ROYAL COMMISSION ON THE PUBLIC SERVICES IN INDIA.

APPENDIX

TO THE

REPORT

OF

THE COMMISSIONERS.

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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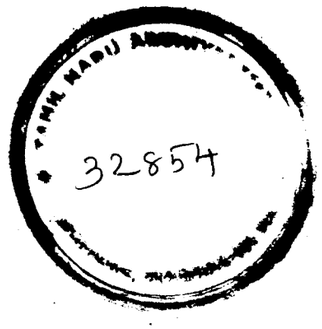
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MINUTES OF EVIDENCE

TAKEN BEFORE THE

ROYAL COMMISSION

ON THE

PUBLIC SERVICES IN INDIA

RELATING TO THE

MEDICAL SERVICES,

INCLUDING THE

JAIL AND SANITARY DEPARTMENTS,

At Delhi, Friday, 21st November, 1913.

PRESENT:

THE RIGHT HON. THE LORD ISLINGTON, G.C.M.G., D.S.O. (*Chairman*).

THE EARL OF RONALDSHAY, M.P.
SIR MURRAY HAMMICK, K.C.S.I., C.I.E.
SIR THEODORE MORISON, K.C.I.E.
SIR VALENTINE CHIROL.
MAHADEV BHASKAR CHAUBAL, Esq., C.S.I.
ABDUR RAHIM, Esq.
GOPAL KRISHNA GOKHALE, Esq., C.I.E.
WALTER CULLEY MADGE, Esq., C.I.E.
FRANK GEORGE SLY, Esq., C.S.I.
HERBERT ALBERT LAURENS FISHER, Esq.

JAMES RAMSAY MACDONALD, ESQ., M.P.

And the following Assistant Commissioners—

LIEUTENANT-COLONEL W. YOUNG, I.M.S., Civil Surgeon, Cawnpore.
LIEUTENANT N. S. HARVEY, Indian Subordinate Medical Department (in civil employ), United Provinces.
RAI BAHADUR BIHARI LAL PANDE, Officiating Civil Surgeon, Azamgarh.

M. S. D. BUTLER, ESQ., C.V.O., C.I.E. (*Joint Secretary*).

SURGEON-GENERAL SIR C. PARDEY LUKIS, K.C.S.I., M.D., I.M.S., Director-General, Indian Medical Service.

Written statement relating to the Medical Services, being two letters to the Joint Secretaries, Royal Commission on the Public Services in India, one from Surgeon-General Sir Pardey Lukis, K.C.S.I., M.D., I.M.S., Director-General, Indian Medical Service, and the other from Surgeon-General A. M. Crofts, K.H.S., C.I.E., I.M.S., Officiating Director-General, Indian Medical Service, with their enclosures.

Letter No. 1-P. S. C. from Surgeon-General SIR C. PARDEY LUKIS, *dated Delhi, the 8th April*, 1913.

56344. With reference to your No. 28-C., dated the 8th February, 1913, to the address of the Secretary to the Government of India, Home Department, I have the honour to submit this Memorandum, which may be taken to represent the views of the majority of the members of the Indian Medical Service.

Seeing that only the Civil Side of the Indian Medical Service is under consideration, no representations appear necessary under heads I, II and III of your Notice, but I attach a detailed statement showing the changes considered necessary in the conditions of salary. These changes are necessitated by—

(*a*) Increase of work and responsibility and the steady rise in prices and in the cost of living.

(*b*) Decrease in the emoluments from private practice, which decrease amounts, on an average, to 63·45 per cent. This decrease is due chiefly to five factors:

(*i*) The steady increase in the competition by independent medical practitioners;

(*ii*) loss of collateral appointments, such as railways, mills, etc.;

(*iii*) recent factory legislation;

(*iv*) abuse of Government medical institutions by well-to-do patients;

(*v*) increased official responsibilities which leave scanty leisure for private practice.

56345. **(III)-(V) Conditions of Service, Salary and Leave.** The following remarks are offered:—

1. Officers should be regarded as permanently in civil employ after two years.

2. After two years in civil employ they should at once come on the minimum £500 furlough rate.

3. When an officer draws less furlough pay in civil than he would in military employ he should draw military rates.

56346. **(VIII) Relations of the Service with the Indian Civil Service and other Services.**—There is a strong feeling in the Service that Surgeons-General and Inspectors-General of Civil Hospitals should be Secretaries to their respective Governments and that the Director-General, Indian Medical Service, should be a Joint Secretary to the Government of India in the Home Department. Officers of the Educational and Public Works Departments now hold similar appointments under the Government of India.

56347. **(IX) Other Points.**—It is urged that the Civil Side of the Indian Medical Service is not an important factor in checking the development of an independent medical profession in India. Only 196 members of the Indian Medical Service hold practising appointments, and it is unlikely that this small body of men can have any appreciable effect in checking the development of private practice in a country the population of which exceeds 300,000,000.

The main causes which check the development of an independent medical profession in India are as follows:—

(*a*) the preference of the general mass of the public for the Yunani and Ayurvedic Systems of medicine;

(*b*) the flooding of the profession with improperly trained men by the various unrecognised medical schools;

(*c*) overcrowding in the large towns, due to the dislike of newly qualified Indian medical men for mufassal practice;

(*d*) the abuse of Government medical institutions by well-to-do patients, and competition by medical missionaries.

Enclosure in above.

56348. *Summary of recommendations as regards conditions of salary.—1.* The pay of the civil surgeon should be increased by 33·3 per cent.

2. The distinction between 1st and 2nd class civil surgeons should be abolished.

3. The pay of all special departments should be raised in proportion.

4. Professors of Medical Colleges should be allowed to practise only as specialists in the subject of their chair and should be debarred from ordinary general practice.

5. All Principals of Colleges should draw Rs. 2,250 instead of Rs. 1,800.

6. All Inspectors-General of Prisons should receive Rs. 2,400 except those of Bihar and Orissa and Central Provinces, who should receive Rs 2,200.

7. The Senior Medical Officer, Port Blair, if a Major, should draw Rs. 1,500 and, if a Lieutenant-Colonel, Rs. 2,000. The 2nd Medical Officer, Port Blair, should be paid as a permanent instead of as an officiating jail superintendent.

8. The Asylum Department should be paid as the Jail Department.

9. Chemical Examiners should be paid as Professors.

*10**. Sanitary Department. The present difference between the pay and that of a 2nd class civil surgeon should be maintained, *i.e.*, the Deputy Sanitary Commissioner should get Rs. 250 more than the suggested rates for a civil surgeon.

*11**. Plague Department. As for Sanitary.

*12**. Bacteriological Department. As for Sanitary.

13. Foreign Department should be paid at the proposed enhanced rate for civil surgeons.

14. The Secretary to the Director-General, Indian Medical Service—now known as Deputy Director-General—should draw Rs. 1,500 as a Major, Rs. 1,800 as a Lieutenant-Colonel, and Rs. 2,000 on selection for the advanced list or after 25 years of service.

15. The Secretary to the Director-General, Indian Medical Service (Sanitary), should draw the same rate of pay as proposed for Bacteriological Department according to rank.

16. Personal Assistants should draw Rs. 100 more than the enhanced rate for civil surgeons.

17. The Superindent, Presidency Hospital, should draw Rs. 2,000 instead of Rs. 1,800.

18. The Supintendent, Campbell School. As at present.

19. The Superintendent, General Hospital, Rangoon, should draw Rs. 1,500 as a Major and Rs. 1,800 as Lieutenant-Colonel, instead of Rs. 1,600.

20. Resident appointments should be paid at the enhanced civil surgeon rates.

21. Surgeon-Generals (civil) should draw Rs. 3,000 and Colonels (civil) Rs. 2,750.

22. The Director-General, Indian Medical Service, should draw Rs. 4,000.

23. Jail allowances should be Rs. 100, 200 and 300, and the status of a jail should not be affected as long as the average population is not more than 50 below the normal.

24. District asylum allowances as at present.

25. Leper asylum allowances should be Rs. 100 instead of Rs. 50.

26. Medical school allowances.

The rates should be Rs. 200, 300 and 400 instead of Rs. 150, 200 and 250.

27. Military police battalions should be paid for as troops of the Indian Army.

28. All officers in Assam should get Assam allowance at Burma rates.

C. P. LUKIS.

---

* Sir Pardey Lukis wrote on December 1st as follows:—"When making these recommendations I did not take into consideration the possibility of withholding from members of the Bacteriological Department the right to accept fees for examination of specimens sent by unauthorised persons and the preparation of vaccines, etc. If this privilege be withdrawn from the members of the proposed Department of Public Health, it will be necessary to modify my recommendations Nos. 10, 11 and 12 on the lines indicated in paragraph 10 (5) of the memorandum on the Sanitary Department in India submitted by Major Robertson, Sanitary Commissioner with the Government of India."

The paragraph 10 (5) by Major Robertson referred to reads as follows (*vide* paragraph 56874.):—

"10. In brief my recommendations are as follows:—

* * * * * *

(5) That, in addition to pay, an allowance in lieu of private practice should be given to all members of the Departments on the following scale:—

	Rs.
Under 12 years' service . . .	100
Over 12 years' and under 20 years' service	250
Over 20 years' service . . .	450

Letter No. 2483, from Surgeon-General A. M. CROFTS, *dated Simla, 23rd September*, 1913.

56349. With reference to your No. 28-C., dated 8th February, 1913, I have the honour to transmit this Memorandum of my views as to the needs of the civil side of the Military Assistant Surgeon Branch of the Indian Subordinate Medical Department.

56350. As only the civil side of this Department is under consideration, no representations are necessary under Heads I, II, III and VI; but I attach a summary of recommendations covering Heads IV. and V.

56351. As regards Head VII, the vast majority of the members of this Department belong to the domiciled community; they cannot be Indians, as they are primarily intended for duty in Station Hospitals for British troops.

56352. As regards Head VIII, I submit a memorandum showing how poor the prospects of this service are, as compared with those of the Provincial Services generally.

56353. Under Head IX, I have no remarks to offer than those included in the attached summary. I would, however, lay great stress on item 4. The stigma of being the only service in India which is called "Subordinate" is acutely felt, and my proposal will, I trust, be accepted.

Enclosure in above.

56354. *Summary of Recommendations under Heads IV and V.—1.* The grade pay of all Military Assistant Surgeons, whether in military or civil employ, should be raised from Rs. 85, 110, 150, 200, 300, 400, to Rs. 100, 150, 200, 250, 350, and 450.

This proposal is at present under consideration by the Government of India; the decision will automatically affect men in civil employ.

2. Improvement of pensions.

3. Extension of college course to 5 years, and training generally.

These two proposals are also under consideration by the Government of India.

4. The term "Subordinate" should be abolished, and the whole Department, along with Army Bearer Corps and Army Hospital Corps, should be absorbed in the Indian Medical Service; the whole should then become the Indian Medical Corps.

5. All assistants to Civil Surgeons should draw a minimum staff allowance of Rs. 50, rising by yearly increments of Rs. 5 to Rs. 75.

6. All hospital appointments should draw a minimum of Rs. 50; the following new rates should be allowed:—

	Rs
Walker Hospital, Simla; Sassoon Hospital, Poona; Mitford Hospital, Dacca; Albert Victor Hospital, Lahore; Civil Hospital, Maymyo	100 staff.
House Surgeon, General Hospital, Howrah	200 ,,
House Surgeon, J. J. and G. T. Hospitals, Bombay	200 ,,
Other Calcutta appointments ...	75 ,,
Assistant Superintendents, Presidency and Medical College Hospitals, Calcutta	200 ,,
European Hospitals, Allahabad and Karachi; Hindu Rao's House, Delhi; and Albert Victor Hospital, Lahore	75 ,,

7. Sub-divisional medical officers should get a staff allowance of Rs. 100, except in Assam and Burma, where it should be Rs. 150.

8. Royal Indian Marine 2nd, 3rd, 4th class Rs. 60. 1st or Senior Rs. 75, instead of Rs. 30.

9. Medical Store Department:—

	Rs.
When attached	100 staff.
When in subcharge, an "extra staff" of	120 ,,
When in charge an "extra staff" of	150 ,,

10. Superintendents of Pupil classes—

Rs. 100 staff in case of warrant and 150 in case of Honorary Commissioned Officers.

	Rs.	Rs.
11. Station Staff Dispensary, Simla.	100 instead of ...	60.
12. Lawrence Military Asylums.	100 staff, instead of	30.
13. Government House Dispensaries.	100 staff, instead of	30.
14. Sambhar Salt Dispensary.	100 staff, instead	50.
15. Telegraph Dispensaries, Persian Gulf.	150 staff, instead of	60.
16. Civil Hospital, Bushire and Consulate Dispensary, Kerman ...	100 charge allowance instead of	30.

17. Assistant Director, Central Research Institute, Kasauli. After two years as Captain, the allowance should be raised from Rs. 300 to Rs. 350.

18. Central Research Institute, Kasauli.	Allowance should be raised from Rs. 75 to Rs. 150, 200, 250, and 300.
19. Pasteur Institute, Kasauli.	As for No. 18.
20. Koweit Agency ...	Rs. 200 staff instead of Rs. 150.
21. Civil Hospital, Quetta	Rs. 100 instead of Rs. 50.
22. Pusa	This should be treated as a Civil Surgeoncy.
23. Railways	Should all carry staff allowance Rs. 100 in 4th and 3rd, Rs. 150 in 2nd, and Rs. 200 in other classes.
24. Civil Surgeons ...	They should draw consolidated pay of Rs. 400 on appointment, rising by annual increments of Rs. 40 to Rs. 900.

25. Deputy Superintendents of Asylums should get staff allowance Rs. 100 in 3rd and 4th classes, Rs. 150 in 2nd and 1st classes, and Rs. 200 in the Senior class.

	Rs.	Rs.
26. Professor, Materia Medica, Lucknow.	200 staff instead of	100.
Materia Medica, Madras.	150 staff instead of	100.
27. Vaccine Institutes	100 staff instead of	Rs. 60—10—100.
28. Assistant to Health Officer, Simla Municipality.	100 staff instead of	50.

29. Jail Department ...	The Superintendents, Raipur and Alipur, should be paid on Civil Surgeon scale; a Deputy Superintendent should be paid as a Deputy Superintendent of an Asylum.

30. Travelling allowance of "2nd class" officers should always be Rs. 3 a day independent of pay rate.

31. All Military Assistant Surgeons in civil employ should be under Civil Service leave rules.

32. Study leave should be granted, with a daily allowance of Rs. 3 or 4 shillings.

56,355. *Table showing how the grade pay of the Military Assistant Surgeon compares with the pay of other forms of civil employment.*

Military Assistant Surgeon.		Military Works.		Police.		Forest Department.		Land Records.	
Grade.	Pay.	Rank.	Grade and Staff Pay.	Rank.	Pay.	Grade.	Pay.	Grade.	Pay.
	Rs.		Rs.		Rs.		Rs.		Rs.
4th class -	80	Sergeant -	152-8 to 250	Inspector, 4th grade	150	Ranger, 3rd grade	150	Asst. Supdt., 2nd grade	150—200
						Ranger, 2nd grade	175	Asst. Supdt., 1st grade	250
3rd class -	110	Sub-conductor	185 to 400	Inspector, 3rd grade	175				
						Ranger, 1st grade	200	Supdt., 6th grade	300
				Inspector, 2nd grade	200	E. A. Consr., 4th grade	200	Supdt., 5th grade	400
2nd class -	150	Conductor -	200 to 400	Inspector, 1st grade	250	E. A. Consr., 3rd grade	250		
								Supdt., 4th grade	500
1st class -	200	Assistant Commissary	230 to 430	Superintendent, 4th Grade	250	E. A. Consr., 2nd grade	300	Supdt., 3rd grade	600
				Superintendent, 3rd grade	300	E. A. Consr., 1st grade	350	Suptd., 2nd grade	700
Lieutenant	300	Deputy Commissary	325 to 475	Superintendent, 2nd grade	400	E. D. Consr., 4th grade	450	Supdt., 1st grade	800
						E. D. Consr., 3rd grade	500	Assistant Director	1,000
Captain -	400	Commissary -	400 to 550	Superintendent, 1st grade	500	E. D. Consr., 2nd grade	550		
						E. D. Consr., 1st grade	600		

NOTE.—The gradings above shown do not indicate corresponding length of service.

Sir PARDEY LUKIS called and examined.

56356. (*Chairman.*) The witness said he had been making a great many enquiries during his recent visit to England with regard to the field of recruitment there and had found that the Indian Medical Service was now regarded by the Medical Schools of Great Britain and Ireland with very great disfavour. He had held many conversations with the Deans of the Medical Schools, with leading Members of the Profession, with the Editors of Medical Journals, and with medical students themselves, and there was no doubt whatever that at present the best men were not coming into the Service, but were being strongly recommended to go either into the Royal Army Medical Corps, or the Colonial Service, in preference to the Indian Medical Service. The reasons given were that an opinion had got abroad that the Indian Medical Service was going to be broken up, that a great portion of the civil appointments would be handed over to independent medical practitioners, and that possibly the military side would be absorbed by the Royal Army Medical Corps. That was the impression in the schools and the main cause of the slow recruitment.

56357. Further evidence as to the unpopularity of the service was afforded by the steady deterioration in the quality of the candidates who presented themselves for the competitive examination held twice a year in London. This had culminated in the fiasco of July last when only 22 men had competed for 12 vacancies, and of these only sixteen obtained the qualifying marks of 50 per cent., and the Examiners had reported that not only was the percentage of failures far greater than usual, but that the answers given showed that the best men from the schools were no longer competing.

56358. With regard to the proportion of appointments held by Indians, the sanctioned strength of the Service was 748, and there were 772 officers on the roll at present, including seconded officers, but excluding the batch now under training at home. Of that number, 54, or 7 per cent., were Indians. The authorised civil appointments, including those on plague duty, were 475, and of those, 19, or 3·8 per cent., taking the Service as a whole, were Indians. The number of Indians had increased steadily during the last few years. In the last three years out of 72 new admissions 15, or 20·8 per cent., were Indians. When those officers had attained five or six years' service they would begin passing into civil employ, and the proportion of Indians in civil employ would be very much higher then than at present.

56359. With regard to the probation of officers in the Indian Medical Service, the witness said that in paragraph 2 of the Royal Warrant of the 28th May, 1913, it was laid down that up to a period of three years an officer could be removed from the Service if in the opinion of the Secretary of State his retention was undesirable. After obtaining a registrable qualification and passing the competitive examination for entrance into the Indian Medical Service the candidates underwent two months' training in Pathology, Hygiene, Tropical Medicine and Military Surgery at the Royal Army Medical College at Millbank; they then proceeded to Aldershot and had a two months' course in drill, riding, hospital administration, and

Army Service Corps duties. On their arrival in India they were sent to one of four centres for one month's training in army sanitation and field equipment. They then joined an Indian regiment and were as a rule placed under a senior medical officer until they had learned the language, and passed by the lower standard. It was also proposed, when the School of Tropical Medicine at Calcutta had been opened next year, that young officers on arrival in India should be given a two months' course of training there, in order that they might become acquainted with tropical diseases in their acute stages. Before an Indian Medical Service Lieutenant was promoted to Captain he had to pass an examination in drill, military law, the duties of a medical officer in peace and war, and the organisation of the army. There were also voluntary courses of post-graduate training in X-ray work at Dehra Dun, in advanced bacteriology at Kasauli, in practical malarial technique at Delhi, and in serology and blood testing at Calcutta. The majority of the men went to those institutions in turn, and he thought that the training given was satisfactory and proposed no change.

56360. The witness then said he had discovered that only 52 per cent. of Indians as against 87 per cent. of Europeans in the Indian Medical Service, applied for civil employ; he would have expected the figures to be in the opposite direction. Thus, of the 54 Indians in the whole service only 28 had made application. Those who applied to come on to the civil side, whether Europeans or Indians, were eligible after two years. The period of his career at which a man entered civil employ varied with the popularity of the Province and with the nature of the civil duties he was taking up. In the United Provinces the period was from seven and a half to eight years; in the Punjab and Bengal about seven years; in Madras and Bombay six to six and a half years; and for the Central Provinces and Assam four to four and a half years. It took about five years to get into the Jail Department. In the Scientific Departments there was no fixed time, as men were selected for their special aptitude, and it was not a question of seniority.

56361. The witness then said it was hoped before long to have the Station Hospital System for Indian troops. This would meet any objection which might now be taken to keeping an officer, destined for civil employ, waiting with his regiment. A proposal of this nature on much the same lines as those which prevailed for British troops was now actually under consideration. Training would thus be available to officers posted in the main centres, and officers in remote districts could be moved in and out to these centres so as to get experience. He himself had put in six years with a regiment and he thought he was all the better for it. It would be difficult to limit the period without introducing a system of selection, to which he was opposed. At present officers got their chance in order of application without distinction of race or fear of favouritism. Out of the 28 Indians who had applied 19 had already obtained civil employ.*

56362. The witness was distinctly in favour of a general list for promotion. The division into Madras, Bombay and Bengal was an anachronism. As a matter of fact, such a list had been introduced with effect from January 28, 1897. It would, however, be a long time before those men reached the stage at which selection for promotion was made.

56363. The witness then said he should welcome a change by which all Indian Medical Service officers would be placed on a general list not only for selection to the advanced grade of Lieutenant-Colonel, and for administrative appointments, but also for the professorial chairs in the Medical Colleges. For these important posts it was necessary that the Government should have the widest range of choice possible.

56364. The witness then dealt with the question of the recall of officers to military employ in case of war. At present 331 officers out of the 475 in civil employ were under orders for reversion to military duty in the event of general mobilisation. There had not been a full mobilisation since the Afghan war of 1878-80, for which the figures were not available, but 76 officers were recalled for the North-West Frontier Expedition of 1897-98, and 87 for the China Expeditionary Force of 1900. Those were not really large mobilisations. At present at any moment 331 men could be surrendered if there was a full mobilisation of the Army. He attached the greatest importance to the war reserve aspect of the matter. Those who took the contrary view usually urged that there was no necessity to maintain a war reserve because, in the event of war, it would be possible to draw either on the civil medical men in England or the Colonies, or to take them from the independent medical profession in India; but those arguments would not hold water. In the first place, if India were at war on a large scale, rendering a general mobilisation necessary, there was little doubt that Great Britain would also be at war, and in that case the troops at home and the Territorials would absorb every available civil practitioner and there would be none left for India Secondly, the field from which civil practitioners could be drawn was very much smaller now than it was at the time of the South African War, when independent practitioners were taken. The first reason for that was that the introduction of the five years' curriculum had resulted in fewer entrants to Medical Schools. During the past twenty-one years the average number of new students showed a decline of 27·46, the admissions having fallen from 1,941 in the years 1891-93, to 1,408 in the years 1909-11. The number of men qualifying in the same period had fallen from 1,479 to 1,082. Moreover, at the time of the Boer War the rules with regard to "covering" and to the employment of unqualified assistants were not stricty observed. Every one was employing unqualified assistants with the result that there was a large number of unemployed young medical men who were available for any casual employment. That surplus no longer existed owing to "covering" not being allowed. Then the recent introduction of the panel system and the anti-tuberculosis campaign in England were taking up a large number of medical men. He had been told by general practitioners in England recently that young men were so fully occupied now that if a man wanted to go away for a holiday he could not get a *locum tenens* under eight guineas a week and all found, whereas in the old days it used to be two guineas a week. But even if medical men were obtainable they would not know the language and customs of the country, and therefore would be available for use only with British troops. Next, in the event of temporary loss of command of the sea, it would probably take many months before men could be obtained from England or the Colonies even if they were available. He therefore thought it would be depending upon a broken reed to rely for any supply to be furnished by England and the Colonies in the event of a big mobilisation.

56365. It was even more impossible to obtain a reserve from the independent medical profession in India. There was no Medical Registration Act in India at present, but so far as could be ascertained there were about 1,771 independent medical practitioners in India at the present time holding registrable qualifications. Of those about 271 were either Europeans or Eurasians, who were nearly all under contract with big firms, so that their services would not be available even if they were willing to come. The few Indians who held European qualifications or the higher Indian qualifications had all large and lucrative practices in the big cities, and he could not think they would give up those practices to serve with the Army in the field. Of the remainder of the Indian general practitioners very nearly a thousand belonged to the non-martial races, and would therefore not be the stamp of men required in the Army.

56366. In order to ascertain how many qualified men would be available as volunteers in the event of war, a reference was made a short time ago

* The witness subsequently put in a statement dealing with delay in obtaining civil employment.—*Vide* Appendix No. I.

throughout India to discover how many would volunteer, and it was found that only 24, all Europeans, were willing, and that most of them were old men, very few having any really good qualifications.

56367. Those facts, the witness thought, justified him in holding the opinion that the war reserve aspect of the case was one of considerable importance. As things were at present the sources of supply, both internal and external, would not be available in an emergency.

56368. Asked whether local Governments had any voice in the election of individual candidates for civil employ, the witnes replied in the negative. He stated that prior to 1885 local Governments had this privilege, but it was found to interfere both with the administration and discipline of the Indian Medical Service, and the Governor-General in Council therefore ruled that in future, when local Governments required an officer for civil employ it would suffice if they merely intimated their requirements, leaving to the Government of India the selection of the particular individual to fill the vacancy in the provincial cadre. This question had been raised recently before the Decentralisation Commission, and the Secretary of State had ruled that the present system was to remain in force.

56369. The witness then explained the procedure by which local Governments could revert unsuitable officers to military employ within a period of two years, and expressed his satisfaction with the arrangement. He also put in a copy of the Home Department Resolution* on the subject.

56370. With regard to specialisation, the witness said this began very early. A man who went into ordinary civil employ took up, to begin with, the duties of a Civil Surgeon. These were as follows:—

A.—OFFICIAL DUTIES.

1. Medical attendance on "entitled" persons, *viz.*:—

(*a*) Attendance on all Government servants drawing over Rs. 250 a month.

(*b*) Consultations, when called for, with subordinate staff on patients whose pay is below Rs. 250.

(*c*) Attendance on all military officers and families residing in civil stations, or in hill stations, not doing duty.

2. Administration and inspection of all hospitals and dispensaries in his district.

3. Superintendence and medical charge of district jails and of the smaller lunatic asylums.

4. Daily attendance at the head-quarter hospital, including the performance of all important surgical operations.

5. Medico-legal work.

6. Examination of recruits for army, police and State employment generally.

7. Attendance on police.

8. Grant of health certificates to all Government servants.

9. Responsibility for and inspection of vaccination in the district.

10. Inspection of factories.

11. Sanitary duties of the district.

12. Clerical duties, covering reports on the whole of the above and correspondence.

B.—PERMISSIVE EMPLOYMENT.

Private practice.

(*a*) Among families of officials.

(*b*) Among the Indian population.

56371. Later on if a Civil Surgeon showed aptitude in any special direction, for example in Ophthalmology, Gynæcology, General Surgery, and other especial lines of Medicine, and also had teaching capacity, he could become a professor at one of the Medical Colleges.

* *Vide* Appendix No. II.

56372. Officers on the other hand, who wished to be alienists or Chemical Examiners or to join the sanitary, bacteriological, or jail department, usually came direct from military employ without becoming Civil Surgeons at all. For those specialist departments selection was made from a list according to qualifications, and the men were not taken in strict order of seniority as they were taken for ordinary civil employment. They prepared for a particular branch either prior to their entry into the service or by going to England and attending special post-graduate courses on the subject. They were not put on the specialist list unless they produced certificates and testimonials which satisfied the Director-General that they were for the particular department for which they applied. If they came into the Sanitary Branch they had, for example, to have the D. P. H.

56373. With reference to the complaint that specialists were moved from one professorial chair to another, without regard to their qualifications, the witness said that, so far as Bengal and Upper India were concerned, he was not aware of any instance in which that had happened, but there were complaints made with regard to the Grant Medical College in Bombay and a memorial was sent up on the subject. That matter had been dealt with, and he thought it was shown very clearly that the transfers were made only for short periods and as a matter of administrative convenience. It was however, with a view to prevent the occurrence of difficulties of that kind in the future that he wished to see all officers of the Indian Medical Service put on one general list for appointment to professorial chairs. With small cadres as in Madras and Bombay, it was extremely difficult to fill leave vacancies. He attached great importance to this.†

56374. The witness then explained how medical men in India could rise to the superior medical appointments otherwise than through the Indian Medical Service, and instanced the cases of the Civil and Military Assistant Surgeons. The Civil Assistant Surgeons belonged to a Provincial Service under local Governments from whom information should be sought, but, so far as he could discover, they numbered 685, of whom 40 were Civil Surgeons. There were 713 Military Assistant Surgeons, of whom 53 were Civil Surgeons. These officers were all trained in India, but some of them went to England afterwards and got English qualifications.

56375. The standard of medical training in India in the Madras, Bombay, Calcutta, Lucknow, and Lahore Medical Colleges was then reviewed. The witness considered that on the whole it was as good as and in some ways better than that in England, but there were three points in which to his mind it was defective. The first one, a very important one, was with regard to the training in midwifery and the diseases of women and children. Owing to conditions in India it was almost impossible to secure for male students proper training in that respect. The examining bodies in England insisted that before a man came up for his degree or diploma he should have actually himself attended a certain number of confinements, and although theoretically that was the rule in India, as a matter of practice it did not take place. In the Punjab University it was not even insisted upon; all that a man had to do in taking his M. B. in the Punjab University was to attend 53 out of a course of 80 lectures. There was no practical training enforced and he had it on the authority of the Professor of Gynæcology at Lahore that it was possible for a man to go up and pass for the M. B. degree without having seen a confinement in his life. A man who had the M. B. of the Punjab Uninversity could go to England and without any further training go up for the Indian Medical Service. If he passed into the Indian Medical Service without any further practical training, that man was not fit to be in charge of European women and children.

† The witness subsequently put in a statement regarding the professorial appointments in the Calcutta and Lahore Medical Colleges.—*Vide* **Appendix No. III.**

56376. On this account, although he would not for a moment make any difference between Europeans and Indians who had been trained in England, an Indian who had obtained his medical training in India should be made to undergo a practical course of Midwifery and instruction in the diseases of women and children before he entered the service. He also thought that in the examination for entering the service the marks for midwifery should be raised from 600 to 1,200 so as to bring it to the same level as Medicine and Surgery, and that the examination should be both practical and written instead of being only written as at present.

56377. The witness did not see how those defects could be made good, owing to the customs and prejudices of the country. He had had a very large practice himself in India, and thought he could say without vanity that he had attained a certain amount of confidence amongst his Indian patients, but he had never attended an Indian lady in her confinement. Indian ladies and even Indian women of the commoner sort objected very strongly to men being present on such occasions.

56378. With regard to the other two points in which he thought the Indian colleges failed, in the first place some of the Medical Colleges were understaffed, and there was a want of development of special departments, especially for out-patients. There were no special departments in most of the colleges for diseases of the ear, diseases of children, orthopœdics, and the other special departments which were found in a large London hopsital. Apart from this he thought the Indian colleges were as good as, and in many ways better than, the English colleges. He considered the degree an Indian obtained in an Indian University was of the same value as that obtained in an English University, and the General Medical Council recognised it as a registerable qualification. He should be very sorry to differentiate between any M. B. Even in Great Britain and Ireland the M. B. varied considerably in value.

56379. With regard to the qualifications of Civil and Military Assistant Surgeons, the witness said they were not comparable. The Civil Assistant Surgeon was a University student, examined by a University and he either obtained a University Degree or the L. M. S., both of which were registrable qualifications. The Military Assistant Surgeon under present arrangements, which he hoped would be altered, was trained by Government for certain specific purposes. He had a shorter course, was examined by the teacher who trained him and was given a College Certificate, which was not a registrable qualification. No certificate given by a teaching body would be recognised in England. The witness did not agree that the examinations of the Civil and Military Assistant Surgeons differed only in name, or that it was correct to say that the same teachers examined in both cases.

56380. For these reasons the position of the Military Assistant Surgeon should be equalised with that of the Civil Surgeons. The present method of training Military Assistant Surgeons was an anachronism. The days when a doctor did nothing but pour drugs, of which he knew little, into a body of which he knew less were over. Modern medicine could not be practised by men who had no registrable qualifications, especially the very important branch of preventive medicine which would probably be the medicine of the future. The Military Assistant Surgeon should have exactly the same training as the Civil Assistant Surgeon, should go through the same course, be examined by a University and have a registrable qualification. In January, 1911, he brought the matter to the attention of the Government and it had been under careful consideration ever since, and a despatch on the subject had now gone to the Secretary of State. subject had now gone to the Secretary of State.*

56381. The witness then dealt with the capabilities of the two classes of officers, and explained that he would be the last man to say that the Military Assistant Surgeon was not an extremely good and useful officer and sometimes an exceptionally brilliant one. He himself had been five years Principal of a Medical College, and he knew the kind of examination given to the military students and the kind of examination he gave to his students when he was Dean of the Faculty of Medicine in a University. He thought the Military Assistant Surgeons were quite as good material as the Civil Assistant Surgeons. After they had passed out of college they went to a station hospital for British troops, had a most excellent practical training not only with the soldiers but with the women and children of the regiment. Moreover in the women's hospital attached to the station hospital they learned practical midwifery, which they were not able to learn in college. From the point of view of a small Civil Surgeoncy, very often in that one point the Military Assistant Surgeon was better able to look after women and children than the Civil Assistant Surgeon. Nearly all the Military Assistant Surgeons in the course of time, after having qualified, went through various post-graduate courses, such as he had mentioned, in X-Ray, bacteriology, and malarial technique, and ultimately became very good men indeed. But he should like to see them from the very beginning put on a par with the Civil Assistant Surgeons, so that there could be no question as to their status. He thought that would add to the popularity of the service, especially in combination with his other proposal for an increase of pay. Men could not be expected to go through a five years' course and have certain preliminary educational qualifications unless their pay was raised.

56382. With regard to women doctors, the witness said no women at present were recruited to the service. At present women went to the ordinary colleges to be trained with men, but Her Excellency Lady Hardinge had raised a large sum of money to provide a new college for women entirely officered by women, so that a better class of woman who would not go to the mixed schools might be secured. A scheme had also recently been sanctioned for financing by Government a new Medical Service of women under the Dufferin Fund and he put in certain correspondence† on the subject. The actual selection of the new staff was now under consideration, and final orders would be passed in all probability in December. He thought the list of the new service would be out at the end of the year. It was the opinion of really responsible medical women in England that the system should be given a fair trial. He was authorised to announce the scheme at the inaugural address to the London School of Medicine for Women, and Mrs. Scharlieb then accepted it *in toto* and told the medical women present that they should accept the terms and try and work them fairly.

56383. With reference to private practitioners in India, the witness said his experience was that Indians were found chiefly in the larger towns. The young Indian practitioner as a rule was not very keen on going out into the Mufassal districts. The Europeans were either in private practice in the large towns or employed on railways, tea gardens, and mills. The Indians were certainly increasing. Every year the Government Medical Colleges turned out more men than were wanted for Government and a great many went to England to be qualified and came back again. The Medical Missionaries were also increasing considerably. He noticed from the Quarterly Journal of the Medical Missionary Association for India that in January, 1912, there were 335 Medical Missionaries in India, men and women, as compared with 322 in 1911. Medical Missionaries were very serious rivals to the Civil Surgeon in private practice, and also to the independent medical practitioner, because they were encouraged by the Missions to practice with a view to the profit of the Mission. No Medical Missionary took any fee for himself; the fee always went to the Mission funds.

56384. With reference to the question of registration the witness said that until recently it was open

* The correspondence, which includes the orders of the Secretary of State in the matter, will be found in Appendix No. IV.

† Not reprinted.

to any one to call himself a doctor and to practise as such, but in March, 1912, a Medical Registration Act became Law in Bombay, and a somewhat similar Act had now been introduced into the Madras Council by the Hon'ble Dr. Nair. A Registration Act for Bengal, he believed, was to be introduced into the Bengal Legislature this winter, and an Imperial Act was under consideration. When the registration system was in full force it would be no longer possible for a man who was not qualified to call himself a doctor in the western sense of the term. The Registration Acts were not intended to interfere in any way with the Baids or Hakims. What was objected to was that unqualified men, with bogus diplomas and calling themselves doctors, should profess to practise the western system of medicine. The Eastern system of Medicine was not touched. He considered it was very important in the interests of everybody to have a strict registration of practitioners under the western system.

56385. With regard to the criticism of the Indian Medical Service by independent practitioners, the Indian private practitioner no doubt honestly believe that undue encroachments on his field had been made by officers of the service. On the other hand the officers of the service believe that private practitioners were taking practice away from them. The actual figures* as regards practising appointments for 1885 and 1913 bore out the contention that the field for officers in the service had not appreciably changed. In 1885, for example, the total civil strength of the Indian Medical Service was 299; in the present year it was 396. In 1885, there were 190 practising appointments, held by 157 Civil Surgeons, the Superintendent of Mahableshwar, the Superintendent of Matheran, seven Presidency Surgeons, the Residency Surgeon of Travancore, and 23 Professors. In 1913, there were 194, held by 157 Civil Surgeons, one Superintendent of Mahableshwar, one Superinendent of Matheran, six Presidency Surgeons, and 29 Professors. There had thus been an increase of only four appointments, whilst the number of officers in the service was now 396 as compared with 299 in 1885. The proportion of practising appointments had therefore fallen from 63·5 to 50 per cent.

56386. As to the decrease in emoluments, the witness said that he wrote confidentially to every officer in the service asking for a statement of his earnings in private practice, and he compared the figures thus obtained with the records in his office of what private practice had been formerly. Taking 76 Civil Surgeoncies of which he had complete records he found that the average monthly earnings had fallen from Rs. 1,020 to Rs. 361·8. He also took the average earnings for the whole of the 165 Civil Surgeons and that worked out at an average of Rs. 317·8 a month.

