangements. Breaches of continuity in teaching must, however, be far more frequent in India than at home, because of sickness and leave among the staff, and these will occur whether the chairs are occupied by Indian Medical Service or non-Indian Medical Service teachers.

Sickness occurs more frequently in this country

than in Europe, as is evident from the much higher death rate, and if officers are to maintain their physical and mental energies and also, which is even more important, bring themselves up to date in western methods and the more recent advances in medical science, periodical visits to Europe be come a necessity.

From the history of the chairs, which will now be examined in detail, it will be seen that with a single exception (*Materia Medica*) the chairs have been held for long periods.

Medicine, 1888 to 1913.—There were three permanent incumbents, who held the chair for periods of over 8, 5 and 11 years, the last being the present incumbent.

Surgery, 1882 to 1913.—There were four permanent incumbents, who held it for periods of over 10, 11, 7 and 3 years, the last being the present holder.

Midwifery and Gynaecology, 1882 to 1913.—There were three permanent incumbents, who held it for periods of over 9, 19 and 2 years, the last being the present holder.

Ophthalmology, 1872 to 1913.—There were three permanent incumbents, who held it for periods of over 24, 11 and 6 years, the last being the present holder.

Pathology, 1889 to 1913.—There were three permanent incumbents, who held it for periods of 13, 10 and 1 year, the last being the present holder.

Anatomy, 1881 to 1913.—There were five permanent incumbents, who held it for periods of over 12, 8, 9, 3½ years, and a half-year, the last being the present holder.

Physiology and Hygiene, 1889 to 1913.—There were two permanent incumbents, who held it for periods of over 13 and 11 years the last being the present holder.

Materia Medica.—In this chair, as stated above, there have been frequent changes. Although these were undesirable, and arrangements have now been made to avoid them, it cannot reasonably be said that absence of continuity of teaching in this chair is of the first importance.

Chemistry and Medical Jurisprudence, 1889 to 1913.—There were two permanent incumbents, who held it for periods of over 20 and 4 years, the last being the present holder.

The minor Chairs of Bio'ogy, Physics and Bacteriology have been created as recently as 1907. Information regarding these will be found below in the full details given of each chair.

A short account of the professorial chairs of the Grant Medical College, Bombay

Chair of Medicine, 1888 to 1913

(1) This chair was held by Major R. Manser from November, 1888, until his demise early in January, 1897, a period of over eight years. During that time he was absent thrice on furlough, first from February, 1889, to October, 1890, when Lieutenant-Colonel D. E. Hughes acted for him; again from June, 1893, to September, 1893, and from December, 1894, to November, 1895, when Major R. W. S. Lyons acted for him.

(2) Major R. W. S. Lyons held this chair from January, 1897, to April, 1902, a period of over five years. During that time he was once absent on furlough from November, 1897, to October, 1899, when Captain L. F. Childe acted for him.

(3) Major L. F. Childe has been holding this chair since April, 1902. He was absent on furlough first, from June to November, 1906; second, from July to November, 1910, when Major C. H. L. Meyer acted for him on both those occasions; and lastly, his furlough has commenced from 31st March, 1913, and Major Gordon Tucker has been acting for him.

QUALIFICATIONS

Surgeon-Major Manser, M.R.C.S., L.S.A. (Lond.).
Brigade-Surgeon D. E. Hughes, M.D., F.R.C.S. (England).

Major (now Surgeon-General) R. W. S. Lyons, M.D. (Dublin).

Lieutenant-Colonel L. F. Childe, B.A., M.B. (Lond.).

Lieutenant-Colonel C. H. L. Meyer, M.D., B.S. (Lond.).

Major E. F. Gordon Tucker, M.B., B.S., M.R.C.P., L.R.C.P. (Lond.).

Chair of Surgery, Clinical and Operative Surgery, 1882 to 1913

(1) This chair was held by Lieutenant-Colonel W. Gray from August, 1882, to October, 1892, a period of over 10 years. During that period he was absent three times—first, from February, 1885, to April, 1886, when Major G. Bambridge was appointed to act; second, from December, 1887, to November, 1888, when Major S. O. B. Banks was acting; and, third, from April to October, 1892, when Major W. K. Hatch held the appointment.

(2) Major (afterwards Lieutenant-Colonel) W. K. Hatch held this chair from October, 1892, to November, 1903, a period of over 11 years; was twice on leave during the period—first, from April to December, 1894, when Major D. C. Davidson was appointed to act; and, again, from February, 1902, to November, 1903, when Major W. H. Quicke acted for him.

(3) Major (afterwards Lieutenant Colonel) W. H. Quicke held this chair from November, 1903, to December, 1910, a period of over seven years. During that time he was absent three times—

APPENDIX XXIX. (continued).

first, from December, 1904, to May, 1905; again, from May, 1908, to November, 1909; and, lastly, from December, 1909, to December, 1910. Major A. Street acted for him on all these occasions.

(4) Lieutenant-Colonel A. Street has been holding this appointment since December, 1910. During his absence on furlough from July, 1910, to April, 1911, Majors S. C. Evans and V. B. Bennett held this appointment for varying periods.

QUALIFICATIONS.

Lieutenant-Colonel W. Gray, L.M., L.Ch. (Dublin).

Surgeon-General G. Bainbridge, M.D., M.R.C.P.
Lieutenant-Colonel S. O. B. Banks, F.R.C.S (Ireland).

Lieutenant-Colonel W. K. Hatch, M.B., C.M. (Aberdeen), F.R.C.S (England).

Major W. H. Quicke, F.R.C.S. (England).
Major (now Lieutenant-Colonel) A. Street, M.B (Cantab.), F.R.C.S (England)

Major S. C. Evans, M.B., C.M. (Edin.).
Major V. B. Bennett, M.B., B.S. (Lond.), F.R.C.S (England)

Chair of Midwifery and Gynaecology from 1882 to 1913.

(1) This chair was held by Lieutenant-Colonel J. Arnott from May, 1882, to April, 1891, a period of nine years. During that period he was absent twice, first from August, 1883, to December, 1884, when Major D. N. Parakh held the chair; and again from August, 1889, to November, 1890, when Major R. J. Baker held the appointment.

(2) Major H. P. Dimmock held this chair from June, 1891, to April, 1911, a period of nearly 20 years. He was absent four times during that period—(1) May to December, 1898, and (2) from June to November, 1903, when Major M. A. T. Collie acted on both these occasions; (3) May to November, 1908, and (4) October, 1910, to April, 1911, when Major S. C. Evans acted on these two occasions.

(3) Major S. C. Evans has been holding this chair from April, 1911. He was on furlough from January to November, 1912, when Major A. W. Tuke acted for him.

QUALIFICATIONS.

Major J. Arnott, M.D., C.M. (Glasgow).
Major D. N. Parakh (not available).
Major R. J. Baker, B.A., M.D. (Dublin).
Major H. P. Dimmock, M.D. (Dur.), M.R.C.S., L.R.C.P.
Major M. A. T. Collie, M.B., C.M. (Aberdeen).
Major S. C. Evans, M.B., C.M. (Edin.).
Major A. W. Tuke, F.R.C.S., D.P.H.

Chair of Ophthalmology from 1872 to 1913

(1) This chair was held by Lieutenant-Colonel Maconochie from January, 1872, to May, 1896, a period of over 24 years. He was absent three times during the period—first, from May, 1878, to October, 1879, when Major G. Bainbridge was appointed to act; second, from May, 1886, to April, 1887, when Captain H. W. Boyd held the post; and third, from June, 1895, to May, 1896, when Captain H. Herbert filled the appointment.

(2) Captain H. Herbert succeeded Lieutenant-Colonel Maconochie in May, 1896, and held the chair until October, 1907, a period of over 11 years. He was absent three times during the period—first, from August, 1898, to November, 1899, when Major T. E. Dyson acted for him; second, from July, 1903, to September, 1904, when also Major T. E. Dyson acted for him; and third, from April to October, 1907, when Major P. P. Kilkelly filled the post.

(3) Lieutenant-Colonel P. P. Kilkelly has been holding this chair from October, 1907, to October, 1913 (and is still holding it). He was absent twice during that period—first, from June to December, 1909, when Lieutenant-Colonel A. Street and Captain L. P. Stephen held the appointment for varying periods; and second, from April, 1911, to November, 1913, when Major G. McPherson was appointed to act for him.

QUALIFICATIONS.

Lieutenant-Colonel G. A. Maconochie, M.D., C.M. (Aber.).

Major G. Bainbridge, M.D., M.R.C.P.

Captain H. W. B. Boyd, F.R.C.S.

Surgeon-Captain H. Herbert, F.R.C.S. (Eng.).

Major T. E. Dyson, M.B., C.M. (Edin.).

Lieutenant-Colonel P. P. Kilkelly, M.B. (Edin.), D.P.H. (Ber.), B.Ch. (Dub.).

Major G. McPherson, M.A., M.B., C.M. (Glas.).

Chair of Pathology from 1889 to 1913.

(1) This chair was held by Captain L. F. Childe from 1889 to 1902, a period of over 13 years. During that time he was absent twice—(a) from March to September, 1894, when Captain J. G. Hojel held it; and (b) from April to December, 1899, when Captain S. E. Prall filled the post.

(2) Major C. H. L. Meyer succeeded Major L. F. Childe in April, 1902, and held the chair until his retirement in March, 1913, a period of 11 years. He was absent four times during the period—(a) from February to November, 1903; (b) from September, 1907, to January, 1908; (c) from June to October, 1911; and (d) from April to June, 1912. Captain (now Major) E. F. Gordon Tucker officiated for him in the appointment on all these occasions.

(3) Major E. F. Gordon Tucker has been substantively appointed to this chair from March, 1913, *vice* Lieutenant-Colonel Meyer, but as he has been officiating in the Chair in Medicine, Major R. M. Carter has been holding the Pathology Chair since 15th March, 1913.

QUALIFICATIONS.

Lieutenant-Colonel L. F. Childe, B.A., M.B. (Lond.).

Lieutenant-Colonel J. G. Hojel, B.A., M.B., B.Ch. (Dublin).

Lieutenant-Colonel S. E. Prall, M.B., B.S. (Lond.).

Lieutenant-Colonel C. H. L. Meyer, M.D., B.S. (Lond.).

Major E. F. Gordon Tucker, M.B., B.S., M.R.C.P. (Lond.).

Major R. M. Carter, F.R.C.S., L.R.O.P. (Lond.), D.T.M. (Liverpool).

Chair of Bacteriology (Minor Chair), 1907 to 1913.

This chair was instituted from January, 1907, and has ever since been held by Dr. N. F. Surveyor, M.A., B.Sc., M.D. (Bombay), M.R.C.P. (Lond.), D.P.H. (Cantab.), without any interruption.

Chair of Medical Jurisprudence (Minor Chair).

The chair was originally combined with the Chair in Chemistry, from which it was separated in November, 1910, and has since then been combined with the Chair in Biology.

Dr. S. A. Powell has been holding this chair since November, 1910. During his absence on leave from October, 1911, to December, 1912, it was held by Dr. B. E. Ghaswalla, L.M. and S., Assistant Chemical Analyser to Government.

Chair of Anatomy from 1881 to 1913

(1) This chair was held by Captain W. K. Hatch from April, 1881 to April, 1893, a period of 12 years. During that time he was absent once, from May, 1886, to October, 1887, when Captain K. R. Kirtikar acted for him.

(2) Captain W. H. Quicke succeeded Major Hatch from April, 1893, and he held the Chair of Anatomy until November, 1901, a period of over eight years.

He was absent once during the period from September, 1895, to September, 1897, when Captain A. Street acted in the appointment.

(3) Captain Street held the chair from November, 1901, to December, 1909, a period of eight years. He was absent once during that time, *viz.*, from January to October, 1906, when Captain T. S. Novis officiated in the appointment.

APPENDIX XXIX. (continued)

(4) Captain T. S. Novis held the chair from December, 1909, to June, 1913, a period of over three and a-half years. He was once absent during that time from December, 1909, to November, 1910, when Captain L. P. Stephen held the post.

(5) Dr. Y. G. Nadgir has succeeded Major Novis in the Chair of Anatomy since June, 1913.

QUALIFICATIONS

(1) Lieutenant-Colonel W. K. Hatch, M.B., C.M. (Aberdeen), F.R.C.S. (England).

(2) Lieutenant-Colonel W. H. Quicke, F.R.C.S. (England).

(3) Lieutenant-Colonel A. Street, M.B. (Cantab.), F.R.C.S. (England).

(4) Major T. S. Novis, F.R.C.S. (England).

(5) Dr. Y. G. Nadgir, M.S. (Bombay).

Chair of Physiology, Histology and Hygiene,
1889 to 1913.

(1) This chair was held by Captain C. H. L. Meyer from January, 1889, to April, 1902, a period of over 13 years. During that time he was absent twice—(a) from March to November, 1890, when Captain L. F. Childe was appointed to it; and (b) from November, 1896, to September, 1897, when Captain S. E. Prall held it.

(2) Captain L. T. R. Hutchinson succeeded Major Meyer in April, 1902, and still occupies the chair. He has already held it over 11 years. He was absent twice during the period—(a) from November, 1907, to September, 1909, when it was held by Captain L. P. Stephen; and (b) from November, 1913, up to one year, and Captain H. S. Hutchinson has been acting for him.

QUALIFICATIONS.

(1) Lieutenant-Colonel C. H. L. Meyer, M.D., B.S. (Lond.). Lieutenant-Colonel L. F. Childe, B.A., M.B. (Lond.). Lieutenant-Colonel S. E. Prall, M.B., B.S. (Lond.).

(2) Major L. T. R. Hutchinson, M.A., M.D., B.C. (Cantab.), D.P.H. (Cantab.). Major L. P. Stephen, M.A., M.B., Ch.B. (Aberdeen), D.P.H. (Lond.), D.T.M. and H. (Cantab.). Captain H. S. Hutchison, M.B., B.Sc. (Glasgow).

Chair of Materia Medica.

This chair at present forms an adjunct to the duties of the Resident Surgeon, St. George's Hospital, Bombay. On the appointment of the full-time Professor of Pathology at the Grant Medical College in the near future, this chair is to be given to the Second Physician, J. J. Hospital, Bombay.

This is the only chair in which there have been several changes of the incumbent.

Captain A. F. W. King held it from December, 1904, to September, 1907; Captain T. S. Novis from September, 1907, to November, 1909; and during the subsequent four years it was held by five different officers for varying periods.

Chair of Chemistry and Medical Jurisprudence,
1889 to 1913.

(The minor Chair of Medical Jurisprudence was separated from the Chemistry Chair from November, 1910.)

(1) These chairs were held by Captain T. D. Collis Barry from May, 1889, to November, 1909, a period of over 20 years. He was absent four times during that period—(a) from May, 1898, to October, 1899, when Captain J. J. Bourke acted in the appointment; (b) from July to October, 1903; (c) from September, 1906, to January, 1908; and (d) from May, 1908, to November, 1909; and Captain W. H. Dickinson acted for him on the last three occasions.

(2) Captain W. H. Dickinson has been holding this chair from November, 1902, to date. He was absent twice during that time—(a) from November, 1909, to February, 1911; and (b) from February to November, 1913, when Captain B. Higham held the post.

QUALIFICATIONS.

Lieutenant-Colonel T. D. Collis Barry, M.R.C.S.E., L.R.C.P.L., F.R.S.E., F.I.C. Major W. H. Dickinson, M.B., B.Ch. (Edin.). Captain B. Higham, M.B., B.Sc. (Lond.)

Chair of Biology (Minor Chair), 1907 to 1913

This chair was instituted from January, 1907, and has ever since been held by Dr. S. A. Powell. He has been absent twice during the period—first, from July to October, 1908, when Major E. F. Gordon Tucker was appointed to act; secondly, from October, 1911, to December, 1912, when Dr. B. P. Karani filled the vacancy.

QUALIFICATIONS.

Dr. S. A. Powell, B.A., M.B., M.Ch. (Dublin). Major E. F. Gordon Tucker, M.B., B.S., M.R.C.P. (Lond.). Dr. B. P. Karani, B.A., L.M. and S.

Chair of Physics (Minor Chair), 1907 to 1913

This chair was created in June, 1907. It was first joined with the Chair in Chemistry, and as such was held by Captain W. H. Dickinson from June, 1907, to January, 1908, and again from May, 1908, to June, 1909; and by Lieutenant-Colonel T. D. C. Barry from January to May, 1908. It was separated from Chemistry in June, 1909, and was held by Dr. L. L. Joshi, B.Sc. (Bombay), from June, 1909, to December, 1912, without any break, and since January, 1913, it has been conferred on Dr. J. A. D'Souza, B.A., L.M. and S.

Chair of Botany (Minor Chair) from 1885 to 1910.

(This chair was abolished from June, 1910.)

(1) This chair was held by Dr. D. MacDonald from June, 1885, to June, 1902, a period of 17 years. He was absent once during the period, viz., from May to October, 1894, when Surgeon-Major K. R. Kirtikar held the chair.

(2) Dr. MacDonald was succeeded by Dr. S. A. Powell, who held the chair from June, 1902, to June, 1910, a period of eight years. He was once absent during the period from July to October, 1898, when Major S. C. Evans held the post.

QUALIFICATIONS.

Dr. D. MacDonald, M.D., B.Sc., C.M. (Edinburgh). Surgeon-Major K. R. Kirtikar (not available). Dr. S. A. Powell, B.A., M.B., M.Ch. (Dublin). Major S. C. Evans, M.B., C.M. (Edinburgh).

APPENDIX No. XXX.

(Referred to in paragraph 58089—Surgeon-General Lyons' evidence)

Statement by Surgeon-General R. W. S. Lyons to show the previous teaching experience of the present Professors of the Grant Medical College.

Professor of Surgery.—Prosector of Anatomy at Leeds one year; Assistant Demonstrator of Anatomy, Cambridge, three months; House Surgeon, Cambridge, three years; Private Coach at Cambridge; Superintendent Hyderabad

Medical School, two years; Professor of Anatomy, Grant Medical College, six years; Acting Professor of Surgery, four years.

Professor of Medicine (Acting)—House Surgeon at the London Hospital under Sir Frederick

APPENDIX XXX. (continued).

Treves, six months; subsequently Receiving Room Medical Officer and Anæsthetist, London Hospital, three months; Acting Professor of Pathology, Grant Medical College, and Second Physician J. J. Hospital for five years; full Professor Pathology, nine months.

Professor of Midwifery.—Demonstrator in Operative Surgery, Demonstrator in Botany; Demonstrator in Physiology, Edinburgh University; Lecturer in Obstetrics and Gynecology, B. J. Medical School, Poona, 1901 to 1908; Acting Professor of Obstetrics and Gynecology, Grant Medical College, Bombay, 1908.

Professor of Pathology (Acting).—Anatomy Demonstrator, St. George's Hospital, 1893; coached private classes in Anatomy and Materia Medica, 1899; coached private classes in Medicine, 1900; Demonstrator in Anatomy, Liverpool University, for final M.B., and Primary Fellowship, England, classes, 1911; Demonstrator in Physiology and Experimental Physiology, Liverpool University, for Primary Fellowship, England classes, 1911; Professor of Materia Medica, Grant Medical College, 1913; taught the Nursing Staff of the European General Hospital, Bombay, Anatomy and Physiology.

Professor of Ophthalmology.—Assistant Demonstrator Anatomy, Dublin University; Resident, City of Dublin Hospital; House Surgeon, Royal Victoria Eye Hospital, Dublin, under the late Sir Henry Swanzy; Clinical Assistant to Mr Treacher Collins and to Mr. Parsons at Moorfields Eye Hospital.

Professor of Chemistry.—Studied the theory of Chemistry at the Durham College of Science; practical at Tennant Alkali Works at Jarrow-on-Tyne; Chemist to the Marsden Pulp Works in County Durham; obtained the Fellowship of the Institute of Chemistry of Great Britain and Ireland, and also elected as a Fellow of the Chemical Society.

Professor of Biology (Not an Indian Medical Service Officer).—Demonstrator of Anatomy at the Royal College of Surgeons, Ireland, and also House Surgeon, Senior Resident Surgeon and Surgical

Registrar at the Royal Hospital, Belfast; taught Pathology at the Queen's College, and Surgical Registrar, Belfast.

Professor of Bacteriology (Not an Indian Medical Service Officer).—Tutor in Physiology under Lieutenant-Colonel Meyer from 1890 to 1892, two and a half years; taught Bacteriology to a Post Graduate class for three months in 1894 at University College (London) under Sir Victor Horsley; Clinical teaching to fourth year students at the J. J. Hospital since 1899 as Honorary Physician

Professor of Operative Surgery.—Private coaching, including Anatomy for Primary F.R.C.S., England; demonstrations in dissecting room to junior students at the London Hospital; Professor of Materia Medica, Grant Medical College, when Resident Surgeon, St. George's Hospital; Midwifery, when acting when Colonel Dimmock was on privilege leave; anatomy, four years, Grant Medical College.

Professor of Physiology and Hygiene (Acting).—Prosecutor in Anatomy at the Western Medical School, Glasgow, 1903-4; Student Demonstrator in Practical Physiology, 1902; House Surgeon, Glasgow Western Infirmary (this included teaching minor Surgery to students, 1906-07); House Physician to the Professor of Medicine, Glasgow Western Infirmary (this included the teaching of clinical methods and reporting cases to students, 1907); assisting the Pathologist, Glasgow Eye Infirmary, in the preparation of eye specimens for demonstration to students, 1906; Lecturer in Poona to Indian Teachers on tropical diseases, 1913; unofficial weekly demonstrations in Anatomy to certain students in the Sassoon Hospital, Poona.

Professor of Anatomy (not an Indian Medical Service Officer).—Teacher in Medical School, Hyderabad, 1½ years.

Professor of Physics.—Registrar in Grant Medical College, one year; Tutor in Pathology, Grant Medical College, two years; Honorary Assistant Physician, J.J. Hospital, two years.

Professor of Materia Medica.—Nil.

APPENDIX No. XXXI.

Representation of the Officers of the Indian Medical Service on Duty in the City of Bombay
(vide paragraph 58514).

We, the undersigned Medical Officers of the Indian Medical Service, holding appointments in Bombay City, beg to submit the following representation, with special reference to the Civil Medical Department, to the Joint Secretaries to the Royal Commission on the Public Services in India, in accordance with the instructions contained in Government Letter No. 1481, Public Service Commission of 1913, General Department, dated Bombay, 22nd February, 1913.

(I) Methods of Recruitment.—To continue the same as at present by open competitive examination in England.

Ample opportunities are afforded by the present system for the admission of Natives of India to the Service; the Army List shows that during the past five years 17.6 per cent. of the admissions consisted of Indians. We are of opinion that this proportion is too high, taking into consideration the fact that the service is primarily a military one, and that, if many Indian officers are transferred to Civil employ, the families of European officers in other Government services would have to be attended professionally by Indians.

We suggest that a much higher proportion of marks should be assigned for the oral and practical examinations than is at present demanded,

and that "Hindustani," if still a voluntary subject, be abolished from the entrance examination.

(II) System of Training and Probation.—That the course of instruction at Aldershot, after successfully passing the entrance competitive examination, be continued, but that, instead of going through a course at Millbank, officers should, after completing the period at Aldershot, be sent out to India and attached for six months to the large hospitals and schools of tropical medicine in the presidency towns in order to undergo a course of instruction in tropical diseases, bacteriology and hygiene. We are of opinion that the opportunities afforded in this country for acquiring a thorough knowledge of tropical diseases are infinitely superior to any that exist in Great Britain and that the Indian Government would in this way obtain a more highly trained staff of officers than is possible at present. The adoption of this proposal would also enable officers to acquire a thorough knowledge of the language of the country; by being insured six months' continuous residence in one place they would be enabled to secure continuity in teaching and good teachers, both of which they are often prevented from obtaining owing to the frequent transfers to which they are liable under the exist-

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ing system. Further, the proposed change would enable the heads of the Service in this country to gauge the professional capacity of junior officers and judge who were the best fitted to fill the important appointments belonging to the Service.

(III) **Conditions of Service.**—*Frequency of Transfers*—There is a feeling in the Service that officers are subjected to too frequent transfers. We recognise that the “exigencies of the Service” demand transfers, but the feeling exists that these moves are more frequent than in the other Services of Government. These sudden and frequent transfers often entail heavy pecuniary loss, and we consider that reasonable notice should, as far as possible, be given and more liberal travelling allowances granted.

(b) *Appointment of Director of Medical Services, Army Headquarters.*—We consider that the appointment of Director of Medical Services, Army Headquarters, should be held alternately by an officer of the Royal Army Medical Corps and the Indian Medical Service; as the order at present stands, this appointment “may” be held by an officer of the latter Service, but hitherto no officer of the Indian Medical Service has been appointed. Considering the comparative strengths of the British and Indian troops and of the two Medical Services in India we are of opinion that the same rule should apply as in the case of the other members of the Army Headquarters Staff.

(c) *Director-General of the Indian Medical Service.*—We are also of opinion that the appointment of Director-General of the Indian Medical Service should be held alternately by officers of the Bengal, Madras and Bombay Presidencies as long as these Presidential Services remain distinct

(IV) **Conditions of Salary.**—When the pay of Medical Officers was originally fixed it was specifically stated that the rates were based on the fact that Medical Officers (excepting those holding certain appointments) could augment their Government pay by private practice, and the same statement has been made from time to time in the printed memoranda issued by the India Office to prospective candidates for the Service. We request that these memoranda should be called for, as it will be seen that they also give prominence to the pay of only substantive appointments, and no mention is made of the period officers have to serve on considerably lower pay before obtaining these appointments; as a rule, it takes five to seven years’ service before an officer secures a substantive charge.

It is the experience of the Service that the opportunities for private practice are very limited, and that few officers can appreciably enhance their income in this way, as private practice is becoming more and more encroached upon by European and Indian practitioners. The bait held out is illusory and the present rates of pay are insufficient to provide against the increased cost of living in Europe and India—the frequent trips to Europe or the Hills which married officers have, for reasons of health, to give their families—and for the maintenance of two or more establishments and the education of their children. On the present rates it is practically impossible for the majority to set aside anything to amplify the totally inadequate pensions of those dependent on them. We are of opinion that men of the calibre of the majority of the officers in the Service would have been in a better position financially had they selected a professional career at home instead of entering the Service. If the statement be true that was made a few months ago, viz., that the present Chancellor of the Exchequer intended to organise a State Medical Service at home, with an initial pay of £500 a year, it indicates that, from a purely commercial point of view, the pay of the Indian Medical Service Officers is considerably below their market value, and very much so if one takes into account the various disabilities indicated above to which men serving in the tropics are subjected.

We are of opinion:—

(a) That the grade and substantive rates of pay should be raised proportionately to the increased cost of living since these rates were originally fixed.

(b) That the present rules regarding the “Lower Standard” Examination be entirely revised. As they stand they bear very hardly on junior officers, for not only has the examination itself become more severe in the past twenty years, but opportunities for remaining in one station for four or five months to acquire the language are seldom obtainable owing to the chronic short-handed condition of the Service. “Language Leave” for Medical Officers is an unknown privilege, and yet the passing of the examination at the very earliest possible moment is of the utmost importance owing to the fact that, until he does so, the young officer will not be allowed to draw the “Charge Allowance” for being in medical charge of an Indian regiment, although apparently considered (and quite justly) fit to do the work. The anomaly is rendered the more glaring when it is understood that if by any chance an officer of the Royal Army Medical Corps is put in officiating charge of an Indian regiment, he draws the “Charge Allowance” without any question as to whether he has passed the “Lower Standard” or not. Undoubtedly the equitable course would be to permit Indian Medical Service officers to draw officiating charge pay when in charge of regiments, with the proviso that if they do not pass the language test within one year the allowance will be suspended. A very widely and keenly felt grievance will thus be removed.

(c) That the increase in pay between the different ranks—Lieutenant to Captain, Captain to Major, Major to Lieutenant-Colonel, should be given in annual moieties

(d) That the distinction between first and second class Civil Surgeoncies should be abolished, and that the pay of all Civil Surgeons should not be less than Rs. 50 in excess of the same rank in regimental employ in consideration of the large amount of work and responsibility attached to Civil Surgeoncies and the absence of private practice in the majority of cases.

(e) That the allowances for jails, asylums, and similar charges should be on a more liberal scale. The supervision of these institutions is frequently performed by Civil Surgeons in addition to their ordinary duties, and the responsibility attached to these appointments is much greater than those appertaining to an ordinary Civil Surgeoncy, yet the allowances work out at from Rs. 2 to 4 per diem. We consider that they should be Rs. 5 to 10, according to the importance of the charge.

(f) The extra Military appointments of “Staff Surgeons” (except Poona and Bangalore, which are special whole-time appointments, provided for in the Cadre) and “Surgeon in charge of the Cantonment Hospital” should be equally and fairly divided between the Indian Medical Service and Royal Army Medical Corps, due regard being paid to the fact that the Cantonment Hospital charge is frequently the more valuable pecuniarily.

(g) Under the orders of the Finance Committee of 1887 (?) the grant of house-rent was withdrawn from all officers of the Indian Medical Service who were not debarred from private practice. We consider that this was too sweeping an economy. Officers coming to “act” in a Presidency Town appointment are unable to build up a practice in the six or twelve months they are “acting,” and, owing to the greatly increased professional competition in Presidency Towns, no officer can hope to create a practice under two or three years of sufficient value to compensate for the great cost of living. We understand that in the case of the Medical Storekeeper the Presidency House Allowance is to be withdrawn, although private practice is not allowed and no local allowance is granted in lieu thereof. We urge reconsideration of this matter. We recommend (1) that every officer hold-

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ing an "acting" appointment should draw house-rent; (2) that those appointed permanently should draw house-rent for three years; and (3) that the Presidency Surgeons, Second and Third Districts, Bombay, be allowed house-rent, as these appointments do not lead to private practice.

(h) We consider that the pay given in specialised appointments, such as Bacteriology, the Sanitary Department, Jails, Medical Storekeepers and Chemical Analysers is inadequate to attract and keep good men. In all these appointments the incumbents must have special training and aptitude for their work, and as in all scientific work a man's value increases with his experience, he thereby becomes more valuable to the State. The prospects in these specialised appointments are so poor that good men are forced to seek a transfer to appointments with better prospects.

(i) We also recommend that "Acting Allowances" whereby officers have to perform the same duties as the permanent incumbent on considerably less pay should be abolished, and the full pay of the appointment given to the "acting" officer in both the Military and Civil Services.

(V) **Conditions of Leave.**—(a) *Furlough.*—We are not in a position to speak definitely, but there is a strong feeling in the service that the reserve of 20 per cent. for leave and casualties is insufficient to meet the requirements of the Service. We understand that many applications for leave are refused at times when neither war, famine or epidemics exist, and that many officers are obliged to go on serving in the country until they are finally compelled to go home on sick leave. This presses hardly on those who, though they require and have earned their furlough, cannot obtain it on account of those who have been so compelled to go sick. We desire that this matter may be investigated, and the bearing of "Study Leave" on this same question particularly considered.