56387. He did not however wish his case to rest merely on figures, but on his own practical experience, and his knowledge of the changes which had taken place in the last few years. Owing to his vastly increased work and responsibilities, the Civil Surgeon had not anything like the amount of time to give to private practice that he had in the early days. His responsibilities had increased enormously. He had to supervise all Sanitary matters, and was very often president of the health Sub-Committee and really had not time for private practice. The next important factor was the steady increase in competition by independent medical practitioners and the loss of collateral appointments. A very notable feature of the last few years had been the increasing tendency of private firms, such as tea gardens, railways, and mills, to give up calling in the Civil Surgeon and to employ their own men. In Dibrugurh, in 1896, there were only four European Doctors employed in the tea gardens, while at present there were twelve. The retainers paid to the Civil Surgeon had fallen from Rs. 3,960 per annum to *nil*.

56388. In Jhansi the appointment of a Railway Medical Officer had ruined the practice of the Civil Surgeon. Owing to the permanent tenure of his appointment the Railway Medical Officer, an extremely good man, obtained more and more the private practice of the place, with the result that Jhansi, which was worth Rs. 750 a month when he was Civil Surgeon there 25 years ago, was now not worth Rs. 100. Allahabad and Chittagong were other well-known examples of the way private practice had been ruined by railway doctors. In Cawnpore, mills worth Rs. 800 a month, which a few years ago were in the charge of the Civil Surgeon, were now in charge of a specially imported highly qualified medical man, who had not only deprived the Civil Surgeon of that source of income, but also competed with him for general private practice. The Civil Surgeon now made about one-fourth of what he made in the old days. It had to be remembered, moreover, that recent factory legislation had deprived the Civil Surgeon of a very considerable income in the matter of inspection fees. Again there was the competition by medical missionaries, who were to be found all over India, and who were encouraged to practice to help the Mission. They had an immense advantage owing to being permanently located in one spot. They frequently charged much lower fees than the Civil Surgeon and were also formidable rivals to the independent medical practitioner. In that connection he would mention Peshawar, Quetta, Poona and Srinagar.

56389. Lastly the Civil Surgeon had a formidable rival in his own Civil Hospital, especially when there were paying wards into which well-to-do patients were admitted. In such cases the fees were credited to the hospital and the Civil Surgeons attended the patients gratuitously. In Rangoon, since the opening of the General Hospital, the income of the Civil Surgeon had declined from Rs. 1,500 to Rs. 1,000 a month and the income of the Junior Civil Surgeon had declined from Rs. 700 to Rs. 450. In Mandalay the large European timber firms, who formerly paid retaining fees to the Civil Surgeon, now sent their men into the paying wards of the Mandalay Hospital and the Civil Surgeon had to attend the men for nothing. Those were the grounds on which he said that the private practice of the Indian Medical Service in civil employ was gradually approaching vanishing point. It had decreased both as regards the proportionate number of practising appointments and also as to the value of the practice in individual cases. It was unsatisfactory, looked at from the point of view of the officer, and it was not satisfactory from the point of view of the State, if it was desired to keep up the standard of the Indian Medical Service, because it was one of the things that was keeping the good men from coming in. Men would not come out to India merely for the pay they got as Civil Surgeons.

56390. The witness then said he would not suggest the offer of any Civil Surgeonies to the private practitioner, either as collateral charges or by the formation of a pensionable service of non-Indian Medical Service Civil Surgeons. He was sure the good men would never be satisfied with the small stations, and if the Indian Medical Service officers were called upon to work in the small stations, while the independent men were put into the large ones, it would increase dissatisfaction and the difficulty of recruitment. If more Civil Surgeoncies were to be given, his opinion was that they should be given to selected Civil and Military Assistant Surgeons. There were other and better ways in which independent medical practitioners could be assisted by the State without bringing them into the service.

56391. For example, at present it was possible to develop by State aid the independent Medical Colleges in Calcutta and Bombay. In Calcutta there were four self-constituted Medical Schools, which were not recognised by Government: (1) the Calcutta Medical School and College of Physicians and Surgeons of Bengal: (2) the College of Physicians and Surgeons of Calcutta: (3) the College of Physicians and Surgeons of India, and (4) the National Medical College of India. During the last three years efforts had been made to get them

* *Vide* Appendix No. V.

to amalgamate into one good independent Medical College, but with no result.

56392. The Bengal Government had therefore decided to come to the assistance of the best of them, namely, the Calcutta Medical School and College of Physicians and Surgeons of Bengal, and a scheme was under consideration to grant it a non-recurring sum of five lakhs for building and equipment, and a recurring grant of Rs. 50,000 a year for upkeep, on condition that it built the necessary buildings, equipped them properly, became affiliated with the Calcutta University and sent its students up for examination in the same way that they were sent up from the Government medical colleges. He thought the scheme was an excellent one and would afford a great opening for the independent medical practitioner by giving him tutorial and clinical work, and by enabling him to take part in the teaching of the medical men of the future. In Bombay nothing had been done at present, but there was a splendid nucleus there in the Parsi General Hospital, Dr. Nariman's Lying-in Hospital, and Dr. Masina's Surgical Hospital. He saw no reason why a big independent Medical College should not be started in Bombay on very much the same lines as was suggested for Calcutta.

56393. The witness was also in favour of the employment of independent medical practitioners in Government hospitals as honorary surgeons and physicians. This was justifiable on the basis of the work to be done; for instance, the staff of the Calcutta Medical College was very much smaller than the staff of St. Bartholomew's Hospital, which had about the same number of beds. The staff of the Calcutta Medical College, including the three resident officers, who might be taken to represent Assistant Surgeons or Physicians, was, he believed, only nine, whereas the actual visiting staff of St. Bartholomew's was about 26. In a hospital like that attached to the Calcutta Medical College, the visiting staff had more beds than they could properly teach on, and he thought that unless there was an increase in the staff from the side of the Indian Medical Service—which he was afraid was not possible—the only alternative was to draw on private practitioners. He thought that in large cities, where there were highly qualified men, outside practitioners would be very glad to assist in the work.

56394. He was however rather doubtful as to the success of the experiment in the Mufassal, and he should prefer provincial witnesses to give their own views on the subject. If private practitioners were employed in the Mufassal he thought it would be necessary to give them retaining fees, because the struggle for existence was so keen that no private practitioner in a small station could afford the time to go to a hospital without such remuneration. Four men had been placed on the staff of the Poona Hospital and three on the staff of the Ahmedabad Hospital, each getting a retaining allowance of Rs. 100 a month. It might be possible to get honorary consulting surgeons for the large hospitals without any charge at all. Outside assistance for the hospital had been obtained in Bombay without friction. Since November, 1910, the Bombay Government had appointed four independent practitioners on the staff of the Grant Medical College; one was lecturing on diseases of the ear, throat, and nose, one on the administration of anæsthetics, one on diseases of the skin, and one on electrotherapeutics. Although those gentlemen obtained no fee for their medical work in connection with the hospital they each received Rs. 200 a month, which was the ordinary pay for a minor lecturership. In addition to that, six private practitioners had been appointed honorary surgeons and physicians on the staff of the Jamsetjee Jeejeebhoy Hospital. He had had no information as to there being any friction.

56395. The witness said he entirely agreed with the objection felt to the title of Assistant Surgeon and would abolish it altogether. If a man had a degree he should be called "Doctor," if not he should be called "Mr.," as was done in England. As a matter of fact, he had put that proposal forward a year or two ago, but it was not accepted. It seemed rather absurd to call a man who was a Doctor of Medicine, and a registered practitioner, an Assistant Surgeon, as though he were a member of a Subordinate Service.

56396. With regard to promotion, if a man had a large practice as Assistant Surgeon in a big centre he was not very keen on being sent away to be a Civil Surgeon in a small district, but he did not think the matter was as bad as had been represented. The Indian patient felt a good deal of gratitude towards his doctor and had faith in the man he knew, and if an Indian patient was seriously ill he would go to the man he knew wherever he was in the province. For a man who was to be promoted to be a Civil Surgeon, bearing in mind the nature of the duties, the longer training he had under a Civil Surgeon the better; he would not recommend putting in quite young men as Civil Surgeons.

56397. With reference to training, the witness said the Civil Assistant Surgeon was educated for five years at his own expense, and was not under a bond until he entered Government service. The Military Assistant Surgeon, being educated at the expense of the State and receiving stipends from the moment he went to the college, was under a bond to serve Government for three years after passing.

56398. Supposing that equal qualifications were laid down for the two branches, the witness said he could see no objection to there being a general provincial list whilst the men were in civil employ, but the Military Assistant Surgeon would still remain an Imperial officer liable to recall. As far as the civil side was concerned, he could see no objection to having a double list, very much on the same lines as the Military Civilian and the ordinary Civilian in the non-regulation provinces. What had been proposed with regard to the Military Service was that the Indian Subordinate Medical Department, together with the Army Bearer Corps and the Army Hospital Corps, should all be absorbed into the Indian Medical Service, which should be converted into an "Indian Medical Corps." That proposal was under the consideration of Government at the present moment. If that happened the men would not belong to a subordinate service, but would be Warrant Officers of the Indian Medical Corps, becoming officers when they obtained honorary rank.

56399. The witness then said that Military Assistant Surgeons on railways were on a different cadre. Local Governments objected very strongly to recruiting Military Assistant Surgeons above the third grade, owing to the expense, so that railways and certain foreign and miscellaneous appointments were on a separate list and were reserved for men who were too senior to be sent to ordinary civil employ, but who had done good work in Military service, and wished to go into civil work. When such a man was sent to a railway he remained there or went on to some other miscellaneous appointment; he did not become a Civil Surgeon. It was necessary to have some separate outlet for men who could not be taken in when young.

56400. Dealing with the Jail Service, the witness did not think there was any difficulty in getting officers to join that Department. He had ten candidates on his list at present. It was not as popular as the ordinary Civil Surgeoncy, but if a man could not get the best he would take the next best. In the Jail Department there were 38 men altogether: 8 Inspectors General, 28 Superintendents, and 2 men at Port Blair. There were about 120 District Jails as collateral charges held by Civil Surgeons. The charges not held by Indian Medical Service officers were five in Madras, one in the Central Provinces, and one in Alipore.

56401. The witness then put in a statement to show the salaries of officers in the various branches of the service, and to compare them with those

drawn by officers of the Royal Army Medical Corps.*

56402. With reference to leave and pension the witness said that pension was the same for both the Military and Civil officers, but there were differences with regard to leave which had caused a certain amount of trouble. An officer in civil employ was paid only half the average of his previous salary for the last three years without counting any of his allowances. When a man became senior that worked out rather hardly. A Civil Surgeon of 23 years' service drawing Rs. 1,200 a month, would receive on furlough only £500 a year, whereas a Major of only 19 years' service in military employ would draw £600. That was why the proposal was put forward that Civil Surgeons, when the military rate of pay was higher than that of the civil, should be paid at military rates.

56403. (*Lord Ronaldshay*): The witness said the enquiry with regard to an army medical reserve was made by the military authorities. He could not say whether Indian practitioners were given the opportunity of volunteering, but he was under the impression that they were. There were at present 40 Civil Surgeoncies reserved for Civil Assistant Surgeons, 53 for Military Assistant Surgeons, and 157 for the Indian Medical Service. The numbers were fixed.

56404. The witness did not agree with the statement in the despatch of the Secretary of State dated the 22nd November, 1912, that Military Assistant Surgeons were as a rule unsuitable for the work of a Civil Surgeoncy, and that those posts should, as far as possible, be filled by Civil Assistant Surgeons. In many ways, especially with regard to the treatment of women and children, the Military Assistant Surgeon was often the better man. He should not like however to make invidious distinctions between them, and would treat them both on equal grounds.

56405. Examinations for the Indian Medical Service were held twice a year, and at the last one there were 12 vacancies. He thought the number of recruits each year was about 25 to 30. The number of candidates was falling off, and the more competition diminished the more Indians were successful, as the following statements† showed.

I.

Statement to show the proportion of Indians successful according as the number of competitors amounts or does not amount to 2·50 for each vacancy.

Number of competitors per vacancy.	Indians successful.	Total vacancies.	Average of Indian entrants.
1·304	1	23	13·04 per cent.
1·83	5	12	
1·857	3	14	
1·913	1	23	
1·933	3	15	
2·050	5	20	
2·100	1	20	
2·153	4	13	
2·286	2	21	
2·333	0	12	
2·350	1	20	
2·428	1	14	
2·500	1	26	7·3 per cent.
2·562	0	16	
2·75	1	12	
3·00	1	14	
3·167	3	12	
3·187	2	16	
3·308	0	13	

* Appendix No. VI.

† *Vide* also Appendix No. XLVII.

II.

Similar statement arranged by periods of years.

Period.	Competition rate.	Number of vacancies.	Number of Indians successful.	Percentage of successful Indians.
August, 1891, to August, 1894	2·514	81	2	2·47
February, 1895, to January, 1903	Not available	314	13	4·14
July, 1903, to January, 1909	2·454	205	14	6·83
July, 1909, to July, 1913	2·201	123	25	20·31

56406. When an Indian student desired to compete at the examination in England he had to obtain a certificate from the Director-General of the Indian Medical Service that he was a suitable person for admission into the Indian Medical Service. Enquiries were made from the District Officer as to his social standing and from the Principal of the Medical College in which he had been trained. Unless there was anything really bad in the reports, he received the certificate as a matter of course; there was no nomination. After the selected candidates had passed their examination in England, and come out to India, they might serve four to eight years in a military capacity before being transferred to the civil side. When transferred they went straight into Civil Surgeoncies, whether Indians and Europeans, and found their own feet there. He considered this an excellent way of training men. The Indian Medical Service officer did not have to serve under a District Medical Officer, but became a District Officer straight away. He went to one of the smaller stations at first, and was always watched by the Collector or Deputy Commissioner. The inferior medical charges were held entirely by the Military Assistant Surgeons and Civil Assistant Surgeons. When an Indian Medical Service man was first transferred to the civil side of the service he drew a lower salary than when serving in his regiment, and was practically fined Rs. 50. The reason was supposed to be on account of his obtaining private practice. It had created a considerable amount of dissatisfaction, because an officer in civil employ, who had very much greater responsibilities and much heavier work than a regimental officer, drew Rs. 50 a month less. He recommended that this should be remedied.

56407. On the question of two septennial examinations for Civil Assistant Surgeons, as compared with a post-graduate course, the witness thought the post-graduate course was preferable, and he hoped this would be arranged when the school of tropical medicine was working. At present there were no regular post-graduate courses except those he had already mentioned. The men might go to Calcutta, and have a special course for six months, which would be a better way of maintaining professional efficiency than simply putting them through examinations for which they crammed out of text-books. The system of examination was altogether wrong in many ways. For example, a man who had been a Professor of medical jurisprudence, and had done nothing but medico-legal work for years, had to be examined in midwifery, and if he did not get a qualifying number of marks did not receive his promotion. He thought one course would be sufficient in an officer's career and that it should be taken after about seven years' service; his promotion should depend on whether he passed. He would abolish the two septennial examinations altogether because he did not believe much in periodical examinations.

56408. With reference to the employment of Military Assistant Surgeons, the witness said no specific number of appointments were reserved for each grade of Military Assistant Surgeons. When they were third grade men they went into civil employ and worked up until they became senior enough to get a Civil Surgeoncy. The Local Governments objected to recruiting men of the second grade on the score of expense. As a rule Military Assistant Surgeons went into civil employ between the fifth and twelfth year of their service. They applied for civil employment, and were selected by the Director-General, Indian Medical Service, on the basis of their previous record, and the information available as to any specialist work they had done. Then they went into the hands of the Local Governments, and he had nothing more to do with them unless they were recalled to military duty.

56409. (*Sir Theodore Morison.*) The witness explained that the figures he had given had been brought up to date, and that any discrepancies between them and any previous figures were due to this fact.

56410. He then said that before men came out to India, they were allotted to certain areas by the Secretary of State for purposes of civil employ. Then, after putting in two years' Military Service in India they applied for whatever province they preferred within their allotted areas. He did not propose altering that in any way, but that the Government of India should have power to take men from whatever province they thought best in order to get the widest possible field of selection for certain important appointments.

56411. The witness then said that a large number of people received free medical attendance at Government institutions, although they were able to pay for it. The Government had already considered the matter and he put in a resolution* on the subject. The abuse of Government institutions he referred to was not the use of paying wards by paying patients. There were two ways at present in which the Civil Surgeon and private practitioner lost, namely, by patients going to the paying wards, and by a certain number of people abusing charitable institutions and getting treatment for nothing when they could well afford to pay. The Government resolution started in a memorial sent from Madras to the Secretary of State, and after consulting all the Governments the resolution was published.

56412. With regard to men reverting to Miltiary work, the fact that a man was found unsuitable for civil employment and was returned to Military employment did not affect his character as an officer and gentleman. A Local Government could say within a period of two years that, although they had nothing against the officer, they did not think he was suitable for the work in which he was engaged, and if the Governor-General in Council agreed the officer was reverted to Military employment. This was not a penal removal. There were other rules for dealing with officers whom it was desired to send back in disgrace.

56413. The witness said he would not say that the Civil Surgeon was overworked, but he was very hard worked.

56414. With regard to the suggestion that the Director General of the Indian Medical Service should be a joint Secretary to the Government of India, the witness said there was a strong feeling in the Service to that effect, and he had put it forward as a Service suggestion. It was also suggested by the Service that he should draw Rs. 4,000 a month, but he did not comment upon that.

56415. (*Mr. Chaubal.*) With regard to the unpopularity of the Indian Medical Service the witness said it had been growing since about 1908, and was shown in the number of candidates that appeared for the examinations. In the last examination in July there were less than two candidates per vacancy, only twenty-two men sitting for an examination for twelve vacancies; whilst only sixteen obtained the qualifying marks of 50 per cent. There was no confidence in the future of the Indian Medical Service. There was a feeling of unrest in the Service, and a doubt as to its future was keeping people out of it. Personally he did not share that doubt, and he had been preaching the gospel of the Indian Medical Service for the last five years, though it was more or less talking to deaf ears.

56416. With reference to men reverting from Civil employment to Military employment on the reports of Local Governments, the witness said the Order was only published in May last, and he was not aware that anybody had been reverted since then. If a man was taken on to the permanent cadre of the Province by the Local Government before his probation of two years was up, the Local Government could not turn round and say he was unfit for Civil employ.

56417. With reference to the complaint that honorary surgeons appointed to the Grant Medical College could get no *bona fide* work to do, the witness said no complaints had been sent to his office.

56418. The witness then said that railway allowances were given to Indian Medical Service officers by railway companies for attending upon their employés, and apparently a European or a Eurasian was counted as three Indians when calculating what the fees should be. It was a rule on State Railways, but he did not know why the rule was made.

56419. On the suggestion made to the Commission that there would be room for more Civil Assistant Surgeons in Civil Surgeoncies if certain other openings were made for Military Assistant Surgeons, the witness said he could not give an opinion without seeing the proposal in detail, but he supposed the idea was that Military Assistant Surgeons might be employed in other capacities so as to leave more Civil Surgeoncies available for Civil Assistant Surgeons.

56420. (*Mr. Gokhale.*) With reference to the statement that the Indian Medical Service was growing in unpopularity, the witness said the disproportion between vacancies and candidates had always been variable, but it had been slowly coming down; there had been a continual fall over a period of years.

56421. In case of war the places of officers recalled to Military duty would be taken by the Assistant Surgeons. A certain amount of dislocation was of course bound to occur whenever this happened. If all the 331 out of the 475 officers in Civil employ, who were liable to be recalled to Military duty, were so recalled, this would be done gradually and only in the event of a full mobilisation of the whole Army. In such a case a number of Civil Institutions might have to be shut up. This would cause a serious dislocation, but the conditions in which this would occur would be wholly abnormal.

56422. With regard to the call for volunteers, the witness admitted that, unless it was known what efforts were made to invite Indians to volunteer, and the terms that were offered them, the mere fact that the twenty-four men who volunteered were all Europeans could not be conclusive as an argument that no Indians were available; but the witness presumed the medical authorities did approach the Indians.

56423. With reference to witness's figures of 52 per cent. of the Indian members of Indian Medical Service asking for Civil employment as compared with 87 per cent. of Europeans, the witness said he could not say to what extent that was due to the impression which prevailed amongst Indian members that they only had the inferior stations, the prizes of the Service falling to Europeans. He knew of several instances where professorships had fallen to Indians. He did not think the impression amongst Indians that they did not get the best was really justified. Taking the average of the Indian Medical Service as a whole it would be found that 73 per cent. of the Europeans possessed higher qualifications, such as the M.D. or a Fellowship, but taking the Indians in the Service that percentage was only 30. There were 150 officers of the Indian Medical Service who had specialist qualifications, and only eight of them

* *Vide* Appendix No. VII.

were Indians. That was one reason why Indians did not receive a larger number of professorial appointments.

56424. The Indian Medical Service had the monopoly of the professorships for the very excellent reason that men would not come out to India if all the plums were taken out of the Service. The building up of the independent Medical College in Calcutta would find professorial posts for distinguished men without breaking up the Government Medical College and causing possibilities of friction. On the staff of the private College to which he had referred, were nearly all the best men of Calcutta, and they might band together and make a really good institution of their own without struggling for one or two of the professorial appointments, which were such an attraction to the Indian Medical Service. There was room for far more than five Colleges in such an enormous continent as India, and he thought the private Colleges could work in friendly rivalry with the Government Colleges, and thus a very much better career in every way would be held out for men than would be found by their coming in ones and twos to the Government Colleges. It was true that behind the Government Colleges there were the resources of the Government, while a private College had no such financial backing, but the Government was going, he hoped, to give a grant of five lakhs and Rs. 50,000 a year to the Calcutta institution.

56425. The Indian Medical Service was a very highly qualified Service, and he did not know where better men could be found in India. He knew a great many private practitioners who would do extremely well as professors, but he did not think it was hard on them that they should be kept out of the Government Medical Colleges. They would now have an independent career.*

56426. The witness then said there were not many private hospitals in the country, and most of the district hospitals were in charge of Indian Medical Service men, who practically monopolised all hospital practice. Indian private practitioners, debarred from hospital practice, could not attain the skill which was necessary for successful practice, but to remedy that he had already suggested that they should be associated with the hospital practice. In England, when a young man commenced to practice, he went away into the remote districts and worked up a practice, and then gradually gravitated to the larger towns, but the young Indian medical man would not do that. They all gravitated into the large towns and it was extremely difficult to find them in the Mufassal. He had no knowledge of the conditions in Bombay.

56427. The witness then restated his position as to the general lines of policy which he wished to see followed with a view to encouraging the growth of an independent medical profession without disturbing the Indian Medical Service arrangements. These comprised (1) the education of the masses, and especially the women, in hygiene and the value of preventive measures, and the demonstration of the benefits derivable from the Western system of medicine; (2) checking the abuse of Government medical institutions by persons who can afford to pay for attendance: (3) restricting the professors at the Medical Colleges to "specialist" practice in the subjects of their respective chairs; (4) the association of independent practitioners with the staff of the larger hospitals; (5) encouraging and assisting the development of independent Medical Colleges; (6) the gradual extension of the Medical Registration Act to all India, the introduction of a State-granted diploma for those who were not up to University standard, and the restriction of the issue of diplomas by unauthorised corporations; and (7) the extension of the Sanitary Services and the development of a Department of Public Health, the personnel of which must be largely Indian.

56428. The witness then admitted that the other Universities were not so unfavourably circumstanced with regard to teaching practical obstetrics as the Punjab University, but his personal experience showed him that, even in those cases, where there was a paper qualification in Midwifery, the actual attendance at confinements was in some cases practically a farce. The nurses in deference to the wishes of their patients did not, as a rule, send for the student on duty until the child was born.

56429. The witness allowed that the figures he had given with regard to the proportions of Civil and Military Assistant Surgeons holding Civil Surgeoncies were worked out on the total cadres. Civil Surgeoncies were awarded to Military Assistant Surgeons with a view to encourage recruitment, not merely as a reward for civil work. The number of Military Assistant Surgeons in Civil employ was 289, as the following statement would show:—

Statement to show the strength of the cadre of Military Assistant Surgeons on (a) *the military and* (b) *the civil side.*

A—Military appointments		353
Reserved at 20 per cent.		71
Total		424
B—Civil appointments—		
(1) Miscellaneous		61
(2) Railway		25
(3) Ordinary civil		165
Reserve at 15 per cent.		38
Total		289
GRAND TOTAL		713

56430. (*Mr. Sly.*) The witness said the Military Assistant Surgeons formed a war reserve for what might be termed the subordinate part of the medical arrangements for the British troops in India. The Royal Army Medical Corps did not, he thought, include a war reserve, for which they would have to get men from England. The whole of the Military Assistant Surgeons in civil employ formed a war reserve, and there was none in excess of that reserve: in fact the number of Military Assistant Surgeons was not sufficient.

56431. Comparing the hospital practice for students in India with that in England, the witness thought the Indian students had greater facilities because as a rule they had more beds under them than the students in England. The want of hospital practice was not a drawback in the Medical Colleges of India.

56432. He would have no objection to scholarships being given to Indians for Medical tuition in England; he thought it would be an excellent thing if they put in one or two years in that country.

56433. With regard to the field of recruitment for Military Assistant Surgeons, the witness said the recruitment now gave a quite fair sample of men, but as a rule the best men were not obtained because the terms of the service were not sufficiently attractive at present. As a rule the men were those who had not been able to get into some of the other services. The class of man wanted was not attracted. A more highly educated man was desired, but he could not be obtained unless the conditions of the service were improved.

56434. With regard to the rule for transfer to Civil employ, the witness said the whole of the Military Assistant Surgeons applied for Civil employ, but no list of candidates was kept as for the Indian Medical Service. When a man had completed three years' service the Director-General and his Secretary went most carefully through his confidential reports and all his records, and decided whether or not he should be put on the list for Civil employ. It was not possible to decide by priority of application as the men were too unequal, and it was necessary to select the best men.

56435. With reference to his statement that the Civil Assistant Surgeon was trained at his own expense, the witness said it was quite true that the Medical Colleges were not self-supporting.

* In this connection the witness subsequently put in a copy of a speech made by him in the Imperial Legislative Council on March 17th, 1911.—*Vide* Appendix No. VIII.

The students paid fees but those fees were not sufficient for the upkeep of the College. On the other hand, the Military Assistant Surgeon not only paid no fees but he actually received a stipend to enable him to live whilst at College.

56436. The witness said he would support a proposal that study leave should be applicable both to Military Assistant Surgeons and to Civil Assistant Surgeons as well as to the Indian Medical Service.

56437. In Bengal under present orders the House Surgeons and House Physicians to the Medical College of Calcutta were selected from the best students of the year without any reference to whether they wished to go into Government employment or not, and he thought that ought to be the rule everywhere. If house appointments were reserved for the cadre it would happen that there were one or two extremely good men in a batch who could not be taken on because there was no vacancy in the cadre, and the good man would drift away and be lost.

56438. On the subject of private practitioners being appointed consulting physicians and surgeons to hospitals, the question of whether they should have a certain number of beds allotted to them would depend on whether they were put in charge of in-patients or out-patients. His own opinion was that a man placed in charge of in-patients ought to have full control of his beds, subject only to the administrative control of the Superintendent of the Hospital. There should be a provision that the appointments should not lead to any decrease in the number of appointments held by the Indian Medical Service. He only put forward the suggestion because he thought many hospitals were short handed.

56439. (*Mr. Fisher.*) The witness did not think it would be possible to furnish figures giving the average earnings for each rank in the service, as so much depended upon the personal popularity of the man and on the station he was holding. A young man, for instance, might be Principal of the Medical School at Agra with large allowances and a good practice, and a senior might be away in a small station.

56440. The witness was quite in favour of the amalgamation of the Sanitary and Bacteriological Departments into a Department of Public Health, provided that the Director-General were the head of the Public Health Service and the Sanitary Commissioner was his staff officer. The officers of the department would be taken straight in on completion of their Military Service, as they were now. It would not in any way relieve the Civil Surgeon, who would still be expected to supervise the Health Officer, and act probably as Vice-Chairman or Chairman of the Health Committee of the Municipality. He did not see how it was possible to relieve the Civil Surgeon of any portion of his present functions, though the time might come in some of the larger stations when more assistance would have to be given. In Agra the principal of the Medical School was relieved of a considerable amount of medico-legal work. The teacher of Medical Jurisprudence in the Medical School did the ordinary injury cases, and went up to Court to give evidence upon them. In the same way the principal was relieved of a certain amount of inspection of vaccination. As charges became heavier that system might have to be extended to other stations.

56441. With regard to transfers, the witness thought the longer a man stayed in a station the better, because it took some time to gain the confidence of Indians, and to become known. It was a pity that a man should be transferred just as he was becoming well known and inspiring confidence. Sometimes it was administratively impossible to keep a man at one place. He wished to see a rule whereby men in Civil employ when they went on furlough would retain so far as possible a lien on their stations. At present when a man came back from furlough he had to be fitted in anywhere.

56442. With reference to the procedure adopted when a professorial chair became vacant, the witness said that in Bengal the Local Government made a selection, or wrote to the Government of India to say they had not a suitable man. If they made a selection, the Government of India went carefully into the man's qualifications and if not satisfied, or if the Local Government had not been able to find a man, the Director-General of the Indian Medical Service was called upon to nominate some one from his specialist list, either from another Province or direct from military employ. All nominations by Local Governments were subject to confirmation by the Government of India, and if the provincial candidate was not considered good enough a man could be taken from another Province. In Bombay and Madras there was only one cadre and there was no reference to the Government of India. A candidate who received a nomination was not bound to take the post but he was expected to do so, and any refusal on his part would not be regarded with favour. Some of the men had had teaching experience before in the smaller Medical Schools, and some had been put on the list because they had been demonstrators in England before they came out. It was not always possible to get men with teaching experience, but of late years it had been insisted that a man should be a specialist.

56443. With reference to a professor not being allowed to practise outside the subject of his chair, the witness thought it would be quite possible to enforce such a rule, which was already enforced in some Colleges. There was no reason whatever why the professor of Gynæcology should not confine himself strictly to the diseases of women and children and obstetrics, or why a Surgeon in one particular branch should not confine himself strictly to that branch of his work. He did not want to make professors merely consultants, but they should practise only in the subject of their chair. A proposal to this effect had recently been circulated for opinion by the Government of India.*

56444. (*Mr. Macdonald.*) The witness said he had put forward his claims on behalf of the Indian Medical Service chiefly on the ground that it was a Military Service, and that its existence was essential to the State. From that point of view personal and private considerations of private practitioners and the claims of race had to be subordinated.

56445. The duties of the Civil Surgeon were becoming more and more administrative and there was less opportunity for outside practice, but from the point of view of medical efficiency that was not having any very bad effect upon the practitioner who spent just the same time in the hospital in the morning, but instead of finishing his work at a reasonable hour and going out to pay tennis devoted his afternoon to office files. The Indian Medical Service officer was not a less efficient doctor, but the Government was taking more of his time and consequently ought to pay him higher rates. He was becoming more exclusively a Government servant than before and that consideration should be taken into account in the question of pay.

56446. The witness was disposed to sympathise with the proposal that principals of Medical Colleges in India should be allowed to select two men per annum to be sent to England for special training, after qualification in India. It would be very good for general reasons even more than for strictly professional reasons.

56447. (*Mr. Madge.*) With reference to the remark in his written statement that officers should be regarded as permanently in Civil employ after two years, the witness said the meaning was that if they were regarded as permanent and went on leave they came back to Civil employ; otherwise they would revert to Military employment on returning from leave. Allowing them to maintain a lien on their Civil appointments was purely a question of accounts.

56448. With reference to Surgeons-General and Inspectors-General of Civil Hospitals being Secretaries to their respective Governments, and the Director-General of the Indian Medical Service a Joint Secretary to the Government of India in

* *Vide* Appendix No. IX.

the Home Department, the witness said the recommendation with regard to the Director-General had been put forward as representing the views of the Service; he made no comment upon it himself. He was not at all sure that the Director-General, as an expert adviser having to deal with a large number of departments, was not in a better position than he would be as Secretary in one Department.

56449. With regard to the difference between military subordinates and civil subordinates, the witness said it was only a difference with regard to training. The Civil Assistant Surgeon held a registrable qualification while the Military Assistant Surgeon did not. There was a difference in the course and in the fact that the one was examined by the University and the other had only a certificate from his own College. That would have to be altered with the extension of the Registration Acts. Both took up the same subjects, but the Military Assistant Surgeon dealt with them in a much more elementary way in his shorter course, which was one year less than the full five years' curriculum. There was no insistence on the Military Assistant Surgeon having a certificate of general education which would allow him to be registered in England as a medical student, whereas the Civil Assistant Surgeon had to have such a certificate.

56450. With regard to leave, he thought the officers obtained leave like everyone else in the service, but men were not always able to take the leave they were entitled to. He himself had presented the Government of India with 3½ years' extra service, but he should not get an extra pension on that account.

56451. The witness said that having regard to the relative number of Indians and Europeans in the Indian Medical Service the appointments of professorships had been fairly proportionate. He also put in a statement to exhibit what were now the professorial appointments and how they were held.*

56452. (*Mr. Abdur Rahim.*) The witness said there were still many Civil Surgeons who had good practices but even those in good practice were getting much less than they used to do. In Calcutta for instance men were not making the big incomes they made twenty years ago.

56453. With reference to the unpopularity of the Indian Medical Service his point was not that there was an apprehension that more Indians might be admitted but that appointments might be given to independent practitioners, and also there was the fact the pay was not sufficient. He was of opinion that good men with any practice would not care to accept appointments as Civil Surgeons and to make up a service from the failures of the profession and take them on as Government servants would not be a good policy. No attempts had yet been made to obtain men from amongst independent practitioners and he should deprecate that being done.

56454. With regard to the study of Midwifery in India, in the Calcutta hospitals there was theoretically an opportunity for such study, but it frequently happened that the student was not sent for until the child was born. The Indian women objected and the nurses sympathised with them, and accordingly the students were not sent for. It was very difficult indeed to teach practical midwifery in India, and it would remain so until conditions were changed. This would take time.

56455. The practice of appointing consulting physicians and surgeons had been introduced only in Bombay, and was still under consideration in Bengal, but witness knew nothing of the arrangements that were being made. Any complaint with regard to the insufficiency of Medical Laboratories would be a matter for the local Inspector-General of Civil Hospitals.

56456. With regard to research work in Government institutions, the witness said independent practitioners had the opportunity of taking part in such work, and he instanced Dr. Korke, who was working on Kala azar in Madras, and an Indian gentleman whom he had been interviewing in England with the object of getting him to come out for research work as Medical Entomologist. The service was only too pleased to get Indian men for research work, because it was recognised that the expansion of the Sanitary Service and research work in India must be carried out largely by Indian agency.*

56457. (*Sir Valentine Chirol.*) The whole of the 289 Military Assistant Surgeons in Civil employ were on the War Reserve. Twenty-seven had been withdrawn for the operations of 1897-98. None were withdrawn in 1900, because no British troops were sent to China.

56458. With regard to the statement made by the Army Department that no Indian practitioners had volunteered, the witness did not think it would be reasonable to expect them to do so. Out of the 1,771 independent practitioners, nearly 1,000 belonged to the non-martial races, and they were not the material which would be required or suitable for field service.

56459. With reference to the number of practitioners in Great Britain as compared with the number in India, on the last medical register for Great Britain and Ireland there were 40,913 registered practitioners. The population of Great Britain and Ireland was 45 millions. The population of India was 300 millions, and, therefore, there would be six times the number of Indian independent practitioners required to come up to the English standard. That was to say, 250,000 independent practitioners could be utilised.

56460. The scheme which had been adopted in the Bombay hospitals would, the witness thought, obviate any difficulties which might arise from the inter-relations of the independent practitioner with the House Surgeon. It was possible that in some cases the head of the hospital did not exercise his influence as far as he might in order to secure substantial facilities for the honorary worker, but the witness did not think such cases were frequent.

56461. (*Sir Murray Hammick.*) The pensions on the Military and Civil sides of the Indian Medical Service were exactly the same.

56462. As to the witness's suggestion that there should be a general list for professors, what he meant was that there should be everywhere the same rule as obtained in Bengal. If neither Madras nor Bombay had a suitable man on their cadre to take up a given professorship, he thought they should be given an opportunity of going to the Government of India, and asking for the loan of a man from some other Province to fill the post until the absent incumbent returned.

56463. The rule in Madras that military officers, when transferred from the military side to the civil side, were placed at once in a general hospital for one or two years' training, was not a universal one; elsewhere officers were sent direct to districts after four or five years' service. A proposal had recently been made with regard to Burma, that all men entering Civil employ in that Province should commence their career by putting in a year's residence at the Rangoon General Hospital.

56463A. The witness did not suggest the amalgamation of the civil and military Assistant Surgeons, what he proposed was that when a Military Assistant Surgeon and a Civil Assistant Surgeon began service in a Province, there should be one general seniority list for that Province; that they should be graded, so far as their civil work was concerned, according to the time they came into the Service, and that there should be no distinction between the Military and Civil Assistant Surgeonships.

56464. If the witness's proposals with regard to improvement of the pay and various other conditions were sanctioned, he thought there was no doubt a much better class of man would be forthcoming.

(The witness withdrew.)

* *Vide* Appendix No. X.

* Witness subsequently put in a copy of his article on "The Sanitary Awakening of India" which appeared in "Science Progress" for October, 1913.—*Vide* Appendix No. XI.

MAJOR R. F. BAIRD, I.M.S., Civil Surgeon, Benares, United Provinces.

Written Statement relating to the Indian Medical Service, being a Joint Representation of the Officers of that Service in Civil Employment in the United Provinces.*

56465. **(I) Methods of Recruitment.**—We are of opinion that the present competitive examination held in London by eminent British medical men is at present the most satisfactory method of recruitment possible.

We think that for Indian candidates study at a British Medical School for at least one year is essential. Our reasons for this opinion are:—

(*a*) That the wide medical education available in Great Britain is not available in India.

(*b*) That the large amount of "clinical material" obtainable for teaching purposes in the great hospitals of the United Kingdom is at present lacking in India. This is especially noticeable where midwifery and the diseases of women are concerned.

(*c*) That the large special hospitals such as those for infectious, nervous and mental diseases, etc., are non-existent in India or if existent are too widely scattered to be of service to teaching institutions.

In the present system of recruitment the principle of nomination plays no part. We believe that the Indian students who now compete for the Indian Medical Service in England are not always the best of their class, and should it be considered desirable to offer more facilities to Indian students for competing for the Indian Medical Service we suggest that Principals of the various Medical Colleges in India might be empowered to nominate in rotation two students per annum to proceed to England and spend one year there preparatory to competing for the examination, all their expenses being defrayed by Government.

We wish to draw the attention of the Commission to the fact that competition for the Indian Medical Service has now practically ceased. We are unable at present to supply figures in support of this, owing to lack of time to obtain them, but we propose to lay them before the Commission at a later date.

We believe that the present lack of competition is partly due to causes which affect all Indian services, such as depreciation in purchasing power of the rupee and the increased cost of living consequent upon it. We will further allude to this under conditions of salary; but we believe that in our own Service its most potent cause is the feeling of uncertainty as to the future of the Service which its officers are conscious of at the present time, and which is well known in the Medical schools of Great Britain, since most officers keep in close touch with these Medical schools.

In order to allay this feeling of uncertainty we think it desirable that Government should reassure members of the Service that their right of private practice, granted under Royal Charter of 1772 (13 Geo. 3. c. 63) will not under any circumstances be interfered with, and that the promises held out to them on entering the Service will be respected.

No one is better aware than we are ourselves that Indian medical men whether educated in India or Europe, have of late years greatly increased in numbers and in quality, and that it is necessary to legislate for their extended employment in carrying on the medical work of the country. We think, however, that the lines on which any such policy should be introduced are not necessarily those of cutting down the number of appointments now held by Indian Medical Service Officers, but of creating new posts such as Civil Surgeoncies of sub-divisions, for competent Indians. If any changes are adopted in the direction of cutting down the present cadre of Indian Medical Service Officers, such changes should be introduced in a gradual manner so as not to re-act to the prejudice of the prospects of officers who have already entered the Service under the conditions at present in force.

It is evident for reasons which we have fully discussed under heading VII that for many years to come the Indian Medical Service must remain the chief source of supply for the higher posts, and we think that it would establish confidence and allay the present feeling of uneasiness if some assurance could be given that Indians will not be appointed to such posts merely because they are Indians.

Recruitment for Civil Employment.—Officers of the Indian Medical Service become eligible for employment under the Provincial Government in the Civil Surgeoncy, Sanitary, and Jail branches after a period of two years spent in Military service. In actual practice this period is usually much longer, especially in the Civil Surgeoncy branch, and it is not uncommon for an officer to have to wait eight years before he can officiate as a Civil Surgeon in these Provinces. We think it is to be regretted that the time spent in the Military Department is so long, but we cannot suggest any remedy, since the number of posts available must depend on the requirements of the Provincial Government.

As regards the appointments to the Sanitary Department, we think it advisable that Deputy Sanitary Commissioners should be fairly senior, otherwise their opinions would not carry weight with the executive and administrative officers they have to advise, and we therefore do not recommend their appointment until they have at least seven years' service. They should be recruited from the Indian Medical Service and should have recognised Sanitary qualifications: Should it be considered desirable to appoint Indians, they should have previously proved their ability and aptitude for the work by at least ten years' service as Health Officer to a Municipality.

We are most strongly of opinion that the period of Military service preliminary to his employment in one of the Civil branches is of the greatest advantage to the individual officer and to the Provincial Government which he serves. We would emphasise the value of the discipline learnt in the Army, the close and sympathetic contact with Indians which Military service engenders, and the wide view of India generally which is obtained by Military Medical Officers, who are brought into contact with many different races of Indians and serve in many parts of the country. The purely Civil Medical man posted to a small station in the early years of his service would not be able to obtain this wide outlook. Moreover, the duties of a Military Medical Officer are not unduly onerous, and he has time to accustom himself to a new environment and study the languages of the country before joining a Civil appointment.

Regarded from the point of view of the State, the great advantage of having at its disposal a highly trained war reserve of Medical officers, many of whom have seen active service, cannot be too highly estimated. This war reserve would seem as essential to the Military needs of the country as is the war reserve of Civil Medical men recently established in connection with the Territorial Force in Great Britain. To the existence of this war reserve is due the fact that the Military side of the Indian Medical Service can be maintained at peace strength only, whereas the Royal Army Medical Corps having no reserve on which to call, has to be maintained at war strength.

We have drawn the special attention of the Commission to these facts, because in our opinion the present system is an almost ideal one, and any attempt to divorce the Military and Civil branches of our service would be neither in the best interest of its members nor of the Government they serve.

56466. **(II) System of Training and Probation** (*a*) We think that the present system of training at Aldershot and Millbank is a good one, and should be retained. The instruction in Tropical Medicine, however, is somewhat deficient, and we would suggest that a complete and systematic course in that subject is most desirable. It could either be taken in England at the London or Liverpool School of Tropical Medicine, or at Calcutta

* This statement was signed by Lieut.-Col. G. T. Birdwood, I.M.S. Lieut.-Col. C. B. Prall, I.M.S., Major R. F. Baird, I.M.S., and Captain C. L. Dunn, I.M.S.

after the opening of that school, and during an officer's first year of service.

(*b*) As regards the system of training and probation for the different branches of Civil employment, we have pointed out under the previous heading that service in the Army may be looked upon as, in a sense, a period of probation for Civil duties, and have drawn special attention to the many advantages of such a system both for the individual officer and the Government.

(c) In the Sanitary department we think that every probationer should at first be attached to the office of a Senior Deputy Sanitary Commissioner for a short time in order that he may learn the details of his work.

56467. **(III) Conditions of Service.**—(*a*) *Transfers.* Owing to the exigencies of the service transfers from one district to another are unavoidable. Under the present rules a double first-class railway fare is all that an officer is entitled to, and therefore the expense of such transfers becomes a serious matter. When an officer is married almost the whole cost of moving his family and household effects, horses, etc., falls on himself, so that he is largely out of pocket every time he is moved in the interests of Government.

We consider that at least one goods wagon and one horse box or its equivalent should be provided by Government, as well as the double first-class fare to which an officer is now entitled, or as an alternative, reasonable expenses of transfer.

(*b*) *Promotion to the "selected list."* At present there is great disparity in the years of service at which officers of the Bengal as compared with the Madras and Bombay lists reach the stage of being placed on the "selected list." This disparity is probably not less than five years between Madras and Bengal to the advantage of the officers on the Madras list, who are generally junior even in their own batches to the officers on the Bengal list.

The remedy for this is to place all officers of the Indian Medical Service on one general list for promotion, as has already been done for those officers who entered the Service subsequent to 29th July, 1896.

There are two further points in connection with the "selected list" regarding which we would like to make a suggestion.

1. If an officer on the selected list is for any reason passed over for promotion to administrative rank, we suggest that his name should be forthwith removed from the list, and a promotion made to fill the vacancy so caused.

2. If an officer on the selected list has given formal notice of his intention to retire, or is on leave preparatory to retirement, we suggest that his name should be removed from the selected list, and the vacancy so caused, filled up at once.

56468. **(IV) Conditions of Salary.**—We would point out to the Commission (*a*) That the official duties of every class of Medical officer in Civil employment have increased enormously of late years. This is due to the fact that many new branches of Medical relief and Sanitary work have been taken up and to the higher standard of work demanded of all medical men at the present day. We understand that the Director-General, Indian Medical Service, has instituted a separate enquiry regarding this increase of official work, and that convincing statistics are forthcoming to prove its existence; it is therefore unnecessary for us to do more than allude to it.

(*b*) That the education now demanded of a highly qualified Medical man requires, as recent statistics have shown, an average period of nearly seven years; it is of necessity a costly one and constantly tends to become longer.

(*c*) That the pay of the Civil side of the Indian Medical Service was originally fixed low as compared with other services on account of the large additions which its members not infrequently made to their incomes by private practice; that owing to the number of non-official medical men who now practise, and the improved railway communications throughout the country, emoluments from this source are greatly reduced, and may be said to have reached vanishing point in small stations.

We have already alluded to the depreciation in purchasing power of the rupee and the increased cost of living consequent upon it, which naturally affects all Indian services. The appointment by the Government of India of a Special Commission to enquire into this matter is a sufficient acknowledgment of its importance.

In consideration of the above facts we think that the pay of members of the Service should be substantially raised. We suggest that the pay of the Service as a whole should be increased by such an amount as will compensate for the depreciation in purchasing power of the rupee.

As regards the different branches of Civil employment under the Provincial Government, we think that

(*a*) Civil Surgeons on first appointment should draw not less pay than when in Military employ, as they do at present, but somewhat more. The Military officer practically always has a collateral charge, such as a Cantonment Hospital, a second regiment, a staff Surgeoncy or specialist allowance; whereas the officer on first posting to Civil employment invariably gets a small station, without, in these days, the attraction of any lucrative practice. Civil Surgeons are also, except in the largest stations, Superintendents as well as Medical officers in charge of District Jails, and we consider that Jail allowances are quite inadequate ranging as they do from Rs. 50 to Rs. 150 per month. We suggest that no Jail allowance should be less than Rs. 100 per month, and that the allowance for charge of a first-class Jail should be Rs. 250 per month.

(*b*) Officers of the Sanitary Department should also on first joining their appointments receive whatever addition to their pay may be granted to Civil Surgeons. Owing to the great advances which are taking place in sanitation, the importance of the Department is yearly increasing, and it is absolutely necessary to attract the best men to it. We also consider that the staff allowance of Rs. 200 per month which the Deputy Sanitary Commissioner draws during the whole of his service in the Department, unless promoted to Sanitary Commissioner, is insufficient. The staff salary should increase with length of service as it does in the Bacteriological Department. We think also that officers of the Sanitary Department should draw the same allowance of Rs. 150 per month when away from headquarters, as is drawn by officers of the Bacteriological Department.

(*c*) Superintendents of Central Jails should be granted such an increase of pay as will bring them into line in this respect with the Sanitary Department. The charge of a large central prison is an extremely responsible one and requires considerable administrative ability. The position of Superintendent is one which involves daily personal risk of assault and injury; the duties are monotonous and afford no change of environment. The Medical and Sanitary duties alone involve a very considerable charge, since the Superintendent is responsible for the health of about 2,500 individuals. The nature of his duties and the necessity for his continuous presence at the Prison only compensation is the provision of a free house. prevent any possibility of private practice, and his

The inadequacy of pay is most keenly felt by the senior officers of the Department. At a period of service when their contemporaries who are Civil Surgeons have been promoted to the charge of important stations with extra appointments as Medical officers of Railways, Asylums, Schools, Colleges, etc., in addition to private practice, Superintendents of Central Jails are still drawing a comparatively small salary. The Inspector-Generalship is the only prize in the Jail Department, and very few Superintendents can hope to attain to this position.

To compensate members of the Department in some measure, we recommend that a progressive increase of pay should be given them such as is given to the Bacteriological Department and such as we recommend also for the Sanitary Department. We append a table which will make the matter clear.

Years of Service.	7	12	15	20	25	Remarks.
*Bacteriological Department	$X + 200$	$X + 250$	$X + 300$	$X + 350$	$X + 400$	Draws Rs. 150 per mensem when away from headquarters.
*Sanitary Department	$X + 200$	$X + 200$	$X + 200$	$X + 200$	$X + 200$	*Nil.*
*Jail Department	$X + 150$	$X + 150$	$X + 150$	$X + 150$	$X + 150$	*Nil.*

*X = Rate of pay of an Indian Medical Service Officer in Substantive charge of an Indian Regiment.

If the Sanitary and Jail Departments could be brought into line with the Bacteriological Department, their present grievances as regards pay would disappear, and the most suitable class of candidate would be attracted as these Departments.

We would also like to add that the pay of the following officials seems to us to be particularly inadequate.

Inspector-General of Civil Hospitals, Inspector-General of Jails, Sanitary Commissioner, Principal of the Medical College.

The work and responsibilities of the three former posts must have more than doubled since the scale of pay was fixed. The principal of the Medical College has the entire responsibility for the management of a large hospital and of a Medical College for 200 or more students. It seems to us somewhat of an anomaly that his staff pay has been fixed at Rs. 150 per mensem.

56469. **(V) Conditions of Leave.**—*Furlough.* At present there is a tendency for officers to take long periods of furlough or combined leave, such as two years. This causes a great deal of congestion in the furlough roster, and we are of opinion that furlough for a longer period than 18 months should not be granted.

Casual Leave. Officers in the Civil branches of the Indian Medical Service have to work on Sundays and holidays. We suggest that 15 days casual leave per annum, instead of the 10 days now allowed, should be granted to them as a compensation.

56470. **(VI) Conditions of Pension.**—Under the rules at present in force an officer of the Indian Medical Service draws his full pension of £700 per annum on completing 30 years' service, and is compulsorily retired at the age of 55 unless on the "selected list" for promotion, when he is allowed to complete 30 years service for full pension.

We would like to point out to the Commission that owing to the length of the Medical course at the present day, the average time taken by a Medical man to qualify is now just under seven years and that in consequence the average age of entry into the service is over 25.

A reference to the army list shows that of the 147 men who entered the Indian Medical Service during the five years 1907 to 1911 inclusive, 91 were over 25 years of age and only 56 under. Many officers are therefore unable to qualify for full pension owing to the 55 years age limit, and we believe that this is felt as a general grievance throughout the service. We would point out moreover that it particularly affects the Indian members of the Service since they are with very rare exceptions over 25 years of age at entry.

In our opinion the best remedy would be, not to grant extensions of service over 55 years of age, but to make full pension payable at 28 years service instead of at 30 years.

The Indian Medical Service pensions are based on the Indian Army Pensions. The Indian Army Officer serves 32 years for full pension, and as he usually enters the service at the age of 20 or under, his age on attaining full pension is not more than 52.

The promotions to the different ranks in the two services allow for a difference of age at entry of six years, whereas the length of service for attaining full pension only differs by two years.

We would therefore urge that a 28 year full pension would be more equitable and would enable an officer entering at the average age to attain full pension before reaching the age limit.

56471. **(VII) Such limitations as may exist in the employment of non-Europeans and the working of the existing system of division of the Service into Imperial and Provincial.**—There are no limitations in the employment of non-Europeans in the Commissioned ranks of the Indian Medical Service. Indians are subject to the same regulations as British candidates for admission to the Service, nor are any restrictions imposed subsequently.

As regards the question of whether Indian Civil Assistant Surgeons should be more extensively employed as Civil Surgeons, we have given our careful consideration to the varying opinions of individual Indian Medical Service Officers of this Province, and have come to the conclusion that we cannot recommend any such step except upon a very restricted scale.

The Civil Medical Department in these Provinces, excluding the Jail and Sanitary Departments, consist of—

32 Indian Medical Service Civil Surgeons.
29 Indian Subordinate Medical Department Officers, 11 of whom are Civil Surgeons,
108 Civil Assistant Surgeons (Indians), 6 of whom are Civil Surgeons.

The Civil Surgeon is the Administrative Medical Officer of a district, the population of which is usually between one and two millions scattered over an area of several thousand square miles. His duties include supervision of a large city or Sadar hospital, and often several other city dispensaries as well as a varying number of outlying dispensaries, which may be as many as 16. He is responsible for the staff and equipment and general efficiency of all these. He is Police Surgeon and is responsible for the Police Hospital, the health of the Police force in the district, the medical examination of its recruits. He has to conduct post-mortems on medico-legal cases, examine and report on police injury and other cases, and much of his time is often taken up in giving evidence in Criminal Courts. He has a large staff of vaccinators to supervise, and is Health Officer of the Municipality in his district, except in the few large towns which have a Health Officer specially appointed. He is medical officer and superintendent of the District Jail. All medical arrangements for outbreaks of epidemic disease such as plague, cholera, malaria are in his hands. He has medical charge of all Europeans and their families. The greater part of the important Surgical work of the District has to be done by him, except in large cities where non-official practitioners exist. In addition to the outdoor and hospital work it is necessary for him to spend several hours daily in office in correspondence on the many points which arise in the various departments for which he is responsible.

* The United Provinces Government subsequently wrote that as regards the Bacteriological Department the symbol X represented military grade pay; while as regards the Sanitary and Jail Departments it represented consolidated military pay of rank.

We think it is obvious that the proper performance of these manifold duties demands men of considerable energy, both bodily and mental, and also that a Civil Surgeon has little time to spare from his official duties to conduct a private practice on any extensive scale.

We will shortly summarise the objections which in our opinion render inadvisable the extensive employment of Indian Civil Assistant Surgeons as Civil Surgeons.

1. The maintenance of an efficient war reserve of Civil Medical officers is essential to the Military needs of the country, any curtailment of the number of Civil Surgeoncies given to Indian Medical Service officers would therefore tend to weaken the war reserve.

2. On account of the varied and responsible nature of the work and the good professional opportunities which it affords, Civil Surgeoncy appointments are still the main attractions of the service. Curtailment of the number of appointments would therefore exercise an unfavourable influence on recruiting, both as regards quantity and quality, and would cause discontent in the ranks of those junior officers of the service who are waiting for Civil employment.

3. Civil Surgeoncies of small districts form valuable training grounds for the junior Indian Medical Service Officers who are now appointed to them, previous to their passing on to the more important districts.

4. In our opinion few Indians of the educated class have the physical and mental energy and character requisite to make good Civil Surgeons. We do not suggest that such Indians do not exist, but we wish to emphasize the fact that the field of selection at present is very small.

5. The most capable of the Civil Assistant Surgeons do not desire Civil Surgeoncies and have in several instances refused or resigned them. Owing to the heavy work and responsibility, with restricted opportunities for private practice, such men often consider that they can better employ their energies in private practice.

6. We believe that Collectors and District Judges, realising the importance of the administrative and medico-legal aspects of a Civil Surgeon's work, strenuously oppose the appointment of Indian Civil Surgeons on an extensive scale. We are aware that our own statements on such matters, being of an *ex parte* nature, may carry little weight, but we suggest that Collectors and Judicial Officers may be invited to express opinions on them.

7. Europeans and their families prefer to be attended by European doctors, considering the confidential and delicate relations which medical attendance entails between doctor and patient, this preference appears to us to be a natural one, and is no reflection on the skill and professional ability of Indian medical men.

If the objections which we have detailed are not considered insuperable, and it is thought essential to legislate for the extended employment of Civil Assistant Surgeons as Civil Surgeons of districts, we suggest that the appointments should be offered to them after ten years service and not as at present after 20 to 30 years service, when they are often too senior to make really efficient Civil Surgeons. They should also be granted facilities for study leave to England so as to keep in touch with modern developments.

We also think the pay of the Civil Assistant Surgeons should be considerably increased, both after appointment as Civil Surgeons and while serving as Civil Assistant Surgeons. We suggest that they should not draw less than Rs. 200 per mensem on first appointment and rise to Rs. 500. We believe that it will be found that the insufficient scale of pay is the main grievance of Civil Assistant Surgeons.

We do not think that more than four of the Civil Surgeoncies now held by Indian Medical Service Officers should be handed over to Civil Assistant Surgeons. This would reduce the cadre to 28 Indian Medical Service Officers, and it is in our opinion essential that the British element should not fall below this figure, which appears extremely small for a population of 49 million people.

As regards the employment of Indians in the Sanitary Department, we think that appointments of the grade of Deputy Sanitary Commissioner should seldom be given to Indians not members of the Indian Medical Service. If these appointments are ever given to such Indians, only the claims of men who have served ten years in the department as health officers of large Municipalities should be considered. The mere possession of a Diploma of Public Health should not alone be considered a sufficient qualification.

As regards Superintendent of Central Jails we are strongly of opinion that they should always be Europeans. Such large penal establishments could not safely be entrusted to any but European hands.

56472. **(VIII) Relations of the Service with the Indian Civil Service and other Services.**—We believe these relations to be as a rule most satisfactory. The only question to which we desire to draw attention is that of making the Inspector-General of Civil Hospitals and the Sanitary Commissioner Secretaries to Government for their respective departments. We think that if this were done it would greatly quicken and facilitate the working of these departments. We also think that the highly technical matters with which these departments deal can be much better represented to Government by a medical man than by a layman.

56473. **(IX) Any other points within the terms of reference to the Royal Commission not covered by the preceding heads.**—As the aspirations and grievances of the Independent Medical profession are likely to be brought prominently before the notice of the commission, we think it advisable to state that we consider their interest in many ways identical with our own and are most anxious to gave them every assistance. The Indian Medical Service may be said to have practically created the Independent Medical profession in the Medical Colleges and done everything in its power to foster its growth. Our experience is that in the large towns, where the inhabitants sufficiently appreciate western medicine, a strong and capable body of Medical practitioners is already growing up. From letters which appear from time to time in the Press we hear that Government encouragement is not given to the non-official Medical profession. Those who make such a complaint forget the cheap and good education with which Government has provided them, and also that all branches of the Medical Service are open to them. If they prefer to retain their independence, it is not clear what further encouragement they expect. Their success must depend upon their own skill, integrity, and honesty of purpose, and the development and growth of the profession must be left to the natural operation of the laws of supply and demand.

The complaint has also been made that Civil Surgeons overshadow the non-official practitioners and deprive them of private practice. We think that this is by no means a true statement of the case, for the following reasons:—

1. The scale of fees is entirely different, that of the Civil Surgeon being Rs. 16 per visit and that of the non-official practitioner probably from Rs. 1 to Rs. 4. The fee of Rs. 16 is too large for most Indian families, who now-a-days only call in the Civil Surgeon on occasional emergencies. The fact that they do so and are willing to pay his fee is the best proof that there is still a demand for his services as a consultant.

2. It seems to us quite impossible that in large towns like Lucknow, Cawnpore, etc., where there are many private practitioners and one Civil Surgeon amongst a large number of wealthy inhabitants, the Civil Surgeon can really overshadow or affect the incomes of practitioners in any way whatever.

In the whole of India we believe that only 200 Officers of the Indian Medical Service are earning additions to their incomes by private practice. We think it impossible that this small number of men can effect the Medical practitioners in an Empire of 300 millions.

The Indian non-official practitioner has frequently a difficulty in obtaining hospital experience after

qualifying, and we think that increased facilities in this respect would be of service to him.

We suggest that house surgeoncies in the larger district hospitals should be offered to recently qualified men. Such posts might be held for one or two years. A small salary might be offered, and the holder debarred from private practice, as is the custom in European countries.

The system of appointing non-official practitioners to honorary visiting posts at Government hospitals in the larger cities is already on its trial, and if successful might be more widely employed.

Major R. F. BAIRD called and examined.

56474. (*Chairman.*) The witness said the opinions expressed in the written statement were those entertained by both the European and Indian officers of the Indian Medical Service in the United Provinces.

56475. The witness held the post of Civil Surgeon at Benares. He had had 16 years' experience, eight years in military employment, and eight years in civil employment.

56476. He substantiated the view put forward in the written statement that competition for the Indian Medical Service had practically ceased by pointing to the fact, first, that the number of candidates had very much diminished of late years, and, secondly, that the number of candidates who obtained qualifying marks had been greatly reduced. He did not mean that the application for civil employment had ceased, but only the competition for the Indian Medical Service Examination.

56477. The witness then admitted that the existing orders of Government relating to private practice did not constitute a breach of the Statute of 1772, since officers who accepted non-practising appointments did so under the distinct understanding that practice was not permitted and were compensated for its loss.

56478. The cause of the present discontent in the Indian Medical Service was the possibility of private practice being altogether abolished, and also Lord Morley's circular, which suggested that a good number of Civil Surgeoncies should be handed over to independent practitioners. The witness agreed that those complaints referred more to men who anticipated coming into the service than to officers already in it. If the number of Civil Surgeoncies were diminished, men who were waiting for civil employment must necessarily have to wait longer. He thought four Civil Surgeoncies had been handed over to Civil Assistant Surgeons in the United Provinces. They were not very lucrative posts. He agreed that a certain advantage had been gained by officers of the Indian Medical Service by the creation of four professorships in the Lucknow Medical College. He was not sure which posts were the more lucrative, but the professorships were the more important.

56479. The witness's reason for saying that, if more Indians were to be employed, they should be nominated and sent to England for a year's training before being allowed to compete, was that he thought the training in India was defective, chiefly with regard to diseases of women and children, and there were various special departments, which were not in existence in hospitals in India. The witness preferred to see that form of recruitment to recruitment from the Civil Assistant Surgeon's ranks, unless some different system of education for Civil Assistant Surgeons were introduced.

56480. The witness thought the age at which Assistant Surgeons were promoted was too high. If they were promoted after 10 years' service he did not think it would cause any disturbance within the ranks of the service. He agreed it would mean putting a man over the heads of a great many others, but he did not think that would be a source of dissatisfaction.

56481. In the witness's opinion Indian private practitioners could be utilised in sub-divisions as sub-divisional Civil Surgeons. There were none at present in the United Provinces. He also suggested that such men might be given House Surgeoncies in big hospitals. He agreed with the evidence of the Director-General that hospitals were understaffed.

56482. If Indian practitioners were employed in hospitals, the witness considered they should be given full charge of wards. There was an honorary physician in charge of beds at the Benares Hospital, and no trouble at all was being experienced. All the officers in the ward were under the charge of the honorary physician, so far as the actual treatment of patients was concerned. He was not paid any salary for hospital work. The witness doubted whether many Indian private practitioners would willingly come forward to undertake similar work because they were very busy men, but it was a good opportunity for a man who was just starting in practice. In the big towns the witness thought there would be sufficiently qualified men for the post. If such a scheme were generally adopted it would get over the objection that the outside practitioner had not that opportunity of gaining hospital experience that an officer in the service had.

56483. The witness fully agreed with the suggestion that professors should be restricted to consulting practice in their own subjects. He doubted the practicability of the proposal that all Civil Surgeons in future should undertake only consulting practice, in view of the present state of the medical profession in the country. In many districts there were no private practitioners holding registrable English qualifications, with the result that the services of the Civil Surgeon had to be requisitioned. In big centres a Civil Surgeon was in practice restricted to consulting practice by the amount of his fee.

56484. The witness then said that in three or four of the large towns private practice would produce from Rs. 800 to Rs. 1,000 a month, and in one of them perhaps Rs. 2,000 a month. Speaking of Benares, the witness's actual income there was not at present one-third of what the Civil Surgeon's income was 15 years ago. He found that experience universal. During the last five or ten years the fall in income from private practice had been very large indeed, on account of the increased number, and the better qualifications of private practitioners. In large towns a Civil Surgeon was very much better off than an officer of the Royal Army Medical Corps, but in the smaller towns he was distinctly worse off financially.

56485. The difficulty with regard to pension was that a large number of men entering the service could never attain to full pension, owing to the age limit. If they came in over 25, they could not get full pension, as they had to serve for 30 years, and were superannuated at 55. The witness would like the period of service for full pensions to be reduced to 28 years to meet this.

56486. (*Sir Murray Hammick.*) Officers in civil employ in the Indian Medical Service always returned to civil employ after taking furlough, unless they took furlough during the first three years of their service in the Civil Department, in which case they had to revert to the Military Department.

56487. A Civil Assistant Surgeon started at Rs. 100 a month, and took 14 years to rise to Rs. 200. The witness thought that that rate of pay was distinctly insufficient.

56488. Not many Civil Assistant Surgeons in the United Provinces had large private practice. It was a question of the size of the town. As long as it did not interfere with his Government work, there was no objection to a man having a large practice. If his private practice attained too large dimensions, so as to interfere with his Government work, the witness agreed it might be neces-

sary to take steps to curtail it or to transfer the officer.

56489. (*Sir Valentine Chirol.*) With regard to the selection of the independent practitioner at Benares Hospital, the witness believed the course pursued was that names of men, whom the Civil Surgeon considered suitable for the post and likely to accept it, were sent up to the Inspector-General of Civil Hospitals. The post was at first offered to one or two practitioners who did not accept it, and it was then offered to the present practitioner, who accepted it. That gentleman had held the post for about two years. The witness thought the appointment had been a success from everybody's point of view. If it were thought desirable to appoint another independent practitioner to take charge of another department of the Hospital, the Inspector-General of Civil Hospitals could sanction the appointment.

56490. (*Mr. Abdur Rahim.*) Up to the present time no students had passed from the Lucknow College, as it had only been started quite recently. The qualified practitioners in the United Provinces at the present time had qualified themselves chiefly at Lahore and Calcutta. A few had English qualifications. A great many of them were retired Assistant Surgeons. He did not think there were any Indians in the Indian Medical Service in his Province. At the present time there were six Civil Surgeoncies in charge of Indians, and two more were to be appointed during the present year. There was one Indian professor—the Professor of Anatomy.

56491. A Civil Assistant Surgeon could not undertake the performance of operations at the headquarters dispensary without the sanction of the Civil Surgeon. It depended on the Civil Surgeon what proportion of surgical work the Assistant Surgeon undertook. No complaint had ever been made to the witness personally, as a Civil Surgeon, of Civil Assistant Surgeons not getting a proper share of surgical work. In the witness's opinion, if a Civil Surgeon thought his Assistant was not as well able to perform an important operation as he himself, it would be right to let the Assistant know it. The witness thought most Civil Surgeons encouraged their Assistants to do operations. As a matter of fact they had to do a great deal, even if it was undesirable for them to do so. Another important point was, when the Civil Surgeon was performing an important operation, he had the Assistant Surgeon as his Assistant. If the Assistant Surgeon was doing the operation, it would be rather too much to expect the Civil Surgeon to assist him. The question of an Assistant was a very important matter in an important operation.

56492. (*Mr. Madge.*) The witness agreed that if time permitted of private practice without neglect of Government duty, it would be a means of increasing a man's experience and efficiency. The witness had had a good many Assistant Surgeons under him, and he was fairly satisfied with their work.

56493. It would be correct to say that as Assistant Surgeons were always on duty, including Sundays and holidays, their service was a much more extended one than that in other Departments. The witness considered that was a legitimate grievance. He thought if there was no remedy for that state of things, it would be just to take such work into account by either giving better pay or an increased pension.

56494. (*Mr. Macdonald.*) In connection with his proposal that heads of Medical Colleges should nominate two men to go to England every year, the witness said he would not suggest that, along with that, should go any system of limiting the number of Indians passing through the door in England. It might happen that a very large proportion of Indians got into the service, and if it was considered an undesirable thing, he supposed steps would have to be taken to limit the number. He would give no guarantee to those two selected men of places in the service; they would have to run the risk of failure in the competition.

56495. (*Mr. Fisher.*) The witness said he would not be in favour of the suggestion, which had been put before the Commission, that if a man had held a House Surgeoncy or demonstratorship, the fact should count as so many marks in the examination. The examination as it at present stood was sufficiently practical. It really would not make much difference, because most men had held House Surgeoncies before entering the service, and under the present rules that time was allowed to count for pension.

56496. The witness thought Indians could gain admittance into English Hospitals. He had never heard of any difficulty in that respect.

56497. The witness thought it was to be regretted that the time spent in the Military Department was so long. If a man stayed in Military employment for a long period like eight years, he might get out of touch with a great deal of his work. Five years should be the maximum period. While in military employ a man very rarely got an opportunity of any teaching experience.

56498. (*Mr. Sly.*) With regard to the administrative duties of Civil Surgeons, the number of outpatients attending a hospital in a small district was anything from 100 to 3000 or 400 a day. The number of beds varied a good deal, but a fair average number would be 30. The number of major operations which would be performed by a Civil Surgeon during the year would be anything from 300 to 1,000.

56499. The witness only knew of one or two towns in the United Provinces which had a European practitioner attached to them. The result therefore of any rule abolishing private practice would be that the whole of the European women and children would be driven to consulting the Indian practitioner.

56500. It was the fact that there was a substantial number of cases in which Civil Assistant Surgeons were themselves in sole charge of hospitals at subdivisions and outlying dispensaries, and it lay within their own discretion as to what operations they undertook.

56501. (*Mr. Gokhale.*) The witness said he quite saw the point put by Mr. Gokhale, that, by keeping the Indian Medical Service to full strength, he was compelling the whole of the Indian population in some of the smaller districts to submit themselves and their families to a medical officer of a different race. The witness said he was scarcely qualified to answer the question whether for the sake of a few European families it was a just arrangement that Civil Surgeoncies should always be held by Europeans.

56502. With regard to the independent medical profession, the witness admitted that what was meant by the paragraph in the written statement: "The Indian Medical Service may be said to have practically created the independent medical profession in the medical colleges," was that the professors hitherto had been drawn from the Indian Medical Service. As to the question, whether the professors took the same interest in the students of the Medical Colleges when they began to practice as they would if there was no competition between the professors and the student, the witness denied the possibility of any competition taking place. If suitable independent men could be found there was no reason why they should not hold professorships. There was no such thing as racial jealousy in a profession like medicine, witness the appointment of the distinguished Japanese pathologist, Noguchi, to a professorship in an American University, in spite of the anti-Japanese feeling in America.

56503. The witness agreed that the success of independent practitioners depended as much on their being given opportunities for acquiring hospital practice or professorships, which enabled them to do research work, as on their "own skill, integrity and honesty of purpose."

56504. (*Mr. Chaubal.*) The witness agreed that while on the one hand the demand for practitioners trained in western methods was increasing, on the other hand a certain class of practitioners which used to have a monopoly of practice was not sought after in as great a degree as used to be the case.

He did not think that was due to the fact that the public had not as much confidence in the latter class of practitioner as they at one time had, but that they felt more confidence in the independent Indian practitioners who practised the Western system at a smaller fee.

56505. With reference to the proposed increase in salary, that was based upon a proportionate estimate of the loss in private practice. The witness thought the suggested figures were so calculated as to make up about half the entire loss.

56506. In all the districts in which the witness had served in the United Provinces, all *post mortems* were invariably sent to headquarters, and were not undertaken by Assistant Surgeons or Sub-Assistant Surgeons at outlying dispensaries.

56507. The witness had no knowledge of any representations having been submitted to responsible authorities to the effect that an Indian Assistant Civil Surgeon should be transferred, and a European Assistant Surgeon or Military Assistant Surgeon appointed in his place.

56508. (*Sir Theodore Morison.*) The witness thought that at one time the attempt to regulate fees had had a good deal to do with the discontent prevalent in the Service, but he thought that matter had been put right, and that that cause was not now acting.

56508A. With regard to the suggestion that the Deputy Sanitary Commissionerships should be recruited from the Indian Medical Service, the witness agreed that possibly a fully qualified Indian with intimate knowledge of the habits and customs of his own people would be more likely to make an efficient officer, provided he had been to England for some years, and had obtained some sort of sanitary ideal.

56509. The meaning of the statement that one of the reasons which had reduced the emoluments of the Civil Surgeon was improved railway communications throughout the country was that in small stations, patients who would in former years have consulted the Civil Surgeon of the district, now travelled to the nearest large town.

56510. The witness believed that the retiring age had been extended some years ago, but it was considered unsatisfactory, as Government thought that at the age, say, of 57, a man was getting beyond his work.

56511. (*Lord Ronaldshay.*) The witness agreed, with reference to Mr. Gokhale's cross-examination, that it was certainly not the case that the first duty of a Civil Surgeon of a district was to act as a general practitioner to the unofficial population. His duties were very largely administrative, and in his professional capacity, his first duty was towards officials. It was reasonable to suppose that in India, as in other countries, the ordinary unofficial population should look to the private practitioner when desiring to take medical advice.

56512. The present discontent in the Service was largely due to Lord Morley's Circular.† If this were withdrawn it would have a very good effect on recruitment.

56513. (*Colonel Young.*) With regard to the suggestion that an Indian should be appointed as Deputy Sanitary Commissioner because a European Deputy Sanitary Commissioner never saw the inside of a zenana, the witness was of opinion that a Deputy Sanitary Commissioner, whether European or Indian, had nothing to do with the inside of a zenana, or, indeed, had anything to do with domestic sanitation at all.

56514. The witness did not consider that the appointment of a Civil Assistant Surgeon to a Civil Surgeoncy of a district, *ipso facto*, increased his efficiency, and made him equal to the average Indian Medical Service Officer who held a Civil Surgeoncy. In other words, if a European Civil Surgeon was removed from a district, and was replaced by a Civil Assistant Surgeon promoted to the Civil Surgeoncy, that district was deprived of a certain amount of medical and surgical skill. The witness considered it was essential for the development of the skill and efficiency of a medical man that he should hold a hospital appointment, but he thought that private practitioners might become excellent professional men, even if they had not held a hospital appointment throughout their career. At the same time he approved of the appointment of selected Indian private practitioners as honorary physicians and surgeons on the staffs of the larger hospitals.

56515. The witness did not mean to base his claim to higher pay entirely on the grounds of loss of private practice. He considered the increased cost of living was a very important factor.

56516. With reference to recruiting for the Service, the witness thought that amongst other reasons which had been adduced, the improved status of the Royal Army Medical Corps had something to do with the fall in recruiting for the Indian Medical Service.