(b) *Casual leave.*—Considering the continuous and arduous nature of the duties of officers of the Indian Medical Service, especially in the Presidency Towns, and that they are compelled to work on Sundays and holidays, we are of opinion that, where it can be conveniently arranged, it would be in the interest of Government and the Service to grant a more liberal "Casual Leave" than the Regulations at present allow.

(VI) **Conditions of Pension.**—In the event of pay not being materially increased the value of the pensions should be raised. Under present conditions it is impossible for the great majority of the officers to save sufficient to provide an income to supplement their pensions, and few with families would be able to subsist in England on pensions of £600 and under, considering the increased cost of living and the heavy incidence of taxation.

(b) We strongly urge that the periods spent at Netley, and from the time of leaving Netley until arrival in India, should count towards promotion and pension; this concession has been granted to all officers entering after a certain date, and if it has been considered equitable for a certain number it is equally so for every member of the Service. Regarding the period between leaving Netley and arrival in the country, officers are granted leave without asking for it until it is convenient for Government to provide them with passages, and, if they travel by a trooper, they are required to perform duty on the voyage.

(c) *Family Pensions Fund.*—The pensions awarded to widows and children under the Family Pensions Fund appear to us very inadequate; they do not afford a bare subsistence under present conditions. We understand that the original object in establishing this fund was to ensure that the dependents of any officer who died in the public service should not be left absolutely destitute. Considering that few officers have private means, and that the majority cannot possibly save much, we are of opinion that the pensions thus provided

for surviving dependents are quite inadequate. The pensions for sons cease at the most critical period in their education or embarkation on a career in life; these pensions should continue to the age of 25. We also strongly urge that in the case of daughters who have become widows they should be again eligible for the pension towards which their fathers subscribed. The complete loss of all subscriptions on the death of wife or children is also a grave defect of the existing system. We are not in possession of actuarial knowledge to express a definite opinion on the subject, but we imagine that many Insurance Offices would give better terms, and we desire that the question should be investigated in the light of the following alternative proposal—That every officer on entering the Service should be required to insure his life in some first class Insurance Office, and that subsequently, if he marries and has children, he should increase the amount of his insurances. Under this proposal the potential value of an officer's subscriptions would not be lost under any contingency, and the State, by satisfying itself that the premia are regularly paid and that policies are not borrowed on, would ensure that dependents on those in the Service are not left destitute. We understand that in Germany and Austria it is compulsory for officers to satisfy the authorities before marriage that they can adequately provide for a wife and family.

(f) *Pensions of administrative grades.*—We also recommend that officers who attain the administrative grades which carry with them extra pensions should be given the option of drawing these extra pensions or a lump sum in lieu thereof. In all such appointments the age of an officer on retirement is between 55 and 60, and it is problematical how long he may enjoy this extra pension and thereby benefit those for whom he engaged to prolong his service in the country. Under present conditions it is feasible to commute a portion of a pension, but this is dependent on the applicant being in good health; the last years of a long service frequently impair the health and we think it reasonable that the choice should be given between a lump sum and the extra pension.

(VIII) **Relations of the Service with the Indian Civil Service and other Services.**—In view of the fact that the Surgeon-General is Head of an important Department of Government demanding specialised and technical knowledge, we are of opinion that all orders of Government relating to the Medical Department should be issued over the signature of the Surgeon-General.

(IX) **Other points.**—We beg to submit for consideration the following points which are not covered by the preceding heads:—

(a) *A policy for filling the higher specialised appointments of the Service.*—With a view to strengthening the position of the Service and disarming the criticism which has been made in the past as to the manner in which the higher appointments in connection with the Medical Colleges are filled, we recommend that facilities should be provided for training "under-studies" for all these important appointments. By the proposal made under the heading "System of training and probation" the Head of the Service will be in a position to judge what men should be selected as understudies, and steps should be taken by periodical "seconding" to ensure that an officer is kept in such an efficient state as ultimately to fill creditably the appointment for which he is intended. It must be recognised that it is the existence of such appointments which attracts men of high merit to the Service, but it must also be remembered that criticisms made to the effect that any officer may be called on to fill an important teaching appointment or pass from one professorship to another, are perfectly justifiable and are difficult to answer. If the proposal made be given effect to, it will place at the service of the State many more highly qualified officers than it now

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possesses—advantages which are incalculable in time of war and pestilence—and it will disarm the criticisms so frequently made.

It has been urged that all these important appointments should be filled by men brought out specially from home, and not borne on the strength of the Service, but, apart from the fact that these appointments form part of the vested interests of the Service, great difficulty would be experienced administratively in replacing the suggested temporarily imported men in the event of their wishing to resign or proceed on leave; if the leave were due to sickness it would be impossible to fill such vacancies at once.

(b) *The abuse of hospitals by the "well-to-do."*—It has long been recognised that the Government hospitals are patronised by patients who have no claim to gratuitous treatment—in fact, some hospitals have become subsidised nursing homes. We recognise that conditions must exist where the only alternative open to a patient is to enter a hospital, but, when the patient is in a position to pay, the Medical Officer should be allowed the fees for operation or attendance and a reasonable charge levied by Government to cover the cost of diet, medicines, dressings, etc. It has been suggested, we understand, that fees should be levied and credited to Government, but, as it is the particular professional skill of the Medical Officer which attracts the patient, and Government by creating these subsidised "Nursing Homes," encroaches on the rights of Medical Officers to private practice, we submit that the Medical Officer should receive the fees, just as his confrère in Europe or America does, whether the patient is in a private nursing home or the paying wards of a public hospital.

(c) *Fees for attendance on native chiefs, etc.*—Regarding the latest orders passed by the Government of India on the subject of fees for attendance on native chiefs, etc., we desire to state that considerable dissatisfaction exists in the Service; rates of remuneration have been fixed which compare very unfavourably with those which prevail at home, and it is known that native practitioners ask and obtain higher fees than Government has laid down for its own officers. We desire that this question should be again thoroughly considered in the light of what men in our profession in England obtain for consultations and operations.

(d) *The indigenous medical profession.*—Much has been said recently about the need for fostering the indigenous medical profession, European and Indian. We feel that when the question was first considered by the Indian Office the actual facts were not known, and the agitators' demands were listened to and acted on without critical examination. Some of the signatories of this representation have been in actual touch with the practice of their profession both on the Mofussil and in the City of Bombay for from 20 to 30 years, and are therefore well qualified to express their views. The indigenous profession is in a very active and virile state, and instead of 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 officers in the Service. Not only are many Europeans attended professionally by doctors educated in this country, but there are many more pure European private practitioners than existed some years ago. These permanently resident practitioners have an enormous advantage over the Service officers; whereas, owing to the latter being liable to transfer, the former gradually acquire the bulk of the practice,

because patients naturally go to those who are known to them rather than to an officer of the Service brought down a stranger to the City. The "family doctor" in every Indian household is, without exception, a doctor of their own community; if a member of the Service is called in, it is as a consultant. Further, the Service does not hold a monopoly of consultations for a certain number of Indian practitioners also enjoy this position. About 20 years ago a "union" was formed in this city composed of some members of the native profession, and one of the acts of this body was to form a bond to boycott "Service" medical officers. The influence of the "union" in this direction is still exercised. Regarding practice in the Mofussil towns the same remarks apply; it is practically entirely in the hands of Indian members of the profession.

We submit that this "Medical Union" is an admittedly anti-Service organisation, and that one of the primary objects of the agitation organised by this body is the gradual, and ultimately complete, acquisition of the higher appointments held by the Service. Whilst we recognise that certain appointments should be given to members of the profession belonging to this country when men of recognised ability are available, we would regard with apprehension any policy of Government which would ultimately jeopardise the appointments at present held by the Service, and which constitute some of its chief attractions. We submit that, in deciding what appointments should be allocated to members of the indigenous profession, care should be exercised that they should in no way be those which might ultimately be regarded as stepping stones to the higher appointments. If this precaution be not taken it will be found in a few years that when senior officers are going on leave or retiring, the "Union" will bring forward the claims of its protégés for these appointments. That this possibility is not hypothetical can be shown by instances which have occurred in the past. It is desirable to avoid such contingencies, as recurring agitations lead to much bad feeling.

In conclusion, we respectfully submit that it is the interests of the Service which require protection if its prestige and high traditions are to be maintained. By virtue of our profession we come in contact with the "masses" as men in no other Service can do and, unless our interests are guarded, men of the standard of those who in the past were a credit to their Service and to Government will cease to be attracted.

(Signed) J. Crimmin, V.C., C.I.E., Lt.-Col., I.M.S.; M. Collie, Lt.-Col., I.M.S.; J. G. Hojel, Lt.-Col., I.M.S.; A. Street, Lt.-Col., I.M.S.; F. E. Swinton, Lt.-Col., I.M.S.; S. H. Burnett, Lt.-Col., I.M.S.; S. Evans, Major, I.M.S.; G. MacPherson, Major, I.M.S.; W. G. Liston, C.I.E., Major, I.M.S.; E. F. Gordon Tucker, Major, I.M.S.; T. S. Novis, Major, I.M.S.; L. T. R. Hutcheson, Major, I.M.S.; R. M. Carter, Captain, I.M.S.; T. H. Gloster, Captain, I.M.S.; A. J. V. Betts, Captain, I.M.S.; J. A. G. Kunhardt, Captain, I.M.S.; W. D. H. Stevenson, Captain, I.M.S.; B. Higham, Captain, I.M.S.; F. R. Coppinger, Captain, I.M.S.; J. E. Scudamore, Lieut., I.M.S.

[Note—Subsequent to the drafting of the above we received copies of the representations of the officers of the Indian Medical Service in Civil employ in the Bengal Province and Madras Presidency. We desire to state that we agree on the points covered in these representations which are not referred to in this.]

APPENDIX XXXII.

APPENDIX No. XXXII.

(Referred to in paragraph 58276—Dr. Jehangir J. Cursetji's evidence)

Tabular statement showing varied professorial chair (often in non-kindred subjects) occupied by certain Indian Medical Service Officers at different times to suit the exigencies of the Service.

Name of officer	Appointments and chairs occupied by the officer	Name of officer.	Appointments and chairs occupied by the officer
Major L. P. Stephen	<ol style="list-style-type: none"> (1) Military Department up to 9th November, 1907. (2) Professor of Physiology and Hygiene, 9th November, 1907, to 1st October, 1909. (3) Ophthalmology, 15th May to 15th June, 1909, also 1st October to 17th December, 1909. (4) Anatomy, 18th December, 1909, to 3rd February, 1911 (5) Civil Surgeon, Tháná, Násik. <p><i>Numbers 2, 3 and 4 are not kindred subjects</i></p>	Major Novis	<ol style="list-style-type: none"> (1) Military duty up to 10th July, 1904 (2) Professor of Materia Medica, 11th July, 1904, 22nd September, 1904, 19th July, 1907, to 23rd February, 1909. (3) Professor of Anatomy, 28th September, 1904, to May, 1905, 24th February, 1909, to 30th November, 1909, 6th November, 1910, to March, 1913. (4) Civil Surgeon, Násik, 2nd June, 1905, 29th August, 1905, and 21st August-October, 1906. (5) Professor of Midwifery, 5th July, 1905 (6) Professor of Ophthalmology, 12th March, 1911, Professor of Operative Surgery from 1913. <p><i>Numbers 2, 3, 5 and 6 are not kindred subjects</i></p>
Lieut.-Col. T. E. Dyson	<ol style="list-style-type: none"> (1) General and Military duty from 22nd March, 1887, to 28th June, 1892. (2) Deputy Sanitary Commissioner, 28th June, 1892, plus Civil Surgeon, October, 1895, to 6th August, 1897, 9th September, 1899, to 2nd April, 1903. (3) Plague duty, 16th October, 1897, to 18th February, 1898 (4) Professor of Ophthalmology, (a) 6th August, 1897, to 13th August, 1898 (b) 18th April, 1903, to 1st October, 1904. (5) Sanitary Commissioner for the Government of Bombay <p><i>Numbers 2 and 4 are not kindred subjects</i></p>	Major Gordon Tucker	<ol style="list-style-type: none"> (1) Civil Surgeon, Surat, 9th September, 1905, Dhárwár, 9th November, 1906, Sholipur, 11th January, 1908. (2) Professor of Pathology, 18th March, 1906, 6th June, 1907, 12th April, 1910, 14th June, 1911, 19th January, 1913. (3) Midwifery, 26th August to 24th October, 1907, additional. (4) Presidency Surgeon, 28th April, 1908, Police Surgeon and Surgeon to the Coroner in addition, 26th April to 22nd October, 1908, Presidency Surgeon, October-November, 1911, also 1912. (5) Biology and Botany, 26th August, 1910. (6) Medicine, 15th March, 1913. <p><i>Numbers 2, 3, 4, 5 and 6 are not kindred subjects.</i></p>
Major S. C. Evans.	<ol style="list-style-type: none"> (1) Military duty up to 1st January, 1897. (2) Special Plague duty under Health Officer, Port of Bombay, 1898—1900, November, again from 17th September, 1900, to 28th June, 1901 (3) Assistant to Civil Surgeon, Poona, from 12th July, 1900, to 23rd November, 1903, Deputy Sanitary Commissioner in addition. (4) Acting Professor of Botany, 26th April, 1908, and Professor of Midwifery, 23rd October, 1908. (5) Civil Surgeon, Vijápur and Násik, Surgeon, Goculdas Tejpal Hospital and Presidency Surgeon during 1908 and 1909. Professor of Surgery, 3rd April, 1901, Midwifery, October, 1910. <p><i>Numbers 2, 3, 4 and 5 are not kindred subjects.</i></p>	Lieut.-Col. Prall	<ol style="list-style-type: none"> (1) Civil Surgeon, 1892 to 1895, and from 1899 and Port Surgeon from 1901. (2) Secretary to Surgeon General, 1896. (3) Physiology and Hygiene, 23rd October, 1906, to 6th September, 1907. (4) Pathology, 23rd November, 1897, to 13th May, 1898, 18th November, 1898, to 17th November, 1899. <p><i>Numbers 2, 3 and 4 are not kindred subjects.</i></p>
Major Tuke	<ol style="list-style-type: none"> (1) Military duty up to 10th June, 1910, and Plague duty. (2) Professor of Materia Medica, 20th December, 1909, to 14th May, 1911. (3) Presidency Surgeon, 15th May to 12th October, 1911. (4) Professor of Midwifery, 12th October, 1911, to 24th November, 1912. (5) Civil Surgeon, Násik, from 26th November, 1912 <p><i>Numbers 2, 3 and 4 are not kindred subjects.</i></p>	Major Hutchinson.	<ol style="list-style-type: none"> (1) Physiology and Hygiene, April, 1902, to November, 1907. (2) Pathology 27th March, 1911, to 31st May, 1911, additional. <p><i>Not kindred subjects</i></p>
		Lieut.-Col. L. F. Child	<ol style="list-style-type: none"> (1) Pathology, and in addition, Physiology, and Chemical Analyser and Professor of Chemistry and Medical Jurisprudence on three occasions. <p><i>Not kindred subjects</i></p>

APPENDIX XXXIII.

APPENDIX No. XXXIII.

Memoranda prepared by the Government of Bombay relating to the Indian Medical Service and Connected Services and Departments.

(A)—GENERAL MEMORANDUM.

(I) *The present regulations as to recruitment, training and probation, and whether these are satisfactory.*

(1) The Indian Medical Service is an Imperial Service, recruited in the United Kingdom, and though the bulk of its members are nominally in Civil employ, it is primarily a Military organisation, and its members are commissioned officers of the Army.

(2) Indian Medical Service Officers who are in Military employment are concerned with matters affecting the health of the Indian troops, and the officers employed in Civil functions form a Military reserve, which is to be utilised as such in the event of war. This enlistment of a single service for military and civil duties is considered an economical arrangement, which provides an adequate Military service without prohibitive expense. Officers appointed to the Indian Medical Service are liable for Military employment in any part of India, but with a view to future transfers to Civil employment, they are posted to certain Civil areas, of which "Bombay and Aden" is one. The present memorandum deals with the connection of the Indian Medical Service with Civil medical duties in this Presidency.

(3) The Civil department is recruited from candidates who submit their names to the Secretary of State for employment in this Presidency. The Secretary of State consults the Government of India with regard to the allotment of Civil employ of Indian members of the Indian Medical Service to the various provinces, and in their turn the Government of India consult the Local Government.

(4) When the services of a medical officer are required, either permanently or temporarily, for Civil employ the Local Government reports the fact, leaving to the Government of India the selection of a suitable officer to fill the vacancy in the provincial list. This arrangement does not contemplate any change in the power of the Local Government to regulate the posting of medical officers to particular appointments in the province concerned. When once a medical officer has been placed at its disposal, the Local Government can utilise his services as it may think best. The withdrawal of an officer for Civil employment is not permitted until he has completed two years' actual Military duty, and then only, provided that his services can be spared. Should the interests of the public service, however, very urgently demand his withdrawal before the completion of his two years' course of Military duty, an exception to this rule may be made in very rare and special cases. He retains a lien on his military appointment for three years after transfer to Civil employ.

(5) There are no special rules for the training and probation of Indian Medical Service Officers in Civil employ, except with regard to the following Services, which are for the whole of India and under the control of the Government of India:—

(6) (a) *The Chemical Analysers' Department*—In order to provide for the systematic recruitment and training of officers for employment in the Chemical Analysers' Department the following conditions have been sanctioned for the appointment and training of probationers for that Department:—

(i) A junior officer of the Indian Medical Service who has an aptitude for and a practical knowledge of chemistry is attached for training to each of the laboratories of the Chemical Analysers at Calcutta, Madras or Bombay for a period not exceeding two years. The exact period varies in different cases.

(ii) In selecting a probationer preference is given to an officer who has passed the intermediate or final examination of the Institute of Chemistry of Great Britain or Ireland or any equivalent examination, and in selecting for appointment as Chemical Analyser preference is given to a probationer who is in possession of the Diploma of Fellow or Associate of the Institute of Chemistry or any equivalent degree or diploma.

(7) (b) *Bacteriological Department*—Appointments in the Bacteriological Department are not restricted to the Indian Medical Service, and each vacancy is to be dealt with by itself as it arises. The condition for employment in this Department is that of fitness for the work to be done. A candidate must produce evidence of thorough knowledge of ordinary bacteriological technique.

(8) (c) *Superintendents of Central Lunatic Asylums*—There is one Superintendent of a Central Lunatic Asylum in this Presidency, viz, the Superintendent of the Central Asylum at Yeravda, near Poona. A candidate before being employed as an alienist is required to have special training and asylum experience.

(9) (d) *Prison Department*—An Indian Medical Service Officer may apply for employment in the Jail Department at any time. A list of the candidates is kept in the office of the Director-General, Indian Medical Service. As some candidates have little or no previous training in jail management, they are posted, if considered fit, to learn the details of such management for a period of about three months in a Central Jail before they take over charge of their duties as Superintendent.

(10) (e) *Sanitary Department*.—Appointments in this Department are no longer reserved for Indian Medical Service Officers. The selection of candidates, whether officers of the Indian Medical Service or not, is subject to the condition (among others) that the candidate holds a registrable medical qualification and a British Diploma in Public Health.

(11) (f) *Assay Department*.—An officer, who is a candidate for the Assay Department, must undergo certain courses of training in England.

(II) *The rates of pay and allowances in force in 1890 and 1900 and on the 1st April, 1913, respectively, and whether the rates of pay and allowances at present in force are satisfactory.*

(12) The rates of pay and allowances fixed in General Order of the Government of India, No. 370, dated the 4th April, 1867, were in force in 1890 and 1900 (*vide* statement A below). By Government Resolution, General Department, No. 2776, dated the 20th May, 1905, the pay and allowances of Indian Medical Service Officers in Civil employ were revised, and they now stand as shown in statement B below.

(13) In 1893 exchange compensation allowance was granted to Indian Medical Service Officers in addition to the pay shown in statements A and B.

In the following cases the allowances were revised in the years specified against them:—

Port Health Officers in 1900.

Superintendents of Central Lunatic Asylums in 1903.

Chemical Analysers in 1903 and 1907.

These revisions have been shown on page 36 of the Memoranda on the Indian Medical Service and connected Services and Departments.

There has been no appreciable change in the allowances paid in other cases.

APPENDIX XXXIII. (continued).

Statement A.—Rates of pay and allowances in 1890 and 1900.

(Extract from General Order of the Government of India, No. 370, dated the 4th April, 1867.)

Appointments.	Salaries.				
	Surgeon-Major.	Surgeon.	Assistant Surgeon.		
			Above 5 years.	Under 5 years.	
	2	3	4	5	
Inspector-General, Bombay					Rs. 2,500.
Deputy Inspector-General, Bombay					Rs. 1,800.
Secretary and Statistical Officer to the Inspector-General, Bombay	1,400	1,200	1,000	850	
Secretary to the Sanitary Commissioner, Bombay	1,250	1,050	850	700	
Principal Medical Storekeeper and Professor of Materia Medica in the Medical College, Bombay	1,250	1,050	850	700	
Principal of Medical College, Professor of Medicine and Physician, J. J. Hospital, Bombay					Rs. 1,600.
Second Physician to J. J. Hospital and Professor of Physiology in the Medical College, Bombay	1,250	1,050	850	700	
Senior Surgeon to J. J. Hospital with medical charge of Byculla Schools, and Professor of Surgery in the Medical College, Bombay	1,250	1,050	850	700	
Second Surgeon to J. J. Hospital, Surgeon to the Coroner, and Professor of Anatomy, Bombay	1,250	1,050	850	700	
Chemical Analyser to Government and Professor of Chemistry, Bombay	1,250	1,050	850	700	
Oculist, Professor of Ophthalmic Surgery, with medical charge of the Jail and House of Correction, Bombay	1,250	1,050	850	700	
Minor Professorships, viz.— Botany, Hygiene, Dental Surgery, Medical Jurisprudence, and Comparative Anatomy	Provided the aggregate salary of the officers holding the post as an extra charge does not exceed that of a full Professorship with attached duties				Rs. 200 staff salary.
Surgeon of the General Hospital, Bombay					1,250	1,050	—	—
Assistant Surgeon, General Hospital, and Professor of Pathology, Medical College, Bombay					Rs. 800.
1st Presidency Surgeon and Professor of Medical Jurisprudence, Bombay	1,050	850	650	500	
2nd Presidency Surgeon and Professor of Midwifery, Bombay	1,050	850	650	500	
3rd Presidency Surgeon, Garrison and Marine Surgeon, with charge of Officers' Hospital, Bombay	1,050	850	650	500	
Medical Superintendent at Aden					Rs. 1,200.
Surgeon of the Lunatic Asylum, Bombay	1,050	850	650	500	
Surgeon to the Governor with medical charge of the Body Guard, Bombay					Rs. 1,000
Superintendent-General of Vaccination, Bombay	1,250	1,050	850	700	
Superintendent of Vaccination, Bombay	950	750	550	400	
Medical charge of 1st Class Civil Stations	1,050	850	650	500	With an extra allowance for charge of Lunatic Asylums, Colleges, or administrative charge of Jails, which will be fixed in the Civil Department
Ditto 2nd ditto						950	750	550	400
Presidency Surgeons, Bombay					As 1st or 2nd Class Civil Surgeons.

APPENDIX XXXIII. (continued).

Statement B.—Rates of pay and allowances in 1913

Appointment.	Monthly salaries and allowances.										
	Lieut.-Colonel (specially selected for increased pay)	Lieut.-Colonel after 25 years' service.	Lieut.-Colonel	Major after 3 years' service.	Major.	Captain after 10 years' service.	Captain after 7 years' service.	Captain after 5 years' service	Captain	Lieutenant.	
	Rs.	Rs.	Rs.	Rs.	Rs.	Rs.	Rs.	Rs.	Rs.	Rs.	
Civil or Agency Surgeons, 1st Class	1,450	1,350	1,300	950	850	750	700	650	600	550	
Presidency Surgeons, 2nd and 3rd Districts											
Civil or Agency Surgeons, 2nd Class ...	1,350	1,250	1,200	850	750	650	600	550	500	450	
Professorial appointments	1,650	1,550	1,500	1,150	1,050	950	900	850	800	750	
Principal, Grant Medical College (a)	{ 1,650 +150†	{ 1,550 +150†	{ 1,500* +150†	{ 1,150 +150†	{ 1,050 +150†	}	}	...			
Deputy Sanitary Commissioners	{ 1,400* +200†	{ 1,300* +200†	{ 1,250* +200†	{ 900* +200†	{ 800* +200†	{ 700* +200†	{ 650* +200†	{ 600* +200†	{ 550* +200†	{ 500* +200†	
Probationary Chemical Examiners (b)	..	..	..	..	..	{ 700* +50†	{ 650* +50†	{ 600* +50†	{ 550* +50†	{ 500* +50†
Bacteriological appointments	{ 1,000† +600†	{ 900† +600†	{ 900† +600†	{ 750† +400†	{ 650† +400†	{ 550† +350†	{ 500† +350†	{ 450† +350†	{ 400† +300†	{ 350† +300†	
Superintendents, Central Lunatic Asylums	{ 1,000† +550†	{ 900† +550†	{ 900† +500†	{ 750† +400	{ 650† +400†	{ 550† +350†	{ 500† +350†	{ 450† +350†	{ 400† +300†	{ 350† +300†	
Personal Assistant to the Surgeon-General	..	..	..	..	{ 800* +100†	{ 700* +100†	{ 650* +100†	{ 600* +100†	{ 550* +100†	{ 500* +100†
Surgeon, Gokaldas Tejpal Hospital	1,650	1,550	1,500	1,150	1,050	(c) 950	900	850	800		
Physician, St. George's Hospital (a) (d)	1,650	1,550	1,500	1,150	1,050	}	}	...			
Port Health Officer, Bombay (a)	{ 1,450 +500§	{ 1,350 +500§	{ 1,300 +500§	{ 950 +500§	{ 850 +400§	}	}				
Port Health Officer, Aden (a) (e)	{ 1,450 +150§	{ 1,350 +150§	{ 1,300 +150§	{ 950 +150§	{ 850 +150§	}	}				
Resident Surgeon, St. George's Hospital, Bombay	...	...	...	800	Consolidated pay up to rank of Major					
Sanitary Commissioner	1,500—60—1,800.							

(a) These appointments are not ordinarily filled by officers below the rank of Major.

(b) The appointments are not ordinarily filled by officers above the rank of Captain.

(c) The pay for rank of Captain given in this and following columns has been sanctioned by G. E. G. D., No 3650, dated 16th July 1909.

(d) In the case of the next incumbent the pay of the appointment is fixed at Rs. 1,800, with a house rent allowance of Rs 250 in lieu of free quarters. The Officer will be allowed consulting practice only. (G. R., G. D., No. 1321, dated 2nd March, 1911)

(e) The appointment is to be held as far as possible by an officer of the rank of Major under three years' service or of lower rank (G. R., F. D., No 3330, dated 8th August, 1908).

* Consolidated military pay.

† Staff allowance.

‡ Military grade pay.

§ Local allowance.

(G. R., G. D., No. 2776, dated 20th May, 1905; for allowance to Deputy Sanitary Commissioners, see G. R., G. D., No. 1176, dated 24th February, 1906).

Note.—"Staff Allowance" mentioned in this scale should be treated as "Staff Salary" and added to the consolidated Military or Civil pay of the officers for the purposes of the acting allowance rules in the Civil Service Regulations.

(G. I., F. D., No. 4553-P, dated 14th August, 1905).

APPENDIX XXXIII. (continued).

(III) *The number of posts in each grade and the provision, if any, made in the cadre for leave and training.*

(14) *The provincial cadre of officers of the Indian Medical Service under the control of the Local Government is as follows:—*

	Number of Officers.
Administrative Medical Staff	2
Professorial Appointments	8
Presidency Surgeons	2
Other Medical Officers in Bombay City	3
Civil Surgeons	21
Port Health Officers	2
Prison Department	4
Total	42

On these appointments a reserve of 25 per cent. is allowed, of which the leave reserve is 20 per cent. Officers of the Prison Department, though otherwise included in the Provincial cadre, are not so included for the purposes of the leave reserve.

Besides the appointments for the Indian Medical Service mentioned above, there are in this Presidency under the control of the Local Government the following posts held by Indian Medical Service Officers:—

	Number of Officers.
(a) Chemical Analysers	2
(b) Superintendents of Lunatic Asylums	1
(c) Bacteriological Department ..	4
(d) Sanitary Department	4

(a) (b) (c) belong to Services recruited for the whole of India and (d) consists of appointments which are no longer reserved for Indian Medical Service Officers

(IV) *What appointments outside the authorised cadre are held, temporarily or otherwise, by officers of the various Services.*

(15) *The appointment of Inspector-General of Prisons is now held by an officer of the Indian Medical Service, and, as stated above, four appointments in the Sanitary Department and four appointments in the Bacteriological Department are held by officers of the same Service.*

(V) *Whether any addition is required to the present cadre*

Not only has the leave reserve of 20 per cent. been frequently exceeded for many years past, but the reserve of 25 per cent. allowed on the total number of appointments has occasionally been exceeded, an Assistant Surgeon having been appointed to act for an Indian Medical Service Officer. The reason for this is that it is often necessary to grant leave in excess of one year owing to extensions of sick leave, or to give leave of from one and a half to two years to enable officers to qualify for accelerated promotion. It is also found necessary to grant longer periods of leave to officers who are reduced in health by long continued residence in India or by malaria or dysentery, to enable them to recuperate before returning to duty. In these circumstances, the Governor in Council considers that the existing leave reserve of 20 per cent. is insufficient and should be raised to 25 per cent.

(B)—MEMORANDUM RELATING TO THE SANITARY DEPARTMENT.

(I) *The present regulations as to recruitment, training and probation, and whether they are satisfactory*

Hitherto all appointments in the Department have been reserved for officers of the Indian Medical Service, but the Government of India have recently sanctioned, with the approval of the Secretary of State for India, a scheme under which this restriction has been removed in the case of the appointments of Deputy Sanitary Commissioner, for which Indians possessing the necessary qualifications are also now eligible. Under this scheme the selection of candidates for the Deputy Sanitary Commissionerships rests with the local governments and is made subject to the following conditions:—

(1) That the candidate holds a British diploma in public health and a registrable medical qualification:—

(2) that no officer is appointed who is not an accepted candidate for the Sanitary Department; and

(3) that the Government of India is asked for an officer when the Local Government has no candidate available who is qualified and on its accepted list of candidates.

No special training is insisted on.

Officers of the Indian Medical Service are placed on probation for one year, which must include a touring season. The object of this probationary period is, not only to see whether candidates are fit for the duties required of them, but also to give them a chance of taking up some other branch of service in the event of their finding the work uncongenial. Independent medical practitioners are kept on probation for two years, but in the case of men who have rendered approved service in the position of municipal officer of health the period of probation may be dispensed with at the discretion of the Local Government. Any qualified medical man is eligible for appointment, provided that his name is on the list of accepted candidates.

These regulations are considered to be satisfactory.

(II and III) *The rates of pay and allowances in force in 1890 and 1900 and on the 1st April, 1913, respectively, and whether the present rates of pay and allowances are satisfactory: the number of posts in each grade, and the provision, if any, made in the cadre for leave and training.*

The rates of pay and allowances in force in 1890, 1900, and on the 1st April, 1913, are shown in the appended statement, which also indicates the strength of the Sanitary Department in these several years. A special scale of pay is, however, in force for Deputy Sanitary Commissioners not belonging to the Indian Medical Service. The terms offered to the officers of this class are non-pensionable, and the scale of pay which has consequently been fixed at rather more than two-thirds of the pay of the Indian Medical Service Officers in the Department is as follows:—

Years of Service.	Rs.
1-2 (probationary)*	500
3-5	600
6-10	700
11-15	800
16 and over	900

For approved service of over 20 years pay of Rs. 1,000 is given up to 25 years, which will ordinarily be the limit of service. Officers appointed on this scale of pay are eligible for leave under the Indian Service Leave Rules. All Deputy Sanitary Commissioners are debarred from private practice.

The existing rates of pay and allowances are considered to be satisfactory.

No provision is made for leave and training.

(IV) *What appointments outside the authorised cadre are held, temporarily or otherwise, by officers of the various Services.*

No appointments outside the authorised cadre are held by officers of the Sanitary Department.

(V) *Whether any addition is required to the present cadre.*

The cadre is for the present sufficient. In view, however, of the great development which may be expected to take place in the sanitary requirements of the country and the greatly increased attention which sanitary questions are beginning to claim, a very considerable extension of the personnel of the Department must be contemplated in the near future. With the approval of Government a scheme is now in progress of elaboration which aims at a very large expansion of sanitary control in the mofussil, and this scheme will unquestionably involve a large addition to the cadre of the Department.

* Dispensable as stated above in the case of men who have rendered approved service as medical officers of health. These men may get the full rate of pay (Rs. 600) to start with

APPENDIX XXXIII (continued)

Officers' Pay and Allowances of the Sanitary Department.

1890.					1900.					1913.					
Appointment.	Pay.		Remarks.		Appointment.	Pay.		Remarks.		Appointment.	Pay.	Remarks.			
Surgeon-Major Sanitary Commissioner.	Rs. 1,440-0-0		Progressive Rs. 1,200-120-1,800.		Lieut.-Colonel Sanitary Commissioner.	Rs. 1,560-0-0. Rs. 1,560-0-0.		Rs. 1,200-120-1,800		Lieut.-Colonel Sanitary Commissioner.	Rs. 1,800	Rs. 1,500-60-1,800			
Designation.	Pay.	Sanitary allowance.	Travelling allowance.	Tentage.	Total.	Designation.	Pay.	Sanitary allowance.	Travelling allowance.	Tentage.	Total.	Designation.	Pay.	Tentage.	Total.
Surgeon-Major Deputy Sanitary Commissioner, Western Registration District	Rs. 800	Rs. 100	Rs. 150	Rs. 20	Rs. 1,070	Major Deputy Sanitary Commissioner, Western Registration District.	Rs. 800	Rs. 100	Rs. 20	Rs. 920	Major Deputy Sanitary Commissioner, Western Registration District.	Rs. 1,100	Rs. 20	Rs. 1,120	
Do. Central Registration District	800	100	150	20	1,070	Lieut.-Colonel Deputy Sanitary Commissioner Central Registration District.	1,000	100	150	20	1,270	Do. Central Registration District.	1,100	20	1,120
Do. Southern Registration District.	800	100	150	20	1,070	Do. Southern Registration District.	1,000	100	150	20	1,270	Do. Southern Registration District.	1,100		1,100
Do. Sind Registration District	800	100	150	20	1,070	Captain Deputy Sanitary Commissioner, Sind Registration District	600	100		20	720	Do. Sind Registration District	1,000	20	1,020
Surgeon-Major Superintendent of Vaccination, Western Gujarat Circle	600		150	20	770	*									
Dr M D Deputy Sanitary Commissioner, Eastern Gujarat Registration District	700	100	150	20	970	Major Deputy Sanitary Commissioner, Gujarat Registration District.	800	100		20	920	Lieut.-Colonel Deputy Sanitary Commissioner, Gujarat Registration District	1,600		1,600
Assistant Surgeon Superintendent of Vaccination, Presidency Circle, Bombay.	200		C A 30	...	380	† Assistant Surgeon Superintendent of Vaccination, Presidency Circle, Bombay	200		C A. 30		380	Director, Vaccine Institute, Belgaum.	750	C.A. 50	800

* The post of Superintendent of Vaccination, Western Gujarat Circle, was abolished—vide Government Resolution, General Department, No. 1,170, dated 1st April, 1891.

† The Superintendent of Vaccination, Presidency Circle, Bombay, and his establishment were transferred to the Bombay Municipality from 1st March, 1909.

(C)—MEMORANDUM RELATING TO THE INDIAN SUBORDINATE MEDICAL DEPARTMENT, CIVIL SIDE (MILITARY ASSISTANT SURGEONS).

(I) The present regulations as to recruitment, training and probation, and whether these regulations are satisfactory.

1. Military Assistant Surgeons are a class of Medical Officers entertained primarily for employment in hospitals for British troops and in other military appointments. A certain number of these officers are, however, employed in Civil appointments and constitute a reserve, their services being available for military duty in time of war or other urgent necessity. For this purpose, arrangements have been made for the reservation of a sufficient number of medical appointments under the control of local governments for officers of this class. It is the appointments of this class which are here dealt with.

2. Military Assistant Surgeons are recruited by a competitive examination conducted in ordinary school subjects, open to European and Eurasian candidates, and held at various centres in India. Candidates are admitted between the ages of 16 and 18. Selected candidates are enrolled as "Military pupils," and subsequently undergo a course of four years' instruction in the Grant Medical College. At the end of the medical curriculum those pupils who succeed in passing the qualifying examination are gazetted as fourth class Assistant Surgeons.

3. The procedure for the transfer of Military

Assistant Surgeons from military to Civil duty, and their reversion to the Military Department is described in paragraphs 103 and 104 of the Memoranda, referred to in paragraph 1 above.

(II) The rates of pay and allowances in force in 1890 and 1900 and on the 1st April, 1913, respectively, and whether the present rates of pay and allowance are satisfactory.

4. The present rate of pay of Military Assistant Surgeons is as follows:—

	Consolidated.
	Rs.
Assistant Surgeon, 4th class	85
Assistant Surgeon, 3rd class	110
Assistant Surgeon, 2nd class	150
Assistant Surgeon, 1st class	200
Senior Assistant Surgeon with the honorary rank of Lieutenant	300
Senior Assistant Surgeon with the honorary rank of Major or Captain	400

Up to 1899 there was an additional class on Rs. 50, which was abolished by Clause 59 of India Army Circular of 1899.

5. Honorary Commissioned and Warrant Medical officers above the grade of Assistant Surgeons (third class), when in independent medical charge of a Civil station, receive pay at the following monthly rates:—

	Rs.
Under 5 years in charge	350
From 5 and under 10 years	450
From 10 and under 15 years	550
Over 15 years	700

APPENDIX XXXIII. (continued).

6. There has been no alteration in the rates of pay since 1890, and no appreciable change in the rates of allowances granted for individual charges except as noted below.

7. A staff allowance in addition to his grade pay to the House Surgeon, J. J. Hospital, Bombay, so as to bring the emoluments of the appointment up to those drawn by the officer of similar standing in Calcutta:—

(a) Rs. 100 a month when the officer is a Military Assistant Surgeon of fourth, third, second, or first grade, or a senior Military Assistant Surgeon with the honorary rank of Lieutenant.

(b) Rs. 200 a month when the officer is a senior Military Assistant Surgeon with the honorary rank of Captain.

For the same reasons a similarly graduated staff allowance has been sanctioned to the House Surgeon, Gokaldas Tejpal Hospital, Bombay.

8. Two Civil Surgeoncies, Sātara and Godhra, with the rates of pay as shown above, have been reserved for Military Assistant Surgeons in recent years. Sanction has also been accorded to the reservation of a third Civil Surgeoncy for them, and Government are now considering what particular Civil station should be selected.

(III) *The number of posts in each grade and the provision, if any, made in the cadre for leave and training.*

9. There are 22 appointments in this Presidency reserved for Military Assistant Surgeons, including the three Civil Surgeoncies. In addition to these there is a reserve of three (at the sanctioned scale of 15 per cent) as in the case of Civil Assistant Surgeons.

(IV) *What appointments outside the authorised cadre are held temporarily, or otherwise, by officers of the various Services.*

10. None.

(V) *Whether any addition is required to the present cadre.*

11. The question is at present under the consideration of Government.

(D)—MEMORANDUM RELATING TO THE PROVINCIAL SUBORDINATE MEDICAL DEPARTMENT (CIVIL ASSISTANT SURGEONS)

(I) *The present regulations as to recruitment, training and probation, and whether these regulations are satisfactory.*

The regulations are given in paras. 109 and 110 of the memoranda on the Indian Medical Service on the Bombay Establishment and connected services and departments, copies of which have already

been supplied to the Commission. The new degree of "M.B. B.S.," recently created in the University, will be substituted for the "L.M. and S." diploma referred to in the memoranda quoted. The present regulations are satisfactory.

(II) *The rates of pay and allowances in force in 1890 and 1900 and on the 1st April, 1913, respectively, and whether the present rates of pay and allowances are satisfactory.*

The pay and allowances in 1890 were as follows:—

	Pay	Charge allowance.
Assistant Surgeons, 3rd Class ...	100	20
Assistant Surgeons, 2nd Class ...	150	35
Assistant Surgeons, 1st Class .	200	50

Assistant Surgeons, who were employed before 1876, were given charge allowances as follows:—

	Rs.
1st and 2nd Class	150
3rd Class	100

In 1898 a senior grade on Rs. 300 was also added. The number in this grade is limited to 10 per cent. of the total strength. In addition to the above, in 1900 three Civil Surgeoncies* on Rs. 350—30—500 were reserved for Civil Assistant Surgeons, and the fourth Civil Surgeoncy (Jalgaon) has recently been added. The question of raising the pay of these Civil Surgeons to Rs. 400—40—600 and of extending the concession to the First Assistant Chemical Analyser to Government and the two Civil Assistant Surgeons attached to the Bombay Bacteriological Laboratory has been referred to the Government of India. The present rates of pay and allowances are satisfactory on the understanding that the proposed higher rates are brought into force.

(III) *The number of posts in each grade and the provision, if any, made in the cadre for leave and training.*—The number of appointments is shown at page 31 of the printed memoranda already supplied to the Commission. The reserve is 15 per cent.

(IV) *What appointments outside the authorised cadre are held temporarily, or otherwise, by officers of the various Services.*—The following appointments, not on the sanctioned list for this Presidency, are held by Civil Assistant Surgeons:—

Native State of Navangar	1
" Porbandar	1
" Rajpipla	1

A Civil Assistant Surgeon has also been recently deputed for a period of nine months on duty with the Sanitary Association, Dharwar.

(V) *Whether any addition is required to the present cadre.*—No addition is at present necessary.

* Kaira, Broach (at first Shikarpur) and Alibag

APPENDIX No. XXXIV.

Memorandum prepared by the Government of Bombay relating to the Jail Department.

1. *The present regulations as to recruitment, training and probation, and whether these regulations are satisfactory.*—Please see letter from Lieut.-Colonel J. Jackson, Indian Medical Service, Inspector-General of Prisons*, No. 3697-A, dated the 17th April, 1913, to the address of the Joint Secretaries, Royal Commission on the Public Services in India.

These regulations appear to be satisfactory.

2.—*The rates of pay and allowances in force in 1890 and 1900 and at the present time, and whether the present rates of pay and allowances are satisfactory.*—Please see statement A. On the understanding that the revised rates of pay for Jailors and Deputy Jailors now under the consideration of Government come into force, the rates of pay appear to be satisfactory.

3. *The number of posts in each grade and the provision, if any, made in the cadre for leave and training.*

—Please see statement B. Except in the case of Indian Medical Service officers, no provision is made for leave and training. When an officer goes on leave, his place is filled up generally by the next senior man, and the last place left vacant in the arrangements is filled up by an outsider entertained locally.

4. *What appointments outside the authorised cadre are held, temporarily or otherwise, by officers of the Jail Department.*—Nil.

5. *Whether any addition is required to the present cadre.*—At the moment none; but with developments in contemplation in connection with the introduction of the Borstal system an increase may hereafter become necessary.

* Vide Major Lowson's written statement, paragraphs 58205 et seq.

STATEMENT A.

Statement showing the rates of pay and allowances of the Establishment in the Jail Department during the years 1890, 1900 and 1913.

No.	1890.	Rate of pay.	Allowances.	No.	1900.	Rate of pay.	Allowances.	No.	1913.	Rate of pay.	Allowances.
		Rs.	Rs. T. A.			Rs.	Rs. T. A.			Rs.	Rs. T. A.
1	Inspector-General of Prisons	2,000	T. A. 200	1	Inspector-General of Prisons	2,000	T. A. 200	1	Inspector-General of Prisons	2,000	T. A. 200
1	Personal Assistant to the Inspector-General of Prisons	350	..	1	Personal Assistant to the Inspector-General of Prisons	350	..	1	Personal Assistant to the Inspector-General of Prisons	350	..
1	Superintendent, Central Prison	700—50—950	100	3	Superintendents, Central Prisons	450—950	..	3	Superintendents, Central Prisons	650—1,450	..
11	<i>Ex-officio</i> Superintendents*	.	..	8	<i>Ex-officio</i> Superintendents*	.	..	9	<i>Ex-officio</i> Superintendents*	.	..
7	Resident Superintendents (Non-Medical)	200—500	..	5	Resident Superintendents	200—450	..	5	Resident Superintendents	200—600	..
1	Superintendent and Medical Officer	Pay of rank as Assistant Surgeon	200+20 Horse All'ce	1	Superintendent and Medical Officer	Pay of rank as Assistant Surgeon	250+20 Horse All'ce	1	Superintendent and Medical Officer	Pay of rank as Assistant Surgeon	250+20 Horse All'ce.
1	Medical Officer	Do.	150	1	Medical Officer	Do.	150	1	Medical Officer	Do.	{ 50 Spl A. 20 L. A.
14	Jailors of Central and District Prisons	50—250	..	15	Jailors of Central and District Prisons	50—250	..	16	Jailors of Central and District Prisons	50—250	..
11	Jailors of Sub-Jails	20—75	..	12	Jailors of Sub-Jails	20—75	..	7	Jailors of Sub-Jails	20—50	..
10	Deputy Jailors	50—140	..	8	Deputy Jailors	50—120	..	7	Deputy Jailors	50—120	..
6	European Warders	100—125	..	5	European Warders	100—125	..	5	European Warders	105—130	..
4	Matrons	20—30	..	6	Matrons	17—40	..	13	Matrons	10—50	..
1	Head Accountant	100	..	1	Head Accountant	100	..	1	Head Accountant	100—125	..
1	Steward	90	..	1	Steward	90	..	1	Steward	90	..
1	Deputy Accountant	80	..	1	Deputy Accountant	80	..	1	Deputy Accountant	90—100	..
19	Head Clerks	40—100	..	17	Head Clerks	40—100	..	18	Head Clerks	40—80	..
25	Clerks	15—70	..	31	Clerks	15—70	..	41	Clerks	15—70	..

The duties of Medical Officer of the Prison at Thana and two Bombay Prisons are performed by the Civil Surgeon and Presidency Surgeon respectively, without any allowance. The Medical Officer in charge of Native Infantry at Karachi is the Medical Officer of the Karachi Prison, and gets an allowance of Rs. 100 per mensem.

* These appointments are held by Civil Surgeons with allowances varying from Rs. 50 to 150.

APPENDICES.
APPENDIX XXXIV. (continued).

STATEMENT B.

Statement showing the number of Posts in each Grade of Officers in the Jail Department during the years 1890, 1900 and 1913.

No	1890	Rate of pay	No	1900.	Rate of pay	No.	1913	Rate of pay.	Proposed revised pay approved by Government as per their letter No. 6719, dated 24th September, 1913, Judicial Department.
1	Inspector-General of Prisons ..	Rs. 2,000	1	Inspector-General of Prisons	Rs. 2,000	1	Inspector-General of Prisons	Rs 2,000	Rs
1	Personal Assistant to the Inspector-General of Prisons	350	1	Personal Assistant to the Inspector-General of Prisons	350	1	Personal Assistant to the Inspector-General of Prisons	350	
1	Superintendent, Central Prison ..	700—50—950	1	Superintendent, Central Prison	700—50—950	1	Superintendent, Central Prison	650 to 1,450 according to Military rank	
	Do. do.		1	Do. do.	550—50—700	1	Do. do.		
	Do. do.		1	Do. (non-medical)	450—30—600	1	Do. do.		
1	Resident Superintendent, District Prisons	500	1	Resident Superintendent	400	1	Resident Superintendent	400	
1	Do. do.	300	1	Do ..	400	1	Do ...	400	
1	Do. do.	300—10—350		Prison raised to the status of Central Prison abolished					
1	Do. do.	200—10—250	1	Resident Superintendent	350—20—450	1	Resident Superintendent ..	350—20—450	450—10—500
1	Do. do.	300—10—350	1	Do.	200—10—250	1	Do.	200—10—250	300
1	Do. do.	200—10—250	1	Do.	200—10—250	1	Do.	450—30—600	
1	Do. Deccan Convict Gang	350	1	Superintendent and Medical Officer		1	Superintendent and Medical Officer		
1	Superintendent and Medical Officer, Smd Convict Gang	Pay of rank as Assistant Surgeon	1	Superintendent and Medical Officer	Pay of rank as Assistant Surgeon	1	Superintendent and Medical Officer	Pay of rank as Assistant Surgeon	
1	Medical Officer, Deccan Convict Gang	Do.	1	Medical Officer	Do.	1	Medical Officer	Do.	
11	Ex-officio Superintendents	Allowances variable	8	Ex-officio Superintendents	Allowances variable	9	Ex-officio Superintendents	Allowances variable	
1	Jailor ..	200—10—250	1	Jailor	200—10—250	1	Jailor	200—10—250	250—10—300
2	Jailors ..	150—10—200	1	Do	175—5—200	1	Do.	175—5—200	200—10—250
5	Do. ..	100—10—150	2	Jailors	150—5—175	2	Jailors	150—5—175	175—5—200
1	Jailor ...	140	2	Do.	125—5—150	3	Do	125—5—150	150—5—175
3	Jailors ...	75—5—100	2	Do.	100—5—125	2	Do.	100—5—125	125—5—150
3	Do. ...	50—5—75	3	Do.	75—5—100	5	Do.	75—5—100	100—5—125
8	Do.	40—2—50	4	Do.	50—5—75	2	Do.	50—5—75	75—5—100
2	Do.	20	7	Do.	40—2—50	3	Do	40—2—50	40—2—50
			1	Jailor	40	1	Jailor	40	50
			2	Jailors	30	1	Do.	30	
			2	Do	20	2	Jailor	20	30—20
1	Deputy Jailor ..	120	1	Deputy Jailor	120	1	Deputy Jailor	120	150

APPENDIX XXXIV. (continued).

STATEMENT B—Continued.

No.	1890	Rate of pay.	No.	1900.	Rate of pay.	No.	1913.	Rate of pay.	Proposed revised pay approved by Government as per their letter No. 6713, dated 24th September, 1913, Judicial Department.
		Rs.			Rs.			Rs.	Rs.
3	Deputy Jailors	75	2	Deputy Jailors	80	2	Deputy Jailors	80	100
6	Do.	50	2	Do.	75	1	Deputy Jailor	75	90
			3	Do.	50	3	Deputy Jailors	50—2—60	{ (1) 75 (2) 70
1	Head Accountant	100	1	Head Accountant	100	1	Head Accountant	100—5—125	
1	Steward	90	1	Steward	99	1	Steward	90	
1	Deputy Accountant	80	1	Deputy Accountant	80	1	Deputy Accountant	90—2—100	
3	European Warders	125	3	European Warders	125	3	European Warders	130	{ (2) 150 (2) 125 (1) to be abolished.
3	Do.	100	2	Do.	100	2	Do	105	
2	Matrons	30	1	Matron	40	1	Matron	50	
1	Matron	25	1	Do.	30	1	Do	40	
1	Do.	20	1	Do.	20	1	Do	20	
			2	Matrons	17	2	Matrons	17	
			1	Matron	13	2	Do.	15	
						2	Do.	13	
						3	Do	12	
						1	Matron	10	
2	Head Clerks	100	2	Head Clerks	100	3	Head Clerks	80	
5	Do.	60	1	Head Clerk	60	1	Head Clerk	70	
1	Head Clerk	55	1	Do.	55	1	Do	65	
2	Head Clerks	50	7	Head Clerks	50	4	Head Clerks	60	
9	Do.	40	6	Do	40	1	Head Clerk	55	
						4	Head Clerks	50	
						4	Do	40	
1	Clerk	70	1	Clerk	70	1	Clerk	70	
1	Do.	60	1	Do.	60	1	Do	60	
1	Do.	55	1	Do.	55	1	Do	55	
2	Clerks	50	3	Clerks	50	4	Clerks	50	
1	Clerk	45	1	Clerk	45	2	Do	45	
1	Do.	40	1	Do.	40	5	Do	40	
1	Do.	35	1	Do.	35	4	Do	35	
3	Clerks	30	7	Clerks	30	9	Do	30	
5	Do.	25	5	Do.	25	10	Do	25	
6	Do.	20	3	Do.	20	1	Clerk	20	
1	Clerk	15	7	Do.	15	3	Clerks	15	

APPENDIX XXXIV. (continued)

APPENDICES.

APPENDIX XXXV.

APPENDIX No. XXXV.

Papers relating to the question of the admission of Sub-Assistant Surgeons to the class of Assistant Surgeons, viz :—

- (i.) Note containing the views of the Government of Bengal.
- (ii.) Letter from the Officiating Second Secretary to the Chief Commissioner of Assam, dated 18th July, 1913.
- (iii.) Memorandum prepared by the Surgeon-General with the Government of Bombay.

(1) Note containing the views of the Government of Bengal on a proposal to promote Sub-Assistant Surgeons to the rank of Assistant Surgeons (enclosed in covering letter from the Government of Bengal, No. 1321 Med, dated 2nd July, 1913).

So long ago as 1904 the Sub-Assistant Surgeons of Bengal submitted a representation to Government in respect of their pay and prospects in the service. They pointed out amongst other things that they were as a rule destined to retire or die in the very position in which they entered service. In this respect their service differed entirely from almost every other department of Government service in that in these departments an officer can reasonably hope to rise by efficient and honest discharge of duty from the lowest to the highest position and good and meritorious services are almost invariably appreciated and rewarded by special appointments created for the purpose. They pointed out that Assistant Surgeons are made Honorary Surgeons, and Military Assistant Surgeons are promoted to the honorary ranks of Lieutenants and Captains and both of them are made Civil Surgeons while Sub-Assistant Surgeons, however useful they may be, can never aspire to rise beyond their existing position. They also instanced the Public Works Department where Overseers and Supervisors can rise to be Assistant Engineers, the Executive Branch of the public service where Kanungoes are promoted to the rank of Sub-Deputy Magistrates and Sub-Deputy Collectors and even Deputy Magistrates and Deputy Collectors, and the Police Department, where Sub-Inspectors have the chance of rising to Inspectors and in some cases attaining the high position of District Superintendent. They urged the creation of a rank of Honorary Assistant Surgeon which might be created and reserved for a certain number of exceptionally qualified Sub-Assistant Surgeons. There was no doubt that at the time a considerable amount of discontent prevailed in the service. Resignations were numerous and vacancies could not be filled. Preference was given to private over Government service by those who had passed through the Medical Schools of the Province. Several other causes tended to discontent, but the absence of any prospect of promotion to the higher grades of the medical service in cases of proved merit and ability was undoubtedly an important factor. In this the Local Government concurred, and in 1908 made a recommendation to the Government of India in favour, amongst other proposals, of the creation of a few Honorary Assistant Surgeonships to which Hospital Assistants specially selected for good work and superior merit could be appointed. No orders had been received on this reference in 1908, and by this time the discontent in the province had become intensified, and difficulty was experienced in inducing the best men to accept Government service and in recruiting generally. The present question was of somewhat less prominence. Questions of pay and allowances formed the main ground for a further reference, but this Government continued to urge the creation of a rank of Honorary Assistant Surgeons. The Bengal Government observed: "There are many competent officers who hold the view that a fully experienced and capable Hospital Assistant of the first grade is equal, if not superior, in usefulness and professional knowledge, to an Assistant Surgeon of the lowest class; and the Lieutenant Governor would urge the expediency of allowing promotion from among selected Civil Hospital Assistants of the highest grade to the rank of Honorary Assistant Surgeon, or else permitting

them to go through the fourth year course at the Medical College and appear at the L.M.S. Examination, with a view to qualifying for ultimate promotion to the class of Assistant Surgeon." The Government of India, in reply said that they were unable to agree that Civil Medical Assistants (Sub-Assistant Surgeons) should be eligible for honorary rank as Civil Assistant Surgeons. They saw no objection, however, to their being permitted to qualify for the Provincial Medical Service, provided that the standard of qualification for that service was not reduced in their favour.

The Sub-Assistant Surgeons in the belief that their service would come under the scrutiny of the Royal Commission submitted a petition in which they write as follows:—

"As assistant surgeons are promoted to civil surgeoncies with higher emoluments, as sub-inspector of police to the position of a deputy superintendent, a sub-inspector of schools to the grade of a deputy or an assistant inspector of schools, a sub-overseer to the rank of an overseer or supervisor, and a sub-registrar to the dignity of a registrar, it is an anomaly that a sub-assistant surgeon will end where he begins. Capable men from this service should be promoted direct to the rank of assistant surgeons after 15 years' service as special cases."

His Excellency in Council fully appreciates the force of these arguments and he sees no reason why in cases of exceptional merit a Sub-Assistant Surgeon should not receive promotion to the rank of Assistant Surgeon. Sub-Assistant Surgeons are often placed in independent charge of hospitals which are usually in the charge of an Assistant Surgeon, they are often given duties which are properly the work of an Assistant Surgeon, and when it is the case that a Sub-Assistant Surgeon is, owing to exceptional merit, permanently posted to duties which are ordinarily given to the Assistant Surgeon, it would seem but fair that he should be given the higher rank. The term of 15 years is too short a period, however, and no Sub-Assistant Surgeon should ordinarily be promoted to the higher rank until he has attained at least 20 years' service.

- (ii) Letter from the Officiating Second Secretary to the Chief Commissioner of Assam, dated, Shillong, the 18th July, 1913.

I am directed to invite a reference to the Government of India letter No. 224, dated the 30th April, 1913, addressed to the Honourable the Chief Commissioner of Assam, which states that a representation has been made to the Government of India by the Director General, Indian Medical Service, that a Civil Sub-Assistant Surgeon who has shown exceptional professional qualifications should be promoted to the higher rank of Civil Assistant-Surgeon with the pay and privileges of that rank without undergoing a fresh college course or examination. The Government of India consider that the door of entry to the service of Civil Assistant Surgeons should not be entirely closed to the Subordinate Medical Service, provided that the concession of admission is strictly confined to a few specially deserving cases; but they do not at present propose to pass any definite orders in the matter in view of the impending enquiry by the Public Service Commission; and they suggest that any observations in the matter may be placed before the Commission.

2. I am to say that the Chief Commissioner entirely approves of the proposal made by the

APPENDIX XXXV. (continued).

Director General, Indian Medical Service, in the matter.

(iii) *Memorandum prepared by the Surgeon-General with the Government of Bombay.*

It is advisable at the outset to give a history of the previous regulations and discussions on the subject.

In paragraphs 46 and 47 of the General Order of the Government of India, No. 550, dated 5th June, 1868, it was stated as follows:—“46. In order to afford junior members of the ‘Apothecary’ class of undoubted ability and good character an opening to further advancement, a limited number of Assistant Apothecaries after having served five years in that grade may, if they are specially recommended as likely to profit by the measure, and if the exigencies of the Service permit, be allowed to attend the Medical College for a further period not exceeding two years, to qualify themselves for the grade of Sub-Assistant* Surgeons. On appointment to that grade they will be struck off the establishment of the hospital class, and join the Civil body of Sub-Assistant Surgeons under the usual conditions

“47. A limited number of Hospital Assistants will also be allowed to return to the Medical College for a like purpose. A previous service of seven years in the grade of Hospital Assistant is indispensable, as likewise is a competent practical knowledge of the English language. This opportunity of advancement will only be extended to such members of the Service as are reported specially deserving, by their general conduct and qualifications, and who have kept up their professional knowledge by the study of English works on medicine and surgery, and who are likely to be able to pass the requisite examination within the prescribed period of two years”

2. In accordance with these regulations some Hospital Assistants (as Sub-Assistant Surgeons were then called) qualified for and became Assistant Surgeons. There was then one class of Hospital Assistants for both the Civil and Military Departments. On the division of the class into two separate classes, Civil and Military, the Military Hospital Assistants were deprived‡ of the privilege of qualifying for the grade of Assistant Surgeons. Thereupon the then Surgeon-General inquired§ whether the Hospital Assistants of the Civil Department were still to be allowed to qualify for Assistant Surgeons, and added that as an encouragement it was advisable that they should be so permitted as the Military had been made a better Service than the Civil. This was recommended to the Government of India. That Government, however, declined to sanction the proposal. They observed that the proposal would not only entail additional expense on Government by entitling the Hospital Assistants to draw pay during the period of their studies, but by enabling them when they had attained the qualifications of Assistant Surgeons to prefer claim to be provided for in the higher grade with the larger emoluments attached thereto. They also remarked that there was no such paucity of Assistant Surgeons, as existed when it was considered desirable to stimulate medical studies among men of the Hospital Assistant class by exceptional inducements. They added that if a Hospital Assistant was confident of his ability to pass as an Assistant Surgeon, he should either resign his appointment in the service of Government or obtain leave without pay for the period necessary to permit of his studying for the examination; but in the event of a Hospital Assistant passing the examination, it must be understood that it was open to Government to retain his services in the grade of Assistant Surgeon or not as may be considered expedient.