56517. (*Rai Bahadur Bihari Lal Pande.*) It was true the witness had said that if an Indian Medical Service Officer was replaced by a Civil Assistant Surgeon in the grade of Civil Surgeon, it meant removing a more capable officer in the way of surgical and medical skill, but he admitted it was also the fact that men from the Civil Surgeon class had held appointments for several years together, and that he had never heard of any actual complaints with regard to such officers. Constant advances, however, were taking place in medical science and a Civil Surgeon should be a man of such attainments as to be able to give his district the benefit of these advances, and should be capable of far more than merely doing his duties without complaints arising.

(The witness withdrew.)

Captain J. T. Parkinson, I.S.M.D., Civil Surgeon, Hardoi, United Provinces.

Written Statement relating to the Medical Department, being the corporate representation of Members of the Indian Subordinate Medical Department (Civil Side) serving in the United Provinces.*

56518. **(I) Methods of Recruitment.**—The present method of recruitment by selection from the Military Assistant Surgeons at Military duty by the Government of India is fairly satisfactory.

Members of the Service who are drafted into Civil Employ form a War Reserve and are seconded in the Military Department, they are subject to recall to Military duty on the outbeak of war as are Officers of the Indian Medical Service in Civil employment.

To improve methods of recruitment it is suggested in the case of appointments reserved for 4th Class Military Assistant Surgeons, selections for Civil Employ should be restricted to those who showed ability during their college career, and passed out at the head of their batch.

In the case of appointments made from the 3rd Class and upwards; while due consideration should be given to the claims of "first passed" men, yet the claims of other men who though they did not do so well in college and who may afterwards have improved themselves professionally, should be carefully considered.

The system of recruitment of Civil Surgeons from amongst Military Assistant Surgeons holding Subordinate Civil appointments in the Service, is in our opinion not satisfactory. A Civil Surgeon being an executive and administrative Officer in addition to a professional expert, he should be a man of experience; which can only be attained by a certain length of actual service, and we would suggest tht no Officer should be appointed a Civil

* Signed by Lieut. N. S. Harvey, I.S.M.D., and 1st Class Assistant Surgeon P. B. Mills, I.S.M.D., *Members of Committee.*

† The correspondence on this subject will be found in Appendix XLVIII.

Surgeon with less than 12 years service in the department.

56519. **(II) System of Training and Probation.**—(*a*) The standard of general education required for entrance into the service should be raised to that required by the General Medical Council of Great Britain or its equivalent. It is further suggested that the course of studies at the Medical college be extended from four to five years, to conform with the period of training in the United Kingdom and in India, as the present period appears to us inadequate and we consider that the curriculum could be more thoroughly gone through in that period as is done by the Indian students.

(*b*) It is inadvisable to send a Military Assistant Surgeon on first appointment to the Civil department direct from college or Military duty to a responsible appointment in the Civil Medical department, as he will not have had the opportunities of gaining sufficient experience in professional work. To us it appears desirable that every such Officer on first appointment should be sent to a large Hospital in a Presidency town and made to perform the duties of a House Surgeon.

(*c*) For those at present in Civil Employ courses of post graduate studies in special branches of Medicine, Surgery, Operative Surgery, Midwifery, Bacteriology, etc., should be established at the principal training centres, and special facilities in the shape of study leave should be allowed on the same terms as for Indian Medical Service Officers. They should also be trained in the latest methods of the treatment of Tuberculosis, in Malariaology, in X Ray work, and in all minor branches of scientific investigation where opportunities offer to give them such training.

56520. **(III) Conditions of Service.**—(*a*) It is pointed out that the designation "Subordinate" when applied to Military Assistant Surgeons in Civil Employment casts an undeserved slur on its members inasmuch as no Government Department of similar standing is designated "Subordinate" nor is the word "Subordinate" borne by any department of the British or the Indian Army. The elimination of the word "Subordinate" and the substitution of some such title as "Indian Medical Department" would not infringe the rights or hurt the susceptibilities of any other Medical Department in India, and would be of inestimable advantage to members of the service, in that when holding the appointment of Civil Surgeon in charge of a district or Superintendent of a Central or District Jail, we would no longer suffer as we do at present, an unmerited stigma in the eyes of other departments and the public generally by the inclusion of the word "Subordinate" in our designation; moreover we submit that the inclusion of the word "Subordinate" in our title is incompatible with either our official or social status. A Civil Surgeon is a first Class Gazetted Officer on the same social and official footing as other District officials such as Collectors, District Superintendents of Police, Executive Engineers, etc., and it appears to us that the prestige of such an Officer is jeopardized by branding him a "Subordinate."

(*b*) The period spent as Assistant to the Civil Surgeon, Deputy Superintendent of a Lunatic Asylum, and as an officiating Civil Surgeon, should count towards increment when confirmed as a Civil Surgeon. It often happens that three to ten years are spent in these responsible appointments before a member of the service is confirmed as a Civil Surgeon with the result that he seldom or never reaches to the maximum salary of Civil Surgeon: it will be seen that this is a great hardship and should be remedied.

(*c*) Military Assistant Surgeons who are Medical Officers of Railways are not at present graded with the superior staff, the men in this Province holding railway appointments are Commissioned Officers and as such should be shown as belonging to the superior staff receiving all the privileges on the railway as such.

56521. **(IV) Conditions of Salary.**—The rates of salary for Military Assistant Surgeons holding Civil Surgeoncies was fixed to our knowledge 30 years ago, and it is obvious that with the cost of living steadily increasing, it becomes the duty of employers to proportionately raise the salaries of their servants so as to enable them to meet the changing conditions with the minimum of distress, a fact which has been fully acknowledged by the Government of India, who have been pleased to ameliorate the conditions of most of their employees by granting them an increase of pay compatible with the times, and by the reorganisation of different departments such as the Public Works Department, Police, Indian Medical Service, Opium, Survey of India, Telegraph, Forest and Customs Departments, etc. All these reorganisations have to a great extent been based on the increased cost of living, an increase which raises the cost to nearly 100 per cent. to what it was when the existing rates were fixed. In those days our men were appointed Civil Surgeons of important stations such as Ajmer, Nagpore, etc., where the field for private practice was extensive without competition from private practitioners; whereas the Civil Surgeoncies now held by men of our department are only 3rd and 4th Class stations. It is generally believed that the rates of pay were originally fixed with the idea that Medical Officers could enhance their income by private practice, this does not exist now, as what with the multifarious duties we have to perform such as the Medical administrations work of the District, Superintendent of the District Jail, Medico legal work, including post-mortems and police injury cases; Mortuary Registrar, District Sanitary Officer, and District Superintendent of Vaccination, the amount of time left for engaging in private practice, and opportunities for supplementing our income in small stations is non-existent.

Owing to the advent of private practitioners such practice as did exist has been taken over by them, they having unlimited time at their disposal.

Being the head of all Sanitary and Medical matters in the District and for administrative purposes being ranked as, and granted the rights and prerogatives of, 1st Class Officers, we have a position thrust on us which not only in our own interest, but in those of the Government we serve, places us under the necessity of living up to a standard which should be in keeping with such a status, and which necessitates a very much larger expenditure than is made possible by our present income, so that by living up to the standard required by this position we often court financial disaster in the shape of debt, or if in endeavouring to live within our meagre means we are inevitably exposed to social and official ostracism, with the result that our influence is weakened in that section of district administration of which we are the executive head, so that no matter which course we pursue, our path is beset with difficulties and our lot in either case is an unenviable and humiliating one. It is contended that the salaries we are paid by no means bear a fair ratio to the value of services required and rendered, we are constantly exposed to all risks involved in attending and supervising the treatment of people suffering from epidemic dseases such as plague, cholera and small-pox, our duties are arduous, varied, and responsible, and we therefore suggest that the rates of our pay may be made equivalent to those prevailing in the higher grades of the uncovenanted companion civil services which would bring us into line with them, and thus put us on an equality with our colleagues in Government employ.

To accomplish this the following rates of pay is suggested:—

Civil Surgeons officiating or on first appointment, Rs. 400 rising by yearly increment of Rs. 25 in 16 years to Rs. 800.

Civil Surgeons after 16 years as such, rising by yearly increment of Rs. 50 to a maximum salary after 20 years service to Rs. 1,000.

With regard to Junior appointments such as Assistant to the Civil Surgeon and Resident Medical Officer of a Hospital the following rates of pay is suggested:—

Rs. 250 P.M. with Rs. 50 for house rent and Rs. 30 horse allowance.

Deputy Superintendent of Lunatic Asylum and Railway Medical Officer should receive on first appointment Rs. 250 with annual increments of Rs. 20 rising to a maximum of Rs. 550 in 15 years with local allowances.

56522. **(V) Conditions of Leave.**—Holidays are unknown in this department and we put in on an average about 10 years more working days during our service than any other department, we would suggest that privilege leave for two months in the year may be sanctioned in place of one month as at present, which may be accumulated and taken advantage of to the extent of six months. This we would consider a great boon, as under existing circumstances very few of our men are able to avail themselves of furlough. We believe that the leave rules of the superior services applicable to Europeans are under revision, and pray that we may be included in the services who would be benefitted by these rules.

We would point out that in no other department is the matter of study of such vital importance as in the medical, and Government realising this has granted special study leave to Officers of the Indian Medical Services, we would ask that similar leave may be granted to us.

56523. **(VI) Conditions of Pension.**—Since we put in 10 years more working days than any other department we would suggest that we may be permitted to claim pension after 25 years services, and it should be granted according to the Civil Service Regulations for members of our department in Civil and Employ; and not according to Military rules; the men claiming such pension will have done the greater portion of their service in the Civil department.

56524. **(VII) Such limitations as may exist in the employment of non-Europeans, and the working of the existing system of division of Services into Imperial and Provincial.**—Our services being recruited from Europeans and Anglo-Indians, the Civil Side forming a war reserve for service with British Troops only, Indians are consequently not eligible. As we are an Imperial department we have no comments to make between the system of division of service into Imperial and Provincial.

56525. **(VIII) Relation of the Service with the Indian Civil Service and other Services.**—The relations between of our department and the Indian Civil Service and other services has already been of a friendly and satisfactory nature officially, professionally, and socially. During recent years when it was suggested by the Home Government that an Independent Medical service should be established with the idea of throwing open most of the appointments at present held by officers of the Indian Medical Service and our department to Indians, the opinion was generally expressed by those District Officers whom we have been associated with, that they hoped this would not be accomplished as they were opposed to the idea of Indian doctors treating them, their wives and children. They say Indians, although perhaps holding the highest qualifications, do not understand their mode of living, manners, and customs, and would not be able to do themselves or their patients justice when treating Europeans. It is the contention of the European District Officers that at all headquarters stations a qualified Civil Assistant Surgeon (Indian) is appointed to the charge of the local hospital and his services are available for all Indian patients, they desire that Civil Surgeoncies already held by Europeans of the Indian Medical Service and the Military Assistant Surgeon Class should not be reduced, as they consider that besides the question of Medical attendance, the administrative work of the district and jail is more satisfactorily carried out by my service and officers of the Indian Medical Service.

56526. **(IX) Any other points within the terms of reference to the Royal Commission not covered by the preceding heads.**—It is a regrettable fact and one that presses hard on us that the diploma we now receive on the completion of our college course, notwithstanding the severe tests to which we have been put prior to its being granted is of no value whatsoever outside India—a fact which was unpleasantly emphasised a few years ago when a congress of Medical practitioners met at Bombay to consider proposals for a register of qualified men in India. The congress resolved that Military Assistant Surgeons be excluded from the register. The full significance of this is apparent. Fortunately for our service the Government of Bombay vetoed the proposal and informed the congress that Military Assistant Surgeons "had been given by Government all the privileges of qualified Medical practitioners and had performed as part of their routine work all the duties which could have been demanded of them had their qualifications been of the highest."

The training we undergo in the Medical colleges is the same as that undergone by Indian University men, the difference being that they obtained their diploma or degree by sitting for the examination in the University, and we obtained our diploma by passing the examination at the college, the subjects, professors and examiners being the same. We therefore solicit that we may be given a suitable diploma which will be a registerable qualification recognised by the General Medical Council of Great Britain, and would permit us to be recognised as Medical practitioners at Home; and with this diploma be permitted to appear for examinations for British qualifications under the same rules as are applicable to graduates of Indian Universities.

We would point out that a Military Assistant Surgeon proceeding to England on furlough or retirement after having been a Civil Surgeon from 10 to 20 years, having been the head of the Medical administration of the district consisting of perhaps a population of a million people, doing the most skilful and intricate surgical operations, treating all diseases known to Medical science, doing Medico-Legal work requiring the highest qualifications, and notwithstanding that his opinion is accepted in all forensic matters by the different Honourable High Courts, he is not allowed to prescribe for his wife and family when suffering from the most trivial ailments on their arrival in the United Kingdom owing to his diploma not being a registrable one.

Captain J. T. PARKINSON called and examined.

56527. (*Chairman.*) The witness said the written statement representing the views of the 23 officers of the Indian Subordinate Medical Department in the United Provinces.

The witness had occupied the position of Civil Surgeon since 1895. He had had 13 years' service as a Military Assistant before being promoted to a Civil Surgeoncy. His was rather an exceptional case, as the majority of the officers were not promoted until after 15 or 20 years' service. He had been educated in the Calcutta Medical College. He held no degrees. He had had eight years' military work after passing through the medical college.

56528. The entry of Military Assistant Surgeons into Civil employ was by selection. There was no fixed time during which it was necessary for an officer to be with the Army before entering Civil employ, but the average was about eight years. The witness did not regard that period as too long, but considered it was time well spent.

56529. During his Army period the witness had been in charge of troops, station hospitals, standing camps, field hospitals, and female hospitals. He had not performed many operations during those years. He then became Assistant to a Civil Surgeon at the age of 29.

56530. Civil employ was sought after by military officers chiefly on the ground of improved status.

56531. The witness's present pay was Rs. 550. If

he were in a Military Hospital he would be receiving Rs. 450. Pay in his present Service began at Rs. 350, and rose to Rs. 700 by increments of Rs. 50. That scale of pay was fixed over 30 years ago.

56532. The witness admitted that an improvement in training was necessary. The present system was that an officer went through the requisite number of subjects in four years. At the end of that time he was examined by the professors of the Medical College, and given a certificate, which stated that he was qualified to practise surgery, medicine, and midwifery, but it was not registrable. Out of the whole Service only 30 or 40 officers held registrable qualifications.

56533. The witness had never heard of any complaints as to the system of putting Civil Assistant Surgeons under the charge of Military Assistant Surgeons.

56534. His colleagues desired to extinguish the anomaly which existed between their Department and the Civil Assistant Surgeons; they would like to go through a five years' course and obtain a registrable qualification. They objected to their Department being called subordinate, it appeared to be an anomaly. They suggested the Service might be called the Indian Medical Department.

56535. The Department had ten men filling posts as Civil Surgeons in the United Provinces. The present number fixed was 16 for Military and Civil Assistant Surgeons. It was under contemplation to give the Civil Assistant Surgeons four more Civil Surgeoncies, in order to make the number ten for each class of officer.

56536. The witness was permitted to have private practice. With regard to fees, he presumed the Civil Assistant Surgeon, if raised to a Civil Surgeoncy, as he himself had been, would exact the same fees.

56537. The witness thought the complaint in the written statement with regard to holidays was justifiable. Officers worked from 1st January to 31st December. There was also no study-leave granted, and he suggested the Department might obtain leave in the same way as the Indian Medical Service, though it would be difficult for men to be spared. In times of famine, for instance, anybody else might get away, but a doctor, never.

56538. (*Lord Ronaldshay.*) There were some appointments, for instance, Assistant Civil Surgeoncies in Mussoorie, specially reserved for fourth class Military Assistant Surgeons With regard to the witness's previous evidence that the scale of pay of his Department was Rs. 350, rising to Rs. 700, that only applied to men who had become Civil Surgeons.

56539. The witness thought the Service would be satisfied if it was offered six weeks' privilege leave, and allowed to accumulate it for three years, *i.e.*, up to 4½ months.

56540. (*Sir Theodore Morison.*) The witness considered that if the conditions of service were improved, men of much higher qualifications would be attracted to it.

56541. The subordinates of the Royal Army Medical Corps in England all belonged to the Corps, and the rank went down as low as private.

56542. (*Mr. Chaubal.*) The witness said there were no special reasons, from a professional point of view, why posts at present reserved for Military Assistant Surgeons, should not be held by Civil Assistant Surgeons. The only point was that a military man was accustomed more to discipline. As to the difference in salary between the Military and Civil Medical Service, it was true the witness drew more pay under his present conditions than if he had remained in military employment, but his expenses were much greater.

56543. Taking the present condition of things, he did not think that *primâ facie* there was cause for discontent if Civil Assistant Surgeons had to serve under Military Assistant Surgeons.

56544. (*Mr. Gokhale.*) When the witness said that Civil Assistant Surgeons should not be entitled to draw the same salary as Military Assistant Surgeons on the ground of expense, he did not wish to oppose in the least the raising of salaries of other Departments; he would be very glad to see the Civil Assistant Surgeon obtain an increase of pay.

56545. (*Mr. Sly.*) The proposal that the Indian Subordinate Medical Department should be combined with the Indian Medical Service proper into one Indian Medical Corps, under which members of the Indian Subordinate Medical Department would be warrant officers rising to an Honorary commissioned rank, would, the witness thought, meet with the approval of his colleagues.

56546. Of the 705 members in the Service, 218 were actually in civil employ, the remaining two-thirds being on the military side. The latters pay rose to Rs. 450, and with allowances, to Rs. 500.

56547. Another reason, besides that of expense, why the witness thought the Civil Assistant Surgeon should not get the same salary as a Military Assistant Surgeon, was that the latter was liable to be recalled to active service, whereas the former was not.

56548. (*Mr. Fisher.*) When a Military Assistant Surgeon was transferred to the civil side, he could at once begin to practice privately. The witness had made about Rs. 200 from his private practice in a month.

56549. (*Mr. Madge.*) With regard to the suggestion that privilege leave should be allowed to accumulate up to 4½ months, the witness said that such a period would not be sufficiently long to enable an officer to go to England and gain further professional experience. A period of six months would serve such a purpose.

56550. In the witness's opinion any deficiency in the training of midwifery in Indian colleges was made up by experience in a Military Hospital.

56551. (*Lieutenant Harvey.*) With regard to the contention that the Indian Subordinate Medical Department held an inferior professional qualification as compared with the Civil Assistant Surgeons, the witness was not aware of any difference in the course of studies in the Calcutta Medical College between the Military medical students, who eventually became Military Assistant Surgeons, and Civil Assistant Surgeons.

56552. Indian students who took the Indian Medical Service degree sat for the very same college examination as Military medical students. The witness had known of cases where Military students had topped the list in the college examination, and had gained gold medals and other college honours.

56553. In the witness's opinion, officers of the Indian Subordinate Medical Department who were able to go to England and successfully enter the Indian Medical Service or obtain English qualifications, were merely average men. He thought if the Indian Subordinate Medical Department men had the means to go to England, a greater percentage than at present would be able to obtain English qualifications, there was no question about it.

(The witness withdrew.)

ASSISTANT SURGEON NIL RATAN BANARJI, M.B., Civil Surgeon, United Provinces.

Written Statement relating to the Medical Service, being a joint representation of the Provincial Medical Service of the United Provinces.*

56554. **(I) Methods of Recruitment.**—The Civil Assistant Surgeons are at present recruited from amongst the medical graduates of Indian or Foreign Universities or, occasonally, from amongst the diploma-holders of recognised licensing bodies of Great Britain and Ireland, provided that they can prove their domicile in these provinces for three years excluding their sojourn in the Medical College. We are of opinion that this method of selection gives no reasonable ground for any dissatisfaction.

* This statement was signed by Messrs. N. R. Banarji, Shiam Manohar Lal, and Said-uz-Zafar Khan.

The selected candidates enter the service as temporary Assistant Surgeons at first and are given permanent posts as they become vacant. We would, however, suggest that at least one guaranteed appointment every year be reserved for the graduate of K. G. Medical College, who stands first in the Final University Examination. Such a change would create a healthy competition among the students and would ultimately lead to greater efficiency all around.

But the system of recruitment of Civil Surgeons from amongst Civil Assistant Surgeons, as it at present obtains, is in our humble opinion capable of much improvement with advantage, both to the Government and to the Provincial Medical Service as a whole. A Senior Assistant Surgeon is often reluctant to be promoted to a Civil Surgeoncy for the following reasons:

1. A Senior Assistant Surgeon in charge of a hospital in a large station is extremely reluctant to leave his post and go as a Civil Surgeon of a small station where chance of private practice are next to none.

2. Moreover the high mode of living thus necessarily entailed, inevitably spells a financial loss which few care to undergo and fewer still to comfortably bear with their limited means.

3. For those with large families, as necessarily the senior members of the service must have, it is more or less a hardship to be moved about for short intervals as Officiating Civil Surgeons, on a nominal increment of pay. Inasmuch as a Civil Surgeon is more an executive and administrative officer than a mere professional expert, it is necessary that he should, in addition to being a highly qualified medical man, be also full of energy and zealable to uphold the dignity and his position as a District Officer; In order to achieve this end it is extremely desirable that, the sphere of selection for the Provincial Civil Surgeoncies be widened and in addition to Senior Grade Assistant Surgeons, any other Assistant Surgeon, with ten years of service may be promoted to a Civil Surgeoncy.

56555. **(III) Conditions of Service.**—One of the conditions, when an Indian Graduate of Medicine is recruited as an Assistant Surgeon, is that he should enter into a covenant to serve the Government for five years at least before he can be permitted to resign. Since, with the spread of medical education a sufficient number of candidates is always available to choose fresh incumbents for the post of Assistant Surgeons, in our judgment such a condition is unneccessary and possibly harmful to the efficiency of the cadre by forcing unwilling people to serve.

The status of Civil Assistant Surgeons in the Medical Department is the same as that of Deputy Collectors or Munsiffs in the executive and Judicial Services, respectively. The styling of an Assistant Surgeon as a "subordinate" lowers him unnecessarily in the estimation of his fellow-officers, who are never thus designated and his wounded sense of self-respect in the long run becomes detrimental by lowering his efficiency. Instances are not unknown, where Assistant Surgeons were on public occasions made to sit with Police Inspectors and Head Clerks. If such men in future fight shy of appearing on public occasions, they are not much to blame. Sub-Inspectors of police are often in the habit of addressing Assistant Surgeons in their official correspondence in a way in which they would never do a Deputy Collector or a Munsiff or even a Tahsildar. On several occasions when required in Court to give evidence, some of the Assistant Surgeons have been sent the ordinary summons instead of being called by a letter of invitation. Other Government officials, much lower in rank than an Assistant Surgeon, are usually summoned to give evidence in courts in their official capacity by a *robkar* or an ordinary letter; and the occasional omission to show the same courtesy to Assistant Surgeons unnecessarily lowers them in public estimation.

The Assistant Surgeons have to serve in District Board Hospitals and as such sometimes they have to submit to have the institutions they are in charge of inspected by any member of the Board, though in position, official status and education such an "inspector" may even be inferior to the Assistant Surgeon whose work they come to inspect. The inspection of a technical institution by the lay people simply in virtue of their having a seat in the District Board, is unnecessary, if nothing worse. Applications for leave of Assistant Surgeons have similarly, by a recent modification in the District Board Manual, to pass through the Board before they can reach the Inspector-General of Civil Hospitals. Such a course, we humbly represent, sometimes gives cause for just grievance. The High Schools in this Province used to be similarly treated but now they are only subordinate to their departmental officers. We earnestly urge that a similar course may be adopted in the case of Civil Assistant Surgeons. This would entirely remove the Civil Assistant Surgeons from the semi-subordination of the District Boards, the members of which are not unoften the patients of the Medical Officers in charge of the very dispensaries to which they usually resort for medical relief.

The Assistant Surgeons in charge of dispensaries are entitled to free residence, which in some places is inadequate. An early improvement of existing quarters in those places where they are not in a satisfactory state, will remove an inconvenience which in some places unfortunately still exists.

56556. **(IV) Conditions of Salary.**—The members of the Civil Assistant Surgeon class are *the* servants in Government employ, who after receiving a fair amount of general education, have to undergo the longest course of professional training, which is as expensive as, if not more so than, the training of a lawyer or an engineer. Besides this, the course is much harder and certainly more dangerous. With pestilence, plague, famine, cholera and small-pox, on the appearance of which all fly away, medical men, at imminent risk to their lives, have to work in the midst of staring death. Despite of this fact, the emoluments of Civil Assistant Surgeons compare very unfavourably with those of the sister profession of law. A Munsiff starting on rupees two hundred a month in the course of a few years becomes a Sub-Judge and draws up to Rs. 800 per month; whilst a few of them are made Small Cause Court Judges on Rs. 1,000 a month. Selected men among them also become Sessions Judges and receive handsome salaries; and officers showing exceptional capabilities rise to Judicial Commissionership or even a High Court Judgeship on Rs. 4,000 a month. But a Civil Assistant Surgeon starting on Rs. 100 a month gets after 14 years of service Rs. 200 per month after passing two difficult tests. A starting salary of Rs. 100 was fixed at a time when (63 years ago) officers of other departments of the Government used to start with the same initial pay. Since then education has become more costly, living more expensive, and the standard of education, both preliminary and professional, considerably raised. Since that time though the status and the emoluments of other sister services have been considerably improved no tangible or substantial improvement has been made in the prospects of Civil Assistant Surgeons. The present salary, we respectfully but earnestly beg to state, is not sufficient to enable an officer to live decently and also expend some money in keeping his knowledge up-to-date. It may be said that Assistant Surgeons have the privilege of engaging in private practice and are thereby enabled to add to their emoluments; but in reality with the lengthened hours of attendance in the Hospitals, with the increased amount of collateral work, *e.g.*, gratis attendance on Government Officials giving evidence in police cases, occasional *post mortems*, with the advent of private practitioners who are not bound by hours of attendance in the dispensary and therefore in consulting whom the public have greater facility, with the greater number of books, registers and returns which have to be occasionally made up or daily filled in, the amount of time and energy left for engaging in private practice are

daily becoming less and less—so much so that in not a few places income from that source is actually an insignificant amount. To this must be added the consideration that whilst all Government Officials enjoy at least 52 Sundays in the year in addition to other holidays, sometimes extending for weeks, the members of the medical profession have to work on unremittingly and ceaselessly.

Taking all these facts—and many more hereafter to be mentioned—the present scale of salary is very insufficient. We would, therefore, with great respect, strongly urge that the pay of Civil Assistant and Provincial Civil Surgeons be raised at least to the same level as that of Munsiffs and Sub-Judges, respectively, viz., as follows:—

	Per Mensem
Temporary Assistant Surgeons ...	Rs. 150
3rd Grade Assistant Surgeons (on confirmation	,, 200
2nd Grade Assistant Surgeons after five years' service in the 3rd grade	,, 300
1st Grade Assistant Surgeons after five years' service in the 2nd grade	,, 400
Senior Grade Assistant Surgeons or officiating Civil Surgeons ...	,, 500
Second Class Civil Surgeons (five years after confirmation)	,, 650
First Class Civil Surgeons (after 10 years of confirmation)	,, 800

A monthly salary of less than 500 rupees can never be sufficient to enable a Civil Surgeon to live in a decent style and maintain the dignity of his office. Unless the salary of the Provincial Civil Surgeoncies is increased, we are afraid the promotion of Senior Grade Assistant Surgeons to the post of Civil Surgeons will remain uncoveted.

56557. **(V) Conditions of Leave.**—Seeing that the Civil Assistant Surgeons have to work during the ordinary holidays, which officials of other departments utilise for rest, recreation, or transacting private business, we recommend that the Medical Officers be allowed twenty days casual leave instead of ten in the year. Study leave, to enable the Assistant Surgeons to improve themselves, should also, in our humble opinion, be allowed on the same terms as to the Indian Medical Service Officers.

56558. **(VI) Conditions of Pension.**—Considering that the Civil Assistant Surgeons enter service at a later period of age owing to a long course of study which they have to go through, that their duties are arduous and unremitting, which involve a heavy mental strain, and that they get no holidays, we pray that they be allowed to retire after twenty-five years' of service on full pension.

56559. **(VII) Such limitations as may exist in the employment of non-Europeans and the working of the existing division of Services into Imperial and Provincial.**—We take leave to represent the fact that whilst in almost every department of Government, Indians of distinguished merits have been and are being given high and responsible offices to hold; with the exception of a chair of anatomy, no Indian Medical man, outside the ranks of Indian Medical Service has yet been given any such posts as are ordinarily reserved for Indian Medical Service officers. There are, what are called "listed posts" in the Civil Service to which Indians are eligible; but no such provision in the Medical Department as yet exists. The creation of such appointments would be a great stimulus to the members of the Civil Assistant Surgeon Class to improve themselves in order that they may, by proving themselves worthy of such promotion, achieve distinction in any branch of Medical Science. With this view, we recommend that four posts of "listed" grade be created in the Medical Department of these Provinces, to any two of which non-Indian Medical Service Indians may be appointed. The chairs of Anatomy, Physiology, and *Materia Medica* in King George's Medical College, and the Chemical Examinership may be thus thrown open to Indians, and suitable candidates, to any two of them at least, for the present be appointed. The officers thus selected should in every respect be treated like other Imperial Service men as regards their salary, leave rules, pension, etc. We would suggest that their pay be fixed from Rs. 500—50—1,000 a month. Capacity to carry on the work should be the only test for such appointments, and no other consideration, apart from special fitness to discharge the work be taken into account.

In our humble opinion the number of Civil Surgeoncies allotted to the Provincial Service is not adequate, and therefore the opportunities for the individual members to rise in service are very limited. Every Munsiff rises to at least a Sub-judgeship before his retirement; but under the existing circumstances many deserving men retire only as Senior Assistant Surgeons. At present there are six Civil Surgeons of the Provincial Service, and 98 Civil Assistant Surgeons. Though it is hoped that the former number will be increased to ten, as four more Indian Medical Service Officers are drawn in the Medical College, we still consider the number of Civil Surgeoncies insufficient. There are at present 23 Military Assistant Surgeons and one uncovenanted European in these Provinces; and out of them 11 are permanent Civil Surgeons and two officiating, and one Lecturer of *Materia Medica* in the Medical College—that is to say, more than half of them are occupying higher appointments as compared to the Provincial Civil Medical Service men, whose percentage of higher appointments stands at less than six. Now these Military Assistant Surgeons, of whom 50 per cent. are Civil Surgeons, are much inferior in professional qualifications to the Civil Assistant Surgeons of whom only less than six per cent. have been made Civil Surgeons. The Military Assistant Surgeons are trained at Government expense, the Indians have mostly to support themselves; the Military Assistant Surgeons had to pay no tutional fee for their professional training like the Civil Assistant Surgeons; the Military Assistant Surgeons also are not required to pay any fee for their qualifying examinations, the Civil Assistant Surgeons are only admitted to University Examinations on payment of high fees; the Military Assistant Surgeons before admission into a Medical College are not required to have a high standard of general education, the Indian students have to qualify in Physics, Chemistry, Botany, Zoology and Mathematics by passing at least the Intermediate Examination with Biology and an additional test in organic chemistry; even during their medical education the former are not at all taught Biology, and finish their professional education in four years, Indians have to study for five years in a Medical College; the University Examinations are much harder than the qualifying examination of the Military Assistant Surgons; all the Civil Assistant Surgeons hold University qualifications or a diploma from a recognised licensing institution in Great Britain, but with one or two exceptions the Military Assistant Surgeons hold no such qualifications and any Civil Assistant Surgeon can go out in any parts of the civilised world and practise as a recognised Physician and Surgeon, but the majority, perhaps none, of the Civil Surgeons of the I. S. M. D. Class can go and get himself registered as a medical man even in England. But despite of all this, their pay is higher and they not only become Civil Surgeons sooner, but have Civil Assistant Surgeons even of longer service than themselves as their subordinates.

We humbly beg to quote the following remarks of Col. R. D. Murray, formerly Inspector-General of Civil Hospitals which he made in recommending a Memorial, which was in his time submitted by Civil Assistant Surgeons, in support of our contention.

"I have compared the conditions of service of Military Assistant Surgeons and Civil Assistant Surgeons, and find that the conditions pertaining to the former are more favourable. The standard of education required from Civil Assistant Surgeons is higher, their medical course is for five years against four on the Military side and their pay is less. It is true a Military Assistant Surgeon starts from Rs. 85, and the Civil Assistant Surgeon on Rs. 100, but the former can rise to Rs. 400, in the Military Department whereas the latter gets only Rs. 300 in the Senior Grade and that he may never get since the Senior Grade is limited to 10 per cent. of the total strength. If a Military Surgeon is appointed to an independent Civil Charge he can rise from Rs. 350 to Rs. 700, but his brother on the Civil side can only get Rs. 350 to Rs. 500. This is, I think, a distinct hardship. It must also be remembered that a Military Assistant Surgeon is entitled to many allowances" (Letter No. G.-6721, dated 7th August, 1907).

If the better qualified Indian Civil Assistant Surgeons be given some of the Civil Surgeoncies at present allotted to the I. S. M. D., it would be but just and fair. For these reasons, may we humbly suggest that at least 20 Civil Surgeoncies, including some of those at present held by the Indian Medical Service Department Officers, be reserved for qualified Indians in preference to less qualified Military Assistant Surgeons. If any of the latter obtain, by further study any qualification recognised by the British Medical Council they may be given Civil Surgeoncies like non-Indian Medical Service Indians and receive the same salary.

56560. **(IX) Any other points within the terms of reference to the Royal Commission not covered by the preceding heads.**—A few other points of minor importance to which we would respectfully invite attention are the following:—

(*a*) *Grade Examination.*—The Civil Assistant Surgeons have to appear in two septennial examinations before they can get any increase of pay. The second examination is held after 14 years of service and men at advanced age find it hard to prepare for an examination.

As efficiency in service does not merely consist in book knowledge, but rather in practical training in contending against sickness, in the care of patients and in the capacity shown for administrative work, we suggest that the first examination be held after five years of service and the second examination be altogether abolished. Also those, who taking the advantage of study-leave above suggested, pass higher examination while in service, be exempted from appearing in the departmental test.

(*b*) *Arms.*—Government Officials much lower in rank than Assistant Surgeons are exempt from the Arms Act, the Assistant and Sub-Assistant Surgeons in the Bombay Presidency also enjoy that privilege. Considering the fact that the Assistant Surgeons appear as prosecution witnesses in important cases of murder, poisoning, etc., means of self-protection are much needed by them. We, therefore, recommend them for an exemption from the operations of the Arms Act.

(*c*) *Durbarees.*—At present Assistant Surgeons as *durbarees* are not alloted seats with other gazetted officers we hope they may be ranked in the Durbar according to the length of their service, irrespective of the pay.

(*d*) *Transfers.*—Up till lately in these Provinces the Assistant Surgeons even of some standing had been frequently transferred from place to place; as constant changes are a source of loss and much discomfort, unnecessary transfers, except in the case of juniors, will continue to be avoided as under the present *regime*.

(*e*) *Library.*—A library of standard medical books and periodicals may be attached to every Sudder Hospital for the use of the Medical Officers of the District.

(*f*) Though the long course of training, which every Assistant Surgeon undergoes, gives him a sound knowledg of theory and practice of medicine, the opportunities for the practice of surgery allowed in the Medical Colleges are not sufficient to enable him to undertake surgical operations of a serious nature. With this view, we advocate that every Assistant Surgeon freshly recruited, should be placed for such a training in a large divisional hospital for at least three months before being given charge of a dispensary, and that when he gets such an appointment, he should get a fair share of the surgical operations that are done in the hospital.

Mr. N. R. BANARJI called and examined.

56561. (*Chairman.*) The witness said that before he took leave he was Officiating Civil Surgeon of Jaunpur. He was at present on long leave. He had been 16 years in the Service, had been educated entirely in India, and held the degree of M.B. of the Punjab University.

56562. At present the number of medical students who passed out was in excess of that required for Government Service. Those who did not enter Service practised privately, or obtained private appointments. There were some scholarships given in the United Provinces.

56563. The witness was of opinion that the Departmental examinations were not of much utility as tests of efficiency or knowledge, and it disturbed an officer in his profession to have to undergo an examination at the end of the 7th and 14th years of his service. He would substitute in their place a post-graduate course after a certain number of years' service.

56564. Under a recent rule of the 2nd June of the present year, an officer of any grade might be selected for a Civil Surgeoncy, but if an officer under seven years' service were appointed, special reasons had to be given. Since the rule had been enforced one man of 14 years' service had been selected. Hitherto only men of over 22 years' service had been selected. The witness thought that the ideal period for selection for higher positions was after from ten to 15 years' service.

56565. The extent to which an Assistant Surgeon would be out of pocket by accepting a Civil Surgeoncy would depend on the post he occupied previous to his promotion. The posts offered in the United Provinces to the promoted Civil Assistant Surgeons were not at all lucrative. In one or two stations the Civil Surgeon's income from private practice might possibly amount to about Rs. 200, but in the majority of cases it would not be even Rs. 50.

The witness knew of some instances in which officers had refused Civil Surgeoncies when offered.

56566. One of the Department's grievances was the relative advantage in the matter of higher appointments enjoyed by the Military Assistant Surgeons. Speaking of the United Provinces, of the 20 third class Civil Surgeoncies, one was held by an European Uncovenanted Medical Officer, 13 were held by Military Assistant Surgeons' and only six permanently by Civil Assistant Surgeons. The opinion of the Service was that the number should be raised to 20. He thought that was a reasonable proposal on the ground of better qualifications and the priority of the claims of *civil* officers to *civil* appointments. Many deserving members of the Service had no opportunity of rising to Civil Surgeoncies.

56567. Of the two alternatives, (1) to raise the pay of the Civil Assistants, or (2) to give more opportunities for promotion to higher appointments, the witness thought that the latter would be more popular if a sufficient number of posts were given, otherwise if the increase in pay were appreciable the former would be more popular as it would benefit a larger number of officers.