3. In connection with the recent proposals for the

* As Civil Assistant Surgeons were then called.

† Now called Sub-Assistant Surgeons

‡ Government Resolution, Military Department, No 638, dated 8th February, 1886. (Not reprinted.)

§ Government Resolution, General Department, No. 1996, dated 3rd June, 1886. (Not reprinted.)

improvement of the pay and prospects of Civil Sub-Assistant Surgeons, it was brought* to the notice of Surgeon-General Greany that Civil Apothecaries and Hospital Assistants in the service of the Madras Government, who were professionally qualified, were eligible for promotion by selection to the grade of Assistant Surgeon, one-third of the total number of vacancies being set aside to be filled up by them. Surgeon-General Greany thought that Hospital Assistants in this Presidency might, owing to the responsible nature of their duties, justly expect promotion to the class of Assistant Surgeons which, it was believed, was allowed in Madras. He therefore suggested that, considering the average number of vacancies which occurred in the Civil Assistant Surgeon Branch from time to time, one Hospital Assistant might be allowed to undergo training at the Grant Medical College for this class every second year. The Government of India were asked to sanction the proposal under rules to be framed later by this Government. In paragraph 5 of their reply No. 1012,† dated 17th August, 1909, the Government of India stated that they were unable to agree that Civil Medical Assistants (as Sub-Assistant Surgeons were at the time called) should be eligible for honorary rank as Civil Assistant Surgeons. They saw no objection, however, to their being permitted to qualify for the Provincial Medical Service, provided that the standard of qualification for that service was not reduced in their favour. On this the Surgeon-General was asked to submit a scheme for permitting Civil Medical Assistants to qualify for the Provincial Medical Service.

4. In paragraph 379 of the Report of the Royal Commission on Decentralization, it was suggested that Local Governments should have as full power over their Civil Assistant Surgeons and Hospital Assistants as in regard to other “Provincial” and “Subordinate” services, and that there was no necessity to place such officers on rates of pay which are uniform throughout India or to lay down uniform rules as to recruitment or promotion. On this the Government of India observed‡ that the only restrictions which they desired to impose on Local Governments in the matter of the recruitment, training and qualifications of medical subordinates were:—“9 (b) That no candidate shall be considered eligible for appointment as a Civil Assistant Surgeon unless he holds either the licence of L.M. & S., or the M.B. degree of one of the recognised Indian Universities or a qualification registrable in England.”

Thereupon the Surgeon-General was asked§ to consider the suggestions made regarding the recruitment, training and qualifications of Medical Subordinates and favour Government with his views on the subject. The Surgeon-General reported¶ as follows:—“4. As regards the advisability of allowing Sub-Assistant Surgeons to qualify for promotion to the rank of Assistant Surgeon, it cannot be considered that from the Government point of view, there is any advantage to be gained by permitting them to do so.

“7. As regards the Sub-Assistant Surgeons of some years’ service, there would be no objection to appointing men who had shown special ability or done special service to be ‘honorary’ Assistant Surgeons, and these honorary appointments might carry a small allowance or special privileges; but it is not in my opinion advisable to promote men from

* *Vide* paragraphs 9 and 10 of letter to the Government of India, No. 633, dated 1st February, 1908, appended to Government Resolution, General Department, No. 5170, dated 5th October, 1909. (Not reprinted.)

† Cited in Government Resolution, General Department, No. 5170, dated 5th October, 1909. (Not reprinted.)

‡ Paragraph 9 of letter No 327, dated 31st March, 1910, cited in Government Resolution, General Department, No. 2151, dated 9th May, 1910 (Not reprinted.)

§ Paragraph 3 of Government Resolution, General Department, No. 2151, dated 9th May, 1910. (Not reprinted.)

¶ Paragraphs 4 and 7 of his letter No. A-6724, dated 7th July, 1910, appended to Government Resolution, General Department, No 5650, dated 22nd September, 1911. (Not reprinted.)

APPENDIX XXXV. (continued).

the Sub-Assistant Surgeon class to that of Assistant Surgeon without passing them through the Grant Medical College, and this can only be satisfactorily and advantageously done while they are still students."

In paragraph 8 of their letter to the Government of India, No. 3272,* dated 30th May, 1911, the Government of Bombay observed:—"8 In paragraph 5 of their letter† the Government of India state that they see no objection to Sub-Assistant-Surgeons being permitted to qualify for the Provincial Medical Service (i.e., the service of Civil Assistant Surgeons) provided that the standard of qualification for that service is not reduced in their favour. I am, however, to invite attention to paragraph 9‡ of the letter from the Government of India, No. 327, dated the 31st March, 1910, in which it is laid down that 'no candidate shall be considered eligible for appointment as Civil Assistant Surgeon unless he holds either the licence of L.M. & S. or the M.B. degree of one of the recognised Indian Universities, or a qualification registrable in England.' It is therefore not possible for Sub-Assistant Surgeons to qualify themselves for the Provincial Medical Service. There would, moreover, be no advantage to Government in allowing the concession to Sub-Assistant Surgeons since the two classes are quite distinct, having received different degrees of general and medical education and having entered the service of Government under different conditions."

The reply of the Government of India, No. 924,§ dated 29th August, 1911, did not refer to this question, and the matter accordingly dropped.

5 The Government of India now state¶ that the question has recently come under review in connection with a representation made by the Director-General, Indian Medical Service, that a Civil Sub-Assistant Surgeon who has shown exceptional professional qualifications should be promoted, without going through a fresh college course, to the higher rank of Civil Assistant Surgeon together with the pay and privileges of that rank. The Government of India add that, upon a reconsideration of the matter, they are disposed to think that the door of entry to the service of Civil Assistant Surgeons should not be entirely closed to the Sub-ordinate Medical Service, provided that the concession of admission is strictly confined to a few specially deserving cases.

* Appended to Government Resolution, General Department, No. 5650, dated 22nd September, 1911. (Not reprinted)

† Referred to in paragraph 3 above.

‡ Quoted in paragraph 4 above.

§ Cited in Government Resolution, General Department, No. 5650, dated 22nd September, 1911. (Not reprinted)

¶ Letter No. 218, dated 30th April, 1913 (Not reprinted)

Surgeon-General's Remarks.

6. The conditions at present are that the number of graduates in medicine of the Bombay University applying for appointments as Civil Assistant Surgeons is always largely in excess of the demand. There are men who have obtained the highest medical education available in this country at their own expense. They are better educated than the Sub-Assistant Surgeon class, and it would be of no advantage to Government service to reserve a certain number of the appointments now held by them for men promoted from the Sub-Assistant Surgeon class, except possibly in a very exceptional case at rare intervals.

7. The great obstacle now standing in the way of an exceptional man of the Sub-Assistant Surgeon class is that he has no chance of proving his exceptional ability by taking a higher qualification except through the University course, which is prohibitive on account of the expense and time required, and that it must be carried out at the Grant Medical College. The College of Physicians and Surgeons of Bombay will in future provide a qualification (membership) which it will be within the power of an exceptionally good man of the Sub-Assistant Surgeon class to obtain by examination, without great expenditure and without the extended period of study at the Grant Medical College required by the University curriculum.

8. If, hereafter, Government were pleased to open the Civil Assistant Surgeon service to the members of the College of Physicians and Surgeons, this would be a channel through which exceptional good Sub-Assistant Surgeons might qualify themselves and thus obtain promotion. I think the further consideration of the question, so far as this Presidency is concerned, may well stand over until it is seen what the examinations instituted by the College are likely to effect. Under present conditions I am unable to recommend substantive promotions to the Civil Assistant Surgeon class for the Sub-Assistant Surgeons, but I think a senior man of that class, on retirement after exceptionally good service, might be given the honorary rank of an Assistant Surgeon.

H. W. STEVENSON,
Surgeon-General, I.M.S.,
Surgeon-General with the
Government of Bombay.

This Memorandum is placed before the Public Services Commission by order of the Government of Bombay, who have directed that it should be stated in submitting it that the views expressed in it have their concurrence.

R. W. S. LYONS,
Acting Surgeon-General with
the Government of Bombay.

Poona, 6th January, 1914.

APPENDIX No. XXXVI.

Memorandum prepared by the Administration of the Central Provinces and Berar relating to the Medical Services

1. *The present regulations as to recruitment, training and probation, and whether these regulations are satisfactory.*

(a) INDIAN MEDICAL SERVICE.

The regulations for the Indian Medical Service are published at page 243 of the current India Office List.

Officers may not be transferred to Civil employment until the completion of two years' actual Military duty, and after three years' continuous Civil employment are considered to be in permanent Civil employment.

The officers of the Indian Medical Service transferred to Civil employ are primarily a portion of the War Reserve and are liable to recall to Military duty if their services are required. In the case of

a serious war only five officers would remain in Civil employ, and the places of those recalled would have to be filled by temporary appointments. Any attempt to separate the Civil and Military Services would probably lower the level of the Military branch of the Service, and the present system must be continued. The rules for the recruitment, training and probation of officers of the Indian Medical Service are thus mainly a Military question, and the Officiating Chief Commissioner has no remarks to make on this subject.

(b) INDIAN SUBORDINATE MEDICAL SERVICE.

The regulations for the Indian Subordinate Medical Service are given in the Memorandum of Rules for the admission of candidates into the Assistant Surgeon Branch of the Indian Subordi-

APPENDIX XXXVI. (continued).

<i>Allowances.</i>	Per mensem. Rs a. p.
5. To other Indian Medical Service Officers holding charge of District Jails, fourth class ...	50 0 0
6. To Civil Surgeons of Nagpur, Jubbulpore, Wardha, Hoshangabad, Nimar, Bilaspur, Amraoti and Akola, as certifying Surgeons for certification of children in factories .	0 4 0 per child.

In letter No. 1620-I-5-32, dated the 6th September, 1912, to the Government of India, the Chief Commissioner recommended that the pay of the Inspector-General of Civil Hospitals in these Provinces be raised to Rs. 2,250 per mensem. It was pointed out that in the Presidencies of Bombay, Bengal and Madras, the pay of this post was Rs. 2,500 and in the United Provinces, Punjab, Burma, Assam and Bihar and Orissa, Rs. 2,250 per mensem, while in the Central Provinces the Inspector-General of Civil Hospitals only drew Rs. 2,000 per mensem. The Central Provinces Administration thus finds itself in the invidious position of possessing in their Inspector-Generalship of Civil Hospitals the worst paid appointment of its kind in India.

The present system has recently resulted in the promotion of Lieut.-Colonel Banatwala, a Civil Surgeon of these Provinces and junior to the present Inspector-General of Civil Hospitals, to the post of Inspector-General of Civil Hospitals of Assam, where he draws Rs. 2,250 while Colonel Dennys, the present Inspector-General of Civil Hospitals, Central Provinces, continues to draw Rs. 2,000 per mensem.

No orders have yet been passed on this proposal, and the Officiating Chief Commissioner strongly recommends that the pay of this post in the Central Provinces be raised to the same level, viz., Rs. 2,250, as in the other Provinces excepting Bombay, Bengal and Madras. The rates of pay of officers transferred to Civil employ below the rank of Inspector-General of Civil Hospitals are regulated mainly by the pay sanctioned for an officer of the same rank in Military employ, and Mr. Crump does not feel competent to deal with the question of the rate of pay required by officers while on Military service. The question of the pay in Civil employ will be dealt with under Head I.

(b) INDIAN SUBORDINATE MEDICAL SERVICE.

Pay.—The rates of pay of Military Assistant Surgeons in Civil employment (or Apothecaries as they were called till 1894) fixed prior to 1890 are, with the modifications noted below, still in force.

The several grades and pay of Military Assistant Surgeons, Indian Subordinate Medical Service, are as follows:—

	Rs.
1. Senior Assistant Surgeon with the Honorary rank of Major or Captain	400
2. Senior Assistant Surgeon with the Honorary rank of Lieutenant	300
3. Assistant Surgeon, first class . . .	200
4. Assistant Surgeon, second class . . .	150
5. Assistant Surgeon, third class . . .	110
6. Assistant Surgeon, fourth class . . .	85

The grades and pay of Military Assistant Surgeons are purely a Military question and should be considered from this point of view only.

On the appointment of a Military Assistant Surgeon to the Civil Department he is posted either as an Assistant to the Civil Surgeon, Nagpur or Jubbulpore, or as Sub-Divisional Medical Officer, Ellichpur, in which capacities he receives his Military grade pay as specified above, plus a local or staff allowance at Rs. 50 per mensem, which includes compensation in lieu of free quarters. There are also three Military Assistant Surgeons on plague duty, and one in charge of the Provincial Vaccine Depot. There is also a Military Assistant Surgeon in charge of the Raipur Central Jail.

When a vacancy occurs in any of the Civil Surgeoncies reserved for Military Assistant Surgeons, one of these officers is selected to fill the post. He then receives pay at the following rates:—

	Per mensem. Rs.
1. Under 5 years in charge of a district	350
2. From 5 and under 10 years . . .	450
3. From 10 and under 15 years . . .	550
4. Over 15 years	700

Service towards these quinquennial increments counts from the date of assumption of any charge as a permanent appointment.

Previous to 1913, Military Assistant Surgeons, 3rd or 4th Class, in independent medical charge of Civil Stations, received pay at Rs. 250 a month, and officers above the grade of 3rd Class received pay at the rates shown above for all classes at the present date.

Allowances.

	Per mensem. Rs.
If a Military Assistant Surgeon of the senior or 1st Class is appointed to officiate as Civil Surgeon in place of a Commissioned Medical Officer he receives a local allowance of . . .	75
If a Military Assistant Surgeon of the 2nd Class is appointed to officiate as Civil Surgeon in place of a Commissioned Medical Officer he receives a local allowance of	50
If a Military Assistant Surgeon of the 3rd Class is appointed to officiate as Civil Surgeon in place of a Commissioned Medical Officer he receives a local allowance of	50
If a Military Assistant Surgeon of the 4th Class is appointed to officiate as Civil Surgeon in place of a Commissioned Medical Officer he receives a local allowance of	50

If deputed on plague duty, deputation allowances at the following rates are granted to—

Senior Assistant Surgeon with the Honorary rank of Lieutenant or Captain employed on famine or plague duty, Rs. 5 a day.

Military Assistant Surgeons deputed to plague duty from an appointment (including the charge of a district) in the Civil Department, Rs. 2 a day if Civil pay does not exceed Rs. 150; Rs. 3 a day if Civil pay exceeds Rs. 150.

(a) These allowances are to be drawn in addition to any acting or charge or house allowance of which the officer was in receipt at the time of his transfer.

(b) These orders are subject to the proviso that a Military Assistant Surgeon transferred from an officiating charge of a district may be granted the emoluments he drew as a District Medical Officer only for so long as he would in the ordinary course have continued to hold charge of a district.

Military Assistant Surgeons in charge of District Jails in addition to their own duties as Civil Surgeon draw a local allowance of Rs. 50, Rs. 75 and Rs. 100 according to the average number of the convict population of the Jail. In the Central Provinces, as a matter of fact, they have only held charge of jails for which the local allowance was Rs. 50.

The Military Assistant Surgeon appointed as Assistant to the Civil Surgeon, Nagpur, draws an allowance of Rs. 10 per mensem for medical attendance on the boarders in the hostels attached to the Normal School and at Rs. 10 per mensem for those of the Agricultural School.

The Assistant to the Civil Surgeon, Jubbulpore, draws an allowance of Rs. 20 per mensem as a Lecturer in Physiology in the Government College.

The rate of pay of Military Assistant Surgeons in Civil employment fixed prior to 1890 is still in force.

Note—There is now a Special Plague Medical Staff employed on plague duty in these Provinces.

APPENDIX XXXVI. (continued).

With the exception of the following allowances, which were not in force prior to 1900, all other allowances as stated above were drawn by Military Assistant Surgeons in 1890 in accordance with the rules and regulations then in force:—

- (i) Deputation allowance for plague duty.
- (ii) Allowance for attendance on boarders in hostels
- (iii) Allowance as Lecturer in Physiology.

The pay of a Military Assistant Surgeon in charge of a district is not sufficient to enable him to maintain the position required of him, and Mr. Crump recommends that it should be fixed at Rs. 400, rising by annual increments of Rs. 40 to Rs. 900, no distinction being made according to grade.

(c) PROVINCIAL SUBORDINATE MEDICAL SERVICE.

Pay.—The Service of Civil Assistant Surgeons, originally designated as Sub-Assistant Surgeons, was created in 1838, and in Home Department Resolution, dated the 6th January, 1849, was graded as under:—

	Per mensem.
	Rs.
Third grade, under 7 years' service	100
Second grade, after 7 years' service and after passing the professional examination	150
First grade, after 14 years' service and after passing a second professional examination...	200

For supernumerary duty the Secretary of State, in his Despatch No. 323, dated the 16th October, 1884, sanctioned the following scale of reduced pay:—

	Rs.
Third grade, per mensem ...	50
Second " " " ...	100
First " " " ...	150

These rates of pay were in force in these Provinces in 1890.

In 1891 memorials from certain Civil Assistant Surgeons in Bengal, in which they prayed for an improvement in their emoluments, were submitted to Government, but no improvement in pay was sanctioned by the Government of India. They, however, modified the rules regarding the pay of supernumerary Assistant Surgeons and sanctioned grades of "Employed Pay" and "Unemployed Pay." In 1895 a Committee was appointed to enquire into the status of Civil Assistant Surgeons in Bengal, and the result was the following changes sanctioned by the Government of India in their Home Department Resolution No 1141-50, dated the 22nd August, 1898:—

- (1) Abolition of "Unemployed Pay" of all grades.

- (2) The creation of a senior grade on Rs 300 a month.

- (3) The reservation of some Civil Surgeoncies for Civil Assistant Surgeons

The change (1) resulted in the pay of Rs. 100 per mensem being drawn continuously from the date of entry into service up to 7 years, and thus the rate of pay in force in these Provinces in 1900 was practically the same as that stated above, viz. :—

	Rs.
Third grade, under 7 years' service	100
Second grade, after 7 years' service on passing the examination	150
First grade, after 14 years' service and on passing the examination . .	200

The creation of the senior grade on Rs. 300, which was sanctioned at 10 per cent. of the total strength of Civil Assistant Surgeons, was not introduced in the Central Provinces and Berar till 1906, and the rates of pay now in force in these Provinces are:—

	Rs
3rd grade, under 7 years' service	100
2nd grade, above 7 years' service, subject to passing septennial examination	150
1st grade, above 14 years' service, subject to passing septennial examination	200
Senior grade (without examination), by selection	300
Two Civil Surgeoncies	400—20—500

Note.—Of the two Civil Surgeoncies reserved for Civil Assistant Surgeons only one is at present held by a Civil Assistant Surgeon and the other by an Uncovenanted Medical Officer

Allowances.—The allowances drawn by Civil Assistant Surgeons in 1890 were:—

- 1. Rs 50 per mensem by the Civil Assistant Surgeon in charge of the Victoria Hospital, Jubbulpore.

- 2. Rs 50 per mensem by the Civil Assistant Surgeon in charge of the Main Dispensary, Saugor.

In addition to the above, an allowance of Rs. 50 per mensem was sanctioned for the Civil Assistant Surgeon attached to the Chief Commissioner's Camp.

In 1900 the following allowances were drawn:—

- 1. Rs. 75 per mensem, acting allowance for holding temporary Civil medical charge by Civil Assistant Surgeons of the Balaghat and Wardha Districts.

- 2. Rs. 50 per mensem as jail allowances to Civil Assistant Surgeons as Superintendents of District Jails, Balaghat and Wardha.

- 3. Deputation allowance at Rs. 2 a day to Civil Assistant Surgeons on plague duty.

The allowance in force at present (1913) are:—

	Per mensem
	Rs
(1) Civil Assistant Surgeon attached to Chief Commissioner's Camp...	50
(2) Civil Assistant Surgeon acting temporarily or permanently as a Civil Surgeon...	Pay starting at Rs. 400
(3) Jail allowance to Civil Assistant Surgeon acting temporarily or permanently as a Civil Surgeon ...	The full jail allowance if there is a jail in his charge.
(4) Assistant to Civil Surgeon, Amraoti and Akola, a local allowance each of...	30
(5) Sub-Divisional Medical Officer, Khamgaon, a local allowance of...	50
(6) Sub-Divisional Medical Officer, Basim, a local allowance of...	30
(7) Civil Assistant Surgeon for the charge of the X-Ray Apparatus at the Victoria Hospital, Jubbulpore ...	20
(8) Allowance to Civil Assistant Surgeon in charge of the Victoria Hospital, Jubbulpore, for medical charge of the Hostel attached to the Training College, Jubbulpore ...	30
(9) Civil Assistant Surgeons for attendance on students in Hostels attached to Government Schools ...	30
	Rs 5 per mensem for 15 boarders and under; Rs. 8 per mensem for over 15 and under 25; Rs. 10 for 25 boarders. Beyond 25 boarders an additional rupee one per mensem for every 5 or less boarders.
(10) Civil Assistant Surgeons holding additional charge of Jail and Police Hospitals, a local allowance at ...	20

APPENDIX XXXVI. (continued).

	Per mensem.
	Rs.
(11) Civil Assistant Surgeon in additional charge of the Police Hospital, Drug ...	10
(12) Civil Assistant Surgeon in additional charge of the Magisterial Lock-up, Drug...	10
(13) Civil Assistant Surgeon deputed to plague duty 2 or 3 a day.	
(14) Civil Assistant Surgeons in the Central Provinces, while engaged on plague duty within their own charges and as part of their ordinary duties, are granted :—	
(a) Actual conveyance expenses if not entrusted with inoculation.	
(b) If trusted with inoculation, Rs. 2 a day (irrespective of pay drawn) and actual conveyance expenses.	
(15) The following local allowances have recently been sanctioned to Civil Assistant Surgeons appointed as teachers and lecturers at the new Nagpur Medical School :—	
(a) 1st grade Civil Assistant Surgeon at	100*
(b) Two† 2nd grade Civil Assistant Surgeons at	75
(c) 3rd grade Civil Assistant Surgeon at	50
(d) Part time Civil Assistant Surgeon of the Mayo Hospital, Nagpur ...	50
(e) Warden of the School	25
(f) House-rent allowance to Warden and whole-time Civil Assistant Surgeon	20

* From 1915-16.

† One from 1915-16.

The scale of pay sanctioned for Civil Assistant Surgeons is sufficient to attract as many candidates as the Province requires, and the candidates obtained are improving in quality. There is therefore no necessity for an increase in the present rates of pay and allowances, except in regard to the allowance for the charge of the Basim Sub-Division. Owing to the small practice obtainable in this place it is unpopular, and as the work is important, the charge allowance should be raised from Rs. 30 to Rs. 50 per mensem.

3 The number of posts in each grade and the provision, if any, made in the cadre for leave and training.

(a) INDIAN MEDICAL SERVICE

—There is no fixed number of posts in each rank, but there are two classes of Civil Surgeoncies, viz., first and second class. The number of first class Civil Surgeoncies is fixed at four, and that of the second class at ten.

Excluding the Jail Department, in which leave vacancies of Indian Medical Service officers are filled by the Director-General, Indian Medical Service, the number of sanctioned cadre appointments of Indian Medical Service officers in the Medical Department, excluding the Inspector-General of Civil hospitals but including the Sanitary Commissioner and chief plague officer is sixteen, and at 20 per cent. on this three Indian Medical Service officers are allowed as a leave reserve for the Medical Department of these Provinces.

There is no reserve allowed for Indian Medical Service Officers deputed to the classes for training in X-Rays, Malaria and Bacteriological Technique. The vacancies are filled by the temporary appointment of an Assistant Surgeon (Military or Civil) serving at the time in the Province.

In dealing with the question of pay of officers of the Indian Medical Service transferred to Civil employ, it has been pointed out that the pay of an officer must be regulated according to his Military rank, and the question of the relation of the pay in Civil employ to the pay of the Military rank will now be considered.

An officer of the Indian Medical Service holding a Civil Surgeoncy of the second-class draws Rs 50 per mensem less than the pay of a Military Officer of similar rank, who often holds charge of other institutions besides the Regiment, and in consequence he draws special allowances; the result is that the earnings of an officer in Military employ are often in excess of the pay of his rank.

A Civil Surgeon no doubt receives an allowance for the charge of the Jail, and in his note on the Jail Service, the Officiating Chief Commissioner has recommended that the rates of allowances for such charges should be increased.

This, however, will not bring the total pay of a Civil Surgeon of a 2nd class district up to the same amount that an officer of similar rank in Military employ may be receiving; with the increase in the numbers of Civil Assistant Surgeons and the better qualifications these officers now possess, the receipts of officers of the Indian Medical Service from private practice, especially in the smaller districts, are steadily declining, and an increase in the pay of the 2nd class Civil Surgeoncy is essential. In view of the extra allowances now obtainable in Military employ and the decline in private practice, Mr. Crump recommends that in addition to the increase of the jail allowance which he has recommended in his memorandum on the Jail Service, the pay of a 2nd class Civil Surgeoncy be fixed at Rs. 50 per mensem above that of an officer of similar rank in Military employ.

A Civil Surgeon of the 1st class draws at present Rs. 50 more than the pay of Military Officer of similar rank, and appointment to a Civil Surgeoncy of the 1st class should be made by selection, and not by mere seniority. This system acts as a valuable incentive to good work and should be maintained; but the present difference of Rs. 100 per mensem between the two classes is insufficient and Mr. Crump recommends that the pay of a Civil Surgeoncy of the 1st class be fixed at Rs. 200 per mensem above the pay of an officer of similar rank in Military employ.

At present out of 14 Civil Surgeoncies reserved for officers of the Indian Medical Service, only 4 are of the 1st class. As the selection for a 1st class Civil Surgeoncy depends on merit, this is not sufficient, as with only 4 posts out of 14, a 1st class Civil Surgeoncy is only obtainable at a comparatively late point in an officer's service. The Officiating Chief Commissioner accordingly recommends that 50 per cent. of the Civil Surgeoncies reserved for officers of the Indian Medical Service in a Province should be of the 1st class. With the present cadre in these Provinces there would then be 7 Civil Surgeoncies of the 1st class and 7 of the 2nd class.

(b) INDIAN SUBORDINATE MEDICAL SERVICE.

There are at present 14 sanctioned appointments of Military Assistant Surgeons in the Central Provinces and Berar, of which—

9 are in the Medical Department;

4 are in the Sanitary Department;

1 is in the Jail Department.

Of the 9 appointments in the Medical Department, 6 are independent medical charges of districts and 3 are subordinate charges.

The posts in each grade at the present time are as under:—

APPENDIX XXXVI. (continued)

	Medical		Sanitary		Jail		Total.		
	Independent.	Subordinate.	Independent.	Subordinate.	Independent.	Subordinate.	Independent.	Subordinate.	All posts.
Senior Assistant Surgeon with * Honorary rank of Captain.	1	...	...	...	...	..	1	...	1
Senior Assistant Surgeon with * Honorary rank of Lieutenant.	1	...	...	...	...	...	1	..	1
Assistant Surgeons, 1st Class ...	2	...	...	...	1	.	3	.	3
Assistant Surgeons, 2nd Class ...	2	2	...	...	...	.	2	2	4
Assistant Surgeons, 3rd Class ...	...	1	1	3	...	.	1	4	5
Assistant Surgeons, 4th Class ...	...	...	...	...	...	...	..
Total ...	6	3	1	3	1	..	8	6	14

There is no fixed number sanctioned in each grade. It varies with promotion in Military rank.

Provision made in the cadre for leave and training.—The Civil Department may employ as many Military Assistant Surgeons as it has work for, and as the service of Military Assistant Surgeons is properly a Military service and its members lent to the Civil Department subject to recall to military service when necessary, the Director-General, Indian Medical Service, makes arrangements to provide substitutes in long-leave vacancies. Local arrangements are made by appointing Civil Assistant Surgeons in short privilege leave vacancies and in the vacancies caused by deputation for training in Malaria, X-Ray and Bacteriological technique, etc. There is therefore no reserve for leave and training of Military Assistant Surgeons in these Provinces, and none is required.

(c) PROVINCIAL SUBORDINATE MEDICAL SERVICE.

There are at present 31 sanctioned appointments of Civil Assistant Surgeons in these Provinces, of which—

- 22 are in charge of dispensaries.
- 2 are Sub-Divisional Medical Officers.
- 2 are Assistants to Civil Surgeons.
- 1 is on deputation in the Sanitary Department as Malaria Officer.
- *3 are in Medical School, Nagpur.
(Recently sanctioned by the Local Administration.)
- *1 is in Children's Hospital, Jubbulpore.
(Recently sanctioned by the Local Administration.)

—

31

The posts in each grade are as follows:—

- 3 senior grade at 10 per cent. of the total strength.
 - 2 1st grade
 - 4 2nd grade
 - 22 3rd grade
- There is no fixed number sanctioned in each grade. It varies on passing the professional examinations.

—

31

Provision made in the cadre for leave and training—In accordance with paragraph 4 of the Government of India, Home Department, Resolution No. 4-326-39, dated the 17th June, 1887, there should be a leave reserve at the rate of 15 per cent. on the number of appointments sanctioned. This would be about five. There is no such permanent reserve at present. Short leave vacancies are filled up by the appointment of Sub-Assistant Surgeons.

4. *What appointments outside the authorised cadre are held temporarily, or otherwise, by officers of the Service.*

(a) INDIAN MEDICAL SERVICE.

Two appointments in the Sanitary Department are outside the authorised cadre, viz., (1) the Chief Plague Medical Officer, and (2) the Special Malaria Officer

* These institutions have not yet been opened, and these four Civil Assistant Surgeons are at present employed as a temporary reserve.

(b) INDIAN SUBORDINATE MEDICAL SERVICE.

Three Military Assistant Surgeons are employed in the Sanitary Department as Plague Medical Officers, and another as Superintendent of the Central Vaccine Depot, Nagpur.

(c) PROVINCIAL SUBORDINATE MEDICAL SERVICE.

The services of two Civil Assistant Surgeons have been placed at the disposal of the Sanitary Commissioner, Central Provinces.

5. *Whether any addition is required to the present cadre.*—Extra posts are being added to the cadre of the Provincial Subordinate Medical Service as the state of the Provincial finances permits. The Chief Commissioner has recently applied to the Government of India for the services of an Indian Medical Service officer for charge of the Lunatic Asylum at Nagpur.

The 22 Civil Surgeoncies are at present distributed as follows:—

14 reserved for officers of the Indian Medical Service.

6 for officers of the Indian Subordinate Medical Service.

2 for Civil Assistant Surgeons

The appointments of Civil Surgeon of the 11 districts, viz., Nagpur, Jubbulpore, Raipur, Nimar, Seoni, Chanda, Hoshangabad, Bilaspur, Saugor, Amraoti and Akola are reserved for officers of the Indian Medical Service, while three of the remaining 11 districts must be so held.

With the rapid expansion of railway communication in these Provinces, the general development of the Province and the increased attention now being paid to sanitation and the increase of medical relief, the importance of many of the districts which may be held in the alternative by officers of the Indian Medical Service, Military Assistant Surgeons or Civil Assistant Surgeons has increased since this distribution was made, and it is desirable that the number of Civil Surgeoncies to be held by officers of the Indian Medical Service should be increased.

Out of the districts which are not necessarily reserved for officers of the Indian Medical Service, it is desirable that the following districts should ordinarily be in charge of an officer of the Indian Medical Service, viz., Chhindwara, Buldana, Yeotmal and Betul, and he therefore recommends that the number of officers of the Indian Medical Service to be employed as Civil Surgeons in these Provinces should be raised from 14 to 15. The employment of Military Assistant Surgeons as Civil Surgeons is justified by the fact that the complete withdrawal of such posts from this Service might seriously affect recruitment for the Military Service, but even granting this, Mr. Crump considers that the proportion of six Civil Surgeoncies to nine appointments held by officers of this class is too large, and that this number might well be reduced to four. The appointment of Superintendent of the Central Jail, Raipur, is now open to officers of this Service, so that there would still be five superior posts open to them.

Both educationally and professionally the qualifications of the Civil Assistant Surgeon are at present superior to those of the Military Assistant

APPENDIX XXXVI. (continued).

Surgeons, and while one post now held by the Military Assistant Surgeon should be transferred to the list of posts to be held by an officer of the Indian Medical Service, the second post should be thrown open to the Provincial Subordinate Medical Service.

Under the new regulations regarding the grant of study leave, the period of leave taken by officers of the Indian Medical Service is now considerably longer. At the present time there is a reserve of three officers for leave vacancies in this Service, and

the officers now on leave have gone for periods of two years, two years and 9½ months, and one year and nine months respectively, so that no officer of the Indian Medical Service can be granted leave, other than privilege leave or leave on medical certificate, for at least one year and nine months. The leave reserve of three is thus no longer sufficient, and the percentage allowed for the leave reserve should be raised from 20 per cent. to 25 per cent. The leave reserve would thus be raised from three to four.

APPENDIX No. XXXVII.

Memorandum prepared by the Administration of the Central Provinces and Berar relating to the Sanitary Department.

The Sanitary Department in the Central Provinces contains only one appointment, that of the Sanitary Commissioner. The appointment, which is held by an Indian Medical Service officer of the rank of Major, dates from the 1st February, 1910. The salary of the post is Rs 1,250, rising by annual increments of Rs. 50 to Rs 1,750.

In the Sanitary Department are employed in connection with special plague and malaria duty the following officers of the Indian Medical Service, the Indian Subordinate Medical Service and the Provincial Subordinate Medical Service, whose services are temporarily lent for the purpose:— one Indian Medical Service officer—Major (malaria duty), two Civil Assistant Surgeons (malaria duty), one Indian Medical Service officer—Captain (plague

duty), four Military Assistant Surgeons (including one retired officer) (plague duty), one Military Assistant Surgeon as Superintendent, Vaccine Depot.

While employed in the Sanitary Department, these officers are under the control of the Sanitary Commissioner, who has power to utilise their services in the way he thinks fit, but punishment and the grant of leave are matters which are dealt with by the Inspector-General of Civil hospitals on the report of the Sanitary Commissioner.

It is not proposed for the present to make any addition to the Sanitary Department in these Provinces by the appointment of Deputy Sanitary Commissioners.

APPENDIX No. XXXVIII.

Memorandum prepared by the Administration of the Central Provinces and Berar relating to the Jail Department.

1. *The present regulations as to recruitment, training and probation, and whether these regulations are satisfactory.*—The personnel of the Jail Department in the Central Provinces is drawn from the Indian Medical Service and the Indian Subordinate Medical Department. The regulations concerning these two services have been dealt with in the memorandum on the Medical Service. Officers of the Indian Medical Service who are selected to serve in the Jail Department are given the option of reverting from that Department at any time

within their first two years of service in the Jail Department.

The charge of District Jails is held by the medical officers in charge of the Civil districts.

2. *The rates of pay and allowances in force in 1890 and 1900 and at the present time, and whether the present rates of pay and allowances are satisfactory.*—The rates of pay and allowances in 1890, 1900, and at the present time in the Jail Department are as follows:—

1890.			1900.			1913.		
Posts.	No	Pay per mensem.	Posts.	No.	Pay per mensem.	Posts.	No.	Pay per mensem.
(a)	...	Rs. ...	(a)	...	Rs. ...	Inspector-General of Prisons.	1	Rs. 1,500
Superintendents of 1st Class Central Jails—			Superintendents of 1st Class Central Jails, viz—			Superintendents of 1st Class Central Jails, viz—		
(i.) Jubbulpore	1	(b) 1,000	Jubbulpore and Nagpur.	2	(c) 700—50—950.	Jubbulpore and Nagpur	2	650—1,550
(ii.) Nagpur	1	(b) 700—950	Superintendent of 2nd Class Central Jail—Raipur	1	550—50—700.	Superintendent of 2nd Class Central Jail—Raipur	1	(d) 550—50—700.

NOTES.—(a) In 1890 and 1900 the post of Inspector-General of Prisons and Inspector-General of Police was held jointly by one officer. These two Departments were separated in 1903 and an officer of the Indian Medical Service was placed on deputation with an allowance of Rs. 250 per mensem. The permanent post of Inspector-General of Prisons was created in 1905 on Rs. 1,500, to be held by an Indian Medical Service Officer.

(b) Pay of the appointments.

(c) Rising in the case of Medical Officers after 18 years' service in the Jail Department to Rs. 1,200.

(d) The appointment of Superintendent of the Central Jail, Raipur, may be held by a Military Assistant Surgeon on the understanding that a thoroughly suitable and deserving man is available. This is the pay of the appointment when held by a Military Assistant Surgeon

APPENDIX XXXVIII. (continued)

Under the scale of pay now in force it is possible that the Superintendents of the first class Central Jails of Nagpur or Jubbulpore might be drawing Rs. 1,550 per mensem, while the Inspector-General of Jails, though senior to them, only received Rs. 1,500 per mensem. Such a scale is unsatisfactory, and as the Inspector-General of Jails in the Central Provinces is responsible for the working of three Central Jails and 18 District Jails, Mr. Crump considers that the pay of the Inspector-General of Jails should be fixed at Rs. 1,500—50—1,800.

The charge of the 18 District Jails in the Central Provinces and Berar is held by the Civil Surgeons of the districts. Of these, 16 are at present classed as fourth class jails for which the allowance is Rs. 50 per mensem and two as third class jails, for which the allowance is Rs. 75 per mensem. In their dispatch No. 212, dated the 16th July, 1903, in the Finance and Commerce Department, to the Secretary of State the

Government of India recommended that the scale of allowances for the executive charge of a jail should be revised, and pointed out, that since 1868, when it was framed, the duties of the superintendent of a jail had become more onerous and that the work was distasteful to the majority of medical officers.

The Secretary of State, in his dispatch No. 20 (Public), dated the 3rd February, 1905, rejected the proposal on the ground that he had sanctioned a higher pay for medical officers.

This higher pay, however, does not compensate Civil Surgeons for the more exacting duties now required of them in the supervision of District Jails and Civil Surgeons still complain that the remuneration at present in force is insufficient to compensate them for this responsible and distasteful work. Mr. Crump accordingly recommends the adoption of the scale proposed by the Government of India in 1903, viz. —

	Rs	
For 1st class Jails containing 700 or more prisoners	250	per mensem.
" 2nd " " 500 to 699	200	" "
" 3rd " " 300 to 499	150	" "
" 4th " " 150 to 299	100	" "
" 5th " " 50 to 149	75	" "
" 6th " " less than 50	25	" "

3. The number of posts in each grade and the provision, if any, made in the cadre for leave and training

Posts	Number	Present pay per mensem.
Inspector-General of Prisons—Lieutenant-Colonel	1	Rs. 1,500
Superintendents, 1st Class Central Jail—Majors	2	1,050
Do. — <i>Captain—Officiating in absence of one of the above officers.</i>	1	725
Superintendent, 2nd Class Central Jail (Raipur)—Military Assistant Surgeon ...	1	600

There is no special cadre for the Jail Department in the Central Provinces, and no provision made for leave or training.

4. What appointments outside the authorised cadre

are held temporarily, or otherwise, by officers of the Service—Nil.

5. Whether any addition is required to the present cadre.—Nil.

APPENDIX No. XXXIX.

Memorandum prepared by the Administration of the Central Provinces and Berar relating to the Service of Civil Assistant Surgeons in the Central Provinces and Berar.

HISTORY.

In 1878 the number of Civil Assistant Surgeons serving in the Province was 7, and the estimated yearly requirement 1.

In 1887 the full sanctioned cadre was 12, but the number actually serving was 10. The reserve was fixed in this year at 15 per cent. Between 1892 and 1906 the number serving varied between 13 and 16.

In 1906 the number was definitely fixed, for the first time, at 13. Subsequent additions to the cadre were made as follows:—

1906	...	...	1
1909	...	...	1
1911	...	...	2
1912	...	...	the addition

of 10 more was sanctioned, and this number has now been made up.

The present strength is 27*. These are graded as follows:—

Senior Grade	..	..	2
First Grade	...	...	3
Second Grade	..	...	4
Third Grade	...	..	18

* Excluding the Civil Assistant Surgeon holding the appointment of Civil Surgeon.

Prior to the year 1902 Civil Assistant Surgeons were members of an Imperial Service. Fluctuations in the number serving in the Province were partly due to the uncertainty of the supply and partly to the fact that certain charges (e.g., Warora Colliery and various railways) staffed by them were subsequently abolished. The uncertainty of supply was due to the fact that up to the year 1902 the service was Imperial, and the needs of these Provinces had to be considered with those of other Provinces, and also in relation to the Indian Medical Service and Military Assistant Surgeons, with whom Civil Assistant Surgeons were partially interchangeable. The usual duties of Civil Assistant Surgeons were the charge of Main Dispensaries and of Stations or Sub-Divisions whose importance did not warrant the appointment of a member of the Indian Medical Service, but in the early years of the Service they also frequently officiated as Civil Surgeons for lengthy periods, e.g., in 1887 as many as five Civil Surgeoncies out of a total of 14 were held by Civil Assistant Surgeons. In the year 1902 the service was provincialised, and from that time appointments were made direct from College to the Central Provinces Service. There are now only two Civil Assistant Surgeons left who have served in other Provinces.

APPENDIX XXXIX. (continued).

APPOINTMENTS AND PROMOTION.

In 1909 the power to sanction additions to the cadre was delegated to the Local Government by the Government of India.

The grades are Senior, First, Second and Third. Appointment to the Senior Grade is made by selection, which lies with the Inspector-General of Civil Hospitals. The number in the Senior Grade must not exceed 10 per cent. of the total cadre. Vacancies need not necessarily be filled, and only thoroughly competent officers are to be selected for it.

Promotion to the First and Second Grades is dependent on (1) seven years' service in the lower grade, (2) passing an examination as a test of fitness. Candidates passing at their first opportunity after completing the requisite seven years of service in the lower grade are promoted from the date of completing that period and not from the date of examination. The Local Government may exempt individual Civil Assistant Surgeons from the examinations at its discretion. Exemptions are usually granted to officers holding the degree of M.D., M.S., or M.O., of a recognised Indian University or any of the higher English qualifications such as F.R.C.S.

In addition to these appointments one Civil Surgeoncy is reserved for Civil Assistant Surgeons. It was resolved that two Civil Surgeoncies should be reserved for Civil Assistant Surgeons in the Central Provinces. This scale will be enforced on the retirement of Dr T. W. Quinn, an officer in the Uncovenanted Service holding a Civil Surgeoncy.

QUALIFICATIONS.

The qualification for appointment as Civil Assistant Surgeon is a diploma in Medicine and Surgery of any recognised University. The following are the qualifications of the Civil Assistant Surgeons at present serving in the provinces:—

M.B.B.S.	1
L.M. and S.	24
M.B.	3

The following are the Universities represented in these degrees:—

Punjab	11
Bombay	11
Calcutta	6

Selections are made from passed candidates who have been given scholarships and from registered candidates as vacancies occur.

DUTIES.

Civil Assistant Surgeons serve in two Departments—

1. Medical, under the Inspector-General of Civil Hospitals.
2. Sanitary, under the Sanitary Commissioner.

1. MEDICAL.

The duties of Civil Assistant Surgeons are very similar to those of Civil Surgeons, to whom they may be attached as assistants. The duties of a Civil Surgeon are:—

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 Jails.
4. Inspection of vaccination throughout the district.
5. All duties connected with the sanitation of the district.
6. Medico-legal work in connection with criminal cases.
7. Examination of recruits (Military, Police, Railway, etc.).
8. Inspection of factories under the Act.

Of these duties Civil Assistant Surgeons, when Assistants to Civil Surgeons, do not undertake superintendence of the District Jail or inspection of factories.

Note.—The Sub-Divisional Medical Officers, Ellichpur and Basim, have been appointed as inspectors of factories within the local limits of their respective sub-divisions.

Charges held by Civil Assistant Surgeons are:—

- (a) Certain Main Dispensaries.
 - (b) Mayo and Victoria Hospitals at Nagpur and Jubbulpore, respectively.
 - (c) Camp of the Chief Commissioner.
- Special duties upon which they may be put are:—

1. Plague inoculation.
2. Charge of plague camps.
3. Cholera duty.
4. Famine duty.
5. Vaccination inspection duty.
6. Medical and sanitary duties in connection with large fairs.

2. SANITARY.

Under the Sanitary Commissioner one Civil Assistant Surgeon is employed on special duty for the investigation of malaria.

PAY AND ALLOWANCES.

The following are the pay and allowances with the numbers serving in each grade at the present time:—

	Pay.
	Rs.
Civil Surgeon	350—30—500
Jail allowance	50
Senior grade	2 300
First "	3 200
Second "	4 150
Third "	18 100

Allowances are given as under:—

Appointment.	Allowance.	Remarks.
Assistant Surgeon attached to the Chief Commissioner's Camp.	Rs. 50	Drawn while on tour in addition to his grade pay and travelling allowance under the ordinary rules.
Assistant Surgeon in place of Civil Surgeon sent to Pachmarhi.	Acting allowance on the minimum pay (Rs. 350). Jail allowance Rs. 50.	Assistant Surgeon while in charge of the Civil Station during the deputation of the Civil Surgeon to Pachmarhi is entitled to acting allowance under Article 142 (b) Civil Service Regulations, and Jail allowance.
Civil Assistant Surgeons for attendance on students in hostels attached to Government schools	Rs. 5 per mensem for 15 boarders and under; Rs. 8 for over 15 and under 25. Rs. 10 for 25 boarders. Beyond 25 boarders an additional Rs. 1 per mensem for every 5 or less boarders.	The bill in which the allowances are drawn should be supported by a certificate showing the average number of boarders in residence during the month.
Assistant Surgeon in charge of detachment of Native Troops.	Rs. 20	This local allowance is granted to a Civil Assistant Surgeon when placed in addition to his own duties in independent charge of a detachment of Native troops below the strength of a wing of a Native Infantry or Cavalry Regiment, but it is not paid by the Civil Department.

APPENDIX XXXIX. (continued).

Appointment.	Allowance.	Remarks.
Civil Assistant Surgeon, W. V. Kane, for charge of the X-Ray apparatus at the Victoria Hospital, Jubbulpore.	Rs. 20 per mensem	This allowance together with the allowance for medical charge of the hostel attached to the Training College, Jubbulpore, should not in any one month exceed Rs. 50.
Assistant to Civil Surgeon, Amraoti.	Class pay plus local allowance	These appointments are reserved for Civil Assistant Surgeons. The local allowance is drawn subject to the proviso that the total emolument drawn does not exceed an aggregate of Rs. 250 a month.
Assistant to Civil Surgeon, Akola.	Rs. 30.	
Civil Assistant Surgeon, Khamgaon.	Grade pay plus local allowance	The local allowance is drawn subject to the proviso that the total emolument drawn does not exceed an aggregate of Rs. 250 per month. Is to be regarded as Assistant to the Civil Surgeon of his district.
	Rs. 50.	
Civil Assistant Surgeon, Basim Sub-Division.	Grade pay plus local allowance	.....
	Rs. 30.	

The Sub-Divisional Medical Officers, Ellichpur and Basim, draw a fee of Rs. 32 in their capacity of Inspectors of Factories for each inspection of factories in their sub-divisions employing 200 or more persons, and a fee of Rs. 18 for the inspection of any factory employing less than 200 persons.

The charges of Basim and Ellichpur are reserved for Military Assistant Surgeons, but Civil Assistant Surgeons may be appointed when Military Assistant for more than seven days:—

Civil Assistant Surgeons may officiate as Civil Surgeons. When in temporary charge of a Civil Station acting allowance is drawn on the minimum pay (Rs. 350) fixed for an officer holding permanent charge. Rules relating to increments are inoperative as the period of officiation never exceeds one year. The average yearly officiation of a Civil Assistant Surgeon as Civil Surgeon for the five years ending 31st May, 1912, is 17 days.

A Civil Assistant Surgeon, while officiating in charge of a Civil Station, is entitled to draw acting allowance on the minimum pay (Rs. 350) fixed for an officer of his class holding permanent charge. The period of such temporary service does not, however, count for increment and initial pay under Articles 155 and 156, respectively, of Civil Service Regulations.

In the Central Provinces the undermentioned allowances may be granted under the orders of the Local Government to a Civil Assistant Surgeon performing the duties of the Civil Surgeon at headquarters, while the latter is absent on duty. Surgeons are not available.

(i.) If the substantive holder of the charge is a Commissioned Medical Officer:—

	Rs.
To a Civil Assistant Surgeon, First or Second Grade, a local allowance of	75
To a Civil Assistant Surgeon, Third Grade, a local allowance of	50

(ii) If the substantive holder of the charge is a Civil Assistant Surgeon or an officer of the Indian Subordinate Medical Department:—

	Rs.
In all cases a local allowance of	50

TRAVELLING ALLOWANCES

Civil Assistant Surgeons draw travelling allowances admissible under the Civil Service Regulations for second class officers. A Civil Assistant Surgeon is entitled to travelling allowance for a journey to attend an examination for promotion to a higher grade, and if he passes the examination, for the return journey to his own station. Civil Assistant Surgeons who hold independent medical charge of civil districts are granted travelling allowance at first class rates.

REDUCED PAY.

Assistant Surgeons guilty of misconduct are liable to be placed on "reduced pay" at the following rates:—

	Per mensem
	Rs.
1st Grade	150
2nd ,,	100
3rd ,,	50

APPENDIX XL.

(Referred to in paragraph 58538—Evidence of Lieutenant-Colonel R. H. Elliot.)

Government of India Home Department Notification No. 1192 (Medical), dated Calcutta, the 20th December, 1911.

In supersession of the orders contained in the Home Department notification No. 607, dated the 1st July, 1907, and of all existing orders on the subject, the Governor-General in Council is pleased to make the following rules, which will be applicable to British India and Native States, regarding the receipt by medical officers of Government of fees (including honoraria or presents which may be offered for services rendered) for professional services, whether for an ordinary visit, or consultation, or confinement, or a surgical operation, in certain cases:—

(1) Whenever attendance on a Ruling Chief or his family or dependents, or on an Indian of position who holds a hereditary title conferred or recognised by Government, of rank not below that of Raja or Nawab, or his family or

dependents, involves the absence of a medical officer from his station, he shall be permitted to demand or receive such fees as may be arranged between himself and the person employing him, provided that he does not, without the special permission of the local Government, obtained as provided below, demand or receive, in addition to his travelling expenses, a higher fee than Rs. 500 a day for the first three days and Rs. 250 a day thereafter, the full daily fee being given for every complete period of 24 hours' absence, with a proportionate fee for periods of less than 24 hours.

(2) For similar attendance not involving absence from his head-quarters, a medical officer may demand or receive fees in accordance with the scale which he has fixed for his patients generally.

APPENDIX XL. (continued).

(3) Before accepting or demanding from a Ruling Chief or Indians of position, as referred to in rule (1), a fee in excess of the rates laid down in rules (1) and (2) above, a medical officer must report the case confidentially to the local administrative medical officer, who will obtain unofficially, and communicate to him, the orders of the local Government. When taking the orders of Government the administrative medical officer will be careful not to disclose any of the medical particulars of the case.

(4) Local Governments and Administrations shall have full power to dispose of all cases so reported to them, but shall be at liberty to consult the Director-General, Indian Medical Service, or to refer any particular case for the orders of the Government of India.

(5) Fees for operations and confinements may be accepted equal in amount to those current in similar circumstances in the profession in the United Kingdom.

2. The Home Department notification No. 100, dated the 2nd February, 1911, is hereby cancelled.

APPENDIX No. XLI.

Statement with details by Provinces, of the Civil Appointments on Rs. 200 a Month and over held by Europeans, Anglo-Indians, and Indians, on the 1st April 1913, in the Medical* Department.

TOTAL STATEMENT.

Pay.	Number of Employees in each Grade or Class.															
	Total.	Europeans.	Anglo-Indians.	Hindus (including Sikhs and Parsis).										Mohammedans.	Indian Christians.	Buddhists.
				Brahmins (including Shenvis).	Kshatriyas.	Kalyasthas (including Prabhus).	Baniyas and Vaisyas.	Sudras.	Other Hindus (i.e., other than those shown in cols. 5 to 9).	Total Hindus (cols. 5 to 10).	Sikhs.	Parsis.	Total Hindus, Sikhs and Parsis (cols. 11 to 13).			
1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.	15.	16.	17.
Rs.																
200—300	141	5	31	27	2	26	6	6	14	81	2	10	93	7	5	—
300—400	116	7	41	19	7	16	1	1	8	52	1	6	59	4	5	—
400—500	31	9	15	2	2	2	—	—	—	6	—	1	7	—	—	—
500—600	41	29	7	1	—	—	—	—	—	2	—	—	2	2	—	1
600—700	41	34	1	1	1	1	—	—	1	4	—	2	6	—	—	—
700—800	65	46	11	1	—	2	—	1	—	4	—	—	4	1	4	—
800—900	41	38	1	2	—	—	—	—	—	2	—	—	2	—	—	—
900—1,000	16	14	2	—	—	—	—	—	—	—	—	—	—	—	—	—
1,000—1,200	23	22	—	1	—	—	—	—	—	1	—	—	1	—	—	—
1,200—1,400	50	43	5	—	—	—	1	—	—	1	—	—	1	—	1	—
1,400—1,600	24	22	1	—	—	—	—	—	—	—	—	1	1	—	—	—
1,600—1,800	11	11	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1,800—2,000	4	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—
2,000—2,500	7	7	—	—	—	—	—	—	—	—	—	—	—	—	—	—
2,500—3,000	—	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total ...	615	294	115	54	13	47	8	8	23	153	3	20	176	14	15	1

DETAILS BY PROVINCES.

I.—Madras.

Rs.	Total.	Europeans.	Anglo-Indians.	Brahmins (including Shenvis).	Kshatriyas.	Kalyasthas (including Prabhus).	Baniyas and Vaisyas.	Sudras.	Other Hindus (i.e., other than those shown in cols. 5 to 9).	Total Hindus (cols. 5 to 10).	Sikhs.	Parsis.	Total Hindus, Sikhs and Parsis (cols. 11 to 13).	Mohammedans.	Indian Christians.	Buddhists.
200—300	7	—	5	—	—	—	—	1	—	1	—	—	1	—	1	—
300—400	13	—	11	1	—	—	—	1	—	2	—	—	2	—	—	—
400—500	4	—	4	—	—	—	—	—	—	—	—	—	—	—	—	—
500—600	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—
600—700	10	9	—	—	1	—	—	—	—	1	—	—	1	—	—	—
700—800	11	7	—	1	—	1	—	—	—	2	—	—	2	1	1	—
800—900	3	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—
900—1,000	4	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—
1,000—1,200	4	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1,200—1,400	2	—	1	—	—	—	—	—	—	—	—	—	—	—	1	—
1,400—1,600	4	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1,600—1,800	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1,800—2,000	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—
2,000—2,500	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total ...	66	32	24	2	1	1	—	2	—	6	—	—	6	1	3	—

* The figures for the Medical Department cover the cases of all officers of the Indian Medical Service and of the Indian Subordinate Medical Department (Military Assistant Surgeons) in civil medical employ in the various provinces, and of the uncovenanted medical officers, where they are found, and of the Civil Assistant Surgeons.

APPENDIX XLI. (continued).

II.—Bombay.

Pay.	Number of Employés in each Grade or Class.															
	Total.	Europeans	Anglo-Indians.	Hindus (including Sikhs and Parsis).										Indian Christians.	Buddhists.	
				Brahmans (including Shenvis).	Kabatriyas.	Kaiyasthas (including Prabhus).	Baniyas and Vaisyas.	Sudras.	Other Hindus (i.e. other than those shown in cols. 5 to 9).	Total Hindus (cols 5 to 10).	Sikhs.	Parsis.	Total Hindus, Sikhs and Parsis (cols. 11 to 13).			
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17.
Rs. ₹																
200—300	23	—	8	1	—	—	2	—	1	4	—	10	14	—	1	—
300—400	12	—	4	—	—	—	1	—	—	1	—	6	7	—	1	—
400—500	4	—	2	1	—	—	—	—	—	1	—	1	2	—	—	—
500—600	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
600—700	7	4	—	1	—	—	—	—	—	1	—	2	3	—	—	—
700—800	7	7	—	—	—	—	—	—	—	—	—	—	—	—	—	—
800—900	8	7	—	1	—	—	—	—	—	1	—	—	1	—	—	—
900—1,000	3	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1,000—1,200	11	10	—	1	—	—	—	—	—	1	—	—	1	—	—	—
1,200—1,400	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1,400—1,600	4	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1,600—1,800	8	8	—	—	—	—	—	—	—	—	—	—	—	—	—	—
2,000—2,500	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
2,500—3,000	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total ...	92	48	14	5	—	—	3	—	1	9	—	19	28	—	2	—

III.—Bengal.

Rs.																
200—300	35	2	5	11	—	8	—	1	7	27	—	—	27	1	—	—
300—400	23	1	4	6	—	8	—	—	3	17	—	—	17	1	—	—
400—500	9	4	2	1	—	2	—	—	—	3	—	—	3	—	—	—
500—600	9	9	—	—	—	—	—	—	—	—	—	—	—	—	—	—
600—700	7	5	1	—	—	—	—	—	1	1	—	—	1	—	—	—
700—800	7	3	2	—	—	1	—	1	—	2	—	—	2	—	—	—
800—900	6	5	1	—	—	—	—	—	—	—	—	—	—	—	—	—
900—1,000	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1,000—1,200	3	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1,200—1,400	7	6	1	—	—	—	—	—	—	—	—	—	—	—	—	—
1,400—1,600	8	8	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1,600—1,800	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1,800—2,000	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—
2,500—3,000	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total ...	121	53	16	18	—	19	—	2	11	50	—	—	50	2	—	—

IV.—Bihar and Orissa.

Rs.																
200—300	18	—	—	5	—	7	1	1	3	17	—	—	17	1	—	—
300—400	7	—	2	1	—	1	—	—	2	4	—	—	4	1	—	—
500—600	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
600—700	3	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—
700—800	7	6	—	—	—	—	—	—	—	—	—	—	—	—	1	—
800—900	5	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1,200—1,400	5	3	2	—	—	—	—	—	—	—	—	—	—	—	—	—
2,000—2,500	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total ...	47	19	4	6	—	8	1	1	5	21	—	—	21	2	1	—

APPENDIX XI.I. (continued).

V.—The United Provinces of Agra and Oudh.

Pay.	Number of Employés in each Grade or Class.																
	Total	Europeans.	Anglo-Indians.	Hindus (including Sikhs and Parsis)													
				Brahmans (including Shevris).	Kshatryas.	Kayasthas (including Prabhus).	Banyas and Vaisyas.	Sudras.	Other Hindus (i.e., other than those shown in cols 5 to 9).	Total Hindus (cols 5 to 10).	Sikhs.	Parsis.	Total Hindus, Sikhs and Parsis (cols 11 to 13).				
														Muhannadans.	Indian Christians.	Buddhists.	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	
Rs.																	
200—300	13	2	3	4	1	—	—	—	2	7	—	—	7	1	—	—	—
300—400	20	2	5	4	3	5	—	—	—	12	—	—	12	1	—	—	—
400—500	3	1	1	—	1	—	—	—	—	1	—	—	1	—	—	—	—
500—600	9	7	—	1	—	—	—	—	—	1	—	—	1	—	—	—	—
600—700	3	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
700—800	13	12	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
800—900	8	8	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
900—1,000	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1,000—1,200	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1,200—1,400	15	15	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1,400—1,600	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
2,000—2,500	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total ...	89	55	10	9	5	5	—	—	2	21	—	—	21	3	—	—	—

VI.—The Punjab.

Rs.																	
200—300	12	1	2	—	1	1	—	—	1	3	2	—	5	3	1	—	—
300—400	19	3	2	2	4	1	—	—	2	9	1	—	10	1	3	—	—
400—500	3	1	1	—	1	—	—	—	—	1	—	—	1	—	—	—	—
500—600	3	2	—	—	1	—	—	—	—	1	—	—	1	—	—	—	—
600—700	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
700—800	5	2	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
800—900	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
900—1,000	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1,000—1,200	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1,200—1,400	13	12	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1,400—1,600	3	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
2,000—2,500	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total ...	66	32	7	2	7	2	—	—	3	14	3	—	17	4	6	—	—

VII.—Burma.

Rs.																	
200—300	27	—	8	6	—	4	3	3	—	16	—	—	16	1	2	—	—
300—400	12	1	1	1	—	—	—	—	—	1	—	—	1	—	1	—	—
400—500	3	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—
500—600	14	8	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—
600—700	2	1	—	—	—	1	—	—	—	1	—	—	1	—	—	—	—
700—800	11	4	7	—	—	—	—	—	—	—	—	—	—	—	—	—	—
800—900	6	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1,000—1,200	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1,200—1,400	5	4	—	—	—	—	1	—	—	1	—	—	1	—	—	—	—
1,400—1,600	2	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1,600—1,800	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
2,000—2,500	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total ...	86	30	31	7	—	5	4	3	—	19	—	—	19	2	3	1	—

APPENDIX XLIII. (continued).

APPENDIX No. XLIII.

Statement, with Details by Provinces, of the Civil Appointments on Rs. 200 a Month and over held by Europeans, Anglo-Indians, and Indians, on the 1st April, 1913, in the Jails Department.