56568. With regard to the difference in the courses of training of the Military Assistant Surgeon and the Civil Assistant Surgeon, the latter's education was superior; he had to pass the Intermediate examination in Science and

another test in Organic Chemistry before being permitted to enter the Medical College; whereas a Military Assistant Surgeon's general education did not come up even to the Matriculation standard. The medical training of the Civil Assistant Surgeon was also superior.

56569. With regard to the complaint of the word "Subordinate," that designation had not yet been officially abolished. In Government circulars, etc., the word was still used in regard to the witness's Department. Members of other Provincial Services were not called "Subordinates."

56570. Under the recent rules promulgated about eight months ago, the commencing salary of a Civil Assistant Surgeon had been raised from Rs. 100 to Rs. 130, rising to Rs. 200 and in a few cases to Rs. 300.

56571. The Department asked that the scale of salary of Civil Surgeons should be from Rs. 600 to Rs. 1,000. The present rate was from Rs. 400 to Rs. 600. The scale for Assistant Surgeons should be from Rs. 200 to Rs. 500.

56572. As to the request for a shorter period for pension, the witness was of opinion that taking into consideration the hard work a senior grade Assistant Surgeon had to perform, he could not work efficiently after 25 years' service.

56573. The witness said that District Boards financed the hospitals in charge of Assistant Surgeons. The objection to inspection by *any* member was that some members were inferior in education and social status and were not competent judges of hospital work. They were frequently patients of the Assistant Surgeon, and if there was any dispute about fees they took advantage of their position. The Civil Surgeon, who was always a member of the Board, already inspected the hospitals.

56574. (*Sir Murray Hammick.*) It was always the case that when a Civil Surgeon left a district, a neighbouring Surgeon was put in visiting medical charge, unless some other independent Civil Surgeon was posted there. The term varied from one to six months or more. When the Civil Surgeon took leave, if the leave was long, and a successor was available, his post was filled up, otherwise the visiting arrangement held. The neighbouring Civil Surgeon would only visit the hospital once in two months for two days. There was no other connection between the Civil Assistant Surgeon, who in addition to his usual pay drew Rs. 80 only as acting allowance for being in civil medical charge and the visiting medical officer whose acting allowance was Rs. 100. The Civil Assistant Surgeon sent in his returns, etc., direct to the Inspector-General of Civil Hospitals and did all the other work of the Civil Surgeon.

56575. With regard to the grievance of the lack of libraries, very few books were given to the hospitals. In a hospital containing 40 or 50 beds, there would practically be no medical books, except the Pharmacopœia and the *Indian Medical Gazette* was the only paper circulated in the district.

56576. (*Mr. Abdur Rahim.*) Discontent in the Service with regard to pay and prospects was very widespread in the Province. Many representations had been made with a view to improve that state of affairs, but he was not aware of any scheme which had been suggested to put matters right.

56577. The view of the Service was that in hospitals Civil Assistant Surgeons should have more opportunities of performing operations. It was quite true that trained assistance was necessary in the case of major operations, but in many sub-divisions there were only compounders in the hospital, and the Assistant Surgeon had to do every operation—sometimes the most serious ones—at a moment's notice, because the Civil Surgeon could not come from headquarters in time.

56578. In District Hospitals if the Assistant Surgeon operated the Civil Surgeon could assist and if necessary give instructions. For trained assistance Assistant or Sub-Assistant Surgeons on reserve duty were also frequently available. The education of Assistant Surgeons was such that they were competent to perform all operations.

56579. With regard to the appointment of honorary surgeons and physicians, witness thought that separate wards with a separate staff ought to be at the disposal of such gentlemen, otherwise he thought occasions might arise when there would be friction.

56580. (*Mr. Madge.*) The witness, as an Assistant Surgeon, had served for about four or five months under a Civil Surgeon who was a Military Assistant Surgeon. His work did not come up to the witness's expectations of a Civil Surgeon. He felt he could have done better himself.

56581. (*Mr Macdonald.*) The Assistant Surgeon was supposed to be in the hospital for five hours in the morning, and one hour in the afternoon. This was the minimum time. It was a fact that his Department complained because they had often to wait longer than six hours. The real point of the complaint was not that the minimum time was exceeded, but that as an Assistant Surgeon had to get to the hospital very early, if he was kept waiting till about 2 p.m., by the Civil Surgeon, he could not have his meals at proper hours and it also interfered with his private practice, the permission to engage in which was the main ground for the low scale of pay given.

56582. (*Mr. Sly.*) The witness maintained that in the big towns of the United Provinces, the private practice of an Assistant Surgeon was not more than Rs. 200 a month. That view had been officially accepted and he would submit a statement to prove it. In the past a man made more, but at the present time he earned less on account of increased competition and heavier hospital work. With regard to the statement that the Civil Assistant Surgeon often earned more from private practice than the Civil Surgeon, it all depended on the two men and the stations they were in. There were many staticns in which the Civil Surgeon made much more money.

56583. (*Mr. Chaubal.*) So far as fees from private practice were concerned, theoretically one case of a European Civil Surgeon was equivalent to about four cases of the Civil Assistant Surgeon but practically to eight.

56584. (*Sir Theodore Morison.*) The witness was not of the opinion that the experiment with regard to the honorary physician at Benares could be carried out with any success in small stations. In big towns the possibility of friction would be at its minimum, while in the small towns it would be at its maximum, for the reason that the small hospitals could not be divided into separate wards. Also, in a big station, the work was so heavy that the officials could only think of that, and not of quarrelling.

56585. (*Colonel Young.*) The witness thought that in case of major operations, where possible, a trained assistant should always be obtained.

56586. (*Lieutenant Harvey.*) The witness still maintained that the military student's training was inferior to the civil student's although both were taught by the same professors, and studied the same subjects. If it had not been inferior, military students could have entered for the University examination and passed it. The reason why they were not permitted to enter for that examination was that their education was inferior and it was well known that consequently they would not be able to pass it.

56587. (*Rai Bahadur Bihari Lal Pande.*) The witness had been in charge of many sub-divisions, and had undertaken many *post mortem* examinations.

(The witness withdrew.)

At Delhi, Saturday, 22nd November, 1913.

PRESENT:

The Right Hon. the Lord ISLINGTON, G.C.M.G., D.S.O. (*Chairman*).

The Earl of Ronaldshay, M.P.
Sir Murray Hammick, K.C.S.I., C.I.E.
Sir Theodore Morison, K.C.I.E.
Sir Valentine Chirol.
Mahadev Bhaskar Chaubal, Esq., C.S.I.
Abdur Rahim, Esq.
Gopal Krishna Gokhale, Esq., C.I.E.
Walter Culley Madge, Esq., C.I.E.
Frank George Sly, Esq., C.S.I.
Herbert Albert Laurens Fisher, Esq.
James Ramsay Macdonald, Esq., M.P.

And the following Assistant Commissioners:—

Colonel C. J. Bamber, M.V.O., I.M.S., Inspector-General of Civil Hospitals, Punjab.
Rai Sahib Pandit Balkishen Kaul, Civil Assistant Surgeon, Lahore, Punjab.

M. S. D. Butler, Esq., C.V.O., C.I.E. (*Joint Secretary*).

Rai Sahib Bhagat Ram Sawhney, M.B., B.S. (Durham), L.R.C.P., M.R.C.S. (England), L.M.S., Punjab.

Written Statement relating to the Medical Services.*

56588. We, the undersigned,* on behalf of the Punjab Medical Union, most respectfully beg leave to lay before the Royal Public Services Commission the following points pertaining to the Medical Services in India for the favourable consideration of the Honourable Commissioners.

"(2) A. *THE CIVIL ASSISTANT SURGEONS.*—The Alumni of the Calcutta, Bombay, Madras, Lahore and Lucknow Medical Colleges, who, after a five years study of medicine and allied sciences, obtain either a medical degree or the diploma of Licentiate in Medicine and Surgery, are designated as Civil Assistant Surgeons and constitute at present, whether in Government service or in private practice, the main body of General Practitioners in India. Those in service are, in small towns, put in independent charge of District Board, Municipal and other State dispensaries, and in large towns are attached to the civil hospitals, where they act as assistants to the Civil Surgeons, who are mostly Indian Medical Service Officers. A few of the Civil Assistant Surgeons, towards the end of their career of service, are promoted to be Civil Surgeons, when they are placed in medical charge of districts. Since these Civil Assistant Surgeons constitute the main body of medical practitioners in this country, their education and training must necessarily receive our foremost consideration.

(3) *The Indian Medical Colleges.*—The standard of education imparted in these colleges, it will be admitted by all, is much lower than the standard of medical education that obtains in the medical colleges of the countries of Europe. In proof of this statement we may mention the fact, that the Government itself realising this, takes into the subordinate section of the State Medical Service the students passed out of these colleges. Again, the Government does not think them fit to act as Civil Surgeons till the end of their official career, and even then it considers but few of them to be competent enough to rise to that position.

Compare them with the members of the Indian Medical Service, who, in virtue of their medical education received in some British University or College, are drafted straight from the military service to Civil Surgeoncies, some of them acting as Plague Medical Officers before being appointed Civil Surgeons. In some provinces the members of the Indian Medical Service get to be Civil Surgeons almost in the very beginning of their service. The Government thus not only admits that there is a difference in the standard of medical education in this country and that prevailing in European countries, but also admits, and rightly so, that the difference is a large one. We now beg to point out how there is this difference come about in the standard of medical education here and in Europe.

(4) *Recruitment of the Teaching Staff of the Indian Medical College.*—At present the Professors for the medical colleges in India are recruited almost entirely from the cadre of the Indian Medical Service. In other words, this service has got a monopoly of the professional posts. According to present arrangements the members of a superior service teach students whom they require to become fit for membership of a subordinate service. It is therefore not difficult to see that the medical colleges are dominated by the spirit of bureaucratic officialdom, which naturally stands in the way of the working of an educational institution on liberal and independent lines. We regret to have to say that the general impression for some time past has been that the standard of education in these colleges is actually going down, owing to some change of policy, and that the future Civil Assistant Surgeons will hardly be made competent enough to do any serious operative surgical work.

The present system of recruitment of new professors from the cadre of the Indian Medical Service, who have had no previous connection with teaching, must lead to a variation in the standard of education, for a person who is newly appointed to a professorship, without having had any previous teaching experience in a college, will not be able to teach as well as his predecessor who had been a Professor for some years. Under such circumstances the standard of education cannot remain uniform. In fact, it is not infrequent to see a member of the Indian Medical Service officiating for two or three different Professors within the space of a couple of years or so. This is obviously very detrimental to the educational interests of the students and leads to an undesirable fluctuation in the standard of education, unless that standard be kept so low that any qualified medical man could, at a moment's notice, take up any teaching work.

When it is realised that all the men passed out of the Indian medical colleges do not and cannot get Government appointments, that the majority of them have to take to private practice, and that it is, in a large measure, on these private practitioners that the public depends for advice and help of every professional kind, it would be considered imperative that the standard of education in these colleges should be brought up to the same level that it has attained in European countries. Human life being as sacred here as elsewhere in the world, it is necessary that the suffering Indian public should secure for protection of their health and lives, a class of medical practitioners in no way inferior to the qualified medical practitioners in Europe and America.

* This statement was signed by the following:—Rai Sahib Bhagat Ram Sawhney, M.B., B.S. (Durham), L.R.C.P., M.R.C.S. (Eng.), *President;* Nizam-ud-Din, L.R.C.P., L.R.C.S. (Edin.), *Vice-President;* Mulk Raj Sawhney, B.A., M.B., B.C. (Cantab.), L.R.C.P., M.R.C.S. (Eng.), *General Secretary;* Bhagat Ram Khanna, L.R.C.P., M.R.C.S. (Eng.), *Treasurer;* Nihal Chand Sikra, L.M.S. (Punjab), and Bodh Raj Chopra, M.B., Ch.B. (Edin.), *Members Executive Committee.*

We have little doubt that these medical colleges in India were started to begin with, with the object of producing a class of medical men who would work as assistants to the members of the Indian Medical Service or other medical men imported from England. But now the times have changed and we want medical colleges in India to produce the highest class of medical practitioners and not only Assistant Surgeons.

(*5*) Therefore we beg to suggest that the Professors in medical colleges, who are also necessarily in charge of the presidency hospitals, should form a service quite separate from every existing public medical service, so that there may no longer be any question of a superior service teaching lads to become members of a subordinate service. In our opinion the Professors should be recruited as follows:—

To begin with, half the number of Professors should be recruited from among Indians who are graduates of British Universities and who, after taking their degrees, have spent sufficient time in Europe in acquiring special knowledge of the particular branch of medicine or surgery of which they expect to become teachers. The other half should be selected from among European graduates of British Universities, possessing qualifications similar to those required of the Indian graduates. Professors thus recruited, being independent of any other service will, we have little doubt, within a short time, raise the standard of education in the medical colleges. Later on the Professors should be recruited locally from men passed out of the Indian medical colleges, the procedure followed being the same as in European countries, that is, a person after taking a medical degree or diploma should serve as a Clinical Assistant, then as Assistant Surgeon or Physician, and ultimately become a Surgeon or Physician; all of them taking part in the teaching of students.

The professorships of Anatomy and Physiology should be well paid and should be pensionable appointments and the holders of these appointments should not be permitted to practice. The other Professors should only carry on specialist practice in the particular branch of medicine or surgery of which they are teachers. These professorships need not be so well paid as the professorships of Anatomy and Physiology and they need not be pensionable posts.

If the above scheme of recruitment of Professors be accepted and acted upon, the colleges here would produce a class of medical men efficient in a greater degree than the majority of the Civil Assistant Surgeons. That will be to the great advantage of the general public for whose good the medical profession exists. Anyone intimately acquainted with the medical and surgical needs of the public and especially in more or less out-of-the-way places in this big Indian Peninsula, can easily understand how absolutely necessary it is for the general practitioners here to be efficient self-reliant men, capable of thinking for themselves. Some of them are placed in positions where there is not available for a hundred miles or so another qualified medical man for consultation in case of doubt or difficulty.

Our scheme is also calculated to save Natives of India the trouble and expense of going to Europe for the sake of superior medical education. In this connection it should not be forgotten that most of the big London hospitals are practically shutting their doors against Indian students.

(*6*) *Suggested Reorganisation of the Civil Subordinate Medical Service.*—The men passed out of the medical colleges, after the above scheme has been put into force, should not be styled Assistant Surgeons. We are of opinion that there should be a separate Provincial Medical Service open to Natives of India possessing medical qualifications registerable in England. The recruitment to the Service should be by a competitive examination to be held separately for each province. Half the Civil Surgeoncies should be reserved for this Service.

(*7*) B. *THE CIVIL SURGEONS.*—A Civil Surgeon is the medical head of a district. Besides being in charge of the hospitals and dispensaries in the district he is Superintendent of Jail, Head of the Plague Staff for the district, as well as the District Sanitary Officer. He also does the medico-legal work for the district. Besides the professional work he has to do a good deal of executive and a certain amount of administrative work. It is clear that a person who has got to do such varied work cannot carry on his medical duties efficiently. Even in his professional work a Civil Surgeon is supposed to do every and any kind of surgical operative work, he is in fact supposed to be a general practitioner and a specialist in every branch of medicine and surgery. It is obvious that in these days of specialisation it is well-nigh impossible for one person to do efficiently even the professional work a Civil Surgeon has to do, and his duties are multifarious. The Civil Surgeon has also got to do a fair amount of touring in his district so that he cannot always be at the headquarters, which is generally an important town, the public of which town cannot thus always have the advantage of his services. The constant transfers of the Civil Surgeons from one district to another, also interfere a good deal with the usefulness of the district hospitals, because when a new Civil Surgeon is put in charge of a district it takes him some time to become familiar with his new surroundings and get to know the people, and it is some time before the public gets some faith in him. Some Civil Surgeons are unfortunately unpopular with the public and are not called in for help. The Civil Surgeon in such cases has not so much to lose on account of his official position and his fixed salary. Under such circumstances the public for whose benefit the civil hospitals are created do not and cannot get full benefit from them.

We therefore beg to suggest that in every district town private practitioners possessing necessary qualifications should be appointed Honorary Physicians and Surgeons to the State hospitals and placed in charge of at least half the number of beds. There will be no chance of these appointments going to inefficient men because being honorary they will go only to such private practitioners as can command public confidence. A private practitioner depends for his very living on his income from private practice and such income is generally in direct ratio to his popularity. This arrangement will relieve the Civil Surgeon of part of his work and will enable him to do the rest much more efficiently. A private practitioner generally sticks to one place and gets to know the people of that place much better than an official, who in consequence of the exigencies of the service is liable to frequent transfers. The public will, we feel certain, greatly appreciate this concession to the private practitioners because then the public will be able to get sound medical advice at all times.

(*8*) C. *THE PUBLIC HEALTH OFFICERS.*—These appointments ought to be kept quite separate from the Indian Medical Service and should form a separate service altogether. A duly qualified medical practitioner, if appointed Health Officer, will make public health his life-long study.

(*9*) D. *THE CENTRAL JAILS' AND LUNATIC ASYLUMS' SUPERINTENDENTS.*—These appointments should go to members of the Indian medical profession outside the Indian Medical Service. The members of this Service do not require any knowledge of this branch of medical work.

(*10*) E. *MEDICAL OFFICERS LENT TO NATIVE STATES.*—We are strongly of opinion that the system of lending medical officers of Government for employment in the Native States should be discontinued. It is obviously unfair to take away even these appointments from the medical profession outside the Government service. There is no lack of Indian medical men capable of holding important posts in the Native States, and it is a fact that a number of such medical men in the service of the Native States have already proved themselves to be capable of doing full justice to the posts hitherto held by them.

(*11*) F. *THE INDIAN SUBORDINATE MEDICAL DEPARTMENT.*—The members of this Service are warrant officers whose medical qualifications are not registerable in England. We therefore beg strongly to protest against members of this Service being put in medical charge of districts.

(*12*) G. *THE INDEPENDENT MEDICAL PROFESSION.*—We realise that with the growing popularity of the Western system of medicine and surgery in this country, most of the work of relieving human suffering, according to Western methods, must fall on the shoulders of the private medical practitioners. The Government cannot be expected toprovide medical help to all. As it is, every private medical practitioner does a great deal of charitable work and thus shares, in his humble way, with the Government the responsibility of relieving the suffering sick poor. It is therefore only fair to the private practitioners and the public alike, that the former should get from the Government greater facilities and encouragement to carry on this work. Up to this time nothing whatever, at least to our knowledge, has been done by the Punjab Government to show its sympathy with the private practitioners. Not very long ago, when a suggestion came from higher quarters that two to the newly-created professorships in the Punjab Medical College should be given to members of the medical profession outside the Indian Medical Service, the Government of the Punjab, according to our information, resolutely opposed the proposed reform with the result that the proposal had to be dropped. The members of the independent medical profession have at present to work against great odds, because the medical men in the Service have, on account of their official position, firstly, the advantage of being attached to Government hospitals, and secondly, the same official position helps them in no small degree in getting private practice.

We thus feel that a great injustice is being done to the independent medical practitioners and to the public. Notwithstanding that more than one Secretary of State for India has expressed his sympathy with the private practitioners and has recognised the disadvantages they work under, our grievances have remained unredressed.

(*13*) If our suggestions are accepted, the public, we feel sure, will be much satisfied because they will not only have better medical aid, but also have within easy reach and on a larger scale, the services of a better class of medical men. It will also have the effect of allaying the discontent which is growing amongst members of the independent medical profession. In conclusion, we most respectfully hope that the Honourable the Royal Commissioners will be pleased to consider favourably our prayers herin briefly submitted and thereby help in making the Western system of medicine more popular with the Indian public. By so doing they will also help in raising the status of the physicians, surgeons, and gynæcologists practising the Western system of medicine in this country in an independent capacity; in enlarging the field of work and observation for them; and in facilitating original research work by a most important class of the guardians of the health of the people and thus advancing immensely the public welfare, the supreme duty of every civilised Government.

DR. BHAGAT RAM SAWHNEY called and examined.

56589. (*Chairman.*) The witness said he was a private practitioner of Lahore, in which city he was educated and took his L.M.S. He then served the Government for some years, and afterwards went to England and took his M.B. and B.S. of Durham, L.R.C.P. (London), and M.R.C.S. (England). He was appointed officiating Civil Surgeon, and served for three or four years, and then resigned the service to take up private practice. Five years later he went to the Kashmir State as Chief Medical Officer, and retired the year before last. Altogether he had been 12 or 13 years in Government Service, and 13 years in the Service of the Kashmir Durbar. He represented the Punjab Medical Union, which consisted of 16 members, 7 of whom had British qualifications, the others having the Punjab L.M.S.

56590. The witness considered that the standard of teaching in vogue in the Medical Colleges of India was inferior, and he had heard from students that the standard was becoming worse. Having been educated both in Lahore and Great Britain, he knew that the two standards were very different. In England education made a man think for himself and become self-reliant and accurate. If his information that the standard in India was going down were correct, it must produce an inferior type of practitioner in India, where students had not the opportunities to become clinical assistants and clinical clerks, and thus obtain proper training.

56591. The witness said he agreed with the opinion of other witnesses that no Indian should occupy a position in the Indian Medical Service unless he had had a British training, and he would exclude all Civil Assistant Surgeons from becoming Civil Surgeons unless they had British qualifications. He ascribed the deterioration in India to the fact that the Professors of the Colleges were recruited from the Indian Medical Service, and his remedy would be to recruit a staff of Professors separately in England, half of whom should be Indians and half Europeans. All should have had teaching experience in England. He believed there were a number of M.B.'s of Oxford and Cambridge, and Fellows of the Royal College of Surgeons who would come out from England owing to their love of teaching work, and he did not think there would be much difficulty in recruiting from England direct. He knew of one instance of an F.R.C.S. (England) and M.B. (Cambridge) who would willingly have come out if he had had the chance.

56592. With regard to training in England, Indians might in the first instance work as clinical assistants at the hospital, and then go to other medical centres of Europe, such as Vienna or Paris, for special studies; those who could afford it were doing so now. One of his own boys who was in the medical profession had spent seven years in Europe—three of which were at Cambridge and two at St Bartholomew's Hospital—a year in Vienna and a year in Paris, specialising in Genito-Urinary Surgery and Eye Surgery. There were also other boys of his family studying in Cambridge.

56593. The witness considered the age at which professors should come to India should be between 23 and 28; they might come out as assistant professors, and become full professors later on. This age limit, however, should apply only to professorships of Anatomy and Physiology, which should be pensionable posts, and not to other professorships.

56594. With reference to his statement that the big London Hospitals were practically shutting their doors against Indian students, the witness said at present that feeling existed, but he believed it to be only temporary, and that it was not at all general. He thought a better understanding would come about between the Indian and the British people. He therefore wished to modify his observation in the written statement accordingly.

56595. The witness thought that if a man was given the opportunity of learning his work in India he would be just as capable a professor as one direct from England. The teaching required a great deal of hard work, and interest in the work, on the part of the professor. If an Indian Medical Service officer took an interest in his work and had a good training, he would do as well as anybody else, and some of them were often very highly qualified, and would make excellent professors, but when they came out they did not get much experience while in the Army. He thought Europeans coming out without any experience or knowledge of the conditions were more likely to

assimilate with the people than Europeans who had been in the country before, and that was the impression also of the Medical Union.

56596. With reference to his statement that it was not unusual to see a member of the Indian Medical Service occupying two or three different professorships within a period of two years, the witness said that quite recently an officer was appointed professor of anatomy, then became professor of obstetrics, and was now General Surgeon at the Lahore Medical College. He could not say whether that officer was placed in the chair of Obstetrics temporarily while the permanent occupant was on leave. The difficulty should be overcome by appointing assistant professors to take the place of professors who were on leave, as was done in England. From what he had personally seen of the professors in England and in India, the difference between them was one of heaven and earth. Medicine and surgery had been undergoing a revolution during the last ten or fifteen years, and professors in England kept their knowledge up to date, whereas that was not always the case in India. It was true that some officers went to England for study, and that the new recruits who came out had come fresh from studying under up-to-date professors.

56597. With reference to his scheme for the medical administration of the country, the witness said he would like to separate a good many of the departments, which now came within the confines of the organised medical system, and he would go so far as practically to reduce to one-half the present organisation, and substitute in its place private practitioners in the civil department. Half the Civil Surgeoncies might be set apart for the provincial medical service, and the assistant surgeons and British qualified men could go up for a competitive examination to be held in each province. He would exempt the assistant surgeon from a British training before he became a civil surgeon, though it would be much better if he also were sent to England for training. His own impression was that independent medical men, when appointed honorary surgeons and physicians, had more heart for their work, and not so much executive duty to do, and that they would put their minds more entirely into their professional work. He did not think giving so many prizes to the private practitioner would have a discouraging effect on recruiting a really skilled class of medical officer to come out from England. Half the appointments would be open to them, and if the question of pay stood in the way it might be raised.

56598. As to a reserve, the witness said he should make it a condition that the Provincial men might be called up for Military Service in time of war. It was true they would have no military training, but in his time there had been no Military training, and his services were lent by Government to the Military Department, and his brother officers did the work quite satisfactorily.

56599. With reference to the difficulty that might arise in connection with the demand of European officers for medical treatment for themselves and their families, the witness said that wherever he had been a Civil Surgeon he was sent for just as any European medical officer would be. A man with good qualifications who knew his work, and was a gentleman, would always be accepted by Europeans. He attended many European ladies and gentlemen, and remembered one case of a European lady being brought to him a distance of 80 miles to be attended in her accouchement.

56600. (*Sir Valentine Chirol.*) The witness said his scheme was mainly directed towards giving greater encouragement to the independent practitioners in this country, and he did not think it would affect the constitution of the Indian Medical Service very greatly. Such encouragement might be given without such sweeping changes as he had advised, by giving private practitioners honorary appointments as surgeons and physicians to district and presidency hospitals. They would not be any burden on the State, and would have an opportunity of gaining knowledge; and having acquired that knowledge from the poor they could apply it to the rich and make their money. A friendly spirit would spring up between the Indian Medical Service officers and the private practitioners. Therefore it might be possible to devise a scheme by which the necessary amount of encouragement could be given to independent practitioners without the changes he had proposed, and he thought there might be an advantage in that method, as it would not affect the Indian Medical Service. Having regard to the fact that the number of independent practitioners was extremely small compared with the population of India, it might be better to try and develop that source before touching another source which was of great assistance to the community besides being available for military purposes. The witness said there were no hospitals in the Punjab, where independent practitioners were acting as honorary physicians or surgeons. Honorary physicians and surgeons should be given a number of beds, and be treated as physicians and surgeons and not as subordinates; in fact, they should be treated in the same way as they would be treated in a London hospital. The witness would certainly consider it satisfactory if a scheme could be devised which would make that system general throughout India.

56601. (*Mr. Abdur Rahim.*) The witness said that in 1879-80 about six Civil Assistant Surgeons went with expeditions from the Punjab. He was one and for his services he received a war medal. He did not know of any enquiry being made in the Punjab as to whether independent practitioners would be willing to act in case of war, but he was certain they would be very glad to do so. He thought the young men who came out from England would be especially willing, and there were over a dozen such in the Punjab. Assistant Surgeons would also be pleased to go.

56602. With regard to the standard of teaching in Indian colleges, the witness said he had had Assistant Surgeons under him in different capacities, and from what he had seen of their work he had gained the impression that the standard of teaching was altogether deficient. His experience was confined to men who had passed through the schools of Lahore and Bombay; and he knew very little of Calcutta. It was not a question of the course of study but of development by the teaching. In England education brought out what a man had in him and taught him to think for himself.

56603. The witness could not think for the moment of any other Indian practitioners who had attended Europeans, especially ladies, but could say that during his thirty-five years' practice he had never heard there was any objection to a medical man on account of race.

56604. (*Mr. Madge.*) The witness said that if a competitive examination was held he thought the independent practitioner would have a fair chance of getting through, if he was up to the standard, and he modified what he had said with regard to a British training by adding that a competitive examination should go along with it. This referred to the Provincial Medical Service.

56605. The witness said that when employed in military service he was in charge of Indian troops but at one time he had a detachment of European troops under him.

56606. With regard to the big London hospitals shutting their doors against Indian students, the witness said he had not been to England for the last twenty-five years, but he heard from those who came out that there was that difficulty. St. Bartholomew's Hospital, he understood, was now limiting the number of Indian students.

56607. With reference to the growing popularity of the western system of medicine, he thought that popularity extended to all classes, people were now getting to appreciate medical men much more than they did before. Naturally a man who had been trained in Great Britain required higher fees than the hakim, but a man who insisted on high fees would have fewer patients. A great deal depended on what kind of work a practitioner was doing. If it was serious operative work high fees would be demanded and would be paid. Patients who were not able to pay could always go to hospitals. He did not think that if the system of Western medicine spread very rapidly it could flood the market with medical men who could not find employment. The number of medical men in India now was very small.

56608. (*Mr. Macdonald.*) The witness said the Medical Union contained men from all parts of the Punjab and was started with the object of taking in all the practitioners of that part of the country.

56609. While he was quite willing that private practitioners should spread over the large unoccupied field in India, he was of opinion they could not do that so long as hospital practice was monopolised by Government servants. His proposals were directed to opening out that practice, because he considered that it was essential if the private practitioner was to become really efficient. They were working on independent lines in the Punjab, but at the same time believed that, if Government would give a little encouragement, it would show the public that medical men were members of a learned profession, and were respected as much by the Government as men in the Service. It was not essential that Medical Colleges should be all Government Colleges. There were no independent Colleges in the Punjab and no attempt was being made to provide them, on account of want of funds. If money were available a College would come into existence at once, but it would take a long time before the public directed their money into that particular channel. It was not impossible to establish hospitals upon independent lines; and, in fact, a hospital had already been established by himself and his son. The hospital was both medical and surgical and his son and he did their own operations. During the present month they had had two important operations for stone and cataract. There was no reason why that should not continue to develop, but if Government aided private hospitals as they did schools, matters would be expedited.

56610. The witness said that, if his proposal for honorary surgeons and physicians was adopted, they would have nothing to do with the control of the hospitals, and he did not think the scheme would interfere at all with hospital management, which would rest entirely with the Civil Surgeons. He believed the scheme could be carried out quite harmoniously.

56611. With reference to his suggestion for a provincial medical service, the witness could not say whether experience showed that no provincial service in India had been a success. There was a provincial service in the engineering profession, but he could not say whether that was discontented. He did not think there would be any difficulty in the establishment of a provincial medical service.

56612. The witness said he had had experience in midwifery and gynæcology, amongst Indian women, mostly in cases of emergency, though some enlightened people had not the slightest scruple on the subject. His practice in gynæcology, however, was not substantial, being a very small percentage of his general practice. Midwifery cases in hospitals were also few in number, so that hospitals in India would not be a good training ground for students in gynæcological cases.

56613. (*Mr. Sly.*) The witness said the Punjab Medical Union was formed only a few months ago as a scientific body and did not come into existence for the special purpose of making representations to the Commission. He only knew of one case of an Indian doctor in the Punjab with European qualifications who had gone through an adequate special course, and he went through a course of ophthalmology and genito-urinary surgery, the latter course being taken at St. Bartholomew's Hospital and in Vienna and Paris. As the practitioner could speak French and German well he had no difficulty in connection with languages.

56614. With reference to professorships, the witness said he would allow professors private practice in their special lines, but professors of physiology and anatomy had so much work to do in the way of teaching that he would not allow them private practice as it might lead them to neglect their teaching work.

56615. With reference to a provincial medical service separate for each province, he thought that the recommendation was made because the members of the Union had only the Punjab in their minds, but he did not see why a service for the whole of India should not be introduced.

56616. On the question of restricting the choice of Native States in selecting a medical man, the witness said that men could now be found with British qualifications who would do the work just as well as any Indian Medical Service man. The employer, of course, should have the option of choosing. If a State wished to import a man from outside they should be permitted to do so.

56617. With regard to transfers of Civil Surgeons and possible damage to the public interest thereby, the witness said it took some time before a man obtained the confidence of the people and if he was frequently transferred he lost touch with them. It was to the advantage of the public to allow Civil Surgeons to have private practice.

56618. (*Mr. Gokhale.*) The witness said that the objection to the frequent transfer of Civil Surgeons was that a man became well established in a district and gained the confidence of the public. This confidence was shaken if he was transferred and the people had to adapt themselves to a new man.

56619. With regard to professorships, appointments should be made with the sole object of giving the very best possible teaching in Indian Medical Colleges, and therefore the professorships should not be the monopoly of a particular service; he would take the best man possible wherever he was available, and if exceptionally good Indian Medical Service men were available he would take them. Indian Medical Service professors, however, were liable to transfers, whereas a professorship should be more or less a permanent position. The present arrangement under which professorships were preserved for the Indian Medical Service men often resulted in men being appointed as professors in two or three subjects. Certain men were fond of particular branches of work, and a man who cared for one would not care for another. A man who made midwifery his life's study would not care for general surgery. Specialisation in that way was good because it often led to new discoveries of value. But to put a man in at one time as professor of anatomy and at another time as professor of surgery simply meant that the standard was so low that any man could teach up to it. He thought that Indians who had obtained European degrees would be available for professorships.

56620. With reference to the London hospitals closing their doors against Indians, the hospitals were not altogether closed but they limited the number of Indians. From that limited number, however, professors would still be available. If the worst came to the worst and English hospitals closed their doors, Indians could go to France, Germany, or America. It was a point of principle with him that Indians with European qualifications should be given opportunities of serving as professors in Indian colleges. One advantage of that would be that after retirement they would live in the country and their experience would still be available.

56621. As to his proposal to make half the Civil Surgeoncies over to a provincial service, the witness agreed that the attractiveness of the Indian Medical Service need not depend on the number of men in the Service, but on the conditions under which they served. If, for instance, instead of twelve men being recruited every year, five or six were recruited, and the pay was better, there would be no difficulty in getting five or six good men. Any difficulty to connection with the War Reserve could be provided for by an increase in the Royal Army Medical Corps.

56622. (*Sir Theodore Morison.*) The witness said a man had generally finished his education by about twenty-four and would then have the chance of learning special work for three or four years. The professors would come out some time between the ages of twenty-three and twenty-eight. They would get their teaching experience as assistant

professors in India and would thus be trained for full professorships.

56623. In England the circumstances were such that men had more or less to keep their knowledge up to date, but the private practitioner in the Punjab had a good deal to learn when he went back to Europe, and his suggestion was that the professor should go to Europe from time to time for study.

56624. (*Lord Ronaldshay.*) On the question of this advantages of Indians going to Europe for their education, the witness said that on principle it would be better for the Indian to receive his education in India if the facilities were sufficiently good. At the present time, however, it was better that all should receive training in England rather than in India, until the Indian colleges were brought up to the standard of English colleges. In order to raise the standard of Indian colleges students should go to England to qualify themselves to become adequate professors in the Indian colleges, and therefore it was mainly the professorial class he desired to send to England at the present time.

56625. On the question of London hospitals limiting the number of Indian students, the witness considered that was only temporary and that before long Indians would be welcomed again. His own impression was that a better understanding was bound to come about between the English and the Indian people. It would of course be possible for Indians to go to the Continent for their training, but it would be much more difficult, as it would be necessary for them to acquire another language. In view of all the difficulties it would be better as far as possible, to bring Indian institutions up to the highest possible standard and to endeavour to educate the men in India.

56626. (*Colonel Bamber.*) The witness said he left the Lahore College 35 years ago and was not aware what alteration had been since made in the standard. He judged that the education was not up to the standard by the results he had seen. He thought the material was as good as could be found in any part of the world, because he knew what an Indian could do if he was given opportunities. With reference to professorships in the Indian Medical Service, the witness was not aware that they obtained study leave to visit England, and were given extra pay and that practically every officer who went on leave took study leave to improve his knowledge.

56627. With reference to his experience during the Afghan War, the witness said he was in charge of posts on the other side of the frontier. Thal was the base and he was beyond Thal; he was also in charge of the base hospital at Thal.

56628. On the point of hospitals and colleges being developed apart from Government, the witness said he was aware that that had been done in Calcutta, and it would be done in the Punjab when it was discovered that Government was not inclined to assist. He compared the medical profession with the Bar. A good man who came out as a barrister had a chance of being raised to the bench of the High Court, and he wanted the medical man to have the same kind of recognition.

56629. On the subject of practice, the witness said he had only attended two or three confinements during the present year.

56630. With regard to leave vacancies, when a professor was on leave, the assistant professor should act in his place. If there was no assistant professor the teaching would be defective.

56631. The witness considered there were very few men specially qualified to act as professors in more than one subject.

56632. (*Pandit Balkishen Kaul.*) The witness said he was aware of the fact that students who failed in Indian universities in medicine went to England and obtained qualifications, but he considered that passing examinations was a different thing altogether from real practical training. If a man who passed out of the Punjab college was as good as a man from England he would make no difference between him and a European trained man. Hospital practice was absolutely necessary if men were to learn the various kinds of medical and surgical work.

(The witness withdrew.)

Lieutenant-Colonel H. Smith, I.M.S., Civil Surgeon, Amritsar, Punjab.

Written Statement relating to the Medical Services.

56633. **(1) Methods of Recruitment.**—These should remain as they are with the following exceptions:—

(*a*) the Medical Board at the India Office should be more exacting as regards the physical requirements of candidates than they are. This applies to all the Public Services;

(*b*) the number of Indians admitted should under present and immediate prospective conditions not exceed 20 per cent. Being a military service only members of families who command the respect of the people should be recruited. This would necessitate that the candidates should have a nomination from their Local Government.

A simultaneous examination is impossible as the examination is largely oral and clinical; and marks cannot be fairly awarded by two separate boards so as to grade the men in their respective places on the Army List. The same applies to a separate examination.