TOTAL STATEMENT

Pay	Number of Employés in each Grade or Class.															
	Total.	Europeans	Anglo-Indians.	Hindus (including Sikhs and Parsis).										Indian Christians	Buddhists.	
				Brahmans (including Sizenus).	Kebatryas.	Kalyasethas (including Prabhus).	Baniyas and Vaisyas.	Sudras.	Other Hindus (i.e., other than those shown in cols. 5 to 9).	Total Hindus (cols. 5 to 10).	Sikhs.	Parsis.	Total Hindus, Sikhs and Parsis (cols. 11 to 13).			
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
Rs.																
200—300	32	6	8	4	2	3	—	1	3	13	1	1	15	3	—	—
300—400	7	2	4	—	—	—	—	—	—	—	—	1	1	—	—	—
400—500	11	9	1	—	—	—	—	—	—	—	—	1	1	—	—	—
500—600	3	2	1	—	—	—	—	—	—	—	—	—	—	—	—	—
600—700	3	1	1	—	—	—	—	—	—	—	—	1	1	—	—	—
700—800	5	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—
800—900	7	7	—	—	—	—	—	—	—	—	—	—	—	—	—	—
900—1,000	5	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1,000—1,200	7	7	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1,400—1,600	7	7	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1,800—2,000	4	3	—	—	—	—	—	—	—	—	1	—	1	—	—	—
2,000—2,500	4	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total ...	95	58	15	4	2	3	—	1	3	13	2	4	19	3	—	—

DETAILS BY PROVINCES.

I.—Madras.

Rs.																
200—300	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—
300—400	3	—	3	—	—	—	—	—	—	—	—	—	—	—	—	—
400—500	1	1*	—	—	—	—	—	—	—	—	—	—	—	—	—	—
500—600	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—
700—800	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—
800—900	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1,000—1,200	3	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—
2,000—2,500	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total ...	14	9	5	—	—	—	—	—	—	—	—	—	—	—	—	—

* Commissioned Medical Officer undergoing training at the Penitentiary on 1st April.

II.—Bombay.

Rs.																
200—300	2	—	1	—	—	—	—	—	—	—	—	1	1	—	—	—
300—400	1	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—
400—500	5	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—
600—700	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
800—900	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—
900—1,000	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1,800—2,000	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
2,000—2,500	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total ...	15	11	1	—	—	—	—	—	—	—	—	3	3	—	—	—

APPENDIX XLIII. (continued).

III.—Bengal.

Pay.	Number of Employés in each Grade or Class.															
	Total.	Europeans.	Anglo-Indians.	Hindus (including Sikhs and Parsis).									Mohammedans.	Indian Christians.	Buddhists.	
				Brahmans (including Shenvis).	Kshatryas.	Kalyasthas (including Prabhus).	Banyas and Vaisyas.	Sudras.	Other Hindus (i.e., other than those shown in cols. 6 to 9).	Total Hindus (cols. 6 to 10).	Sikhs.	Parsis.				Total Hindus, Sikhs and Parsis (cols. 11 to 16).
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17.
Rs.																
200—300	11	4	—	2	—	3	—	1	1	7	—	—	7	—	—	—
300—400	2	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—
400—500	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
500—600	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
600—700	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
700—800	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
800—900	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
900—1,000	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1,000—1,200	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1,200—1,400	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1,400—1,600	2	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1,600—2,000	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total ...	21	13	1	2	—	3	—	1	1	7	—	—	7	—	—	—

IV.—Bihar and Orissa.

Rs.																
200—300	8	1	1	2	—	—	—	—	2	4	—	—	4	2	—	—
300—400	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
400—500	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
500—600	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
600—700	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
700—800	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
800—900	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
900—1,000	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1,000—1,200	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1,200—1,400	1	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—
1,400—2,000	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total ...	13	5	1	2	—	—	—	—	2	4	1	—	5	2	—	—

V.—The United Provinces of Agrā and Oudh.

Rs.																
800—900	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
900—1,200	5	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1,200—1,600	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1,600—2,000	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total ...	7	7	—	—	—	—	—	—	—	—	—	—	—	—	—	—

VI.—The Punjab.

Rs.																
200—300	5	1	—	—	2	—	—	—	—	2	1	—	3	1	—	—
300—400	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—
400—500	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
500—600	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
600—700	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
700—800	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1,800—2,000	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total ...	9	5	—	—	2	—	—	—	—	2	1	—	3	1	—	—

VII.—Burma.

Rs.																
200—300	5	—	5	—	—	—	—	—	—	—	—	—	1	1	—	—
300—400	4	2	1	—	—	—	—	—	—	—	—	—	—	—	—	—
400—500	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
500—600	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
600—700	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
700—800	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1,800—2,000	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total ...	12	5	6	—	—	—	—	—	—	—	—	—	1	1	—	—

APPENDIX XLIV. (continued).

II.—Bombay.

Pay.	Number of Employees in each Grade or Class															
	Total.	Europeans.	Anglo-Indians.	Hindus (including Sikhs and Parsis).										Muhammadans.	Indian Christians.	Buddhists.
				Brahmans (including Shenvas).	Kshatriyas.	Kayasthas (including Prabhus).	Banyas and Vaisyas.	Sudras.	Other Hindus (i.e., other than those shown in cols. 8 to 9).	Total Hindus (cols. 5 to 10).	Sikhs.	Parsis.	Total Hindus, Sikhs and Parsis (cols. 11 to 13).			
1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.	15.	16.	17.
Rs.																
700—800	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
800—900	3	1	—	—	—	—	—	—	1	1	—	1	2	—	—	—
900—1,000	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1,000—1,200	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1,200—1,400	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1,600—1,800	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1,800—2,000	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total ...	11	9	—	—	—	—	—	—	1	1	—	1	2	—	—	—

III.—Bengal.

Rs.																
200—300	2	—	1	1	—	—	—	—	—	1	—	—	1	—	—	—
500—600	2	—	—	—	—	—	—	—	—	—	—	1	1	1	—	—
700—800	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1,000—1,200	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1,600—1,800	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total ...	7	3	1	1	—	—	—	—	—	1	—	1	2	1	—	—

IV.—Bihar and Orissa.

Rs.																
500—600	2	—	1	—	—	1	—	—	—	1	—	—	1	—	—	—
700—800	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1,800—2,000	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total ...	4	2	1	—	—	1	—	—	—	1	—	—	1	—	—	—

V.—The United Provinces of Agra and Oudh

Rs.																
500—600	1	—	—	1	—	—	—	—	—	1	—	—	1	—	—	—
600—700	1	—	—	1	—	—	—	—	—	1	—	—	1	—	—	—
700—800	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1,400—1,600	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total ...	5	3	—	2	—	—	—	—	—	2	—	—	2	—	—	—

VI.—The Punjab.

Rs.																
1,000—1,200	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1,600—1,800	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total ...	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—

APPENDIX XLIV. (continued).

VII.—Burma.

Pay.	Number of Employés in each Grade or Class.															
	Total.	Europeans.	Anglo-Indians.	Hindus (including Sikhs and Parsus).										Mahanmedans.	Indian Christians.	Buddhists.
				Brahmans (including Shetavis)	Kshatriyas.	Kayasthas (including Prabhus).	Banyas and Vaisyas.	Sudras.	Other Hindus (i.e., other than those shown in cols. 6 to 9).	Total Hindus (cols. 5 to 10).	Sikhs.	Parsus.	Total Hindus, Sikhs and Parsus (cols. 11 to 13).			
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17.
Rs.																
200—300	3	—	2	1	—	—	—	—	—	—	—	—	1	—	—	—
400—500	2	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—
700—800	2	—	1	1	—	—	—	—	—	—	—	—	1	—	—	—
800—900	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
900—1,000	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1,000—1,200	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—
1,200—1,800	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total ...	11	3	6	2	—	—	—	—	—	—	—	—	2	—	—	—

VIII.—Central Provinces.

Rs.																
800—900	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1,400—1,600	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total ...	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—

IX.—Assam.

Rs.																
700—800	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—

APPENDIX XLV.

Regulations for the examination of candidates for admission to His Majesty's Indian Medical Service.

1. The regulations are those in force at the present time. They are subject to any alterations that may be determined on.

2. Candidates must be natural-born subjects of His Majesty, of European or East Indian descent, of sound bodily health, and, in the opinion of the Secretary of State for India in Council, in all respects suitable to hold commissions in the Indian Medical Service. They may be married or unmarried. They must possess, under the Medical Acts in force at the time of their appointment, a qualification registrable in Great Britain and Ireland. No candidate will be permitted to compete more than three times.

Candidates for the January examination in each year must be between 21 and 28 years of age on the 1st February in that year, and candidates for the July examination must be between 21 and 28 years on the 1st August.

3. They must subscribe and send in to the Military Secretary, India Office, Westminster, so as to reach that address by the date fixed in the advertisement of the examination, a declaration according to the enclosed form.

4. This declaration must be accompanied by the following documents:—

a. Proof of age either by Registrar-General's certificate, or, where such certificate is unattainable, by the candidate's own statutory declaration, forms for which can be obtained at the India Office, supported, if required by the Secretary of State, by such evidence as he may consider satisfactory. A certificate of baptism which does not afford proof of age will be useless.

[N.B.—In the case of Natives of India and Tamils of Ceylon, it will be necessary for a Candidate to obtain a certificate of age and nationality issued in accordance with Annexure I. A Candidate of East Indian descent, not born in British India, will be required to produce a certificate of age and nationality from the Government of the country in which he was born, showing (as in the case of Native candidates not born in His Majesty's Dominions, see Annexure I.), that he is the son or grandson of a person born in British India.]

b. A recommendation and certificate of moral character from two responsible persons—not members of the candidate's own family—to the effect

APPENDIX XLV. (continued).

that he is of regular and steady habits and likely in every respect to prove creditable to the service if admitted.

c. A certificate of having attended a course of instruction for not less than three months at an ophthalmic hospital, or the ophthalmic department of a general hospital, which course shall include instruction in the errors of refraction.

d. Some evidence of having obtained a registrable qualification.

e. Any European educated in India, and any Native of that country whether born in British India or not, and whether he has received his medical education in India or not, will be required to produce a certificate signed by the Director-General, Indian Medical Service, that he is a suitable person to hold a commission in the Indian Medical Service. A candidate should apply to the Director-General, Indian Medical Service, for the necessary certificate at least three months before the date on which the declaration of candidature is to be submitted under Rule 3. This rule is also applicable to Tamils of Ceylon.

5. The Secretary of State for India reserves the right of deciding whether any candidate may be allowed to compete for a commission in His Majesty's Indian Medical Service.

6. The physical fitness of each candidate will be determined by a Board of Medical Officers, who are required to certify that his vision is sufficiently good to enable him to pass the tests* laid down by the Regulations.

* These are as follows:—

1. Squint, or any morbid condition of the eyes or of the lids of either eye liable to the risk of aggravation or recurrence, will cause the rejection of the candidate.

2. The examination for determining the acuteness of vision includes two tests; one for distant the other for near vision. The Army test types will be used for the test for distant vision, without glasses, except where otherwise stated below, at a distance of 20 feet; and Snellen's Optotypi for the test for near vision, without glasses, at any distance selected by the candidate. Each eye will be examined separately, and the lids must be kept wide open during the test. The candidate must be able to read the tests without hesitation in ordinary daylight.

3. A candidate possessing acuteness of vision, according to one of the standards herein laid down, will not be rejected on account of an error of refraction, provided that the error of refraction, in the following cases, does not exceed the limits mentioned, viz.: (a) in the case of *myopia*, that the error of refraction does not exceed 2.5 D; (b) that any correction for *astigmatism* does not exceed 2.5 D; and, in the case of myopic *astigmatism*, that the total error of refraction does not exceed 2.5 D.

4. Subject to the foregoing conditions, the standards of the minimum acuteness of vision with which a candidate will be accepted are as follows:—

Standard I

Right Eye:—

Distant vision.—V. = 6/6.

Near vision.—Reads 0, 6

Left Eye:—

Distant vision.—V. = 6/6

Near vision.—Reads 0, 6.

Standard II

Better Eye:—

Distant vision.—V. = 6/6.

Near vision.—Reads 0, 6.

Worse Eye:—

Distant vision.—V, without glasses, = not below 6/60, and after correction with glasses, = not below 6/24.

Near vision.—Reads 1.

Standard III.

Better Eye:—

Distant vision.—V, without glasses, = not below 6/24; and after correction with glasses, = not below 6/6.

Near vision.—Reads 0, 8.

Worse Eye:—

Distant vision.—V, without glasses, = not below 6/24; and after correction with glasses, = not below 6/12.

Near vision.—Reads 1.

N.B.—In all other respects candidates for these two branches of the Service must come up to the standard of physical requirements laid down for candidates for commissions in the Army.

Every candidate must also be free from all organic disease, and from constitutional weakness, or other disability likely to unfit him for military service in India. More detailed regulations as to the physical requirements will be forwarded on application.†

7. Candidates will be required to pay a fee of £1 before being examined by the Medical Board.

8. On proving possession of the foregoing qualifications, the candidate will be examined by the Examining Board in the following subjects, and the highest number of marks obtainable will be distributed as follows:—

	Marks
(1.) Medicine, including Therapeutics	1,200
(2.) Surgery, including diseases of the eye	1,200
(3.) Applied Anatomy and Physiology	600
(4.) Pathology and Bacteriology	900
(5.) Midwifery and Diseases of Women and Children	600
(6.) Materia Medica, Pharmacology, and Toxicology	600

N.B.—The examination in medicine and surgery will be in part practical, and will include operations on the dead body, the application of surgical apparatus, and the examination of medical and surgical patients at the bedside.

No syllabus is issued in the subjects of the examination, but it will be conducted so as to test the general knowledge of the candidate in all subjects.

No candidate shall be considered eligible who shall not have obtained at least *one third* of the marks obtainable in each of the above subjects and *one half* of the aggregate marks for all the subjects.

9. Having gained a place at the entrance examination the successful candidates will be commissioned as Lieutenants on probation and will be granted about a month's leave. They will then be required to attend two successive courses of two months each at the Royal Army Medical College and at Aldershot respectively.

The course at the Royal Army Medical College will be in:—

- (1.) Hygiene.
- (2.) Military and Tropical Medicine.
- (3.) Military Surgery
- (4.) Pathology of diseases and injuries incidental to military and tropical service.
- (5.) Military Medical Administration

The course at Aldershot will include instruction in:—

- (1.) Internal Economy.
- (2.) Army Service Corps subjects.
- (3.) Hospital Administration
- (4.) Stretcher and Ambulance Drill.
- (5.) Equestrian.

† Candidates may, if they wish it, undergo a preliminary examination by the Medical Board, which meets at the India Office every Tuesday, under the following conditions:—

(a) Applications must be addressed to the Under Secretary of State, India Office, Whitehall, London, accompanied by a fee of two guineas.

(b) Candidates must pay their travelling expenses.

(c) Candidates considered to be unfit by the Medical Board at this preliminary examination are not bound to accept its opinion, but may, *at their own risk*, continue their studies, with the knowledge that they will have to submit themselves for a final medical examination by the Medical Board, prior to the examination.

(d) On the other hand, it must be distinctly understood that the preliminary examination by the Medical Board is held solely for the candidate's information, and that, if after that examination he is reported to be apparently fit, he has not on that account any claim to be accepted as physically fit when he presents himself for the final Medical Examination, upon which alone his acceptance or rejection will depend. Candidates may be considered fit for the Service at the preliminary examination, but may be found at the final examination to be unfit, either on account of some physical defect which did not exist or passed undetected at the preliminary examination, or for other reasons.

APPENDIX XLV. (continued).

At the end of each course they will be examined in the subjects taught, and in order to qualify each Lieutenant on probation must obtain 50 per cent. of the total maximum marks. A Lieutenant on probation who fails to qualify in either of these examinations will be liable to removal from the service, but may be allowed to undergo both courses again, if specially recommended, and should he then qualify in both he will be placed at the bottom of the list and his commission post-dated. Should he again fail in either examination his commission will not be confirmed. A Lieutenant on probation specially allowed a second trial will receive no pay in the interval between the first and second periods of instruction.

A Lieutenant on probation who is prevented by sickness from attending the examinations at the conclusion of the courses of instruction may be permitted to go through them again or be granted a special examination. His pay when granted sick leave is governed by paragraph 12.

10. The rank of Lieutenant on probation will have effect from the date on which the result of the entrance examination is announced, and the rank of Lieutenant will not be confirmed until the final examination, held at the conclusion of the period of instruction, has been passed.

11. Lieutenants on probation will receive an allowance of 14s. per diem (except under the provisions of paragraphs 12 and 14); and during the period of instruction they will be provided with quarters, or, when quarters are not provided, with the usual allowances of a subaltern in lieu thereof, to cover all costs of maintenance. They will be required to provide themselves with uniform, and a detailed list of the articles of uniform required will be sent to each successful candidate.

12. A Lieutenant on probation who is granted sick leave before the completion of his course of instruction and final admission to the service will receive pay at the rate of 10s. 6d. a day for the period of his sick leave. (See also paragraph 4 of the attached Memorandum.)

13. Candidates will be required to conform to such rules of discipline as may from time to time be laid down.

14. A Lieutenant who, within a reasonable period before the date at which he would otherwise sail for India, furnishes proof of his election to a Resident Appointment or to a preliminary appointment leading in due course to a Resident Appointment at a recognised civil hospital (see Annexure II), may be seconded for a period not exceeding one year from the date on which he takes up such appointment, provided that he joins it within three months of passing his final examination, and that he holds himself in readiness to sail for India within fourteen days of the termination of the appointment. While seconded he will receive no pay from Indian funds, but his service towards promotion, increase of pay, and pension, will reckon

from the date borne on his commission. No officer can be seconded until he has passed his final examination.

In special cases permission may be granted to Lieutenants to delay their departure for India, in order to sit for some further professional examination. Lieutenants remaining in England under such circumstances will receive no pay for any period beyond two months from the date of the termination of the course of instruction, unless the period elapsing before the day on which the majority of the Lieutenants of the same seniority sail to India exceeds two months, in which case Lieutenants allowed to remain in England will receive pay up to that day. In such cases pay will re-commence on the day of embarkation for India.

All the provisions of this clause are subject to the general exigencies of the service.

15. Before the commission of a Lieutenant on probation is confirmed he must be registered under the Medical Acts in force at the time of his appointment.

16. Officers appointed to the Indian Medical Service will be placed on one list, their position on it being determined by the combined results of the preliminary and final examinations. They will be liable for military employment in any part of India, but with a view to future transfers to civil employment, they will stand posted to one of the following civil areas—

1. Madras and Burma.
2. Bombay, with Aden.
3. Upper Provinces, i.e., United Provinces, Punjab, and Central Provinces.
4. Lower Provinces, i.e., Bengal, Bihar and Orissa, and Assam.

The allocation of officers to these areas of employment will be determined upon a consideration of all the circumstances, including, as far as possible, the candidate's own wishes.

Officers transferred to civil employment, though ordinarily employed within the area to which they may have been assigned, will remain liable to employment elsewhere according to the exigencies of the service.

17. A successful candidate, who has been specially employed in consequence of a national emergency, either as an officer, or in a position usually filled by an officer, will be allowed, under certain circumstances, to reckon such service towards pension.

India Office,
March, 1913.

Examinations for admission to the service are held twice in the year, usually in January and July.

N.B.—The exact date of the next examination and the number of appointments will be notified in the newspapers in due course.

Candidates may be supplied, on application, with copies of the papers set at certain previous examinations.

ANNEXURE I.

CERTIFICATES OF AGE AND NATIONALITY REQUIRED BY NATIVES OF INDIA.

General Order of the Government of India, dated 22nd May, 1903.

Military (Medical) Department, No. 477.

The Governor-General in Council is pleased to publish the following rules under which certificates of age and nationality will be issued to natives of India who are candidates for the examinations for the Indian Medical Service held in England:—

General Rules applicable to all Candidates

I. A candidate for admission to compete in England for the Indian Medical Service is required before leaving India to obtain a certificate of age and nationality, signed, should he be a resident in British India, by the Secretary to Government of the Province or the Commissioner of the Division within which his family resides;

or, should he reside in a Native State, by the highest Political Officer accredited to the State in which his family resides.

Note—In the case of a candidate who has proceeded to England without obtaining a certificate, the certificate may be granted to his father or guardian, provided that the latter produces the requisite evidence, and, when making the application, states when the candidate went to England and where he has been residing during his stay in that country.

II. In order to obtain a certificate, a candidate is required, if resident in British India, to prove the date and place of his birth before the Magistrate of the district in which his family resides, or,

APPENDIX XLV. (continued).

if resident in a Native State, before the Political Officer of the State in which his family resides.

III. A candidate must, if resident in British India, signify to the Secretary to Government of the Province or the Commissioner of the Division in which his family resides, his desire to compete not less than three months before the date on which he proposes to go to England. If resident within a Native State, he must signify his desire in like manner to the highest Political Officer accredited to the State within which his family resides.

The officer to whom the application is made shall forward it for the purpose of enquiry to the Magistrate of the district or Political Officer of the State in which the applicant's family resides.

IV. The Magistrate or Political Officer to whom such application has been forwarded shall call upon the candidate to appear and give evidence of the date and place of his birth, and of his nationality, within one month. He will carefully examine into the value of the evidence given, and forward a summary of it with certified copies of all documents tendered, and his comments and opinion, to the officer who forwarded the application to him for enquiry.

V. The documentary evidence which a candidate may be expected to produce comprises—

- (a) The horoscope.
- (b) Family books.
- (c) Tradesmen's account books showing entries relating to the birth.
- (d) The record of admission in the registers of the school in which the candidate was educated, and the record of the candidate's age at various periodical school examinations.
- (e) If the candidate is matriculated, a certified copy of his application to the Registrar.

Oral testimony of persons acquainted with the candidate's family or otherwise able to give relevant evidence, will also be taken; and the candidate is required to comply to the best of his power, with any requisition the Magistrate or Political Officer, as the case may be, may make in order to clear up any doubt as to the purport of the documentary proof.

VI. Any declaration of age made after the application of these rules on the occasion of seeking admission to any university examination, educational institution, or Government office, or otherwise recorded in a formal and deliberate manner, will be taken as conclusive evidence in disproof of the subsequent assertion by the same person that he is of different age to that so declared or recorded.

Rules to apply to Candidates born in His Majesty's Dominions.

VII. If the Secretary to Government, Commissioner of a Division, or the highest Political Officer accredited to the State, as the case may be, shall be satisfied by the papers submitted that the candidate has stated the date and place of his birth correctly, he will issue a certificate declaring that the candidate has submitted the proofs of his birth to the Magistrate of the district or the Political Officer of the State, as the case may be, and has satisfied him that he was actually born on or about the date stated by him, viz., the day of , at , a place

within His Majesty's Dominions. The nature of the evidence produced by the candidate must be stated in the certificate, which shall be given in the following form:—

I hereby certify that , who is a candidate for the Indian Medical Service, has submitted the proofs of his birth detailed below, and has satisfactorily shown that he was actually born on or about the date stated, viz., the day of , at a place within His Majesty's Dominions.

(Here enter details)

VIII. If the Secretary to Government, Commissioner of a Division, or the highest Political Officer accredited to the State, as the case may be, finds reason to disbelieve that the candidate was born on the day or at the place asserted by him, the certificate will be refused, and the candidate will be unable to obtain admission to the competitive examination for the Indian Medical Service.

IX. Where the date and place of the birth have been formally registered in a register kept by any public officer in British India, an extract from the register, duly certified by the proper official, shall be accepted as sufficient proof of the date and place of the birth.

Rules to apply to Candidates not born within His Majesty's Dominions

X. In addition to the particulars required by Rule II., a candidate not born in His Majesty's Dominions must also prove that he is the son or grandson of a person born in those dominions.

XI. If the Secretary to Government, Commissioner of a Division, or the highest Political Officer accredited to the State, as the case may be, shall be satisfied by the papers submitted that the candidate has stated the date and place of his birth correctly, and has established the fact that, though born without the limits of His Majesty's Dominions, he is the son or grandson of a person born in those dominions, he will issue a certificate in the following form, stating the nature of the evidence produced regarding the candidate's birth:—

I hereby certify that , who is a candidate for the Indian Medical Service, has submitted the proofs of his birth detailed below and has satisfactorily shown that he was actually born on or about the date stated, viz., the day of , and that he was born at a place without His Majesty's Dominions, but that he is the ^{son} grandson of a person born in those dominions

(Here enter details)

XII. If the Secretary to Government, Commissioner of a Division, or the highest Political Officer accredited to the State, as the case may be, finds reason to doubt that the candidate was born on the day asserted by him, or that he is the son or grandson of a person born in His Majesty's Dominions, the certificate will be refused, and the candidate will be unable to obtain admission to the competitive examination for the Indian Medical Service.

Note—A Tamil of Ceylon will be required to produce a certificate of age and nationality, signed by the Secretary to the Government of Ceylon, similar to that referred to in the foregoing regulations as required from natives of India, and this certificate must show that evidence has been produced that the candidate is the son or grandson of a person born in British India.

ANNEXURE II.

List of Recognised Civil Hospitals for the Seconding of Officers before Sailing for India.

Nature of Hospital.	Hospital.
General	England and Wales.
	London:—
	Charing Cross.
	Guy's.
	King's College.
	London.

APPENDIX XLV. (continued).

Nature of Hospital.	Hospital.
General	<p data-bbox="883 445 1089 471"><i>England and Wales.</i></p> <p data-bbox="613 471 1365 1369"> London:— Middlesex. Seamen's, Greenwich.* St. Bartholomew's. St. George's. St. Mary's. St. Thomas's. University College. West London. Westminster. Brompton Hospital for Consumption and Diseases of the Chest.* Queen's Square, National Hospital for Paralyzed and Epileptic.* Poplar. (Senior House Surgeon only.) Birmingham:— General. Queen's. Bradford:—Royal Infirmary. Brighton:—Sussex County Hospital. Bristol:— Royal Infirmary. General. Cambridge:—Addenbrook's. Cardiff:—Cardiff Infirmary. Exeter:—Devon and Exeter. Leeds:—General Infirmary. Leicester:—Leicester Infirmary. Liverpool:— David Lewis Northern. Royal Infirmary. Southern. Manchester:—Royal Infirmary. Newcastle-on-Tyne:—Newcastle Royal Infirmary. Norwich:—Norfolk and Norwich. Nottingham:—General. Oxford:—Radcliffe Infirmary. Plymouth:—South Devon and East Cornwall. Sheffield:— Royal Infirmary. Royal. Stoke-upon-Trent:—North Staffordshire Infirmary. Swansea:—General and Eye. Wolverhampton:—Wolverhampton and Staffordshire General. </p> <p data-bbox="943 1374 1036 1400"><i>Scotland.</i></p> <p data-bbox="613 1400 954 1551"> Aberdeen:—Royal Infirmary. Dundee:—Royal Infirmary. Edinburgh:—Royal Infirmary. Glasgow:— Royal Infirmary. Western Infirmary. Victoria Infirmary. </p> <p data-bbox="948 1557 1036 1583"><i>Ireland.</i></p> <p data-bbox="613 1583 889 1903"> Belfast:—Royal Victoria. Cork:— North Infirmary. South Infirmary. Dublin:— The Adelaide. The Royal City of Dublin. The Jervis Street. The Mater Misericordiæ. The Meath. Mercer's. The Richmond, Whitworth, and Hardwick. St. Vincent's. Sir Patrick Dun's. Dr. Steevens'. </p> <p data-bbox="250 1908 1365 2234"> Ophthalmology Royal London Ophthalmic, City Road, London, E.C. (Moorfields). Westminster Ophthalmic Hospital. South London Royal Eye Hospital, St. George's Circus, S.E. Manchester Royal Eye Hospital. Birmingham and Midland Eye Hospital. Bradford Eye and Ear Hospital. Liverpool Eye and Ear Hospital. Bristol Eye Hospital. Liverpool and Midland Counties Eye Infirmary. Newcastle-upon-Tyne, Northumberland, Durham, and Newcastle Infirmary for Diseases of the Eye. Glasgow Eye Infirmary. Glasgow Ophthalmic Institution. Edinburgh Eye, Ear, and Throat Infirmary. Dublin Royal Victoria Eye and Ear Hospital. </p>

* For Medical Appointments only.

APPENDICES.

APPENDIX XLV. (continued).

Nature of Hospital.	Hospital.
Midwifery and Gynæcology ...	Queen Charlotte's Lying-in Hospital. Samaritan Free Hospital. Chelsea Hospital for Women. Sheffield Jessop Hospital for Women. Liverpool Hospital for Women. Edinburgh Royal Maternity and Simpson Memorial Hospital Glasgow Maternity Hospital. Dublin:— Rotunda Lying-in Hospital. Coombe Lying-in Hospital.
Psychological Medicine ..	Bethlem Royal Hospital. All County Asylums of 200 beds and over. Perth. James Murray's Royal Asylum. Northampton. St. Andrew's Hospital for Mental Diseases. Dublin:— Richmond Asylum. St. Patrick's Hospital for Mental Diseases.
Diseases of Children ...	Hospital for Sick Children, Great Ormond Street. Evelina Hospital for Sick Children. East London Hospital for Children. North-Eastern Hospital for Children, Hackney Road. Liverpool Infirmary for Children. Bradford Children's Hospital Manchester Children's Hospital. Newcastle-upon-Tyne Hospital for Sick Children. Birmingham and Midland Free Hospital for Sick Children Royal Edinburgh Hospital for Sick Children. Royal Aberdeen Hospital for Sick Children. Glasgow Royal Hospital for Sick Children. Dublin. Hospital for Children (Temple Street).
Genito-urinary Diseases ...	St. Peter's Hospital for Stone and Genito-urinary Diseases.

ANNEXURE III

Memorandum regarding the position of officers appointed to His Majesty's Indian Medical Service

1. This memorandum is based on the regulations in force at the present time. They are subject to any alterations that may be determined on.

PASSAGE TO INDIA.

2. Officers on appointment are, when possible, provided with passage to India by troop transport; when such accommodation is not available, passage at the public expense is provided by private steamer, or a passage allowance is granted, if preferred. The wives of married officers are also entitled to passage by troop transport, but if that is not available, they cannot be granted passage by private steamer, nor will passage allowance be granted on their behalf.

3. Any officer who may neglect or refuse to proceed to India if ordered to do so within two months from the date of terminating his course of instruction, or within 14 days of the termination of his hospital appointment if the Secretary of State for India has permitted him to hold one, will be considered as having forfeited his commission, unless special circumstances shall, in the opinion of the Secretary of State in Council, justify a departure from this regulation.

PAY PREVIOUS TO ARRIVAL IN INDIA.

4. The rate of pay drawn by Lieutenants of the Indian Medical Service previous to arrival in India is laid down in paragraphs 11, 12, and 14 of the Regulations. A lieutenant who is detained by illness in this country will be paid at the rate of £250 a year from the date on which he would otherwise have embarked until the date of embarkation, and at the rate of 14s. a day during the voyage to India. (For rates subsequent to their landing in India, see paras. 16, 17, 18, and 19 of this memorandum.)

Pay under the Regulations referred to above is issued in this country up to the date of embarkation, and an advance of two months' pay at the same rate is also made before embarkation, if required. On arrival in India a Lieutenant

receives pay at the rate laid down in paragraph 16, less Rs. 10. 8. 0 (14s.) a day until the amount advanced, if any, is adjusted

GRADES AND PRECEDENCE.

5. The grades of Officers in the Indian Medical Service are six in number, viz. :—

1. Surgeon-General (ranking as Major-General).*
2. Colonel.
3. Lieutenant-Colonel.
4. Major
5. Captain.
6. Lieutenant.

APPOINTMENT AND PROMOTION.

6. A Lieutenant's Commission dates from the day on which the result of the examination at which he is admitted is announced.

An officer will not be permitted to remain in the service if at any time during the first three years from the date of first commission his retention therein is considered undesirable.

7. A Lieutenant is promoted to Captain on completion of three years' full-pay* service from date of first Commission, if he has previously qualified for promotion in such manner as may be prescribed.

8. A Captain, if in all respects qualified and recommended, is promoted to Major on completion of 9 years' full-pay* service in the rank of Captain, but this promotion may be accelerated by not more than six months in the case of officers who fulfil certain specified conditions.

9. A Major, if in all respects qualified and recommended, is promoted to Lieutenant-Colonel on completion of eight years' full-pay* service in the rank of Major, and a certain number of

* The Director-General, Indian Medical Service, will rank either as Major-General or Lieutenant-General, as may be decided in each case by the Secretary of State for India in Council.

† See, however, para. 41.

APPENDIX XLV. (continued).

Lieutenant-Colonels may be specially selected for increased pay for ability and merit.

10. All promotions from the rank of Lieutenant-Colonel to that of Colonel, and from the rank of Colonel to that of Surgeon-General, are given by selection for ability and merit.

11. Captains of at least six years' service, Majors and Lieutenant-Colonels of the Indian Medical Service may receive brevet promotion for distinguished service.

12. On appointment as Honorary Physician or Honorary Surgeon to His Majesty, an Officer below the rank of Colonel may be promoted to the brevet rank of Colonel.

TENURE OF OFFICE IN ADMINISTRATIVE GRADES.

13. The tenure of office of Surgeons-General and Colonels is limited to five years.

14. Colonels, if not disqualified by age, are eligible either for employment for a second tour of duty in the same grade, or for employment in the higher grade of Surgeon-General by promotion thereto.

15. Absence on leave in excess of eight months, exclusive of privilege leave, during a five years' tour of duty involves forfeiture of appointment.

PAY AND ALLOWANCES †

16. The following are the monthly rates of Indian pay drawn by Officers of the Indian Medical Service from the date of their arrival in India:—

18. Officers in military employment and below the rank of Lieutenant-Colonel are eligible, if qualified, to hold any one of 50 specialists' appointments at Rs. 60 per mensem extra allowance in (a) Prevention of disease (charge of laboratory), (b) Advanced operative surgery, (c) Ophthalmology, (d) Skiagraphy, (e) Midwifery and diseases of women and children, (f) Mental diseases, (g) Otology, Laryngology, and Rhinology.

Candidates for these posts, before appointment, must give proof of special knowledge in the subject selected, by means of diplomas, certificates, etc., or, if considered necessary, in a private interview, to the satisfaction of the Director-General, Indian Medical Service.

19. No Officer, however employed, can draw more than the grade pay of his rank (*see* paragraph 16) until he has passed the examination in Hindustani known as the "Lower Standard." Failure to pass disqualifies an officer, even when holding a substantive or officiating charge, from receiving any portion of the staff allowances of the appointment.

20. Surgeons-General and Colonels, on vacating office at the expiration of the five years' tour of duty, are permitted to draw in India an unemployed salary of Rs. 1,350 per mensem in the former, and Rs. 1,000 in the latter case, for a period of six months from the date of their vacating

Rank	Unemployed Pay.	Grade Pay	Staff Pay	In Officiating Medical Charge of a Regiment	In Permanent Medical Charge of a Regiment (i.e. Grade Pay + Staff Pay)
Lieutenant	Rs. 420	Rs. 350	Rs. 150	Rs. 425	Rs. 500
Captain	475	400	150	475	550
„ after 5 years' service	475	450	150	525	600
„ after 7 years' service	—	500	150	575	650
„ after 10 years' service	—	550	150	625	700
Major	—	650	150	725	800
„ after 3 years' service as Major	—	750	150	825	900
Lieutenant-Colonel	—	900	350	1,075	1,250
„ „ after 25 years' service	—	900	400	1,100	1,300
„ „ specially selected for increased pay	—	1,000	400	1,200	1,400

NOTES—(a) An Officer in officiating charge of a regiment, provided he has passed the Lower Standard examination in Hindustani, draws grade pay plus half the staff pay of the permanent incumbent, but his half staff pay will not be less than Rs. 100 per mensem in any case

(b) An Officer of less than seven years' service, holding no specific appointment, draws unemployed pay, and continues to draw it when holding officiating or substantive medical charge of a native regiment unless he has passed the Lower Standard examination (*see* para 19). An Officer of more than seven years' service draws grade pay alone when unemployed. Staff pay is the pay of an appointment, and is drawn in addition to grade pay.

(c) Horse allowance is granted to Officers in medical charge of cavalry regiments at the rate of Rs. 90 a month to Lieutenant-Colonels and Majors, and Rs. 60 a month to Captains and Lieutenants.

17. The principal administrative appointments are held by Colonels and Surgeons-General on the following consolidated salaries:—

Colonel, 16 (some in civil employ), from Rs. 1,800 to Rs. 2,500 per mensem.

Surgeon-General, 1 at Rs. 2,200 per mensem.

Surgeon-General, 2 at Rs. 2,500 per mensem.

Surgeon-General (The Director-General I.M.S.), 1 at Rs. 3,000 per mensem.

office, after which they are placed while unemployed on the following scale of pay:—

	Surgeon-General.	Colonel.
	Per diem	Per diem.
	£ s. d.	£ s. d.
After 30 years' service on full pay	2 5 0	1 14 0
After 25 years' service on full pay	2 5 0	1 10 0
After 20 years' service on full pay, or on promotion, should this period of service not be completed	2 0 0	1 8 0

PRIVATE PRACTICE.

21. Except in the administrative grades and in certain special appointments, medical officers are not debarred from taking private practice, so long as it does not interfere with their proper duties.

† Note to paras. 16 to 20.—Under present arrangements, officers of the Indian Medical Service who are not statutory natives of India, receive exchange compensation allowance, to compensate them for the fall of the value of the rupee. The allowance consists of an addition to their salaries (subject to certain limitations) equal to half the difference between their salaries converted at (1) 1s 6d. the rupee, and (2) the standard Government rate, which has been fixed at 1s. 4d. the rupee until further notice.

APPENDIX XLV. (continued).

CIVIL APPOINTMENTS.

22. A large number of civil appointments are ordinarily filled up from officers of the Indian Medical Service. Officers are required to perform two years' regimental duty in India before they can be considered eligible for civil employment, and will, on transfer to civil employment, be placed on probation for a period of two years. The principal appointments, together with the salaries attached to each, are stated in the following table.—

leave without pay, is placed on temporary half-pay or the retired list, as the circumstances of the case may require. An officer is also liable to be placed on half-pay or the retired list should his health require an undue amount of leave, whether in or out of India.

27. Leave may be granted at any time, but solely at the discretion of the authorities in India under whom an officer may be serving.

28. An officer on leave, whether in India or out of India, is required to rejoin at once on being

Description of Appointment	Approximate Number of Appointments in each Class	Salary per Mensem			
		When held by a Lieutenant-Colonel	When held by a Major	When held by a Captain.	When held by a Lieutenant
		Rs	Rs	Rs	Rs.
Inspectors-General of Civil Hospitals	6	2,250-2,500			
Sanitary Commissioner with Government of India	1	2,000-2,500			
Inspectors-General of Prisons ...	8	1,500-2,000			
Principals of Medical Colleges ..	5	1,650-1,800	1,200-1,300		
Professional Appointments ..	32	1,500-1,650	1,050-1,150	800-950	750
Sanitary Commissioners ..	8	1,250-1,800	for all ranks		
Deputy Sanitary Commissioners ..	13	1,450-1,600	1,000-1,100	750-900	700
Bacteriological Appointments ..	11	1,500-1,600	1,050-1,150	700-900	650
Superintendents of Central Lunatic Asylums	6	1,400-1,550	1,050-1,150	700-900	650
Superintendents of Central Jails	31	1,300-1,550	850-1,050	600-850	550-650
Civil Surgeoncies (First Class)	37	1,300-1,450	850-950	600-750	550
Civil Surgeoncies (Second Class)	171	1,200-1,350	750-850	500-650	450
Probationary Chemical Examiner	1	—	—	600-750	550
Officers deputed to Plague duty	20*	1,450	1,000-1,100	750-900	700

* This number is only temporary and is liable to revision

An allowance of Rs. 100 per mensem is also at present granted, in addition to the above scale, to the Chief Plague Medical Officers in certain provinces.

23. There are also six Chemical Examiners with Rs. 800-1,650 per mensem, and a number of Port Health Officers with Rs. 750-1,950 per mensem. Other appointments of Resident Surgeons and Physicians at hospitals, etc., are on salaries ranging from Rs. 700 to 1,650 per mensem. There are also a certain number of appointments under the Political Department on salaries ranging from Rs. 450 to 1,450 per mensem, exclusive of local allowances.

LEAVE RULES.

(Paras. 24 (2) to 27 apply only to Officers in Military Employ)

24. Officers of the Indian Medical Service, below the rank of Colonel, may be granted:—

(1.) Privilege leave under such regulations as may from time to time be in force.

(2.) Leave out of India, for no longer period than one year, capable of extension to two years' absence from duty, on the following pay:—

On first appointment 250 a year.

After the commencement of the 10th year's service for pension 300 "

After the commencement of the 15th year's service for pension 450 "

After the commencement of the 20th year's service for pension 600 "

After the commencement of the 25th year's service for pension 700 "

(3.) Leave in India, but for the period of one year only, on full military pay and half the Staff pay of appointment.

25. No extension of leave involving absence from duty for more than two years, whether taken in or out of India, can be granted except on specially urgent grounds and without pay.

26. An officer unable on account of the state of his health to return to duty within the maximum period of two years' absence, unless he is under paragraph 25 specially granted an extension of

recalled to duty, unless certified by a Medical Board to be unfit to do so

29. Officers of the Administrative Grades may be granted leave not exceeding eight months, besides privilege leave, during their tenure of appointment.

30. Extra leave (known as study leave) may be granted to officers desirous of pursuing special courses of study at the rate of one month's leave for each year's service up to 12 months in all.

HONOURS AND REWARDS.

31. Officers of the Indian Medical Service are eligible for the military distinction of the Order of the Bath, and for other orders, British and Indian, and for good service pensions.

Six of the most meritorious officers on the active list are named Honorary Physicians, and six are named Honorary Surgeons to His Majesty.

RETIRING PENSIONS AND HALF-PAY.

32. Officers of the Indian Medical Service are allowed to retire on the following scale of pension, on completion of the required periods of service:—

	Per Ann
	£
After 17 years' service for pension ..	300
" 18 " " " "	320
" 19 " " " "	360
" 20 " " " "	400
" 21 " " " "	420
" 22 " " " "	440
" 23 " " " "	460
" 24 " " " "	480
" 25 " " " "	500
" 26 " " " "	540
" 27 " " " "	580
" 27½ " " " "	600
" 28 " " " "	620
" 29 " " " "	660
" 30 " " " "	700

33. Service for pension reckons from date of first commission, and includes all leave taken under the rules quoted in paragraphs 24 to 30. (See also paragraph 41)

34. A Surgeon-General, after three years' active employment in that appointment, is entitled to retire upon a pension of £350 per annum, in addition to that to which he may be entitled under the above scale.

APPENDIX XLV. (continued).

35. A Colonel is entitled, after three years' active employment in that appointment, to retire upon a pension of £125 per annum, in addition to the pension to which he may be entitled under the above scale, and after five years of such employment on an additional pension of £250 in all.

36. In each of the above cases stated in paragraphs 34 and 35, eight months' absence on leave, as well as privilege leave, is allowed to count towards actual service in those grades. (See paragraph 29.)

37. A Surgeon-General or Colonel who has completed his term of service and has reverted to British pay (see paragraph 20) may reside in Europe, at the same time qualifying for higher pension.

38. With a view to maintaining the efficiency of the service, all officers of the rank of Lieutenant-Colonel and Major are placed on the retired list when they have attained the age of 55 years, the Director-General, Indian Medical Service, when he has attained the age of 62 years, and all other Surgeon-Generals and Colonels when they have attained the age of 60 years. In any special case where it would appear to be for the good of the service that an officer should be continued in employment, he may be so continued, subject in each case to the sanction of the Secretary of State for India in Council.

39. Officers placed on temporary or permanent half-pay (see paragraph 26) are granted half-pay at the following rates:—

	Rates of Half-Pay.	
	Per Diem.	Per Annum.
	£ s. d.	£ s. d.
Under 5 years' service	0 6 0	109 10 0
After 5 years' service	0 8 0	146 0 0
„ 10 years' service	0 10 0	182 10 0
„ 15 years' service	0 13 6	246 7 6
Lieutenant-Colonel, under 3 years' service as such	1 0 0	365 0 0
Lieutenant-Colonel, over 3 years' service as such	1 7 6	501 17 6

Surgeon-Generals and Colonels, when in circumstances in which other officers would draw half-pay, receive the unemployed pay of their rank (See para. 20). Officers cannot retire in India on half-pay.

An officer of less than three years' service, although he may be transferred to the half-pay list under the general conditions of transfer, will not be granted any half-pay unless his unfitness has been caused by duty.

INVALID PENSIONS.

40. An officer who has become permanently incapacitated for further service in India on account of unfitness caused by duty may be granted an invalid pension on the following scale:—

	Per Annum.
	£
After 16 years' pension service ...	272
„ 15 „ „ „ ...	252
„ 14 „ „ „ ...	232
„ 13 „ „ „ ...	212
„ 12 „ „ „ ...	192

41. Time (not exceeding one year) passed on temporary half-pay reckons as service for promotion and pension, in the case of an officer placed on half-pay on account of medical unfitness caused by duty, military or civil.

42. Officers of the Indian Medical Service are liable, after retirement on pension before completing 30 years' service, to recall to military duty in case of any great emergency arising, up to 55 years of age.

WOUND PENSIONS

43. Officers are entitled to the same allowances on account of wounds received in action and injuries sustained through the performance of military duty, otherwise than in action, as are granted to combatant officers of His Majesty's Indian Military Forces holding the corresponding military rank.

FAMILY PENSIONS.

44. The claims to pension of widows and families of officers are treated under the provisions of such Royal Warrant regulating the grant of pensions to the widows and families of British officers as may be in force at the time being.

45. The widows and families of officers are also entitled to pensions under the Indian Service Family Pension Regulations, and subscription under those Regulations, from the date of arrival in India, is a condition of appointment, except in the case of Natives of India, for whom it is optional.

March, 1913

APPENDIX No. XLVI.

Officials, non-officials and associations who furnished written Evidence to the Royal Commission in connection with their enquiry into the Medical Services, including the Jail and Sanitary Departments, but who were not orally examined.

- Lieutenant-Colonel Sir J. R. Roberts, I.M.S., C.I.E., Surgeon to His Excellency the Viceroy.
- Dr. O. A. Owen, M.D., F.R.C.S., Medical Practitioner, Lahore.
- M. K. Dixit, Esq., Barrister-at-Law.
- M. M. Ohdedar, Esq., Medical Practitioner, Lucknow.
- Major W. E. McKechnie, I.M.S., Civil Surgeon of Etawah.
- Lieutenant W. Marchant, I.S.M.D.
- Col. C. J. Bamber, I.M.S., Inspector-General of Civil Hospitals, Punjab.
- Lieutenant-Colonel J. R. Adie, I.M.S., Civil Surgeon.
- Lieutenant-Colonel H. Austen Smith, M.B., I.M.S., Civil Surgeon, Simla East.
- Lieutenant-Colonel P. St. C. More, I.M.S., Civil Surgeon, Sialkot.
- Major J. A. Black, I.M.S., Chemical Examiner to Government, Punjab.
- Major W. H. C. Forster, I.M.S., Professor of Pathology, Medical College, Lahore.
- Major M. Corry, I.M.S., Civil Surgeon, Multan.
- Major J. G. Swan, I.M.S., Civil Surgeon, Jullundur.
- Captain S. H. Lee Abbott, I.M.S., Civil Surgeon, Ferozepore.
- Captain N. M. Wilson, I.M.S., Officiating Civil Surgeon, Dera Ghazi Khan.
- Captain R. T. Wells, I.M.S., Officiating Deputy Sanitary Commissioner, Punjab.
- Captain R. H. Bott, I.M.S., Professor of Anatomy, Medical College, Lahore.
- Assistant Surgeon W. C. Deeks, Civil Surgeon, Gujranwala, and seven other assistant surgeons.
- Lieutenant C. W. E. Kerr, I.S.M.D., North-Western Railway Hospital, Rawalpindi, and seven other assistant surgeons on railways.
- Rai Sahib Lachhman Das, V.H.A.S., Civil Surgeon, Mianwali.
- Senior Assistant Surgeon Rai Sahib Pandit Balkishan Kaul, Lecturer on Medicine, Materia Medica and Hygiene, Medical School, Lahore.

APPENDIX XLVI. (continued).

23. Syed Mohamed Varis, Esq., M.D., M.S. (Edin.), late Plague Medical Officer of the United Provinces.
24. Kaushla Nandan Sahay, Esq., B.A., B.B.
25. The Secretary, European Defence Association, 1 Mangoe Lane, Calcutta.
26. Dr. H. J. Augustine, L.R.C.P. and S. (Edin.), Uncovenanted Medical Officer and Civil Surgeon, Northern Shan States, Burma.
27. A. K. Sen, Esq., L.M.S., Honorary Magistrate on behalf of qualified Indian Medical Practitioners of Rangoon.
28. Lieutenant Thomas D. Bonnar, I.S.M.D., Civil Surgeon, Assam.
29. Dr. S. K. Mullick, M.S., M.D. (Edin.), Secretary, All India Medical Association.
30. Dr. W. Luback, M.R.C.S., L.R.C.P., etc., Chief Medical Officer, Eastern Bengal State Railway.
31. Lieutenant-Colonel F. J. Drury, M.B., I.M.S., Inspector-General of Civil Hospitals, Bihar and Orissa.
32. Lieutenant-Colonel R. H. Maddox, I.M.S., Civil Surgeon, Gaya.
33. Major A. F. Stevens, I.M.S., Civil Surgeon, Hazaribagh.
34. Major S. Anderson, I.M.S., Civil Surgeon, Sambalpur.
35. Major J. G. P. Murray, I.M.S., Civil Surgeon, Cuttack.
36. Major V. E. H. Lindesay, I.M.S., Ranchi.
37. Major M. H. Thorneley, I.M.S., Civil Surgeon, Shahabad.
38. Captain L. Cook, M.B., F.R.C.S., I.M.S., Special Plague Officer, Patna.
39. Captain W. C. Rose, I.M.S., Deputy Sanitary Commissioner, Bihar and Orissa.
40. Captain G. Holroyd, I.M.S., Superintendent of the Bhagalpur Central Jail.
41. Babu Binod Bihari Ghosal, 1st Grade Assistant Surgeon, Monghyr.
42. Babu Brajendra Nath Basu, Assistant Surgeon, in charge Deoghur Sub-Division and Dispensary.
43. Babu Bipin Bihari Sen Gupta, Assistant Surgeon, 2nd Grade, Jamui Dispensary, District Monghyr.
44. Babu Kshirod Chandra Ghosh, Assistant Surgeon, in charge of Dhanbaid Sub-Division and Dispensary in the district of Manbhum.
45. Babu Akshoy Kumar Mukharjee, 2nd Grade Assistant Surgeon, Hathwa Victoria Hospital.
46. Babu Surendra Nath Sen Gupta, Assistant Surgeon, Buxar.
47. Babu Debendra Nath Ghosh, Assistant Surgeon, X-Ray's Class, Dehra Dun.
48. Babu Satis Chandra Mitra, Assistant Surgeon, Sadr Hospital, Purnea.
49. Babus Nirod Chandra Mukherji, Debendra Nath Mukherji and Bipin Bihari Basak, Cuttack.
50. Babu Nandalal Mukharji, Assistant Surgeon, Purulia Charitable Dispensary.
51. Babu Chandra Kanta Chakravarti, Assistant Surgeon, Chapra.
52. Syed Mukhtar Ahmad, Assistant Surgeon, Bihar.
53. Babu Sanatan Pujari, Assistant Surgeon, Samastipur.
54. Messrs. Syed Muhammad Afzal, (Teacher of Surgery and Anatomy, Temple Medical School, Patna), and eight others.
55. Babu Kali Prasanna Lahiri, Civil Surgeon, Palamau.
56. Babu Biman Bihari Basu, Assistant Surgeon, Ranchi.
57. Babu Kalidas Pal, Assistant Surgeon, Begusarai.
58. Babu Jatindra Nath Bose, Assistant Surgeon, Ranchi.
59. Babu Tarak Nath Mitra, Assistant Surgeon, Dumraon.
60. Babu Bijayananda Sen Gupta, M.B., Assistant Surgeon, Monghyr.
61. Messrs. Muhammad Sulaiman Asruff and Kedar Nath Madali.
62. Ahmad Karim, Esq., Assistant Surgeon, Barh, District Patna, Bihar and Orissa.
63. Babu Suresh Chandra Mitra, Assistant Surgeon, Pilgrim Hospital, Gaya.
64. Rajeswar Prasad, Esq., Assistant Surgeon, Public Works Department Hospital, Ramnagar, Champaran.
65. Babu Surendra Nath Neogi, B.A., M.B., Senior Assistant Surgeon, Giridih, District Hazaribagh.
66. Rai Sahib Tripura Charan Guha, Assistant Surgeon, Bettiah.
67. Babu Surendra Nath Ghosh, Assistant Surgeon, Hazaribagh.
68. Rai Bankim Chandra Ghosh Bahadur, Assistant Surgeon, Doranda.
69. Babu Ram Chandra Mitra, Assistant Surgeon, Balasore.
70. Babu Hari Mohon Sen, Senior Assistant Surgeon, in charge, Sub-Division and Dispensary, Dinapore.
71. Babu Sarat Chandra Sur, Assistant Surgeon in charge of the Motihari Hospital, Motihari.
72. Khan Bahadur Daud-ur Rahman, Senior Surgeon, Muzaffarpur.
73. J. J. Srinivasagam Pillay, Esq., B.A., L.R.C.P. & S. (Edin.), etc., Assistant to District Medical and Sanitary Officer, Guntur (Supplement to the Memorandum of Civil Assistant Surgeons vide paragraphs 57994-58000).
74. Sam Manickan, Esq.
75. Captain D. G. Rai, I.M.S., Acting District Medical and Sanitary Officer, Nellore.
76. Major S. Bose, I.M.S., District Medical and Sanitary Officer, Godavari.
77. The members of the All-India Sub-Assistant Surgeons' Association, Bangalore City (submitted by P. S. Ramachandrier, Esq., General Secretary).
78. The representatives of the Civil Apothecaries, viz.: B. D. Frazer, Esq., and other Civil Apothecaries.
79. W. J. Dunlop, Esq., and other Civil Apothecaries.
80. B. Raghavendra Rao, Esq., 1st grade Civil Apothecary, in charge of the Municipal Hospital, Bezwada.
81. A. S. Vittal Rau, Esq., Civil Apothecary (Malabar District, Madras Presidency).
82. Dastaghir Khan Saheb, Civil Apothecary, Ongole, Madras.
83. Lieutenant-Colonel R. K. Mitter, I.M.S., District Medical and Sanitary Officer, Salem, Madras Presidency.
84. Messrs. Vasudeo Rajaram Gupta and Chaitman Sakharam Deole, Honorary Secretaries (on behalf of the Deccan Sabha, Poona).
85. Khan Bahadur Dossabhai Pestonji, Assistant Surgeon (Retired).
86. Rai Bahadur Devendra Nath Choudhuri, President, Municipal Committee, Raipur, C.P. (on behalf of the Civil Assistant Surgeons).
87. Captain D. O'C. Murphy, I.S.M.D., Civil Surgeon, Buldana.
88. H. W. Prescott, Esq., House Surgeon, and eight Assistant Surgeons, of St. George's Hospital, Bombay; also R. G. Ives, Esq., Civil Assistant Surgeon, Panchmahals.
89. Civil Assistant Surgeons of the Madras Presidency Memorial drawn up by a Sub-Committee under the Presidency of G. Rama Rao, Esq., M.B. and C.M.
90. The Council of the London (Royal Free Hospital) School of Medicine for Women.
91. Sir F. S. P. Lely, K.C.S.I. (Statement on the inadequacy of the Medical Service, with special reference to women.)
92. Lieutenant-Colonel W. J. Buchanan, I.M.S., Inspector-General of Prisons, Bengal (on the Indian Medical Service and the Jail Department).
93. Lieutenant-Colonel G. J. H. Bell, M.B., I.M.S., Inspector-General of Prisons, Burma.
94. Drilbrijendralal Mitra, on behalf of independent medical practitioners in Calcutta, for the Reform of the Civil Medical Department.
95. Lieutenant-Colonel E. C. Hare, I.M.S., Sanitary Commissioner for Bihar and Orissa.
96. Nanabhai Dayabhai Daru, Esq., Lieutenant-Colonel W. J. Buchanan, I.M.S. (Bengal), and Lieutenant-Colonel G. J. H. Bell, I.M.S. (Burma).

APPENDIX XLVI. (continued).

97. Sir William Osler, Bart., Regius Professor of Medicine, Oxford.
98. Dr. George Murray, M.D., of the University, Manchester.

99. Dr. H. D. Rolleston, of St. George's Hospital, London
100. Sir A. Bowlby, Kt., C.M.G., of Manchester Square, London.

APPENDIX XLVII.

Statement* for the period from 1903 to 1913 to show the number of candidates who applied and competed for the Indian Medical Service, the marks obtained by the 1st and 12th candidates, and the number of Indians successful. (Vide paragraph 56,405.)

Year	No. of Appointments	No of Applicants	No of Applicants to each Appointment	No of Applicants who actually appeared at the Examination	No of Applicants who actually appeared at the Examination to each Appointment	Marks obtained by 1st and 12th candidates	No of Indians successful.
1903 January	13	44	3 38	41	3 15	3413—2812	1
" July	16	47	2 93	42	2 62	3729—3064	nil
1904 January	20	44	2 20	42	2 10	3515—2810	1
" July	13	43	3 30	33	2 53	3543—2957	nil
1905 January	14	40	2 85	35	2 50	3572—3026	nil
" July	14	45	3 21	42	3 00	3407—3054	1
1906 January	23	52	2 26	44	1 91	3761—3222	1
" July	20	56	2 80	47	2 35	3879—3210	1
1907 January	23	36	1 56	30	1 30	3998—3057	5
" July	14	36	2 57	33	2 35	4120—3349	1
1908 January	16	58	3 62	50	3 12	3988—3554	2
" July	20	47	2 35	41	2 05	3834—3316	5
1909 January	12	38	3 16	33	2 75	4016—3188	2
" July	21	55	2 61	48	2 28	3997—3366	4
1910 January	13	33	2 53	27	2 07	3629—3112	2
" July	15	36	2 40	29	1 93	3773—3206	3
1911 January	14	26	1 85	21	1 50	3691—3035	3
" July	12	28	2 33	25	2 03	3806—3186	nil
1912 January	12	38	3 16	24	2 00	3447—2958	3
" July	12	31	2 68	29	2 41	3718—3068	1
1913 January	12	29	2 33	22	1 83	3707—3008	3
" July	12	33	2 75	22	1 83	3517—2878	5
1914 January	20	33	1 65	22	1 10	3656—3088	7
" July	15	28	1 86	17	1 13	3304—2709	7

* This statement has been prepared from figures supplied by the India Office.

APPENDIX XLVIII.

Correspondence regarding the question of limiting or reducing the civil cadre of the Indian Medical Service, viz., (i.) Despatch from the Government of India to the Secretary of State for India, No. 21, Home Department (Sanitary), dated 17th November, 1910; (ii.) Despatch from the Secretary of State for India to the Government of India, No. 243, Public, dated 22nd November, 1912; (iii.) Despatch from the Government of India to the Secretary of State for India, No. 2, Home Department (Medical), dated 5th March, 1914. (Vide paragraph 56,512.)

(1) Despatch from the Government of India to the Secretary of State for India, No. 21, Home Department (Sanitary), dated 17th November, 1910.

Lord George Hamilton, in his Despatch No. 45, dated the 4th May, 1899, referred to the great increase in the Indian Medical Service which had taken place between the years 1884 and 1899, and asked whether means could not be found to reduce the establishment or at any rate to restrict its increase. Later, in his Despatch No. 5, dated the 18th January, 1900, written in reply to the despatch from Lord Curzon's Government, No. 185, dated the 26th October, 1899, he remarked that the question of reducing the establishment of the Indian Medical Service or of restricting its growth

was one which deserved attention, both on the ground of economy and also with reference to the recruitment question; and that the two questions were closely connected, because any failure in the supply of candidates might call for remedies involving considerable permanent increase of expenditure. He observed that it was clear that if the increase of the number of medical officers in the pay of Government, or the specialisation of their functions, were to keep pace with the growth of an immense population, the extension of the service might proceed indefinitely. He assumed that he would have the concurrence of the Government of India in thinking that an attempt to organise medical relief or research on a scale which would be much larger than that

APPENDIX XLVIII. (continued).

which was required for administrative duties was neither expedient nor practicable, and added that it was of material importance that no impediments should be placed in the way of the gradual spread through the interior of India of an independent medical profession, which alone could adequately supply the needs of the people.