56634. **(II) Systems of Training and Probation.**—The period of probation should be altered.

Probationers should do three months at Aldershot which should include drill, riding, and military hospital administration. There should be one or more central schools of Tropical Medicine and Sanitary Science in India which the probationers should attend for a period of four months.

It is obvious that the same facilities cannot exist in England as they do in India for the teaching of Tropical Medicine and Sanitary Science as applied to the Tropics. The system of seconding probationers to do house appointments in hospitals in the British Islands should cease without exception. Instead, facilities should be given to junior men to do house surgeoncies, etc., in the leading civil hospitals of India under selected Civil Surgeons. When transferred to civil employ they should be attached for a period of at least six months to one of the leading Civil Surgeons of the particular Province, who would introduce them to jail management, to medico-legal work as applied to India, to the management of dispensaries and the sanitation of a district and to the art of managing a large civil hospital; and who would also teach them the leading specialities of the particular Province. This would harmonise with the practice in the Indian Civil Service of attaching Assistant Commissioners to a selected Deputy Commissioner for general training for a certain period. The facilities that I have mentioned above are not obtainable at a Medical College hospital. The latter institution is academic and has no connection whatsoever with the Administrative work of a Civil Surgeon. For example, the Medical School has nothing to do with jail management, nor with the practical side of medico-legal work, nor with the practical side of the management of dispensaries, district sanitation or the management of rural hospitals. Officers posted to the Jail Department and Sanitary Department should be attached to the Superintendent of a Central Jail and to a Deputy Sanitary Commissioner respectively for similar training, I lay particular stress on this issue.

In my opinion, the Indian candidates of the Indian Medical Service should in future do the whole of their curriculum in the British Islands. Apart from the obvious advantage of the superior professional education given by such a course, such a period of education in the British Islands will smooth over the social difficulties which are enormous in the case of an Indian student who goes

direct or almost direct from an Indian University into the Indian Medical Service. In my observation most of what is called racialism on both sides is due to this almost insurmountable social gap which we should endeavour by every possible means to wipe away. It is unfair to the Indian as well as to his brother officer to turn him direct into the social side military life with only such a very limited training.

56635. **(III) Conditions of Service.**—The recent scheme of the Government of India which was dropped, viz., station hospital for native troops, should be adopted. This would render military service less irksome to Indian members of the Service. The present arrangements of military and civil employ should be subjected to the following alteration.

Military Medical Officers when transferred to civil employ should be transferred outright in the same way as Indian Army Officers and Royal Engineers are transferred to civil employ; that is struck off the strength of the regiment and put on full civil privileges. Under the present system a Medical Officer is transferred to officiating civil employ: his name is kept on the strength of the regiment for three years, during which time another officer is officiating for him, and both officers are drawing officiating pay; after three years he is struck off the strength of the regiment and put in full civil privileges though he may go on officiating for a number of years more, and is not entitled to the ordinary furlough which he has earned owing to the fact that he is still officiating. At nine years' service I was still officiating, and at eight years' service I was on military duty with the North-West Frontier Expedition on unemployed pay in virtue of the fact that I was still officiating. The present system as applied to the Medical Officer officiating in civil employ applies to no other Military Officer in civil employ. The arguments advanced in support of the present system by Local Governments is that they require three years to determine whether the Medical Officer is suitable or not? Why do they not require three years to determine whether a member of the Indian Civil Service is suitable or not? Whether an Indian Army Officer or a Royal Engineer is suitable or not? Does the delicacy of his political position require that this three years' term of probation shall be applied to the Medical Officer and not to these other officers?

The confidential reports of the Military Department on the Royal Engineer and the Army Officer are taken as sufficient and correctly so, why not treat Medical Officers on the same footing? The Government of India have their Indian medical officers under observation in the Military Department for an average period of six years, and in the future it will to all appearance be 12 years. They have thus had ample opportunity of determining beforehand whether they are suitable or not for civil employ.

Transfers of Officers of the Indian Medical Service in Civil employ.—Under the present travelling allowance rules, transfers are made very largely at the officer's private expense, and when transfers are frequent and over considerable distances, the cost to him becomes a serious matter. He should be granted actual expenses.

Promotion to the selected list.—Until 1897 there were three Presidencies, and each Presidency had its army, its medical service, civil and military, medical officers either in civil or military employ were not transferable from one Presidency to another unless under very exceptional circumstances. In 1897 the Provinces or Presidencies remained as regards civil employ, but the armies were thrown into one. Formerly promotion to the administrative grade of a particular army was confined to the medical officers of that Presidency. Since the three armies have been thrown into one, the senior men on the common selected list are promoted in order. The result is that Medical Officers of the Madras Presidency and the Bombay Presidency are promoted to administrative military appointments in the Bengal Presidency. Promotion, thus, is running very much in favour of the Madras Presidency men (who entered at the foot of the list as a rule) and very much against the Bengal Presidency men (who enter as a rule at the top of the list). For example, of the men who joined with me I notice one was promoted on the 16th April, 1911. My turn for promotion to that grade will not come till the year 1918 owing to this system.

If the arrangement which existed before 1897 is to remain in Part, it should remain in its entirety, and Madras and Bombay men be confined to the boundaries of Madras and Bombay Presidencies for Military administrative appointments. Otherwise promotion to the selected list and administrative grade should be from the general list.

Care taken in promotion.—More care should be taken in all promotions to the selected list and to the administrative grade, for example, no officer should be promoted to the selected list unless he passes a strict medical board as fit and likely to remain fit for field service. Again, professional merit should receive its due recognition oftener than it has done hitherto.

56636. **(IV) Conditions of Salary.**—All allowances which Government has to pay, such as Jails, Lunatic Asylums, Railways, Factory Inspections, etc., should be consolidated in a Civil Surgeon's pay. His consolidated pay should be the same as that of *Indian Army Officers in civil employ* as shown in the attached statement under the head of the Political Department of the Government of India. This pay scale should apply to Medical College appointments, Central Jail appointments, appointments in the Sanitary Department, as well as to Civil Surgeons and all other civil appointments. The Medical Officer is recruited at about an average age of 26, after a longer and more expensive education than that of any of the other Public Services. This late age of entering and his long academic career has weeded out the intellectually and physically unfit and has left the Medical Service the finest physique of any service under the Crown. They have thus a just claim to at least as good pay as other Army Officers in civil employ. All Officers of Colonel's rank, whether civil or military, should draw the same pay as the Commissioner of a division; the pay at present differs in different Provinces for no obvious reason.

The pay of all officers of Colonel's rank should be the same, whether civil or military.

The pay of the Director-General should be Rs. 5,000 a month. It has not infrequently occurred that the most desirable men for administrative appointments have refused to accept promotion, and it is in the interests of Government that the pay should be sufficient to induce these men to stay on.

The families of all Civil Officers drawing pay of over Rs. 250 a month should have the right to free medical attendance from the Civil Surgeon, and those drawing under Rs. 250 a month should have a right to free consultation when the subordinate appointed to attend them requires it. Heretofore Civil Surgeons have drawn Rs. 50 a month less than their military pay on the understanding that it was made up by 2 per cent. from the pay of Civil Officers for attendance on their families. This has always been and is a constant source of friction. Civil Officers consider that they are labouring under a grievance in that they are not on the same footing in this respect as officers in military employ. On the other side this friction is a source of constant annoyance to the Civil Surgeon, so much so that the shrewd man accepts his fee when offered him; but never sends in his bill. Private practice in the fairly remote past was a source of income which, with the Civil Surgeon's pay, made his income equal to that of the Indian Civil Servant of similar standing. Now, with the growth of the Subordinate Medical Department (active list and retired) and the independent practitioner (rapidly increasing), general practice is practically *nil* and consulting practice very much decreased, so that at present the income of the average Civil Surgeon from this source is practically *nil*, matters will obviously not improve in this respect for him in the future.

Depreciation in the purchasing power of the rupee affects the Indian Medical Service in the same way that it does all other services.

56637. **(V) Conditions of Leave.**—Privilege leave should be allowed to be combined with any

amount of furlough, however small. Privilege leave, when not taken, should not lapse to Government. At present, if an officer does not take, or from the exigencies of the Service is unable to take privilege leave, anything over three months lapses to Government: for example, an officer wants in the coming summer five months' leave and he has three months' privilege leave standing to his credit. As he cannot combine privilege leave with other kinds of leave, amounting to less than a full total of six months' leave, his three months' privilege leave lapses to Government, and he has to go on five months' leave with only ordinary furlough pay. This is unfair. Government has no reasonable claim to this advantage. Privilege leave should be allowed to accumulate in the same way as furlough.

Civil furlough pay rules should be altered to the effect that the military officers in civil employ shall draw either their military or civil furlough pay, whichever is most. At present a lieut.-colonel, Indian Medical Service, in civil employ draws £500 a year furlough pay; a lieut.-colonel, Indian Medical Service, in military employ draws £600 a year furlough pay. Those members of the Service who join at an age exceeding 25 years are allowed to complete 30 years' service, though they may be over 55. After 55 years of age they are merely allowed privilege leave, they are not allowed the furlough which they have earned and which is standing to their credit. This is wiped out at 55 years of age. This is unfair. They are doing full duty for Government and have been throughout their service physically better bargains for Government than their more favoured *confreres* who joined at from 21 to 24 years of age. Under the present civil leave rules an officer in civil employ is not entitled to ordinary furlough until he has served eight years. This arrangement is not in the interests of Government. He should be entitled to the one year of ordinary furlough which he has earned at the expiry of four years. This applies especially to the services which come out to India at an early age such as the Indian Civil Service, police, public works, etc., as in my observation from a health point of view, this is the time at which they very frequently require furlough.

Casual leave.—The practice concerning casual leave by local governments differ. It is essential, in my opinion, that the head of the department should be able to grant ten days casual leave to medical officers in civil employ on three occasions during the year, and casual leave not exceeding four days at a time as often as the officer may require, consistent with the performance of his duties. This is the practice in the Punjab, except that we get ten days twice in the year. The reason for this demand is that we have to work seven days in the week and are unable to avail ourselves of the privilege of gazetted or other holidays. The exigencies of my own duties, for example, have seldom left me to enjoy a holiday on Christmas Day. We have thus a claim for consideration on this head which none of the other Services have.

56638. **(VI) Conditions of Pension.**—The Indian Military Service is essentially a military one, and the rates of pension are calculated in relation to those of the Indian Army. On retirement an Indian Medical Service officer in civil employ reverts to the military department. The following comparative statement gives the rate of the combatant and medical branches of the Indian Army:—

Term of service.	Indian Army.	Indian Medical Service.
	£	£
After 17 years	—	300
„ 20 „	250	400
„ 21 „	275	420
„ 22 „	300	440
„ 23 „	330	460
„ 24 „	365	480
„ 25 „	400	500
„ 26 „	432	540
„ 27 „	465	580
„ 27½ „	—	600
„ 28 „	500	620
„ 29 „	550	660
„ 30 „	600	700
„ 32 „	700	—

The Indian Medical Service Officer after 30 years of completed service receives a pension of £700 a year, the Indian Army Officer after 32 years. The earlier rates of pension show a difference in service of five years in obtaining the same amount of pensions, and this is presumably because service in the Indian Medical Service requires at least five years and usually six years of professional work at the officer's own expense before obtaining his commission, while the combatant officer learns his work almost entirely at the expense of Government after he enters the Service; consequently there is an age difference of five years; later, however, the length of service necessary for the same pension shows less difference than five years, until for the full pension it only amounts to two years.

An Indian Army officer, therefore, retires on £700 a year, three years younger than an Indian Medical Service officer. If the difference of five years were maintained an Indian Medical Service officer would obtain his full pension at 27 years' service and be able to retire at the same age as his brother offer in the Indian Army. Again, it is difficult to understand why it should take five years' service for an Indian Medical Service officer to advance from £400 to £500 pensions, while for the Indian Army the period is only three; the periods for advance in the same way from £500 to £700 are five years and four years, respectively, so that it takes an Indian Medical Service officer ten years to advance from £400 to £700, while the Indian Army officer obtains the same in seven years.

The rate of increment in pension of an Indian Medical Service officer should be the same as that of the Indian Army officer after 20 years' service. This would bring him to his full pension at 55 years assuming that he entered the Service at the latest age limit (28 years). The 50 years' rule could then be made to apply to him without any grievance. The occasion may arise when the age limit of 55 for promotion to the administrative grade may have to be more or less relaxed as owing to the increased length of the medical curriculum the average for entering the Service would be at present about 26; close on two-thirds of the men entering over 25 years of age. If promotion to the administrative grade goes on as it is going at about 30 years' service two-thirds of the Service would not be eligible, however physically fit they were, or however suitable they were, whereas the other third would be all Government would have to select from.

56639. **(VII) Limitations in the Employment of non-Europeans.** — Every Commissioned medical officer is, or should be on the war reserve. Their services should be economically used (as at present) in times of peace by employing a large proportion of them in the Civil Department. In my opinion there should be a commissioned officer of the Indian Medical Service at the head of every district in India. The years that they have spent in military employ have been an invaluable training in discipline, and in organising and in probity for either its European or Indian members. A training which the Provincial Services cannot have. In my observation the Provincial Services in the position of Civil Surgeons have been very inefficient. The duties of a Civil Surgeon are of a very multifarious and responsible nature. He should be a man of the highest professional ability, both medical and surgical, ready for any emergency. He should be thoroughly capable and self-reliant as he has seldom got any one to consult. He should be a capable man in the management of men as he has a considerable staff all over the district as well as at headquarters; he has to keep them in hand, at the same time to avoid bullying them. He has, to a large extent, to train his staff and to get work out of them, and to do this he must himself be a first-class workman. He is also in charge of a jail, not merely as medical officer but also as superintendent. The non-military Indian in charge of a jail is generally recognised as a failure. The scope for bribery and corruption within the province of a Civil Surgeon, especial in medico-legal work, is enormous. This work the Civil Surgeon should do at headquarters himself for this very reason. If the Civil Surgeon is not proof against taking bribes, a large slice of the criminal code might be wiped out. The Civil Surgeon should be encouraged to charge a consultant fee, so as on the one hand not to compete with the general practitioner, and on the other not to have his time taken up with general practice which must interfere with the performance of his official duties.

The Independent Practitioner.—In the Punjab my observation is that the independent medical profession at the present time is as much overstocked as the Bar. In the near future it promises to be much more still. There is absolutely no professional etiquette amongst them. The consequence is that they are competing with each other as regards fees, undermining one another as regards their patients, and consequently are not receiving the respect and confidence of the people. Hence Western medicine under these circumstances is not progressing as rapidly as it should do—surgery is regarded differently being done in the civil hospitals. They have their own salvation in their own hands and no Government can help them. These men require a consultant to fall back on and also to help to raise the independent profession out of this state of chaos. When ill themselves, they call in the *hakim*. They correspond closely with the prescribing chemist of the British Islands.

If given wards in the civil hospitals the following situation will at once arise:—The official Assistant Surgeons attached to the civil hospitals, who correspond to House Surgeons and Assistant Surgeons and Physicians in British hospitals, will refuse to work under them, as they are, generally speaking, the better professional men of the two. The Commissioned Officer treats his Assistant Surgeons as gentlemen. The independent practitioner would be most exacting as regards the respect he receives from them. The independent practioner will have little time for pauper patients, he has got to live, and the small fees for which he practices necessitate that most of his time be spent at his practice.

The net result will be that the hospitals will be empty and the general taxpayer (the inarticulate masses) will be deprived of the valuable services which the civil hospitals now render him and to which he is entitled; as far as I can see, the essential thing these men want is to be able to put on their door-plate, "Surgeon to the civil hospitals." There are numbers of them in Amritsar City with all of whom I am on the best of terms. I have always encouraged them to come any day and every day to my hospital to see everything we had (one of the largest surgical hospitals in the world), and not a single one of them takes advantage of my offer. So much for their professional ambition.

If the ambitious independent practitioner were forthcoming to fill the number of appointments that could be made for him at civil hospitals such as pathologist, bacteriologist, pathological chemist and the like, together with charge of out-door patients, and later on to have charge of wards such as Assistant Surgeons and Physicians do in British hospitals. I am sure we would be all delighted to have them and to assist them in every way in our power and thus to further the growth of a really capable independent profession.

56640. **(VIII) The relation of the Service with the Indian Civil Service and other Services.**—As a rule our relations with the Indian Civil Services and other Services are cordial. Friction, however, occasionally arises between the Civil Surgeon and the Deputy Commissioner on broad principles of administration, though while recognising that the theoretical superiority of the Deputy Commissioner as head of his district is necessary, yet it is equally necessary for such to be exercised only in theory; for instance, the Deputy Commissioner should have no more practical authority over the Civil Surgeon as administrative head of the Medical Department in his district than he has over the District and Sessions Judge. Applications for casual leave in this province have to be forwarded through the Deputy Commissioner to the provincial head of the Medical Department while the District and Sessions Judge applies direct to the Chief Court. Medical Officers resent the fact that this leave cannot be granted without reference to the Deputy Commissioner, who, as so often happens, is very many years junior in age as well as in service.

There is a widespread feeling in the Service that when a difference of opinion arises between an Indian Civil Service officer and a medical officer which needs a reference to the Local Government, that the verdict might perhaps be biassed. This feeling obliges medical officers, especially the more junior among them, to put up with a good deal. Concerning complaints against any medical officer lodged with Government the conditions of the Act of 1851 should be strictly adhered to. The officer should be supplied with a copy of the complaint, his explanation called for, and that explanation taken into consideration when the case is being adjudicated on in accordance with the above-quoted Act. This should be done without exception.

The Inspector-General of Hospitals in a province should be *ex officio* a member of the Local Government Council representing matters relating to health. The Director-General should on appointment receive the decoration of a Knighthood of one of the Indian Orders and be *ex officio* a member of the Viceroy's Executive Council representing matters relating to health.

56641. **(IX) Other points within the terms of reference to the Royal Commission not covered by the preceding heads.**—Medical Colleges are all Imperial, the pay of the establishment is Imperial, the appointment of the staff is Imperial in theory, Provincial in practice. When a vacancy arises on the staff the Local Government is asked to nominate a candidate. If the Local Government nominates a candidate from their own Province the Government of India practically never refuse to sanction that appointment. Provincial Governments are zealous of their patronage, they seldom fail to nominate a candidate. The Local Government consults its medical adviser, who in turn consults the Principal of the Medical College, who, it is understood, consults the staff. The Medical College staff are all consultants. The feeling in the Service is that the Medical College staff do not want a man introduced who may be a formidable rival for consulting practice; hence the feeling exists that as a rule men with a provincial reputation as surgeons or physicians need not apply.

The Government of India should exercise its rights to the letter in making these appointments, and make them from any Province in the Indian Empire which had the most suitable candidate. This would be in the interests of these institutions. The Medical College grant should be made from the Education grant. The Director-General should be the supreme Medical Head of the Medical Colleges.

Sub-divisions.—Civil and Military Assistant Surgeons should be employed in charge of sub-divisions of large districts.

Small Departments such as the Chemical Examiner's Department, Alienists Department, Sanitary Department, Jail Departments, should be Imperial as far as concerns leave; one of their grievances at present is inability to get leave owing to Provinces being unable to supply trained candidates to fill the vacancy while on leave.

The Director-General and the Inspector-General of civil hospitals should always be men who have been Civil Surgeons themselves. The Civil Surgeon has experience in the management of jails, in the management of the sanitary affairs of the district, in medico-legal work, in the management of dispensaries, in the management of a large civil hospital, and he has been in close touch with the independent medical practitioner as well as having done a number of years' military duty. He is thus the member of the Service in India who has the most wide and varied experience.

Annexure to Above.

Comparative Statement showing the rates of pay drawn by the Political Department of the Government of India, the Indian Forest Department, the Indian Police, Public Works Department and Indian Medical Service (vide *paragraph* 56,636).

Year of service.	Political Department.	Indian Forest Department.	Indian Police.	Public Works Department.			Indian Medical Service.					Jail Department.	
				Royal Engineers.	Imperial Engineers.	Provincial Engineers.	Civil Surgeon, 1st class.	Civil Surgeon, 2nd class.	Professors.	Deputy Sanitary Commissioner	Bacteriological Department.	Alienist Department.	1st class Central Jail.	2nd class Central Jail.
	Rs.	Rs.	Rs.	Rs.	Rs.	Rs.	Rs.	Rs.	Rs.	Rs.	Rs.	Rs.	Rs.	Rs.
1st ...	450	380	Asst. Supdt.—	380 (A.E.)	380 (A.E.)	250 (A.E.)	550 (Lt.)	450 (Lt.)	750 (Lt.)	600 (Lt.)	650 (Lt.)	650 (Lt.)	650 (Lt.)	550 (Lt.)
2nd ...	500	420	3rd grade 300	420 ,,	420 ,,	250 ,,	550 ,,	450 ,,	750 ,,	600 ,,	650 ,,	650 ,,	650 ,,	550 ,,
3rd ...	550	460	2nd grade 400	460 ,,	460 ,,	300 ,,	550 ,,	450 ,,	750 ,,	600 ,,	650 ,,	650 ,,	650 ,,	550 ,,
4th ...	600	500	1st grade 500	500 ,,	500 ,,	300 ,,	600 (Capt.)	500 (Capt.)	800 (Capt.)	650 (Capt.)	700 (Capt.)	700 (Capt.)	700 (Capt.)	600 (Capt.)
5th ...	650	540	Supdt.—	540 ,,	540 ,,	350 ,,	650 ,,	550 ,,	850 ,,	700 ,,	800 ,,	800 ,,	750 ,,	650 ,,
6th ...	700	580	5th grade 700	580 ,,	580 ,,	350 ,,	650 ,,	550 ,,	850 ,,	700 ,,	800 ,,	800 ,,	750 ,,	650 ,,
7th ...	750	620	4th grade 800	620 ,,	620 ,,	400 ,,	700 ,,	600 ,,	900 ,,	750 ,,	850 ,,	850 ,,	800 ,,	700 ,,
8th ...	800	660	3rd grade 900	660 ,,	660 ,,	400 ,,	700 ,,	600 ,,	900 ,,	750 ,,	850 ,,	850 ,,	800 ,,	700 ,,
9th ...	950	700	2nd grade 1,000	700 (E.E.)	700 (E.E.)	450 ,,	750 ,,	600 ,,	900 ,,	750 ,,	850 ,,	850 ,,	800 ,,	700 ,,
10th ...	1,050	750	1st grade 1,200	750 ,,	750 ,,	450 ,,	750 ,,	600 ,,	900 ,,	750 ,,	850 ,,	850 ,,	800 ,,	700 ,,
11th ...	1,150	800	D. I.-Genl.—	800 ,,	800 ,,	500 ,,	750 ,,	650 ,,	950 ,,	800 ,,	900 ,,	900 ,,	850 ,,	750 ,,
12th ...	1,250	850	2nd grade 1,500	850 ,,	850 ,,	500 ,,	750 ,,	650 ,,	950 ,,	800 ,,	900 ,,	900 ,,	850 ,,	750 ,,
13th ...	1,350	900	1st grade 1,800	900 ,,	900 ,,	550 ,,	850 ,,	650 ,,	950 ,,	800 ,,	900 ,,	900 ,,	850 (Major)	750 ,,
14th ...	1,450	950	I.G., N.-W.—	950 ,,	950 ,,	550 ,,	850 ,,	750 (Major)	1,050 (Major)	900 (Major)	1,050 (Major)	1,050 (Major)	950 (Major)	850 (Major)
15th ...	1,550	1,000	F. P. ... 2,000	950 ,,	950 ,,	550 ,,	850 ,,	750 ,,	1,050 ,,	900 ,,	1,050 ,,	1,050 ,,	950 ,,	850 ,,
16th ...	1,650	1,050	I.G., Pb. 2,500	1,000 ,,	1,000 ,,	550 ,,	850 ,,	750 ,,	1,050 ,,	900 ,,	1,050 ,,	1,150 ,,	1,050 ,,	950 ,,
17th ...	1,750	1,100	—100—3,000.	1,050 ,,	1,050 ,,	650 (E.E.)	850 ,,	750 ,,	1,050 ,,	900 ,,	1,150 ,,	1,150 ,,	1,050 ,,	950 ,,
18th ...	1,850	1,150	The Indian Police	1,100 ,,	1,100 ,,	650 ,,	850 ,,	750 ,,	1,050 ,,	900 ,,	1,150 ,,	1,150 ,,	1,050 ,,	950 ,,
19th ...	1,950	1,200	are not on a time	1,150 ,,	1,150 ,,	700 ,,	850 ,,	750 ,,	1,050 ,,	900 ,,	1,150 ,,	1,150 ,,	1,050 ,,	950 ,,
20th & over	2,050	1,250	scale.	1,200 ,,	1,200 ,,	750 ,,	850 ,,	750 ,,	1,050 ,,	900 ,,	1,150 ,,	1,150 ,,	1,050 ,,	950 ,,
21st ...	2,150	...		1,250 ,,	1,250 ,,	750 ,,	850 ,,	750 ,,	1,050 ,,	900 ,,	1,150 ,,	1,150 ,,	1,050 ,,	950 ,,
22nd ...	2,250	...		...	...	750 ,,	850 ,,	750 ,,	1,050 ,,	900 ,,	1,150 ,,	1,150 ,,	1,050 ,,	950 ,,
23rd ...	2,400	...		...	...	800 ,,	850 ,,	750 ,,	1,050 ,,	900 ,,	1,150 ,,	1,150 ,,	1,050 ,,	950 ,,
24th ...	...	...		...	...	850 ,,	850 ,,	750 ,,	1,050 ,,	900 ,,	1,150 ,,	1,150 ,,	1,050 ,,	950 ,,
25th ...	...	...		...	...	850 ,,	850 ,,	750 ,,	1,050 ,,	900 ,,	1,150 ,,	1,150 ,,	1,050 ,,	950 ,,
26th & over	...	...		...	...	900 ,,	850 ,,	750 ,,	1,050 ,,	900 ,,	1,150 ,,	1,150 ,,	1,050 ,,	950 ,,
	Special appointments.		*Special appointments.*				1,200(Lt.-Col.)	1,200(Lt.-Col.)	1,500(Lt.-Col.)	1,350(Lt.-Col.)	1,500(Lt.-Col.)	1,400(Lt.-Col.)	1,400(Lt.-Col.)	1,300(Lt.-Col.)
	Rs.	Rs.	Rs.	Superintending Engineers—		Rs.	1,200 ,,	1,200 ,,	1,500 ,,	1,350 ,,	1,500 ,,	1,400 ,,	1,400 ,,	1,300 ,,
	Convr., 3rd grade 1,500			3rd class ...		1,200	1,200 ,,	1,200 ,,	1,500 ,,	1,350 ,,	1,500 ,,	1,400 ,,	1,400 ,,	1,300 ,,
	2nd grade 1,700			2nd class ...		1,400	1,200 ,,	1,200 ,,	1,500 ,,	1,350 ,,	1,500 ,,	1,400 ,,	1,400 ,,	1,300 ,,
	1st grade 1,900			1st class ...		1,600	1,200 ,,	1,250 ,,	1,550 ,,	1,400 ,,	1,500 ,,	1,450 ,,	1,450 ,,	1,350 ,,
Resdt., 2nd class 2,750	Ch. Convr., Burma 2,150			Chief Engineers—			1,350 (Lt.-Col.	1,350 (Lt.-Col.	1,650 (Lt.-Col.	1,500 (Lt.-Col.	1,600 (Lt.-Col.	1,550 (Lt.-Col.	1,550 (Lt.-Col.	1,450 (Lt.-Col.
Resdt., 1st class 4,000	I. G., Forests ...2,650			2nd class ...		2,500	Selected List.)	Selected List.)	Selected List.)	Selected List.)	Selected List.)	Selected List.)	Selected List.)	Selected List.)
The above rates of pay exclude language and local allowances.				1st class ...		2,700								
				Secretaries to the Local Governments in the Public Works Department draw a local allowance of Rs. 250 per mensem.										

Inspector-General of Civil Hospitals, Punjab, Rs. 2,250.
Inspector-General of Prisons, Rs. 1,800.
Sanitary Commissioner, Punjab, Rs. 1,500—60—1,800.
Principal, Medical College, grade *pay plus* Rs. 150 staff allowance.
Chemical Examiner, irrespective of rank up to 25 years' service, Rs. 800—70—1,500; over 25 years service, Rs. 1,550.

22 *November* 1913.] LIEUTENANT-COLONEL H. SMITH. [*Continued.*

LIEUTENANT-COLONEL H. SMITH called and examined.

56642. (*The Chairman.*) The witness said he held the appointment of Civil Surgeon of Amritsar and represented the interests of the members of his Service in the Punjab. The written statement that had been put in contained the views of both the European and the Indian element. He had never been in the professorial branch.

56643. With regard to recruitment for the Indian Medical Service, the witness said that when he came into the service 23 years ago there were 77 candidates for 17 vacancies, but now apparently there were 16 effective for 12 vacancies. He thought the chief reason for the falling off had been put forward by the Director-General: pay and the feeling of uncertainty caused by Lord Morley's circular in 1908, which still influenced the Service, especially the junior men. The recent change of policy on this point might now have become known, but things which had been in the air for a considerable time did not very speedily come to ground. There was a feeling of uncertainty as to the future of the Service.

56644. The witness said he held very strong views with regard to the introduction of Indians into the Indian Medical Service. He would have all Indians go to England in the interests of the Indians themselves. An Indian who could afford to pay for his education, and went through his whole curriculum in Great Britain, would be introduced into military and social circles on the same footing practically as the European. It was unfair to a young Indian to turn him direct out of an Indian Medical College into the military and social relations of a regiment.

56645. The witness considered that the medical colleges in India, were, from a purely professional point of view, fully up to date, but he did not think they made good training grounds for a military service. He laid stress on a young man's going through the rough and tumble of life in England with his future brother officers for a period of years. That system on the whole had been beneficial to the fit, although not to the unfit, and he admitted that the fit were probably in a smaller category than the unfit. He would also insist on Indian candidates receiving nominations from their local Governments before they went to England, and he would restrict their introduction roughly to 20 per cent. Those proposals might be retrograde as compared with the present state of things, but he put them forward seriously as practical proposals for the present and immediate future. It was a fact that Indians, who had failed in India, had gone to England and, after a little further preparation, had succeeded in the Indian Medical Service examination. He did not consider a competitive examination a thoroughly good test for anything, but so far as it went he thought it was the best method that could be devised.

56646. With regard to promotion, the witness was opposed to promoting officers from Assistant Surgeoncies to Indian Medical Service posts but not against their appointment as a temporary measure. He knew very few Assistant Surgeons who were efficient enough to occupy such posts. He did not attribute that entirely to the fact that the Assistant Surgeon had not the opportunity of a British training. He thought it was due to his not having had a training in administration, such as the Indian Medical Service man got in military employ. In the Punjab six military assistant surgeons and six civil assistant surgeons had been promoted.

56647. The witness said there were a few Assistant Surgeons making good incomes from private practice in Lahore, and probably one or two in Rawal Pindi and one or two in Multan. There were none, however, in Amritsar. In his opinion they would all accept promotion, though there might be some in Lahore who would not.

56648. With reference to the private practitioner, the witness said he was not opposed to the proposal that he should have an opportunity of going into a hospital as a house surgeon or to fill any honorary appointment. He saw no reason whatever to exclude a man from an honorary appointment who could afford to spend enough time at a hospital. But independent medical practice in the Punjab, as far as he could see, was about as overstocked as the Punjab Bar, with the result that there was strong competition for practice, and a consequent reduction of fees. The fees were reduced to such a low margin that in Amritsar the men could afford no time to work at a civil hospital, and plenty of them were not qualified. He doubted whether the imposition of registration would improve the status of the private practitioner in the Punjab, where medical practice was largely in the hands of the hakim. The people did not seem to pay much attention to a man's qualification so long as he had a shop with drugs in it and called himself doctor. If stopped from calling himself doctor he would call himself hakim and continue the same practice. That was the man who was stopping the independent practitioner in the Punjab; he might have been a dispenser and learnt a certain amount of treatment in routine causes. Registration, however, would be a step in the right direction. In the witness's opinion the introduction of the private practitioner into hospitals would produce a conflict with the officials in the hospital. His own assistant surgeons were men of large practical experience, and probably as capable men as a private practitioner, but they would be subordinate to the latter in the hospital, and if not carefully treated would resent it and there would be friction. It would take a very able man to keep matters smooth. He did not say that the difficulties were insuperable, but great tact would be required on the part of the Superintendent. His own experience in Amritsar was that when given the chance they did not come to the hospital. He asked them to come and see anything and everything that could be shown them, and if they asked for permission to operate on a case in the operating room in the civil hospital, he would place at their disposal not only his assistants but himself. The men in the hospital were not standing in their way in the slightest, but independent practitioners did not ask for such privileges. The Armitsar hospital was one of the largest surgical hospitals in the world, often containing 500 patients, but it would not compare with a British hospital in equipment, and it was not sufficiently staffed. Assuming that qualified men could be obtained from outside it would be of assistance to the hospital. He wanted a pathologist, a bacteriologist, and an opthalmologist, and he should be glad if they would come and work as assistant physicians or surgeons worked in a British hospital. There was plenty of material going to waste. If practitioners could be induced to enter the hospital on those line it would also raise the standard of the private practitioner.

56649. The witness thought it was right to restrict professors to consulting practice in their own subjects, and he was of opinion that the civil surgeon should be encouraged to charge a consultant's fee for such general practice as he had to do. He had always charged such a fee himself, and he believed it was the general practice. In that way he was not competing with the independent practitioner, and was of use to the independent practitioner when that gentleman was in a difficulty with a case or when his patients lost confidence in him. The civil surgeon might be called in at the instigation of either the patient or the practitioner, or both, not taking over the case, but doing his best to establish the confidence of the patient in his medical attendant. That was really consulting practice. His general practice in attending European families in the station, who insisted on having him, would be at the same fees. That would apply to official families and a few families in mercantile centres like Amritsar, because the fee would choke any excessive demand on his time, and he would not come into conflict with the independent practitioner. He thought such a proposal would be accepted by his colleagues. The financial circumstances of the patient rendered it expedient to lay down a hard and fast rule.

56650. The witness was in favour of promotion to the selected list being made from the general list in regard to officers attaining the rank of Lieutenant-Colonel after over 20 years' service. When he entered the service 23 years ago there were three presidencies, and the men elected for the presidency they intended to serve in. There was a military establishment in each presidency, and a man, whilst in military employ, was attached to the presidency army, and whilst in civil employ to the province. That was altered in 1897, but the anomaly remained for the older men. For example, the men who joined with him and had gone to the other presidencies were on the selected list, and would soon be promoted to Colonel's rank, but he himself would not be on the selected list for some years, although he joined at the top of the list and the other men at the foot of it.

56651. With regard to salary, the witness asked to be put on the Political Department time-scale. This involved a considerable increase of expenditure. That scale, he thought, should stand for all non-practising appointments; jail, sanitary, chemical, assay, etc., and a certain reduction in the pay might be made in the practising departments on account of private practice. At present the pay was barely as good as that of the Royal Army Medical Corps. Probably it would be fairer to compare the pay of the Indian Medical Service with that of the Royal Army Medical Corps rather than with that of the Political Department as regarded those serving in military employ, but it would not be as fair a comparison with regard to those serving in civil employ. He thought the Indian Medical Service officer in civil employ was entitled to as good pay as the Indian army officer in civil employ.

56652. The witness advocated an all-India list for appointments in Medical Colleges in order to widen the field for selection and to remove local influence.

56653. The witness did not see any objection to a professor being appointed to a college from outside the Service if the selection was carefully made, though he did not see any real advantage in it. The Service had as good men as could be obtained from outside.

56654. (*Lord Ronaldshay.*) The witness said that an officer did not necessarily revert to military employment when he reached the rank of Colonel as there are civil appointments for Colonels, *e.g.*, Inspector-General of Civil Hospitals. Just before attaining the rank of Colonel a man had to spend a few months in the military department in order to become familiar with the red tape of that office, and he thought it was probably a very good thing for a man to have that experience.

56655. With reference to the present system of recruitment and his desire to limit the Indian recruits to 20 per cent., the witness said the authorities would advertise a certain number of vacancies for Europeans and a certain number for Indians, and both Europeans and Indians might qualify but not get in. Assuming the Europeans were ahead of the Indians on the competitive list they would be told that the Indians took precedence of them on account of the necessity of making up the 20 per cent. It would be as nearly as possible admitting them in percentages and would be competition for each class. He did not see why it should cause discontent amongst the successful candidates who were not given posts. He admitted that in a competitive examination the men who succeeded in obtaining the greatest number of marks but were not given a position would feel a great deal of dissatisfaction, but he did not think that was an insuperable objection to his proposal.

56656. With reference to the advisability of sending Indian students to Great Britain, he thought that the fact of telling an Indian that, in order to be really successful in his profession he must go to a foreign country for his education, would not lead him to despise his own institutions. What he desired to encourage was not professional training in England, but that the Indian should take part in the life of the country from which the officers of the regiment to which he would be attached belonged. The professional training in England might be a little better, but the difference was slight, as the clinical material in Medical Colleges like Lahore, Madras and Bombay was unlimited.

56657. The witness considered that Lord Morley's Circular had had a very bad effect on recruitment to the Service, and generally speaking he thought that effect would be removed if it were known generally that the service was to be maintained substantially on its present footing.

56658. (*Sir Theodore Morison.*) The witness said that an Assistant Surgeon in a British hospital might be of any age from 25 to 40. He worked under the orders of the head of the Department to which he was attached, who was generally a distinguished man acting as honorary Medical Officer. The class of people whom he should like to see associated with the Indian civil hospital would be young men who had just started in their profession. The younger the man the less difficulty would be experienced in his relations with the Civil Assistant Surgeon. He did not want men as additions to the staff of the hospital so much as he wanted men to whom he could give experience. The working establishment would be independent of the honorary men.

56659. With reference to fees the witness said a consultant's fee all over India was Rs. 16. The fee of a practitioner would vary from Rs. 5 to 4 annas. Probably the European private practitioner would charge about Rs. 10.

56660. With regard to transfers a professor in the Indian Medical Service would only be moved when he was promoted to the administrative grade at the end of about 30 years' service. Before that his appointment was a permanent one. He was definitely, for all practical purposes, a professor until he reached a position on the list for an administrative appointment, a Colonel's rank. It was possible for him to revert to a Civil Surgeoncy, but in practice men did not give up professorships for such posts.

56661. (*Mr Chaubal.*) The witness said that those who obtained medical qualifications generally all engaged in practice. For the Indian Medical Service the average age was between 25 and 26. The men who joined the Indian Medical Service belonged to the same class essentially as those who entered the Indian Civil Service. Very few who came into the Indian Medical Service were married at the time they came from England.

56662. With regard to private practice, in the Punjab the hakim had not yet been abolished and medical practice was only in its infancy. Surgical practice had never been in the hands of the hakim at all. He thought surgical practice in the Punjab was higher than in any province in India but medicine was only in its early stages.

56663. With reference to the income of a European Civil Surgeon in an outside station in the mufassal, the witness said he had received a letter recently from a gentleman in a small station who told him that in the past year his private practice amounted to Rs. 48. On the average, outside Amritsar and Lahore, he should have thought the income of a Civil Surgeon from private practice would not exceed Rs. 100 a month. In Amritsar itself, excluding patients who attended from outside districts, he did not think private practice was worth more than Rs. 100. At one time the income was decidedly more in Amritsar and he did not think in the outside stations in the Punjab it could have been much less. The Civil Surgeon had to attend the family of European officials, and in the small stations there was nothing left for private practice. Private practice in connection with the Indian population of his district was a consulting practice with his own subordinates. He thought there was every reason to believe that private practice in the mufassal would lessen considerably, because although the independent practitioner had not yet invaded the small stations, he would certainly do so within a short time. The main ground for increased salary was that private practice had fallen off.

The inducement to come into the Service was that a man spent his probationary period of eight or ten years in small stations, and after that obtained a station with a large amount of private practice. He himself was 13 years in the Service before his income from private practice was worth more than Rs. 100 a month, and in that time he had done as much work in ophthalmology as would have made a dozen specialists in Europe. He always had the expectation that later on he would have a better station where his practice would pay, and this expectation had been fulfilled. He agreed that an Indian patient once having put confidence in a particular man would follow him long distances, and to a certain extent some practitioners in that way might be responsible for taking some of the practice of other Civil Surgeons.

56664. (*Mr. Gokhale.*) With reference to the number of Indians in the Indian Medical Service in the Punjab the witness said there was one in the Indian Medical Service and two on plague duty. The written statement, which had been put in, represented the views of the Indian as well as of the English members. The Indians themselves agreed that the number of Indians should be limited to 20 per cent. and were against any higher proportions. They also agreed that the candidates should be nominated by the Local Government. The 20 per cent. proposed was a maximum, and if the successful Indians were less than 20 per cent. only those would be taken who were successful. If they exceeded 20 per cent., not more than 20 per cent. would be taken. It implied that if the Indians did not come up to 20 per cent. they would suffer, but if they exceeded 20 per cent. they would not be taken in. He would not agree to its being limited to 20 per cent. over five years, but he saw no objection to a definite 20 per cent. instead of saying a maximum of 20 per cent.

56665. With regard to private practitioners, the men he had mentioned as charging four annas were not men with university degrees. In the Punjab there were Military Sub-Assistant Surgeons and several Assistant Surgeons practising, and he believed a number of them took a fee as low as four annas. In the Punjab there were numerous compounder doctors who practised for two annas. With the sub-assistant surgeon class eight annas was a common fee. The salaries of such men in Government service began at Rs. 35 and went up to Rs. 100 a month.

56666. With reference to his statement that the Punjab was above any other province in Surgery, the witness said he referred to quantity in that statement and said the annual reports of the charitable dispensaries of the different provinces would prove his point.

56667. The witness thought that an Indian Medical Service man was seldom promoted to a professorship of a medical college under seven or eight years' service. At the present time in northern India administrative rank was not reached until after about thirty years. Occasionally a man might officiate for a short time, but once he commenced officiating he vacated his chair, the implication being that when he had done officiating in one place he would officiate in another and then go to a permanent post: he did not generally go back to his professorship. Administrative rank reached after 30 years was a five years' appointment, but a man might become Surgeon-General after that and have another five years if the age limit did not prevent him. He thought it would be correct to say that an Indian Medical Service man, who was appointed a professor, would hold his professorship for about 20 years.

56668. The witness considered that the development of events was leaving the civil surgeon nothing but a consulting practice in connection with Indian patients, his general practice being confined to European families. He would not lay down any rule in the matter. A consulting fee would limit the civil surgeon's practice, but the general practice he carried on need not be expressly limited to European families.

56669. With regard to complaints that civil surgeons did not as a rule allow their assistant surgeons to perform important operations in hospitals, the witness said he had always encouraged his assistant surgeons to operate, and had assisted them in every way in his power. He set the assistant surgeon to operate on cataract and taught him how to do it, assisting him as he went along. If the case was coming to grief in the hands of the assistant he took it over, and was helped by the assistant until the case was finished. After a term of that sort of work the assistant surgeon became an efficient operator in ophthalmology, probably more efficient than many operators to be found in Europe. The witness promised to submit figures showing the number of operations performed in Amritsar by himself and by his assistants.*

56670. (*Mr. Sly.*) The witness said the professorships were regarded by the Indian Medical Service as prize appointments, and he had never known a case in which a professor had asked to revert to a civil surgeoncy. The facts about the alleged transfer of a professor at Lahore, from the chair of anatomy to that of midwifery, and from the chair of midwifery to that of general surgery, were that the professor in question was an F.R.C.S. (Eng.), and an exceptionally good man. His qualifications for teaching anatomy and general surgery could not be surpassed, and midwifery in Lahore was a purely academic subject as far as teaching was concerned, and there was no reason why he should not teach academic midwifery as well as anyone else. The changes were occasioned by leave.

56671. The long term which officers in the Indian Medical Service had to serve before they obtained civil employment, was due to the reduction in the number of civil appointments available. In the Punjab three appointments had been taken away from the Indian Medical Service. These should have gone to three candidates at the top of the list, and the disappointed candidates had now to wait until three men at the top retired. At present the number in civil employ was smaller than formerly.

56672. With regard to consolidating pay and allowances, the witness said he considered that the jail allowances, for instance, should be consolidated, whether the officer had or had not a jail to look after, because it was part of his official duty. If he himself had a jail allowance, it would only bring him up to his military pay. He did not consider the size of the jail should have anything to do with it. In connection with pay, work in connection with jail, railways, factories, and attendance on families of officials should all be taken into account.

56673. On the subject of medical education and training in England the witness said he was not in favour of any scheme under which study leave should be given to civil assistant surgeons after they had been selected for a civil surgeon's post and before they took it up.

56674. With reference to pensions, the witness said the rate was fixed before he entered the Service. The average age of entry for the Indian Medical Service at that time was about 25, and for the Indian army officer 20. The average age of entry for the Indian Medical Service was low, roughly about 26½ years. It had increased about two years with the increase of the curriculum in England. Allowance should be made for this.

56675. (*Mr. Macdonald.*) The witness thought that if the Medical Board at the India Office exercised a little more care a better type of man physically would come out. All the Services suffered in this way. The medical examination seemed strict enough, but the standard was a little lower than it should be.

56676. The witness considered frequency of transfers had an effect on the professional efficiency of a man. Certain transfers were inevitable; a man had to go to a hill station in the summer and to a plain station in the autumn; but apart from this he did not think there was much grievance in the Punjab about unnecessary transfers. The Government was careful not to shift officers about too much.

* Appendix No. XII.

56677. With reference to privilege leave and furlough, the witness said he desired that leave might be accumulated so that a man who had accumulated four months, but was unable to take more than three, should have the other month left to his credit instead of its lapsing to Government. If a man had five months' privilege leave due to him he should be allowed to take it with furlough on privilege leave pay. If he had earned the leave it was only fair that he should have it.

56678. The witness said he had had a great deal of experience in medico-legal work and had found that temptations were very great. A man who was not above suspicion could grow rich very rapidly.

56679. (*Mr. Madge.*) On the subject of a British qualification being made necessary for appointments to civil surgeoncies, the witness said he did not think that men of talent and character in India would be shut out by such a qualification being required of them. Nothing that had been hitherto granted would be recalled. He would make provision for both military and civil assistant surgeons in independent charges in sub-divisions, where they should be used extensively. A British qualification was necessary in the interests of efficient administration.

56680. The witness was of opinion that there would be no difficulty in obtaining professors for the school of tropical medicine in India, and he thought better men could be obtained from India than from England.

56681. As to his recommendation for 20 per cent. of Indian officers, he thought this would mean a considerable increase in the number of Indians in the Service.

56682. He had come across a few Anglo-Indians and domiciled Indians in the service and found them quite efficient.

56683. (*Mr. Abdur Rahim.*) The witness said a proportion of the 20 per cent. Indians would be civil surgeons, they would come of course from the Indian members of the Indian Medical Service. As they would be military officers liable to be recalled, up to the age of 55, for military service, and as they had to deal with troops both European and Indian, he advocated that they should have their whole curriculum in the British Isles before they came into the Indian Medical Service. If the War Reserve was to be limited he did not see any objection to outsiders. His desire was to abolish the men who were not in the Indian Medical Service as their offices fell vacant, and give the offices to the Indian Medical Service. He did not think that would cause discontent. If an Indian candidate desired to become a civil surgeon he would join the Indian Medical Service. Indian medical men who had received their education in England, if they went into the Indian Medical Service, would get their turn.

56684. With reference to a comparison of Indian officers educated in England with those educated in India, there was an Indian officer in the Punjab who was educated at Rugby and Cambridge, and was a very good man.

56685. With regard to specialists, he said the Civil Surgeon should not specialise in a narrow sense. It was the people who determined what a man should specialise in. One particular line of work seemed to overshadow the rest, and as time went on more and more of the work outside the special subject went to the assistant. That was specialisation in the proper sense. The man who left the Medical College and became a specialist straight away was not nearly as capable a man as the man who had done a term of general practice and afterwards specialised. In the Punjab nearly every Medical Officer had to specialise in that way. By the time a man was selected for a professorship he had had every opportunity to specialise in the subject.

56686. Referring to professional etiquette, the witness said he had not noticed any gradual improvement in that direction in the Punjab. He had started a Medical Society in Amritsar to attempt to bring order out of the present chaos, but he doubted if he should ever succeed. The infusion of a larger element of Indians educated in England would probably help matters.

56687. (*Sir Valentine Chirol.*) The witness said the stress he laid upon the importance of training in England for Indian members of the Indian Medical Service was mainly due to the fact that they would spend the first portion of their career in Military Service, and would therefore be brought into association with one particular class. It would not be right to assume that he entertained the same view as to the importance of an English training in preference to an Indian training for other Departments. The witness was not discussing other Departments.

56688. The reference in the written statement to the necessity for more care in all promotions to the selected list was written from the point of view of physical efficiency. A number of men on the selected list for promotion, when their turn came for administrative posts were passed over for some reason or other, and his suggestion was that they should not be there.

56689. The witness said the peasantry in the Punjab were very well-to-do, but were not willing to pay for anything medical. An effort was being made to get the well-to-do people to pay something, but he was afraid that if it was pressed too far the hands of the clock would be put back rather than forward. It was very necessary that efforts should be made to impress upon the people of the country the obligation of paying when they could pay.

56690. He had made a recommendation that the Director-General, Indian Medical Service, should be knighted and made a member of the Supreme Legislative Council. This was rather with a view to impressing upon the Indian population generally the importance and dignity of the position, and the Service would consider it an honour.

56691. (*Colonel Bamber.*) He did not think better professors than were now in the Indian Medical Service would come out at treble the present pay.

56692. With reference to the 20 per cent. of Indians recommended, the way out of the difficulty he had suggested was that so many appointments should go to the Indians and so many to the Europeans, and then there would be no reason to complain. Private practice in out-stations in the Punjab was practically much the same as when he entered the Service.

LIEUTENANT J. F. FLEMING, I.S.M.D., Deputy Superintendent, Punjab Lunatic Asylum, Lahore.

Written Statement relating to the Medical Department.*

56693. **(1) Methods of Recruitment.**—A much higher course of preliminary education for the competitive entrance examination into the service should be demanded, and a collegate training of five instead of four years as at present obtains should be adopted, and an Assistant Surgeon should on passing be granted such qualification as will be recognized by the General Medical Council of England. Age limit of 17 to 20 years is proposed.

* This statement was signed by the following :—Lieut. Jas. F. Fleming, I.S.M.D., Deputy Superintendent, Punjab Lunatic Asylum, Lahore; Assistant-Surgeon W. C. Deeks, Civil Surgeon, Gujranwala; Assistant-Surgeon E. D. Shave, Superintendent, Mayo Hospital Dispensary, and Lecturer on Pharmacy, Medical School, Lahore; Assistant-Surgeon A. E. Clarke, Assistant to the Gynæcologist and Obstetric Surgeon and in charge X-rays and Electrical Department, Mayo Hospital; Assistant-Surgeon E. F. Hottinger, Civil Surgeon, Gujrat; Assistant-Surgeon R. E. Murray, Assistant to the Civil Surgeon, Lahore, and Medical Officer, Government College; Assistant-Surgeon H. C. Phillips, Superintendent, Vaccine Institute, Lahore; Assistant-Surgeon T. W. Traynor, House Surgeon, A. V. Hospital, Lahore; Assistant-Surgeon G. McGuire, Assistant Deputy Superintendent, Punjab Lunatic Asylum, Lahore.

56694. **(II) Systems of Training and Probation.**—The probationary period on first appointment to the Civil Department to be limited to three years instead of five (*vide* Government of India, Home Department, No. 1382-1394, dated 18th December 1903). On appointment to Civil, a Military Assistant Surgeon to be posted as a supernumerary to one of the College Hospitals for a period of at least three months' training, and receive during that period a local allowance of Rs. 50 per mensem in addition to grade pay.

56695. **(III) Conditions of Service.**—(*a*) Powers of reversion to Military duty on account of unfitness for an independent medical charge be limited to a period of one instead of three years as at present.

(*b*) Seniority in the Civil Department to count from date of first appointment to that department, irrespective of seniority according to Military gradation. Frequency of transfers to be reduced as much as possible, and travelling allowance on transfer be allowed for actual expenses.

56696. **(IV) Conditions of Salary.**—(*a*) In place of the existing scale of salaries for district charges, the following is suggested: On first appointment Rs. 450 per mensem rising by annual increments of Rs. 25 to a maximum in 22 years of Rs. 1,000.

(*b*) For subordinate charges in purely Civil as well as Railway appointents an increase by 50 per cent. in each grade on the Military rate of pay. This to be exclusive of any local or staff allowance which may at present appertain to any such appointment.

56697. **(V) Conditions of Leave.**—*Study Leave.*—For such there is now no provision. It should be granted on the same lines as to officers of the Indian Medical Service :—

1. Allowance for commissioned officers on the same scale as the corresponding rank of officers of the Indian Medical Service (Government of India Army Department, No. 1387—1 A.D.), dated 27th August, 1912).

2. For Assistant Surgeons ranking as Conductors, Rs. 3 per diem.

3. For Assistant Surgeons ranking as Sub-Conductors, Rs. 2 per diem.

56698. **(VI) Conditions of Pension.**—As Government holidays are unknown in this department, so that on the average an Assistant Surgeon puts in 10 years more of working days during his service than any other department, it seems only fair that full pension should be granted after 21 years' service. Also that full pension should be allowed on attaining the rank of Captain as in other departments (*vide* paragraph 829, Volume I, Army Regulations, India) instead of having to wait three years in that grade as is at present the ruling.

56699. **(VII) Such limitations as may exist in the employment of non-Europeans.**—The limitations for the employment of non-Europeans as regards the purely professional side of these appointments in the large majority of cases do not exist, but it must be remembered that with District Medical Officers who are frequently in collateral charge of jails and with Deputy Superintendents of Asylums there are various executive duties for which the non-European is not so efficient. Again, appointments such as Railway charges, Assistants to Civil Surgeons, House Surgeons of European Hospitals, etc., where there is a very large percentage of European patients, female as well as male, forming the clientele of these charges, sentiment naturally enters largely, and the European is preferred to the non-European. Another and cardinal feature of limitation in the non-European, who is either a Hindu or Muhammadan, is that he is inclined to favour one side o fhis patients to the neglect of the other, or if the patient is of low caste, he is neglected by both. This limitation does not exist with the European, who on this account is preferred by the Indian generally.

56700. **(IX) Any other points within the terms of reference to the Royal Commission not covered by the preceding heads.**—In support of the above suggestions, it is respectfully brought to the notice of the members of the Royal Commission that the Civil Side of the Indian Subordinate Medical Department is entirely a war reserve of its parent Military stem, and formed of men specially selected. They are utilised by Government in various duties, many of which are commensurate in responsibility, and require the abilities which are exercised by men of the superior service (Indian Medical Service) in similar posts. In order to level up the pay of this service with those of a similar status, such as the Provincial Civil Service, the Subordinate Forest, Salt and Opium, the suggestion in improvement of pay of District Medical Officers has been made. In this connection it must be remembered that the pay of these latter officers has been at the same rates for the past 30 years. In comparison it may be pointed out that ordinarily an officer of the Provincial Civil Service may rise to a salary of Rs. 800 per mensem, or, if of conspicuous ability, may even as a Divisional Judge attain a salary of Rs. 1,600 per mensem, while the maximum of a Civil Surgeon in this department is Rs. 700.

In support of the suggestion regarding salaries of officers holding subordinate appointments, asking for an increase by 50 per cent. on those of their Military confrères, it may be pointed out that the duties of the former in Civil employ are more responsible and onerous, and require considerable initiative as compared with those performed by the Military Branch.

Finally, it is respectfully suggested, and though it may appear purely a sentimental grievance, yet it is one that is keenly felt, that the designation Indian Subordinate Medical Department be altered. It is a designation which a Military Assistant Surgeon commences and ends his career with, even though he be a commissioned officer with the honorary rank of Major, or the Civil Surgeon of a district larger than most of the counties of Great Britain. Attention is invited to the fact that with services of a similar status, and obviously subordinate, this is the only one in which the term "Subordinate" is consistently used. It is, therefore, respectfully requested that the designation may suitably be altered with the omission of the word "Subordinate."

LIEUTENANT J. F. FLEMING called and examined.

56701. (*Chairman*): The witness said he held the post of Deputy Superintendent of the Punjab Lunatic Asylum in Lahore. He had been 26 years in the Service, serving ten years in the military employ, including three years in the Royal Indian Marine, and 16 years in Civil employ. He had seen active service.

The witness was first educated in Madras, but took his medical education in Bombay. He passed the ordinary examination for the post of Military Assistant Surgeon. He did not take a degree.

There were 30 of the witness's colleagues in Civil employ in the Punjab; 21 in purely Civil appointments and nine in railways.

The written statement represented the unanimous views of the Department.

56702. When the witness entered Civil employment he did so on application. He was on the registered list for about five years before being appointed. It depended on the number of vacancies how soon a man was appointed. There were certain posts to which an officer was at once promoted.

The witness said he would not look upon this

Service as an attractive one at the present time. There was not a sufficient number of applicants for the posts. He attributed that to two causes; the class of candidates which entered, and the status and pay and pension.

56703. The witness said he found the fact that the Military Assistant did not have the same test as the Civil Assistant had a greater effect upon his status out of the country. For the purposes of India he was equally qualified with a Civil Assistant to prescribe, treat, and perform medico-legal work and *post mortems*.

56704. The witness desired that Military Assistant Surgeons should be tested equally with the Civil Assistants. He should like to see his primary educational qualification, and also the professional test, made more severe. A five years' course would be very acceptable.

56705. On an average officers were transferred to civil appointments between the ages of 26 and 30, as a rule after five years' service. The duties of a Military Assistant during his period of military employ consisted of being in charge of wards under a Medical Officer. He took turn of duty every day, and was responsible for any serious cases which might come in. He was allowed to do minor operations, but no major operations, in regard to which he received very little opportunities for practice. In addition, he was sent out in independent medical charge of troops at rest camps, and attended to the lying-in hospital. The latter duty was invariably undertaken by the Military Assistant Surgeon, so that he received a large experience in midwifery.

56706. The present length of training was four years. At present two of the witness's colleagues in the Punjab held registrable qualifications.

56707. The witness would like to see the liability to reversion to military duty on account of unfitness limited to a period of one or two years instead of extending to three years as at present, as it could easily be discovered whether a man was fit for civil employ in from one or two years.

56708. The men of the Royal Army Medical Corps did not go through any professional training in the sense that the witness's department did.

56709. Military Assistants had six Civil Surgeoncies in the Punjab. That was a fixed number. The stations were not actually fixed. Military Assistants did not get the best stations; most of their stations were small ones. As Civil Surgeons their pay rose from Rs. 350 to Rs. 700. The witness received his military pay of Rs. 300, plus a staff allowance of Rs. 75. He was debarred from private practice, as his was a special appointment. The private practice of the ordinary Military Assistant was very little, if any. The Assistant to the Civil Surgeon at Lahore might make Rs. 200 a month from his private practice.

56710. It was true the witness's department was entitled to a month's privilege leave in the year, but very few could avail themselves of that, on account of want of means. All other departments were entitled to a month's privilege leave, plus Sundays, last Saturdays, days of the eclipse of the moon, and other public holidays, but his department was not entitled to any of such days. He would either like to see the period of a month increased to compensate for that loss, or an improvement in pension. Of the two alternatives, he thought his colleagues would prefer an improvement in pension.

56711. The witness said he personally saw no objection to having the Military Assistant Surgeons on railways on the same list as ordinary Military Assistant Surgeons. The disability which Military Assistant Surgeons on railways suffered from was that they were not eligible for a Civil Surgeoncy; they were in a *cul de sac*.

56712. If the qualifications of the Civil Assistant Surgeon and the Military Assistant Surgeon were made the same, the witness saw no objection to one common list, but there were certain appointments which perhaps required a little more executive and administrative experience than a Civil Assistant Surgeon usually possessed. He agreed, however, that that was a question of selection.

56713. (*Mr. Abdur Rahim*): The six Civil Surgeoncies open to the witness's branch of the service were intended as prizes.

56714. The witness was of the opinion that if the standard of qualification was raised, a better recruitment would be obtained, provided also the prospects of the service were improved.

56715. It was the opinion of the witness's department that Europeans were regarded with much more favour than Indians in regard to the treatment of patients, but he was not prepared to make any suggestion as to what limitation should be put on the employment of Indians. He could not see how Indians could very well get into a military service which was intended entirely for British troops, although he agreed that there was a service of Civil Sub-assistant Surgeons in the Punjab which was set apart for Indian troops.

56716. (*Mr. Madge*): In his four years' course a Military Assistant covered the same subjects as a Civil Assistant covered in his five years' course, with the exception of biology (*i.e.*, zoology and botany). The witness's colleagues desired their course to be extended to five years so as to be enabled to acquire a diploma which would put them on the register of the General Medical Council.

56717. The witness meant by the word "primary" educational qualification as distinguished from professional qualification, a certain degree which would qualify a man to go up for an entire university course in medicine; that would be the Intermediate in some universities, and the Matriculation in others.

56718. With reference to the request in the written statement that a Military Assistant, on being appointed to a Civil Surgeoncy, should receive Rs. 450, rising by annual increments of Rs. 25 to a maximum of Rs. 1,000, after 22 years, the witness said that at a subsequent meeting of his colleagues that had been modified, and they now asked that the scale should rise from Rs. 400 to Rs. 1,000 by increments of Rs. 50 a year. They would not be satisfied with Rs. 25 a year.

56719. With regard to pensions, what his colleagues asked for was that in order for a man to attain his higher pension as a commissioned officer, the cadre of such appointments should be increased by a certain percentage of two or three more men on each grade. That would give the men lower down time to get their commissions, and then receive a bigger rate of pension.

56720. Another request which the witness desired to put forward was that full pension should be granted on attaining the rank of Captain, as was the case in other departments. In his service although a man although a man might become a Captain to-morrow and retire to-morrow, he would not get a full Captain's pension until he had served three years in the grade. That disability did not occur in any of the other services.

56721. The witness also suggested that his service should be put on the same furlough rules as military officers of other services in civil employ. They were subject to the maximum of £1,000 a year, or the minimum of £500, or the salary last drawn, whichever was less.

56722. (*Mr. Sly*): The witness saw no objection to having the same rates of pay for both the Military and the civil branches, if both were put on the same list.

56723. (*Mr. Gokhale*): The witness admitted that it was not quite fair to make so wide a statement as that put forward in the written evidence, to the effect that "another, and cardinal feature of limitation in the non-European, who is either a Hindu or Muhammadan, is that he is inclined to favour one side of his patients to the neglect of the other, or if the patient is of low caste, he is neglected by both." The witness agreed that as put, the sentence referred to all civil assistants, but that was very far from the thoughts of his colleagues. The witness said he was not prepared to answer the question whether, from his personal knowledge, the statement would be true of a considerable majority of the Hindu or Muhammadan

civil assistants, but, on being pressed, said he would modify it to a degree.

56724. Speaking for his own Service, the witness said that as far as his experience went, an Indian always received the utmost consideration at the hands of a European doctor. The idea of his colleagues was that the Indian generally preferred a European doctor to an Indian doctor, but that was only a matter of opinion.

56725. Where the Military Assistant had been transferred from one place to another, and an Indian civil assistant had been appointed in his place, so far as the witness's knowledge went, the inhabitants had not sent up memorials to Government for the removal of the latter.

56726. (*Mr. Chaubal*): There had been no actual cases of reversion within three years under the present rule, and the witness agreed therefore that as a matter of fact the present rule of three years had not harmed anybody.

56727. His evidence that the best stations were not given to the military assistant surgeons applied also to the civil assistant surgeons. In the mufassal stations, which fell to the civil assistant surgeon, or the military assistant surgeon on promotion to a civil surgeoncy, there was but very little private practice available, and it was considerably less now than formerly.

56728. In the witness's time 26 students had sat for the final college examination for military assistant surgeons, of whom 18 qualified.

56729. (*Colonel Bamber.*) With regard to recruitment, another point which the witness's colleagues had subsequently agreed upon was that the two sister colleges in Bombay and Madras should be abolished, and there should be one Central College at Calcutta for the training of military pupils. They suggested the appointment of a junior Indian Medical Service officer to control the internal economy, this officer to be under the Principal. He did not think there would be anything in the objection that it would be a long way for men to come from Bombay and Madras to Calcutta, because at the present moment men from Peshawar went there.

56730. The witness said he was not aware that military sub-assistant surgeons were only enlisted from martial races.

56731. When he said, in answer to a previous question that he would like Military Assistant Surgeons to receive the same pay as Civil Assistant Surgeons if put on the same list, he meant an improved pay.

56732. With regard to his evidence that good stations were not given to military assistants, he thought Mooltan did not come under that category; they were not all bad stations.

56733. (*Pandit Balkishen Kaul.*) The witness made the statement, that the Civil Assistant Surgeon was inferior to the Military Assistant Surgeon in matters of administration, from his experience. The witness knew of instances where European or Anglo-Indian patients had preferred Indian medical men to treat them. He knew of no instances where Civil Assistant Surgeons, when made Civil Surgeons, had proved to be incompetent.

56734. The witness said it was a fallacy to assume that, although the medical training of the Civil Assistant Surgeon was superior to that of the preliminary training of the Military Assistant Surgeon, he drew less pay as a Civil Surgeon. If the pay which a Civil Assistant Surgeon received as Civil Surgeon was calculated out, it would be found that he drew more pay in the same number of years than a Military Assistant Surgeon acting in a similar capacity. No more allowances were given to a Military Assistant than to a Civil Assistant Surgeon as a Civil Surgeon.

(The witness withdrew.)

MIRZA YAQUB BEG, L.M.S., Civil Assistant Surgeon, Punjab.

Written Statement relating to the Medical Service.*

56735. **(I) Methods of Recruitment.**—It may be suggested that the temporary service may be abolished altogether (or the number of permanent appointments be increased), and the men on the temporary list be made permanent, as it is not really a temporary service required for a year or two years. It has been going on for the last ten years, and it is not known for how long yet it will go on.

The system of recruitment of Civil Surgeons from the Civil Assistant Surgeons is capable of much improvement. At present only the Senior Assistant Surgeons are appointed as Civil Surgeons. It may be suggested that, in addition to such officers, posts of Civil Surgeons may be given also to a few selected Civil Assistant Surgeons who have completed 10 years' service. It may be permitted to be observed that a Civil Surgeon is expected to be at least as much an executive officer as a professional expert, so that in addition to his high professional abilities he should be full of energy and zeal and able to distinguish himself in the discharge of his duties as a District Officer and as a Superintendent of Jail. Facilities should be given to all Junior Officers so appointed to spend at least one year in advancing their studies in some British or Foreign University, if not already possessing qualifications from such Universities. Frequent transfers in the case of Senior Assistant Surgeons on officiating duty as Civil Surgeons, on a nominal increase of pay, are undesirable.

56736. **(III) Conditions of Service.**—At present all graduates in medicine on entering the Service as Civil Assistant Surgeons have to give a bond that they shall serve the Government for at least five years. It is requested that this rule may be discontinued. Such bonds are not required in any other Civil Department, and at present there is no dearth in the supply of qualified Medical Graduates, year after year, willing to enter Government Service. It may be harmful to the Service to force unwilling people to retain their office. The abolition of the bond will also be helpful in fostering an independent medical profession in the country.

The Railway Appointments.—A Civil Assistant Surgeon on the railways gets no allowance whatever. He has principally to live on his small pay, while the Military Assistant Surgeons, as a rule, get Rs. 30 per mensem as a staff allowance, and in good many cases other allowances. Even the Sub-Assistant Surgeons on railways get Rs. 15 a month as special allowance. Moreover, the best railway appointments, where there is any chance of private practice, do not, as a rule, fall to the lot of the Civil Assistant Surgeons.

Reserving certain fixed stations for Civil Surgeons from the Provincial Medical Service is very undesirable, and the very fact of no transfer being possible or allowed between him and any Civil Surgeon of the Indian Medical Service, unnecessarily degrades the former in the eyes of the public, and in those of their colleagues, as being an inferior class of officers unfit to take charge of a Civil station held by a Commissioned Medical Officer. This is a most invidious and unnecessary distinction, not observed in any other Department of Government Service, and should be abolished as early as possible. The public and the Medical Officers regard them in this light, and apart from the low and inadequate pay allowed this is one of the reasons why such posts have before now been declined by officers of superior merit and high abilities. It may also be pointed out that a Civil Assistant Surgeon is now and then appointed to act as a Civil Surgeon, often for long periods, in charge of a Civil station reserved for an Indian

Medical Service officer, but directly he is permanently promoted to the Civil Surgeon's grade he becomes ineligible and disqualified to hold any but one of the four posts reserved for members of this class. A Medical Officer of this class, though raised to the rank of a Civil Surgeon, can only hope to be transferred to these reserved stations only; in other words, though a Civil Surgeon in name he is denied the full rights and privileges of a Civil Surgeon, no matter how high his qualifications, or how meritorious his services may be.

There are several instances in which a Civil Assistant Surgeon, who has been doing excellent work in his Department, is placed under a very junior Indian Medical Service officer with little or no experience, thus ignoring the valuable services of the former. It is requested that this grievance may be removed by giving deserving officers due honour and position when opportunities afford for such a distinction. Civil Assistant Surgeons should not be placed under Military Assistant Surgeons who are junior in service to them.

The Temporary Charge of District Jails.—The condition of 10 years' service to hold temporary charge of a District Jail in the case of Civil Assistant Surgeons should be abolished altogether, as such a qualification is not considered necessary for members of the Provincial Civil Service.

The Daily Allowance.—The daily allowance of the Civil Assistant Surgeons is not adequate, *i.e.*, Re. 1 for third grade Assistant Surgeons, Rs. 1-8 for second grade, and Rs. 2 for a first grade Assistant Surgeon. Junior men on special duty have to suffer the most. Re. 1 is not sufficient to meet the extra expenditure incurred while on tour. It should be at least Rs. 3, as in the case of an E. A. C.

The Police and Sub-Jail Allowances.—Are in most instances inadequate, and equal to those allowed to Sub-Assistant Surgeons for such a charge.

Designation.—The designation of the University Graduates entering the Provincial Medical Service, as has been already requested in the original representation, may be changed from Assistant Surgeons to Assistant Civil Surgeons and the Seniors may be called Surgeons.

If this change in the designation applied for is not considered appropriate, they may be called Medical Officers instead, *e.g.*, Dr. or Mr. A..... Medical Officer in charge of.....Dispensary or Superintendent of Jail.....and so on. A similar change in designation has already been introduced in the other departments of the Medical Service. In the case of the Apothecaries, their position has been raised to that of Military Assistant Surgeons. The designation of the Indian Medical Service has been changed several times. In the beginning an Indian Medical Service officer was called an Assistant Surgeon; then he was called a Surgeon; then a compound military title of Surgeon-Lieutenant was given to him; and lastly a purely military title of Lieutenant or Captain, etc., was adopted. The Hospital Assistants, who were called by this name from the creation of the Service, have been raised to the designation of Sub-Assistant Surgeon, and the Apothecaries of old who possess no University qualifications are now known by the higher designation. It is therefore not out of place for the medical graduates of the Provincial Service to ask for a change in the title befitting their qualifications.

It is further requested that Civil Assistant Surgeons obtaining the degree of M.D. or F.R.C.S., or any other high European degree, may be styled "Surgeons" or "Uncovenanted Medical Officers."

56736A. **(III) Conditions of Service.**—*Provincial Service.*—The Service should be called "Provincial Medical Service" instead of "Subordinate Medical Service."

Lahore Medical School.—The Lahore Medical School should be separate from the College, and the whole management and the teaching of the school should be in the hands of the Civil Assistant Surgeons, so that they may have a chance of specialising themselves in the various subjects taught by them. Thus they will also be able to prove their efficiency for promotion to College Professorships, for which they should be given a fair chance.

Openings for Higher Appointments.—The time has come when a larger number of Civil Surgeonships should be thrown open to men of the Provincial Service. Since the senior grade of Rs. 300 was created for Civil Assistant Surgeons, promotions beyond the second grade have become much rarer. The conditions of examinations and grade promotions being very stiff, there is little chance for every Assistant Surgeon to get into the first grade. It is, therefore, requested that there may be sufficient relaxation in the rigidity of the ordinary grade promotions, inasmuch as the majority are debarred from entering the senior grade and obtaining Civil Surgeonships.

In filling up Civil Surgeoncies other than those reserved for Officers of the Indian Medical Service, preference should be given to Civil Assistant Surgeons. Military Assistant Surgeons not holding any University qualifications should in no case be made Civil Surgeons.

Promotion.—It is further requested that promotion to the senior grade and Civil Surgeonships being dependent mainly upon selection, and the chances of the large body of Civil Assistant Surgeons to get into those appointments being very slender, more posts may be created in these grades so that all officers with the necessary qualifications may have a reasonable chance of holding these higher appointments. In this connection it may be pointed out that while the number of Military Assistant Surgeons in Civil employ is very small compared with that of Civil Assistant Surgeons in the Province, the former have appropriated much the larger number of Civil Surgeonships.

Grade Examinations.—Under the present rules, the examinations of Civil Assistant Surgeons for grade promotion take place after the completion of seven and 14 years of permanent service respectively for the second and first grades; but owing to frequent transfers and other circumstances incidental to Service and to family life, preparation for examinations at these definite periods becomes often a very heavy and difficult task. There seems to be no absolute necessity for these grade examinations, and they may be abolished without detriment to the efficiency of the Service. In all other departments of the public service promotion depends upon the number of years of good service, and not upon any grade examinations. The Indian Medical Service Officers, it is noteworthy, are exempt from such examinations. Promotion to the second and first grades should be after five and 10 years of service instead of seven and 14 years respectively.

Surgical Work.—Full facilities should be given to the Assistant Surgeons in Sub-divisions for performing all sorts of selected operations. The principle that the Civil Assistant Surgeon is primarily in charge of a Dispensary or a Hospital should be better observed, because the practice is growing that the Civil Surgeons do not allow Assistant Surgeons their proper share in Surgery.

Status.—It is to be regretted that the status of the Civil Assistant Surgeon is not as it should be. Senior officials of the Subordinate Civil Service, say, Tahsildars, who are non-gazetted officers, are given precedence in Durbars, etc., over Civil Assistant Surgeons, who are gazetted officers and rank with members of the Provincial Civil Service. This is apparently due to the fact that the former are in receipt of larger salaries than junior Assistant Surgeons. Moreover, Civil Assistant Surgeons of the third grade are not entitled to attend Durbars. It is earnestly prayed that all Civil Assistant Surgeons, irrespective of grade, may be entitled to attend Provincial Durbars, and their status be considered equal to that of other gazetted officers.

Designation.—Holding as they do University qualifications such as those of L.M.S. and M.B., or even of F.R.C.S., Civil Assistant Surgeons are entitled to be called *Surgeons*. It is respectfully submitted that the present designation of Civil Assistant Surgeons be changed to that of Assistant Civil Surgeons and that Seniors be called Surgeons.