2. Lord George Hamilton reverted to the question in his Despatches No. 29, dated the 15th March, 1900, and No. 157, dated the 13th December, 1900, in connection with a scheme for improving the administration of asylums in India by the appointment of officers of the Indian Medical Service as whole-time superintendents. In the former he raised the question whether, if persons possessing special knowledge and experience of mental diseases were required, it would not be better to obtain, at the beginning, one or more experts from England for the purpose. In the latter he said that the point for discussion was whether Government were bound to provide from the Indian Medical Service for the growing needs, beyond the ordinary administrative duties, of the country in respect of medical relief, and suggested that the time might have come for determining whether the Indian Medical Service should continue to be treated as the sole source of supply for demands that were sure to multiply indefinitely, and that were provided for in other countries by resort to an open profession. He then went on to urge the advisability of giving some of the appointments which were reserved for the Indian Medical Service to men selected from the medical profession generally. He observed that such men existed at present in India in limited numbers only, but that that was partly the result of their practical exclusion from all official recognition in connection with public offices. He added that it would be of great benefit to India generally if medical men were to establish themselves in private practice in the country in the same way as they did in other parts of the Empire, without increasing the medical service connected with the Army. In his Despatch No. 43, dated the 26th April, 1901, he repeated several of these arguments, and emphasised the fact that the Indian Medical Service was primarily a military service, and that its first and only indispensable duty was the medical charge of the Indian Army. Lord Curzon's Government, in paragraph 14 of their Despatch No. 88, dated the 13th June, 1901, expressed their full concurrence in Lord George Hamilton's opinion that it was most undesirable to attempt to provide from the Indian Medical Service for the growing needs, beyond the ordinary administrative duties, of the country in respect of medical relief. They observed that the growth of an independent medical profession in India was a development which they would welcome, and that they would be ill-disposed to recommend any measures which might retard it. On the other hand, they expressed the opinion that the development of such a profession must necessarily be a slow and gradual progress.

3. Throughout the whole of this correspondence the point on which most stress was laid was the impossibility of providing by extensions of the Indian Medical Service for the growing medical needs of the people of the country, as distinguished from the ordinary requirements of the administration. No suggestion was made that medical officers of Indian nationality should be substituted for European medical officers, and in fact Lord George Hamilton appears to have thought that European medical men, if encouraged by the prospect of obtaining Government appointments, could be induced to establish themselves in private practice in India as they have done in other parts of the Empire. We think it necessary to emphasise this point, because the fact that the previous correspondence was not sufficiently referred to or considered in our despatch of the 20th August, 1908, or in the letter which we addressed to Local Governments after we received your Lordship's despatch of 11th December, 1908, has, we find, given rise to much misunderstanding. Several of the Local Governments, in particular

the Punjab, have inferred that the main object aimed at was the transfer of a considerable number of appointments, now held by a service mainly European, to medical officers of Indian nationality, even at a serious loss of efficiency. We regret that this misunderstanding should have occurred, as it has obscured the main issues raised, which are (1) how far it is possible for Government to stimulate the growth of an independent medical profession, (2) whether, and, if so, how far, the allotment to the Indian Medical Service of the civil posts, which they now hold, operates to discourage the growth of such a profession; and (3) how far the withdrawal of such appointments, so far as practicable and expedient, from that service, would serve to encourage it. The question how far it is possible or expedient to substitute for officers of the Indian Medical Service medical men of Indian nationality or medical men recruited in India, though one which merits our most careful attention, cannot be considered as more than one of the subsidiary points for consideration.

4. In 1908 we pointed out that about one-third of the civil appointments now held by the Indian Medical Service do not form any part of the war reserve, and that consequently there would be no objection, from a military point of view, to their transfer to medical men not belonging to that service. Starting from that premise, we concluded that, subject to certain specified conditions, a considerable number of the appointments not included in the war reserve might gradually be transferred to medical men not belonging to the Indian Medical Service. We had not at that time had the advantage of the opinions of local Governments, and we regret to find that we gravely underestimated the objections, on other grounds than those connected with the requirements of the Indian Army in time of war, to the transfer of appointments which we contemplated. We have now given the whole question our most careful consideration in the light of the opinions of local Governments, copies of which are enclosed with this despatch. We recognise most fully the importance of encouraging the growth of a private medical profession and the impossibility of the Indian Medical Service being expanded so as to meet all the medical needs of India. But we feel bound to recede from the position which we previously took up, because on further consideration of the question we are convinced that the mere transfer of a certain number of Government appointments from the Indian Medical Service to private practitioners would do practically nothing to encourage the growth of an independent profession; that most of the civil appointments now held by the Indian Medical Service could not suitably be given to men not in regular Government service, with whom their private practice would be the first consideration; and that the retention of a considerable number of superior civil medical appointments for the Indian Medical Service is essential, not only in the interests of administrative efficiency, but also for the purpose of making the service itself attractive to able medical men. In short, while we adhere to the views previously expressed, that it is impracticable to provide from the Indian Medical Service for the growing needs, beyond the ordinary administrative duties, of the country in respect of medical relief, we hold strongly that the appointments now held by officers of the Indian Medical Service are required strictly for ordinary administrative duties, which cannot suitably be performed by men otherwise recruited.

5. As indicated above, the most important question which we have to consider is what can be done by Government to encourage the development of an independent medical profession. It has been assumed in previous correspondence that the chief, if not the sole, cause operating against the development of such a profession is the fact that most medical appointments have hitherto been retained for the Indian Medical Service. The letters received from the Local Governments prove conclusively that this is not the case. In the

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

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

(i) By providing, as they do at present, and as they should do in an increasing measure in the future, so far as may be necessary, Government colleges and schools for the instruction of qualified practitioners.

(ii) By throwing open, as has already been agreed to by the Government of Bengal, the appointments of house physician and house surgeon in the large Presidency Government hospitals to the best students of each year, whether or not they propose to enter Government service.

(iii) By encouraging the establishment of medical colleges and schools affiliated to the universities or to Government medical schools, but conducted by independent medical practitioners. We are already taking steps to this effect in Calcutta and Bombay. It is well known that the Government colleges and schools cannot provide for more than a fraction of those who apply for admission. There is, therefore, ample room for well-equipped and adequately staffed unofficial colleges and schools. The professorships at such colleges and schools, if established, would afford the experience which can be derived from practice in hospitals, which is so important, and which we wish to see extended.

(iv) By demonstrating, as they do at present, and as they should do in an ever-increasing measure in the future, both through the

agency of their own officers and through that of the various local authorities, the advantages of Western methods in hospitals and dispensaries.

(v) By associating selected private practitioners with the staff of Government hospitals, as honorary physicians and surgeons, and by allowing them facilities for consultations at Government hospitals and the use of the operating theatre, as has already been done in some instances in Bombay, the United Provinces and the Central Provinces. We regard this as a most important measure. It will not enable us to make any reduction in the number of the Indian Medical Service officers at present at the hospitals, but we hope that it may operate to prevent a further increase of such officers.

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

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

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

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

(i) Whether, and, if so, how far, the allotment to the Indian Medical Service of civil posts, which they now hold, operates to discourage the growth of an independent medical profession;

(ii) How far the withdrawal of such appointments, so far as practicable and expedient, from that service would serve to encourage it.

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

“useless as a Government officer.” And further :—“There are only 46 such officers (Indian Medical Service officers) in a province containing 47½ millions of people, in which there are always on duty about 190 Indian civil servants, 85 police officers recruited in England, and 60 or more officers of the Public Works Department similarly recruited. His Honour recognises that the main strength of this argument lies in the acceptance of the fact that the administrative duties which the Indian Medical Service officer has to perform are of an importance equal to that of the duties of officers of the other departments named. He himself has no doubt that this is the case. He does not consider it necessary to elaborate the argument that among 47½ millions of people a staff of 46 Indian Medical Service officers is the lowest that could be entertained. A body of highly qualified men of at least this number could always be fully employed (apart from the necessity of entertaining them for the purposes of the Government itself) as consultants in the practice of assistant surgeons and the existing private practitioners.” The Government of Bombay are of the same opinion, and, in connection with the memorial (referred to in paragraph 29 and 30 of this despatch) of Sir Bhalchandra Krishna urging that more appointments should be given to private medical practitioners, they say—“The acceptance of the proposals contained in the memorial would, in the opinion of the Governor in Council, result in the creation of a Government medical service wholly recruited in India, and this would in no way further the object in view, which is to foster the growth of an independent medical profession apart from Government service.”

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

12. In this connection the first point which we think it desirable to emphasise is the importance of not doing anything which would lower the attractiveness of the Indian Medical Service. As Your Lordship is aware, of the total number of officers of that service in civil employ, two-thirds represent the war reserve, which cannot in any circumstances be encroached upon, while the remaining one-third are officers who are employed solely on civil duties. Although we stated in our despatch of the 20th August, 1903, that there would be no objection, from a military point of view, to the transfer to independent practitioners of all the civil appointments held by that one-third, it is obvious that, if all or a large number of these appointments were to be given away to private medical practitioners, the attractiveness of the Indian Medical Service would be greatly diminished. We admitted in that Despatch that this danger existed, but we were inclined to think that as the process would be gradual, and as, by the time that a large number of local candidates was forthcoming, it was possible that the number of medical schools and professorial chairs would have increased, there would be no difficulty in retaining for the Indian Medical Service a proportion of prize appointments sufficient to maintain its attractive-

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ness. There is ample evidence, however, that the publication of our Despatch, together with Lord Morley's Despatches of the 9th August, 1907, and 11th December, 1908, has already given rise to widespread uneasiness in professional circles. We have examined the *British Medical Journal*, the *Lancet*, and the *Indian Medical Gazette* and we cite below the gist of some of the more important articles on this subject. An article of the 15th May, 1909, in the *British Medical Journal*, stated that the Despatch of the Secretary of State had produced a feeling of serious apprehension among the officers of the Indian Medical Service, and a further article, published on the 22nd May, 1909, observed that, if the civil list of the Indian Medical Service were reduced, the result would be that instead of nearly two-thirds of the service being able to look forward to the professional opportunities in civil life which practically all enter in the expectation of attaining within three or four years of reaching India, only a minority would be able to obtain civil work, and that only after a number of years in military employ. The article expressed the hope that the present uncertainty as to the future of this famous service would soon be settled in such a manner as fully to maintain its prospects and traditions, as otherwise the standard of entries would inevitably deteriorate rapidly. On the 4th September, 1909, an article appeared in the same journal pointing out that the prospects of the Royal Army Medical Corps had materially improved in recent years, and that this was another reason for circumspection as regards curtailing the attractiveness of the Indian Medical Service. The *Lancet*, in an article of the 10th July, 1909, expressed the opinion that the proposals of the Government of India and the Secretary of State would affect the Indian Medical Service injuriously. Again, on the 20th August, 1909, an article in the same journal pointed out that there was less competition now than formerly for the various medical services, that this was the more unfortunate, inasmuch as fewer men were now entering the medical profession as a whole in England, and that it was undesirable that the attractions of the medical services should be reduced, as those of the Indian Medical Service would inevitably be, if the proposals in the published despatches were carried out. The *Indian Medical Gazette* had two articles (in January and August, 1909) on similar lines. We would remark, in addition to what is stated in the articles above cited, that it is well known that, owing to the advance already made by Indian private practitioners, particularly in the cities and large towns of India, the private practice of members of the Indian Medical Service is considerably less than it was years ago. While this is most satisfactory as evidence of the progress made by the independent medical profession of this country, it seems to us a further reason for not adding unnecessarily to the growing difficulties of recruiting for the Indian Medical Service.

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

14. We will now discuss the difficulties which have been pointed out by Local Governments as regards giving effect to the proposed policy. In

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

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

The other Governments are equally emphatic. Their letters show that the civil surgeon is the right-hand man of Government in respect of medical matters, and that his appointment is an administrative post which can only be held by a whole-time servant of Government. Of the many important duties of the civil surgeon, medico-legal work alone would require that he should be a whole-time officer. Jail work is also of a great importance, and, combined as it is at every point with medical work, must be performed by a Government servant. It is not work which a private practitioner would ever care to take up. The proposal referred to in our Despatch of August, 1908, to break up the service of civil assistant surgeons and to make over such appointments to private medical practitioners has since been found to be entirely impracticable, and, for the reasons given in our Despatch of the 26th May, 1910, we have abandoned it definitely. The Government of Burma has indeed appointed a private practitioner as civil surgeon in the Tharawaddy district, which is close to Rangoon, but the difficulties which they have experienced in obtaining a suitable man have served to illustrate the much greater difficulties which would occur if any attempt were made to employ private practitioners as civil surgeons in up-country stations. The work of civil surgeons, like that of civil assistant surgeons, is chiefly of an administrative character, and it is not

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the class of work which men who look chiefly to private practice can be expected either to do well or to be anxious to do at all. We have no hesitation in coming to the conclusion that the proposal to appoint Indian private practitioners as civil surgeons is, generally speaking, impracticable, and that it should be abandoned.

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

16. We agree with the Local Governments that the only practical method of recruiting civil surgeons locally is to promote selected civil assistant surgeons to such posts as far as is practicable. This is, we consider, a perfectly legitimate and proper way of rewarding merit in men who have succeeded in their profession and who have been trained to administrative work. Civil assistant surgeons are, for the most part, men with qualifications superior to those of the ordinary private medical practitioner, with the exception of the pick of those engaged in practice in the cities and large towns. We think it desirable to lay stress on this point. Lord Morley's recent despatch on the subject of the Chair of Anatomy at Calcutta seems rather to suggest that he regarded the civil assistant surgeon as being inferior to the ordinary Indian independent practitioner, whereas, as a matter of fact, the reverse is the case. The civil assistant surgeon—unlike the military assistant surgeon, who is a warrant officer trained at Government expense in a Government medical college, and given a college certificate to enable him to work in Government employ and as a general practitioner—begins his career as a private medical student, pays for his own education, and must, previous to his entry into Government employ, have obtained either the M.B. degree or the license (L.M.S.) of a recognised Indian University. Many civil assistant surgeons are extremely distinguished men, and a considerable number of them have European qualifications. These men would naturally object strongly to being considered inferior, as candidates for Government posts, to the ordinary practitioner who has neither their knowledge nor experience. It is to these men that any appointments which may be withdrawn from Indian Medical Service officers should, in our opinion, be given, and it will cause great discontent and will lower the standard of efficiency if they are not given the preference which they deserve. A certain number of civil surgeoncies is already reserved for civil assistant surgeons, and it is possible that a few more may from time to time, without objection, be made over to them.

17. There is, however, a very decided and sharp line which indicates the limit of employment of these men in the posts referred to, and that is the obligation which rests upon Government to provide

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

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

19. We are of opinion, therefore, that when locally recruited medical men are required for appointments which are, or which have been in the past, held by officers of the Indian Medical Service, they should ordinarily be taken from the ranks of the civil assistant surgeons. We would recruit from amongst private medical practitioners, European and Indian, resident in India, only in exceptional cases, and in such cases would appoint them, not as members of a service, but on special terms and for a specific period, as we have already

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done in the case of Maung Aung Tun, House Surgeon of the General Hospital, Rangoon, and of Mr. Bentley, who has been employed on special investigations in Eastern Bengal and in Bombay. When European medical men are required from England, we are convinced that it is both expedient and in the long run economical to recruit them in the Indian Medical Service. To recruit in England a small number of men for isolated posts would give rise to administrative difficulties. To recruit a large number of them would practically mean the formation of a second European Medical Service, which would, as stated in paragraph 6 of our Despatch of the 20th August, 1908, doubtless put forward claims to be treated precisely in the same way as the Indian Medical Service. Further, the recruitment of Europeans for particular posts, such as those of the Bacteriological Department, would probably result in our having to engage, on special rates of pay, precisely the same men who, if existing arrangements are maintained, would come into the Indian Medical Service in order to spend their lives on research and who would be content with lower rates of pay as members of the service than they would demand if they were especially recruited for isolated posts.

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

21. Finally, we give some statistics to illustrate the impracticability of making any reduction in the number of Indian Medical Service officers employed solely on civil duties, that is to say, those not belonging to the war reserve. Excluding 11 officers in the Bacteriological Department, who do not hold cadre posts, three officers in the Assay Department, to which we have decided to make no further permanent appointments from the Indian Medical Service, the Surgeon Naturalist, and the whole of the civil leave reserves, there are at present 114 Indian Medical Service civil cadre appointments not included in the war reserve. Of these appointments, 98 are under Local Governments, 10 under the Foreign Department, and six, including the Director-General, Indian Medical Service, and our Sanitary Commissioner, under the Home Department. Of the 98 posts under Local Governments, 29 are held by administrative medical officers, sanitary commissioners, inspectors-general of prisons, and chemical analysers, 16 by professors at Government medical colleges, and 53 by civil surgeons, jail superintendents, and the like. We have already referred to the posts held by administrative medical officers and heads of departments and to the professorial and other special posts. As for the remaining 53 appointments under Local Governments, we would point out that, in the event of a mobilisation of the whole army, not only the war reserve of the Indian Medical Service, but all military assistant surgeons, would be withdrawn, and each of the Local Governments would be left with only seven or eight Indian Medical Service officers, in addition to heads of departments and a few officers holding special posts, to conduct the ordinary civil

medical administration, to hold charge of the larger jails and to cope with epidemic disease. Local Governments would, no doubt, be able to increase their medical staff by re-employing pensioned civil assistant surgeons and sub-assistant surgeons, and they might succeed in securing the services of a few private practitioners. But we are strongly of opinion that the margin of European medical officers, which would be left at the disposal of Local Governments in the event of the mobilisation of the army, would be the minimum which would be compatible with safety.

22. We sum up our conclusions as follows:—

(1) An independent medical profession trained on Western lines is steadily growing up in India, but it has yet to overcome its universal rival in the form of the *kaviraj*, *hakim*, *vaid*, *ojha*, and the like, who are trained according to indigenous methods and in whom the mass of the population still trust.

(2) Government can do much to encourage an independent medical profession in the various ways enumerated in this Despatch.

(3) The giving up of a few appointments to private medical practitioners will have no appreciable effect on the development of an independent medical profession, and might, on the contrary, tend to hinder a healthy development.

(4) The present policy of reduction, which was inaugurated without previous reference to the Local Governments, has already given rise to considerable uneasiness in professional circles, and, if carried further, is likely to cause a decided deterioration in the Indian Medical Service.

(5) The bulk of the civil surgeoncies must be manned by officers of the Indian Medical Service, exceptions being made in favour of civil assistant surgeons.

(6) The Government medical colleges and schools must, in the main, be manned by officers of the Indian Medical Service, but a few professorial posts can be made available to locally recruited men.

(7) European medical men cannot be expected to establish themselves in this country, except in cities and large towns, and in special areas where there is a large European population, and it is, generally speaking, undesirable to recruit from among them.

(8) When European medical men are required, they should usually be recruited in the Indian Medical Service. Indians and Europeans recruited locally in special cases should be employed on special terms.

23. We now turn to the specific orders passed in Lord Morley's Despatch of the 11th December, 1908, that there is to be no further increase in the civil cadre of the Indian Medical Service, and further that we should endeavour to reduce the present strength. We have considered that decision with special reference to the question as to how many of the superior medical appointments in India can safely be made over to men recruited in India. The Public Service Commission of 1887 discussed a similar question in regard to the Indian Civil Service, and it was decided that the officers recruited to that service should form a *corps d'élite*, a certain proportion of superior posts not assigned to that service being made available for the Provincial Civil Service. The proportion of superior posts so made available was 16.6 per cent. Similar principles have been applied to the recruitment of other services. In the Public Works Department out of 434 superior posts, namely those of executive engineers, superintending engineers, and chief engineers, 75, or 17 per cent., are reserved for the provincial, and the remainder for the Imperial Service. In the Forest Service it is proposed to divide the higher forest appointments into major and minor charges, and to allot to men recruited in India 20 per cent. of the major posts. As regards the superior medical service the question has never been raised, owing to the necessity for providing for the employment in times of peace in civil work of the war reserve of the Indian Medical Service.

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We find that, excluding plague and bacteriological appointments and appointments in the Assay Department, to which department, as has already been stated, it is proposed that medical officers should not be appointed in future, the total number of superior medical appointments actually in existence, or which it is proposed to create in the immediate future, is 464. Of these, 354 are actually held by officers of the Indian Medical Service in the civil cadre (240 by officers belonging to the war reserve, and 114 by officers in civil employ outside the war reserve), while 110 are held by, or are open to, medical men recruited in India. Of these 110 posts, 35 are held, or are to be held, by civil assistant surgeons, 55 by military assistant surgeons, 10 by uncovenanted medical officers (of whom no more are being recruited) or by private practitioners; while the balance of 10 has not yet been assigned, but may be given either to civil assistant Surgeons or private practitioners. The military assistant surgeons are Europeans or Eurasians, but they all receive their medical education in India, and must, therefore, be classed as indigenous practitioners. The proportion of posts at present available for men recruited locally is, therefore, 23.7 per cent. It is, we consider, a very reasonable proportion, and it compares very favourably with the percentages fixed in respect of other services.

24. The existing orders place us in a position of considerable difficulty. When a new appointment is proposed and we are convinced after considering the possibility of providing for it otherwise, that it cannot be filled satisfactorily at the moment except by an officer of the Indian Medical Service, we cannot give effect to this decision without calling on some Local Government to resign a civil surgeoncy held by an officer of the Indian Medical Service and to appoint in his place an assistant surgeon or a private practitioner. For example, the increase in the staff of the Rangoon General Hospital recently sanctioned by Lord Morley led to a reduction of the number of Indian Medical Service civil surgeons in a province in which, as is shown convincingly in the Government of Burma's letter No. 1521, dated the 30th June, 1909, the number of civil surgeons belonging to that service is already inadequate. To take another instance, we have recently, in accordance with the recommendations of the Conference on Malaria which met at Simla last year, placed a specially qualified officer of the Indian Medical Service on deputation to investigate endemic malaria in particular areas. Under the orders contained in Lord Morley's Military Despatch No. 4, dated the 21st January, 1910, we are permitted to second this officer, as his deputation is expected to last for more than a year, but, if we do so, we must ask some Local Government to surrender an Indian Medical Service civil surgeon temporarily. We would urge strongly that the orders in Lord Morley's Despatch of the 11th December, 1908, and in that just referred to, should be withdrawn. The object aimed at should not be, we think, merely the negative object of limiting or reducing the number of civil appointments held by the Indian Medical Service. We propose, as we have said already, to do all in our power to further the growth of an independent medical profession, and we propose also, as fully qualified candidates become available, and so far as considerations of efficiency and the legitimate claims of European servants of Government residing in the interior of the country will admit, to increase the number of superior medical appointments open to men recruited in India. But we are convinced, on the grounds urged in this despatch, that it is disastrous that the creation of an appointment of undoubted utility, whether permanent or temporary, for which at the moment no really qualified candidates are available in India outside the Indian Medical Service, should involve, as at present, the reduction of another Indian Medical Service appointment, usually a civil surgeoncy in a remote station. We propose, therefore, that, in lieu of the arrangements rendered necessary according to the orders at present in force, which we have found to be most detrimental,

the case of each new appointment should be considered on its merits, and that, if we are convinced that in existing circumstances it can only be filled from the Indian Medical Service, and if we succeed in satisfying your Lordship that this is the case, no reduction of an Indian Medical Service appointment should be made when the new appointment is created. We would apply the same rule to temporary appointments and deputations, but we would ask that we may be allowed to sanction temporary appointments and deputations of Indian Medical Service officers without corresponding reductions in the cadre, without reference to your Lordship or, at least, without your previous sanction.

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

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

27. Before we conclude this despatch we must invite your Lordship's attention to the memorial from Sir Bhalchandra Krishna, herewith forwarded, which we held over until we could include our observations on it in a discussion of the whole question. We fully concur with the view expressed by the Bombay Government that acceptance of the proposals contained in the memorial would result in the creation of a Government

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Medical Service wholly recruited in India, and that this would in no way further the growth of an independent medical profession. The memorial, which, we may observe, overlooks the fact that Indians are admitted to the Indian Medical Service, is based, we consider, on a misconception. It is in no way unreasonable that Government medical colleges and schools should, in the main, be officered by whole-time Government servants, especially when, as in the case of the Grant Medical College, Bombay, military assistant surgeons (Europeans and Eurasians) are trained in the college for service with the army. As we have already explained, we are willing that, subject to certain specified conditions, fully qualified Indians should be appointed to a certain proportion of the professorships in Government institutions. What, however, the independent medical profession ought to aim at chiefly is not to secure appointments in Government institutions, but, as is indicated by the Bombay Government, and as we have already suggested to the Government of Bengal, to establish their own medical colleges and schools affiliated to the University or to Government medical schools, and competing in healthy rivalry with the Government institutions. In such institutions there would be ample scope for local talent

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

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

(Enclosures not reprinted.)

(ii) *Despatch from the Secretary of State for India to the Secretary of State for India, No. 243, Public, dated 22nd November, 1912*

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

2. I may say at once that after a full examination of the despatch and its enclosures I accept the view of your Government that the question of the steps to be taken to promote the growth of the unofficial medical profession must be treated as distinct from the question of limiting or reducing the civil cadre of the Indian Medical Service, and that I am in general agreement with your Government on both questions. For this reason, instead of following in detail your predecessor's examination of the recent discussions in which these two questions have been considered in relation to one

another, I propose to state, without direct reference to the previous correspondence, the conclusions to which I have been led by my own examination of the question.

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

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

5. I observe, however, that while your Government have come to the conclusion, in which I agree, that the constitution of the Indian Medical Service must remain for the present at least substantially unchanged, you, at the same time, indicate certain directions in which it may be possible and desirable to continue the policy of increasing, so far as is permitted by considerations of efficiency and the reasonable claims of European servants of Government residing in the interior of the country, the number of superior medical appointments open to men recruited in India. I welcome, as did my predecessors, every opportunity of taking a step, however small, in furtherance of this policy. Your despatch mentions that some more professorial appointments might be filled by local candidates provided they are fully qualified, and that it is possible that a few more civil surgeoncies may, without objection, from time to time be handed over to Civil Assistant-Surgeons. In this connection it is to be remembered that a Royal Commission on the Public Services has been appointed, and that it would be undesirable to make any large change of the kind until the Commission has reported; in the meantime, proposals affecting individual appointments can of course be considered on their merits.

6. I also accept the view of Lord Minto's Government that there is ordinarily no advantage in recruiting a medical man from the United King-

APPENDIX XLVIII. (continued).

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

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

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

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

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

I have, etc.,
(Signed) CREWE.

(iii) *Despatch from the Government of India to the Secretary of State for India; No. 2 (Medical) dated the 5th March, 1914.*

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

(i) The questions of the registration of medical practitioners, of the growth of unofficial medical institutions and of penalising bogus medical degrees have been considered further, and we forward for Your Lordship's information a copy of our Home Secretary's letter of the 23rd May, 1913, which has been addressed to local Governments and Administrations on the subject. We feel no doubt that reforms on the lines indicated will commend themselves to all those who have the interests of medical education in India at heart, and we trust that before long something effectual will be done in the direction indicated.

(ii) In February, 1911, we consulted selected local Governments with regard to the suggestion to employ passed students of medical colleges, whether they enter Government service or not, as house physicians and house surgeons in Government hospitals, a plan which had commended itself to the Government of Bengal, but in view of the generally unfavourable replies received we decided not to proceed further with this specific proposal.

(iii) The suggestion to associate selected private practitioners with the staff of Government hospitals has been received favourably by the majority of local Governments.

(iv) The question referred to at the end of paragraph 6 of the despatch of the 17th November, 1910, has been disposed of by the issue of the resolution on the subject of gratuitous medical assistance in charitable hospitals and dispensaries, which Your Lordship had approved in your Public despatch No. 252, dated the 6th December, 1912.

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

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possess exceptional qualifications, and the majority make up in administrative capacity what they may lack in professional ability, and given equal medical attainments, the military assistant surgeon frequently makes a better civil surgeon than a civil assistant surgeon. We have under consideration proposals made by our Director-General of the Indian Medical Service to provide facilities for the better medical education of military assistant surgeons, and when effect is given to these recommendations the professional qualifications of these officers should be greatly improved.

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

We have, etc.,

HARDINGE OF PENSHURST.
O'MOORE CREAGH.
R. W. CARLYLE
HARCOURT BUTLER.
R. H. CRADDOCK.
W. H. CLARK.
W. S. MEYER.

ENCLOSURES IN ABOVE.

- (i) *Circular letter from the Hon'ble. Mr. H. Wheeler, C.I.E., Secretary to the Government of India, to Local Governments* other than Bombay and Bengal, No. 305-312 (Home Department, Medical), dated Simla, the 23rd May, 1913.*

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

2. It is as much in the interest of the independent private practitioner as in that of officers of the Indian Medical Service and of the subordinate medical departments that the field of private practice should not be overrun with untrained or half-trained men, whose titles may convey to the ignorant that they hold degrees or qualifications to which their actual attainments give them no claim whatever. The mischief caused by the unscrupulous assumption of medical degrees by men

who had no right to them was observed as long ago as 1882, but it did not assume serious dimensions for another twenty-five years. The same aspect of the general question was again brought to notice by the Government of Bengal in 1908; but the fact that the evil was of comparatively recent development and practically confined to a single city, disposed the Government of India to a policy of caution. They approved the principle of a provincial Medical Registration Act, but while recognising the evil of bogus degrees, they suggested to the local Government that an opportunity of reform should be first afforded to those medical institutions whose privileges would be threatened by the further legislation which the Government of Bengal had in view, and of combining their forces into one improved college which might receive Government recognition. Unfortunately, the experience of the past few years has shown that no such spontaneous reform can be expected, and the Government of India feel no longer any hesitation in proposing to undertake general legislation.

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

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

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

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

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

APPENDIX XLVIII. (continued).

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

- (1) to prohibit—
 (a) unauthorised persons or bodies from granting any degrees or diplomas or licences, or colourable imitations thereof, to practise the Western methods of medicine which are recognised by the Indian Universities and the General Council of Medical Education and Registration in Great Britain; and
 (b) the issue by any person of any such degrees, diplomas, or licences, or colourable imitations of such documents; and
 (2) to penalise—
 (a) the granting or issue of such degrees, diplomas, or licences; and
 (b) the use of such degrees, diplomas, or licences by medical practitioners.

8. If the principle of this legislation is agreed to the Government of India would ask you to consider further whether a bill to effect the registration of medical practitioners should not also be introduced with the object of providing that the control of the registration of degrees in each province may be placed in the hands of a Medical Council (such as has already come into existence in Bombay), which will declare what degrees, licences, and diplomas are registrable, and will take disciplinary action against medical practitioners convicted of crime or of misconduct.

9. The Government of India anticipate, indeed, that before long it may be desirable that the work of these provincial Medical Councils should be co-ordinated by one supreme body, more particularly if the Councils, in addition to performing their ordinary functions under the Registration Act of the province, are given power to confer recognition upon those medical schools and colleges whose training, staff, syllabuses, and equipment merit it, or to establish, subject to their general supervision,

a College of Physicians and Surgeons as at Bombay, on the lines of those in the United Kingdom, to appoint examiners and grant diplomas, such as the M.R.C.S. or the L.R.C.P., for persons whose means do not permit them to proceed to the University degree in medicine.

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

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

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

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