Comparison with Military Assistant Surgeons.—The anomalous position of the Civil Assistant Surgeon may be better realised by a comparison of his position and prospects with those of the Military Assistant Surgeon. The latter does not possess any University diploma or registerable qualifications, and has to go through an easier course of study than the Civil Assistant Surgeon, while the preliminary qualification required of him for beginning medical studies is lower. But a Military Assistant Surgeon rises to a much higher pay than a Civil Assistant Surgeon, although his starting pay is comparative less. A Military Assistant Surgeon rises to Civil Surgeonship after a comparatively short service. He has also to undergo only one examination in the entire course of his service. He enjoys greater privileges for attending Durbars. All the Military Assistant Surgeons of the district were invited to the last Viceregal Durbar in Lahore against only two Senior Grade Civil Assistant Surgeons of Lahore. These privileges are not grudged to the Military Assistant Surgeons, but it is only requested that they may be extended to Civil Assistant Surgeons also.

Allowance.—A Military Assistant Surgeon in Civil employ gets more acting allowance than a Civil Assistant Surgeon. This is hardly just or fair. It is earnestly requested that this unfortunate distinction be removed. Military Assistant Surgeons also get Rs. 30 per mensem as house rent. Civil Assistant Surgeons should get the same, especially when on general duty.

The Boarding House Allowance rate, as shown in the Medical Manual, is not becoming the position of Civil Assistant Surgeons. They should be paid a fair rate in this matter.

Medico-Legal Work.—The Public Prosecutors who help Government in its work are amply paid. The Civil Surgeons get their Civil charge allowance. But the Civil Assistant Surgeons who have to perform the obnoxious and unpleasant duties of post-mortem and medico-legal examination, and run to the courts for giving evidence, get no remunerations for their trouble. Formerly they were paid for such work, but unfortunately the custom has gradually dropped. In cases where the Civil Assistant Surgeons get nothing from the Government, and their pay, pension, travelling and leave expenses are paid by the Municipal Committees, why should they be made to attend to purely Medical work, and not be properly remunerated for it?

Exemption from the Arms Act.—Unfortunately Civil Assistant Surgeons, as a class, are not yet exempted from the Arms Act. It is a privilege to which, along with all gazetted officers, they are lawfully entitled. Officers of a comparatively lower rank in the public service are exempt from the Arms Act. It is difficult to understand why Civil Assistant Surgeons should be denied the privilege, especially in view of the fact that, as Medical Officers of subsidiary jails and lock-ups, as witnesses, and while on plague and famine duties and in charge of outlying dispensaries, they are not less exposed to personal risks than any other officers. In 1899 a Medical witness in the Jhelum district was actually murdered on his way to headquarters to give evidence in a medico-legal case. Cases are not unknown in which doctors have been called away by *budmashes* in disguise. In these circumstances it is not unreasonable to ask that Civil Assistant Surgeons should also be exempted from the Arms Act.

Deputation for Higher Education.—Government should depute a certain number of Assistant Surgeons from the Service to qualify themselves for higher Medical and Sanitary posts, such as Professorships in Medical Colleges, first-class Health Officers, Deputy Sanitary Commissioners, etc.

Private Practice.—There should be no restrictions on private practice, as much in the interest of the public as of the Assistant Surgeons themselves. Frequent *transfers* are also not desirable.

Municipal Powers.—Assistant Surgeons should be made *ex officio* members of Municipal Committees. No self-governing bodies, which impose taxes ranging from 20 to 25 per cent. on the rental valuation of dwelling houses, should be without sanitary experts to advise them. The presence of Assistant Surgeons on Municipal Committees is to be desired in the interests of both the Government and the people.

56737. **(IV) Conditions of Salary.**—It may be pointed out that the question of emoluments, as decided more than 50 years ago, requires reconsideration. Even in those days the scale of pay was considered low. Living has become very much dearer owing to increase of prices all round. An Assistant Surgeon is also required to keep abreast with the latest reseaches and improvements in his profession to be equal to his work. This cannot be done without the necessary books, journals and periodicals which are not within his present means. Moreover, there are very few stations in the Province which afford fair chances of private practice. It may be noted in this connection that some of the important Civil appointments, formerly held by Civil Assistant Surgeons, are now being given to Military Assistant Surgeons, thus reducing the chances of the former for any private income.

The extreme inadequacy of the scale of pay of the Civil Assistant Surgeons is brought into prominent relief by comparison with those of officers of equal rank in other departments of the public service, *e.g.*, Assistant Engineers and Extra Assistant Commissioners. These classes of officers have by no means to undergo such a lengthy and stiff course of preliminary study and arduous practical training as the Civil Assistant Surgeons, yet in the matter of pay they are far more fortunate than the latter, as the following statement will show:—

	1st year.	7th year.	11th year.	21st year.	Maximum pay.
	Rs.	Rs.	Rs.	Rs.	Rs.
Assistant Engineers (Imperial)	380	620	950	1,250	1,250
Assistant Engineers (Provincial)	250	400	550	700	900
Extra Assistant Commissioners	200	rising	up to	800	1,000 District Judge. 1,600 Divisional Judge.
Forest Officers	380	gradually rising up			to 1,250
Civil Assistant Surgeons...	100	150	200	300 By selection.	500 Civil Surgeons.

The following scale of pay for the different grades is not inconsistent with the *necessities* of the situation:—

	Rs.
Third grade	200
Second grade	350
First grade...	500
Senior	700
Civil Surgeon	750 to 1,000

56738. **(V) Conditions of Leave.**—Civil Assistant Surgeons get no leave on Sundays and gazetted holidays. They should therefore get at least two months' privilege leave every year which should be allowed to accumulate up to six months. More scope should also be allowed for casual leave if one has to attend a case or some other important private work. The study leave should be extended to men of the Provincial Service also as to Indian Medical Service Officers.

56739. **(VI) Conditions of Pension.**—The rate of increment in the Civil Surgeons grade is very low, that is Rs. 30 per year, so that all Civil Surgeons (from the Civil Assistant Surgeons) cannot draw a full pension on retirement.

56740. **(VII) Such limitations as may exist in the employment of non-Europeans, and the working of the existing system of division of Services into Imperial and Provincial.**

A.—Provincial Service.

A reference has already been made about the Military Assistant Surgeons in the original representation under the conditions of Service. It may be remarked here that several posts in the Civil Department are entirely reserved for officers of this class; for example, Officers in charge of Vaccine Depots and Deputy Superintendents of Jail, Deputy Superintendents of Lunatic Asylums, Assistant Civil Surgeons in all the big stations in the Province, and in almost all the important and lucrative posts as Medical Officers in the Railway Department.

With a total strength of 29 Military Assistant Surgeons in the Province there are six Civil Surgeoncies reserved for them; while in the case of Civil Assistant Surgeons, with a total strength of 105, there are also only six Civil Surgeoncies reserved for them. Of these three are permanent Civil Surgeoncies, and three were given in place of three Chairs of Professorship in the Medical College, Lahore, created for Indian Medical Service officers, since 1909. Thus the percentage of Civil Surgeoncies on the total strength of Military Assistant Surgeons comes to 20.7 per cent., while that of Civil Assistant Surgeons comes to about 5.71 per cent. only. When three fresh Chairs of Professorship were created, some posts should have especially been reserved for Civil Assistant Surgeons. The maximum pay in the case of Civil Surgeons from Military Assistant Surgeons is Rs. 700, whereas that of Civil Surgeons from Civil Surgeons is only Rs. 500, although the starting pay of a Military Assistant Surgeon is lower than that of a Civil Assistant Surgeon.

Military Assistant Surgeons who are given preference over the Civil Assistant Surgeons are admittedly inferior in training and qualifications to the latter class of officers, who are all University graduates or holders of University diplomas. The following statement will explain matters fully:—

Comparative Statement of the Qualifications and Training of Civil Assistant Surgeons and Military Assistant Surgeons.

CIVIL ASSISTANT SURGEON.	MILITARY ASSISTANT SURGEON.
1.—Entrance Test.	
University Matriculation and previous Intermediate Examination in Science. F.Sc. with special test in Chemistry.	A Departmental test, inferior to the Matriculation.
2.—College Course.	
FIVE YEARS.	FOUR YEARS.
3.—College Curriculum.	
All subjects as laid down by the University.	Course arranged departmentally by the Director-General, Indian Medical Service.
4.—Difference in Course.	
All subjects taught as in the Universities of the United Kingdom.	Certain important subjects omitted from the course.
5.—Percentage of Marks for Passing.	
A higher percentage, a minimum of 50 per cent. being required for pass and 80 per cent. for honours.	A lower percentage, everything being left to the discretion and wish of the College Professors.
6.—Examinations.	
Three stiff University Examinations, conducted by Examiners appointed by the University.	An Examination conducted by the respective teachers of the different subjects in which one seldom hears of a candidate being rejected. The candidates are already in Government Service for employment in the Subordinate Military Medical Department.
7.—Degree.	
A University degree M.B., M.B.B.S., and L.M.S., recognised by the General Medical Council of England.	No degree or diploma granted and none necessary, as they are taken up immediately in Service.
Expenses of Study, etc.	
All borne by the student.	All borne by the Government.
Indians should be allowed to enter the Military Service as Military Assistant Surgeons.	

B.—The Indian Medical Service.

It must be admitted that the Indian Medical Service have done yeoman's service in the Medical Department of the country. To these officers is due the honour of fostering the growth of the medical profession in India.

But now we have reached a stage in the development of medical science as well of this country in which a change is essential. It is therefore earnestly requested that a purely Medical Service may be started to take the place of the Indian Medical Service to a certain extent. The same sort of change was considered necessary in the case of the Engineering Department, as before the Thomason College, at Rurkee, was established the Superior Service was largely manned by the Royal Engineers of the Army.

Simultaneous Examination (Indian Medical Service, Civil Side).—It may be suggested that either a Covenanted Medical Service be instituted with simultaneous competitive examinations both in India and England as has been submitted in our original representation, or that the number of Indian Medical Service Officers be reduced to 30 per cent. of its present strength, and that the remaining appointments be filled by members of the Provincial Medical Service.

The Indian Medical Service Officers have to pass their qualifying examinations in England by compartments, while the Civil Assistant Surgeons have to pass all the subjects at one and the same time, which is very hard on them. There are instances where students who had failed several times in the Lahore Medical College have passed the Indian Medical Service examination in the first chance. Yet, with all the training and hardships in the way of Civil Assistant Surgeons in matters of education, their pay bears no comparison to that of members of

Imperial Service, *i.e.*, the Indian Medical Service Officers. It is therefore requested that the pay of the Provincial Medical Service may bear the same proportion to that of the Imperial Service, as is the case in the other Civil Services, for instance, the Judicial and the Engineering Departments.

It may not be out of place to mention here that an Indian University graduate in law can rise to the post of a Judge of the Chief Court, or even a Chief Justice, and a graduate in engineering may aspire to the highest post in the Public Works Department, and a graduate in art or science can rise to the highest judicial or educational posts, but a graduate in medicine in Government Service cannot aspire to more than a Civil Surgeoncy of one of the six small stations reserved for him, however high his professional qualifications or general abilities may be, and the highest salary he can rise to is Rs. 500. It is therefore requested that a greater number of higher listed posts carrying decent emoluments may be opened for them, *e.g.*, in the Bacteriological Department, the Chemical Department, the Sanitary Department, Professional Chairs in the Lahore Medical College, the superior appointments of the Mayo Hospital, and a larger number of Civil Surgeoncies, including some better stations than at present.

MIRZA YAQUB BEG called and examined.

56741. (*Chairman*):—The witness said he held the position of Lecturer of Anatomy in the Medical School at Lahore, but he was at present on leave. He had been 16 years in the service. He had been educated at the Lahore Medical College, and had obtained a degree.

The written statement contained the general opinion of the witness's service.

56742. The witness suggested that a covenanted Indian Medical Service, entirely civil, should be inaugurated, and should be recruited to the extent of two-thirds by a competitive simultaneous examination in England and in India; the remaining one-third of the posts to be reserved for Civil Assistant Surgeons. It was desired to some extent to abolish the Indian Medical Service; the witness considered their strength should be reduced to 30 per cent. on the civil side. He suggested that a few odd posts should be left in order to make provision for a war reserve. Moreover, appointments in the jails, bacteriological laboratories, and vaccine depots would serve this purpose.

56743. The object of suggesting a simultaneous examination was to enable Indians of high capabilities, who could not afford to go to England, to have chances of competing in India for the higher appointments. Although there were Indians at present passing into the Indian Medical Service, the number was not sufficiently large for a country like India. The number of Indians who passed into the service at the last examination was 50 per cent., but formerly it was much less.

56744. The witness's opinion of the educational status of the medical colleges of India at the present day was that it was very good. He had no experience of English colleges, but he thought men obtained a great deal of experience in certain branches of the profession in India, which they would not be able to obtain in England.

56745. There were no facilities granted for study leave in his Department. The witness thought the most advantageous period of an officer's career at which to take study leave would be after five or six years' service. He thought study leave would be readily taken advantage of by his colleagues.

56746. His Department objected to the designation "subordinate." It was generally termed so in official correspondence. Although the Department was really a Provincial Service, its members had not the same privileges as other officers of the Provincial Services.

56747. With regard to the request for more Civil Surgeoncies, there were at present 29 Military Assistant Surgeons in the Punjab in Civil employ. Six Civil Surgeoncies were reserved for them. There were 105 Civil Assistant Surgeons, and only six Civil Surgeoncies were reserved for them.

56748. It had sometimes occurred that Senior Civil Assistant Surgeons had to serve under comparatively junior Military Assistant Surgeons.

56749. The witness complained of the fact that only certain fixed stations were allotted to officers of the Department when promoted. These stations were markedly inferior to the other ones. If Civil Assistant Surgeons were promoted to better stations, Civil Surgeoncies would be more attractive to them.

56750. The reason why in some cases a Senior Assistant did not care to accept a Civil Surgeoncy was because by taking such an appointment he only received an additional Rs. 50 on his salary, whereas he was put to considerable additional expense by having to take a large bungalow, employ an increased number of servants, and so on. If the pay was enhanced, and better stations were given, the witness thought all Senior Civil Assistant Surgeons would willingly accept Civil Surgeoncies.

56751. The witness was of the opinion that the stage in a Civil Assistant's career when he should be promoted to a Civil Surgeoncy was after 10 years or so. A Civil Surgeon had to undertake a good deal of administrative work and touring, which could be better carried out by young people than old people of 45 or 50 years of age. In most instances he would only carry his scheme into effect after the old men had refused to accept Civil Surgeoncies, but he thought for the betterment of the Service some posts should be set aside as prize posts for young men.

56752. He would impose it as a condition that a young man promoted after 10 years' service should have had training in England for at least one year.

56753. He complained of excessive Departmental examinations, and desired to see them abolished and a post-graduate training substituted. Occasion for specialization in this way would occur from the 4th to the 7th year of service.

56754. He also complained that the Civil Assistant Surgeon did not obtain a fair share of the surgical work in the hospital. The witness would surmount that difficulty by having a certain proportion of days reserved for the Civil Surgeon, and a certain proportion for the Assistant Surgeon. He put that suggestion forward quite irrespective of the gravity of the operation. He thought such an arrangement would be both in the interests of the patient and of the Service. In serious cases he suggested the Civil Surgeon and the Assistant Civil Surgeon should work together.

56755. The witness's reason for requesting that Civil Assistant Surgeons should be exempted from the operation of the Arms Act was because of the extreme danger to which an officer was put in travelling long distances for the purpose of giving evidence. The Magistrates were exempted from the operation of the Arms Act for their personal safety, on the ground that their decision might be prejudicial to the interests of some party who might contrive against them. Similarly Civil Assistant Surgeons had to perform post-mortem examinations, and their opinion might be prejudicial to the interests of some party who might contrive against them. Moreover, Civil Assistant Surgeons, when made Superintendents of Jails in the temporary absence of the Civil Surgeon, were exempt from the Act, but as soon as the Civil Surgeon returned that privilege was taken away.

56756. The witness desired to see the Military Assistant Surgeon put on an equal footing, in point of qualifications, with the Civil Assistant Surgeon.

56757. The Department asked for higher pay on the ground that if the present scale continued the best men would not be attracted to the Service. Moreover, there had been no material change in the rates of pay since the Service was created in the year 1846 in Bengal. Living had become much dearer since, and the chances of private practice had considerably lessened. Consequently it was

very difficult for an Assistant Surgeon to keep up his position. The emoluments in all other services had been enhanced since. The witness admitted, however, that at the present time there were plenty of candidates coming forward. Such candidates were generally young men who had just passed out from their college.

56758. He thought the request for a 20 year pension was reasonable. Taking into account the fact that an officer in the Service received no holidays, the witness thought he should be given the right to retire at 45.

56759. (*Lord Ronaldshay*): The witness did not know why an officer of the Department had to execute a bond to serve for five years when first becoming a Civil Assistant Surgeon. There might have been a scarcity of candidates when the Service was created. It sometimes happened that Civil Assistant Surgeons wanted to leave the Service before completing five years, and that might be the reason.

56760. (*Mr. Gokhale*): The witness passed his examination in 1897. In his time he had had opportunities of studying both European and Indian midwifery cases. If any patient who came to the hospital attached to the college objected to a student examining him or her he was refused admission. That position had been altered during the last eight or ten years, and present students were not allowed to attend midwifery cases unless they were Indian patients. Formerly Civil Assistant Surgeons had the charge of almost all the railway hospitals, where they had practical experience in midwifery, among the European and Eurasian families belonging to the railway department. Now almost all the big railway hospitals were given in charge of the Military Assistant Surgeons.

56761. Civil Assistant Surgeons performed post-mortems in all sub-divisions, but not at big stations, where such work was generally carried out by the Civil Surgeons.

56762. There was no reason why certain posts should be reserved for Military Assistant Surgeons.

56763. Civil Assistant Surgeons had, to the witness's knowledge, been sometimes placed under Junior Military Assistants. He knew of one case of an F.R.C.S., probably in the first grade, who was working under a Military Assistant Surgeon who possessed no registrable qualifications.

56764. In some instances there was a restriction as regards private practice in the case of Civil Assistants, as, for example, at Amritsar. Formerly the Civil Assistant Surgeon there used to possess a very big private practice. Senior Assistants were not now posted to Amritsar; there were only two third grade Assistant Surgeons there, who were strictly forbidden to undertake private practice. The witness thought there were definite orders saying that Senior Assistants should not be posted to Amritsar and Delhi, the reason for which, he thought, was Lord Morley's Circular. The Civil Surgeon and the Assistant to the Civil Surgeon (a military Assistant Surgeon) were still allowed to practice privately, but the Civil Assistants were not.

56765. There was a feeling amongst members of the Service that at least acting appointments to the Chemical Department should be available to them. At present only acting appointments for short periods of two or three months were given to Civil Assistant Surgeons. The complaint was that the present officer nominated for the positions had no special qualifications for the post, whereas the Assistant Chemical Examiner, a Civil Assistant Surgeon during the whole of his career of 25 years had been doing chemical work.

56766. (*Mr. Abdur Rahim*): The frequency of transfers was a general ground of complaint. The limit of service at a station was generally fixed at five years, but it was not generally observed. Some officers were transferred after six months, others after nine months, other after two years, 2½ years, and so on. The Government had lately passed a resolution to the effect that the frequency of transfers should be limited. The witness was of the opinion that officers should not be transferred without some special reason. Frequent transfers stood in the way of private practice. He knew of no administrative ground for frequency of transfer.

56767. With regard to private practice, in a good district a private practice was worth on an average Rs. 75. In Lahore the Civil Assistant Surgeons were not generally allowed to be attached to the college for more than a period of five years. Some were transferred after three years, and others after one year. If a Civil Assistant Surgeon of long standing had the time he could make as much as Rs. 300 to Rs. 500. Others might have private practice worth Rs. 100 to Rs. 150.

56768. (*Mr. Madge.*) The 12 best men were not selected from amongst the Civil and Military Assistant Surgeons collectively for the 12 Civil Surgeoncies in the province, but six men on the top amongst 105 Civil Assistant Surgeons and six men on the top amongst 29 Military Assistant Surgeons were made Civil Surgeons. The result was that very junior men (sometimes 2nd grade) from the Military Assistant Surgeons became Civil Surgeons, while there were several Senior Assistant Surgeons who could never become permanent Civil Surgeons. He quoted the example of a Senior Assistant Surgeon with 37 years' service who could not become a permanent Civil Surgeon. Among the six Military Assistant Surgeons who were Civil Surgeons at present the maximum time taken to become a Civil Surgeon was 18 years, and the minimum time eight years. Among the six Civil Surgeons from the Civil Assistant Surgeons the minimum time to become a Civil Surgeon was 19 years, and the maximum 29 years. The Civil Assistant Surgeons were generally made Civil Surgeons close to their retirement, so that the majority of them could not draw a full pension on the maximum pay of a Civil Surgeon.

56769. The reason of hard work and no holidays was put in for an increase in pay, on the ground that men with similar university qualifications in other provincial services had to do comparatively less work and got more pay; while in the Medical Department, with a more arduous preliminary training, the members had to do more work and got less pay.

56770. (*Colonel Bamber.*) There might be instances where Military Assistant Surgeons were serving under Civil Assistant Surgeons.

56771. If junior Civil Assistant Surgeons were placed over other officers 10 or 15 years senior to them there would no doubt be friction, but the witness thought that those who did good work should be given those posts as prize posts, say one or two in the province.

56772. It was true that the third grade Assistant Surgeons at Amritsar received Rs. 50 a month in lieu of private practice, but this in no way compensated for the private practice which the senior Assistant Surgeons used to have there.

56773. He thought all applications for transfers should be refused, unless special reasons were advanced, the discretion to lie with the head of the Service.

56774. (*Pandit Balkishan Kaul.*) The Military Assistant Surgeon employed in the Civil Department drew certain allowances which the Civil Assistant Surgeon under similar circumstances did not.

56775. The bacteriological laboratories and the vaccine depôts were entirely barred to Civil Assistant Surgeons; only Military Assistant Surgeons were allowed to be posted to such places.

(The witness withdrew.)

At Delhi, Monday, 24th November, 1913.

PRESENT:

THE RIGHT HON. THE LORD ISLINGTON, G.C.M.G., D.S.O. (*Chairman*).

SIR MURRAY HAMMICK, K.C.S.I., C.I.E.
MAHADEV BHASKAR CHAUBAL, Esq., C.S.I.
ABDUR RAHIM, Esq.
WALTER CULLEY MADGE, Esq., C.I.E.
FRANK GEORGE SLY, Esq., C.S.I.
JAMES RAMSAY MACDONALD, Esq., M.P.

And the following Assistant Commissioner:—

COLONEL C. J. BAMBER, M.V.O., I.M.S., Inspector-General of Civil Hospitals, Lahore and Delhi Province.

M. S. D. BUTLER, Esq., C.V.O., C.I.E. (*Joint Secretary*).

J. MALIR, Esq., Military Assistant Surgeon on State Railways, Lahore, Punjab.

Written Statement relating to the Medical Department, being the corporate representation of Members of the Indian Subordinate Medical Department on State Railways.

56776. **(I) Method of Recruitment.**—From Military as at present.

56777. **(II) System of Training and Probation.**—The training in the Medical College be raised to five years and that the entrance to the College to be of a full University Course and that the final qualification be recognisable throughout British Dominion.

Study Leave be granted as under the rules for Indian Medical Service, and that we be given Rs. 5 per diem in India and 5s. per diem in Europe during this period.

56778. **(III) Conditions of Service.**—The period of probation on Railways be reduced to three years instead of being five years.

The Railway and Provincial Services be amalgamated, and that we be borne on the one list, and this would allow an interchange between Railway and Provincial.

56779. **(IV) Conditions of Salary.**—There are no rates fixed for Military Assistant Surgeons on Railways as are shown for Military Assistant Surgeons in Provincial attaining to the appointment of Civil Surgeons in the Prospectus, and these may be elected from any class under the rules. A Military Assistant Surgeon may do 20 years or more on Railway with no more than the allowance fixed at joining the appointment, plus his grade pay. It is proposed that this be improved, and the condition be as under on joining, Rs. 250, rising to Rs. 600 in 12 years, viz.:—

1st year ...	Rs. 250	7th year ...	Rs. 410
2nd „ ...	275	8th „ ...	440
3rd „ ...	300	9th „ ...	470
4th „ ...	325	10th „ ...	500
5th „ ...	350	11th „ ...	550
6th „ ...	380	12th „ ...	600

56780. **(V) Conditions of Leave.**—Military Assistant Surgeons on Railway Employ should come under the Civil Service Regulations for furlough the same as for privilege leave. In the matter of privilege leave we would propose that, as holidays are unknown to this Department, and therefore give three months' more service in each each year to Government, a special concession should be made in our favour by extending the maxim of 30 days' leave per year to 60 days' leave per year, and the amount of accumulative privilege leave which may be extended from three months to six months.

56781. **(VI) Conditions of Pension.**—Should be under Civil Service Regulations as for leave. We would specially urge this concession as already, under condition of leave, the nature of the duties of the Military Assistant Surgeon is very arduous, and as in the ordinary run he will have been, prior to retirement, for a considerable number of years in performing duties valued at a higher rate of pay than that upon which his military pension is calculated. It is only a matter of justice that he should receive a higher rate of pension. If, however, this small measure of justice cannot be allowed the Service, we would also urge for the consideration of the Royal Commission that the military pension now conferred upon retirement loses considerably in value, that is, to the extent of Rs. 50 a month, by fixing an arbitrary equivalent of Rs. 200 a month for £200 a year.

Such limitation as may exist in the employment of non-Europeans and the working of the existing system of division of Services into Imperial and Provincial. As we form a War Reserve for Service with British troops there is no possibility of introducing an Indian element into the Military Assistant Surgeon Branch of the Indian Subordinate Medical Department.

56782. **(VII) Relation of Service with the Indian Civil Service and other Services.**—So far as our professional relation with other Departments of the Railway are conserned, we consider them in a very cordial footing, but we are placed in a very anomalous position, both socially and officially, in having to bear the stigma of subordinate as a differentiating mark in the designation of our Department. Not only is this a terminological inexactitude, but it leaves a vicious influence in reducing to a minimum the amenties of life we would enjoy were the term entirely removed.

56783. **(IX) Other points within the terms of the Royal Commission not covered with the preceding heads.**—Co-opted member to assist the members of the Public Service Commission in considering the claims of the very humble but very worthy Department.

MR. J. MALIR called and examined.

56784. (*Chairman*): The witness said he was the representative of the Indian Subordinate Medical Department, and occupied the position of an Assistant Surgeon on the railway. During his service he had spent 14 years on military duty and had charge of the clerks in Simla, and from there went to Lahore to the railway company where he spent about five years. The written statement put in represented the unanimous views of the Military Assistant Surgeons serving on railways, of whom there were nine in the Punjab and 25 in the whole of India. He was connected with the State railway.

56785. Appointment to the railways was made by the Director General by selection, but, if selected, a man was not obliged to accept, and some declined certain appointments. He himself joined the railway between the age of 39 and 40, but men were going in younger now. No special qualification was required other than that possessed by Military Assistant Surgeons.

56786. The witness said the railway service was not

regarded as being so good as civil employ. There was no post which corresponded to Civil Surgeoncies for Military Assistant Surgeons, although they performed the same duties. Once a man took up railway service he could return to military duties, but he had no opening in the civil branch. The service formed part of the war reserve. He himself was a first-class Assistant Surgeon, and received Rs. 200 a month, with no allowance whatever, and the only promotion he would receive was his military promotion to Rs. 400. There was an allowance of Rs. 30 a month for having charge of a dispensary, but that would be received only by a man on Civil duty; and there was also an allowance of Rs. 25 a month for a pony, which was essential for the work, but it cost Rs. 30 to keep the pony.

56787. The opinion of the Service was that the Branch should be amalgamated with the Civil Branch, and he thought that from the Service point of view this was desirable, and would give the officers a chance of going up with the others. From his personal point of view, however, he was not in favour of the amalgamation. If such a scheme were devised, he did not think the railways would raise any objection. The salaries of officers were paid by the railways.

56788. (*Mr. Madge.*) The witness said there was no such thing as study leave in the Service, but if this were granted it was considered that the allowance should be the same as that given to Indian Medical Service officers.

56789. With reference to pension, the Service had a great grievance. It was calculated on military rank, and not on the average of the last few years' service.

56790. (*Mr. Macdonald.*) The justification for the scale of salaries proposed was that the officers performed exactly the same duties as Civil Surgeons; they performed operations and prescribed in the ordinary way. He himself on an average saw 250 cases at his own dispensary; the Civil Surgeon was only called in in consultation when the Assistant Surgeon or the patient desired it.

56791. (*Mr. Sly.*) The witness said the Civil side was more popular than the railway, and an officer in the Indian Subordinate Medical Service would prefer to be transferred to the ordinary Civil side, rather than to the railway side, but railway employment was better than military employment in that it gave a man more scope.

56792. (*Colonel Bamber.*) The witness said he knew of cases where a Military Assistant Surgeon had had to serve under a Civil Assistant Surgeon, and he saw no objection to that, although he thought the officers would prefer to be under an Indian Medical Service officer. In the Lahore city dispensary a man had a very good chance of building up a lucrative practice. As a Military Assistant Surgeon he received a special training for war, continually moving about with troops on mobilisation and on manœuvres during the winter. If an urgent call came, the officers would be quite able to carry out their military duties; he himself had left for Lhassa at a moment's notice.

56793. The witness said he did a good deal of obstetric work, a hundred cases a year at least. He did not think there would be so many in other railway appointments as in Lahore.

56794. In explanation of the reason why a European or Eurasian was calculated as equal to three Indians, the witness said that the family was left out of the calculation in the case of Indians, but was included in the case of Europeans and Eurasians: attendance on the latter, therefore, meant much more work.

56795. With reference to the difference in training of the Military and Assistant Civil Surgeons, the witness said that in theory the Civil Assistant Surgeons had a better training than the Military, but in practice there was little differences. The Military Assistants had two years at an outdoor dispensary, and in the fourth year had charge of all the minor dressings, and also had a practical dental training and a midwifery course. As they lived on the premises they could be sent for day or night in cases of urgency, and if after an operation a patient required watching, they frequently sat at his bedside. Then Military Assistant Surgeons were compelled to attend all lectures at the risk of being fined, whereas the Civil Assistant Surgeon was only expected to attend 75 per cent. The Military Assistants passed one examination between the fifth and twelfth year, and if a man failed he was superseded for promotion. He did not consider that a hardship, but the whole Service would like the difference between the two trainings abolished.

(The witness withdrew.)

MAJOR R. M. DALZIEL, I.M.S., Superintendent, Central Jail, Multan, Punjab.

Written Statement relating to the Medical Services.

56796. **(I) Method of Recruitment.**—I consider that there is room for improvement under this heading. In all other departments of the Indian Medical Service—for example, the Civil Surgeons' department—officers have to wait for many years before they are given an appointment because there are so many applicants. With the Jail Department it is entirely different, and recourse has to be made to indirect methods in order to fill up the posts. In my own case I entered the Jail Department at two years' service, that is, at the very earliest date at which I was eligible for civil employment.

I was put in full executive and medical charge of the most responsible Jail appointment in India, that is, in charge of the following institutions:—Lahore Central Jail, Lahore District Jail, Lahore Female Jail, and the Punjab Government Workhouse. That so young and entirely inexperienced an officer should be put into such a post suggests that he was the only candidate for the Jail Department at that time. For the past few years the posts in the Jail Department have been kept filled in the following manner:—

Officers who are on the waiting list for appointment to other departments are permitted to take temporary service in the Jail Department without prejudice to their chances of appointment in the Department in which they hope finally to be given an appointment. I beg to suggest that this method of recruitment is detrimental to the interests of the Department, and seriously retards its efficient working, and for the following reasons:—

(*a*) In no other Department of our Service is it so necessary, for the efficient carrying out of the work of the Department, to have officers who have had long experience of the actual work of the Department, and who intend throwing in their lot with that Department for the rest of their service. A temporary man may keep the work going, but I suggest that at this time, when the question of the proper treatment of prisoners has come to be looked upon as so important, the mere carrying on of the work is not sufficient. Moreover, in this country a Jail Superintend has to study manufactures, and in this also every year of experience that he possesses is an asset to Government.

(*b*) If an officer only accepts an appointment as a temporary measure while he is waiting for something better it is very unlikely that he will give his whole-hearted attention to what is his work for the time being, but will have his eye constantly on the appointment in the other Department which he hopes finally to enter.

In spite of the above method of recruiting it sometimes happens that even temporary Gazetted Officers of the Indian Medical Service cannot be obtained, and important Central Jails are placed in charge of Assistant Surgeons for lengthened periods. I do not think that there is any doubt but that the supply of recruits willing to stay

permanently in the Jail Department is very scanty, and that the present method of keeping the posts filled is not in the best interests of Government.

In suggesting causes for the reluctance shown by officers of our Service to enter the Jail Department I can, of course, give only my own experience, but I suggest that my experience is an average one. I think that officers are kept from entering or remaining permanently in the Jail Department for the following reasons:—

(*a*) The inadequacy of the pay.
(*b*) The great difficulty in getting leave.
(*c*) The conditions of service.
(*d*) The undesirable places in which so many central jails are situated.
(*e*) The prejudice against service in the Department shown by most Indian Medical Service officers.
(*f*) The uncertainty of getting, or rather the certainty of not getting, promotion.
(*g*) The fact that even if one is made Inspector-General of Prisons the post is arduous and underpaid.
(*h*) The feeling that because the work is done in an obscure and unostentatious way good work may not be recognised by Government.
(*i*) The fact that no local allowances are given for Jails situated in undesirable places.

56797. **(II) Systems of Training and Probation.**—There is no probation except that an unsuitable officer may be sent elsewhere. There is no training. A new officer usually just takes over from his predecessor and learns his work by experience. In the interests of efficiency, I think that in each province there should always be at least one supernumerary officer undergoing training. There will be no use doing this while so many officers come into the department only as a stepping-stone to something else. Moreover, unless such an officer were given the full pay of a Superintendent according to his rank, there would be great difficulty in getting an officer to accept such an appointment.

56798. **(III) Conditions of Service.**—Here we have one of the most potent factors in preventing the recruiting of officers willing to remain permanently in the Jail Department:—

(*a*) An officer has to serve, perhaps for years, on officiating pay until he is given a substantive post, and also his officiating service does not count as service for furlough under civil rules.

(*b*) So many of the central jails are situated in the desert, and no local allowance is given. Until lately there were only three central jails in the Punjab, and two of them were in the desert. The jail of which I am in charge is separated from Multan by five and a half miles of bad road. Apart from social inconvenience, the fact that one has to drive eleven miles in order to associate with one's fellow men is very irksome indeed. The expense for horses and traps is very great and good servants will not serve at so great a distance, and, instead, bad servants on increased wages must be engaged. The difficulty in getting supplies is also very great, and is a daily annoyance. When I was in charge of the Buxar Central Jail I was practically the only European there, and the nearest European community, large enough to have a small club, was at Arrah, forty miles away. No compensating local allowance is given at such jails.

(*c*) A Jail Superintendent is tied to his post and works seven days per week and is not permitted to sleep away from his jail.

(*d*) There is no certainty of promotion. There is only one Inspector-General of Prisons in each Province, and that is the only post to which a Superintendent can be promoted.

56799. **(IV) Conditions of Salary.**—The pay is not enough to induce officers to stay permanently in the department.

Considering the conditions of service and conditions of leave, nothing short of a substantial increase in pay will get over the difficulty in recruiting permanent men. There is no relief to the monotony of the existence of a Jail Superintendent. The work of other officers takes them into the district, where they may combine their work with a certain amount of sport which is such an attraction to men in other departments in this country. The Jail Superintendent may not leave his jail for a single night. There is no such thing as travelling allowance for a Jail Superintendent. A Jail Superintendent does not supplement his pay by private practice, whereas in other departments officers are consulted as specialists in their own branch of special knowledge.

I think the pay is specially inadequate in the higher ranks. A Major gets Rs. 950 per month, and at the end of 15 years' service he gets Rs. 1,050, and gets no further increase till he becomes a Lieutenant-Colonel. I suggest that when a Superintendent becomes a Major his pay should be Rs. 1,000 per month, and should rise by increments of Rs. 50 per month for every further year of service.

I beg to point out that when a Superintendent of a Central Jail is not a member of the Indian Medical Service Government has to pay a Medical Officer Rs. 150 per month for his services. By appointing an officer of the Indian Medical Service Superintendent and Medical Officer of a Central Jail, Government not only avoids the evils of dual control, but actually saves Rs. 150 per month.

I suggest that, in addition to the above suggested increase of pay for Lieutenant-Colonels and Majors, the pay of all ranks should be increased by Rs. 150 per month, *i.e.*, a Major's minimum pay would be Rs. 1,150 per month.

I suggest that the pay of an Inspector-General of Prisons is not enough considering his work and responsibility. In some Provinces it is only Rs. 1,500 per month, and in some it is Rs. 2,000 per month. I suggest that it should be the same in all Provinces.

I beg to suggest that for the efficient working of the department it is necessary to recruit men who will remain in it permanently, and in order to do this it is necessary to make a substantial increase in pay to make up for the conditions of service.

56800. **(V) Conditions of Leave.**—In the Jail Department it is very difficult to get privilege leave and casual leave. The same remark applies to getting away to post-graduate classes, such as the Bacteriological class in Kasauli. The difficulty is that it is a small department with no reserve of officers. If a Civil Surgeon goes on leave, and if it is not expedient to send an Indian Medical Service officer to relieve him, his Assistant Surgeon may officiate for him. In the case of a Jail Superintendent, his Jailor and Sub-Assistant Surgeons are not allowed to officiate for him. In order, for a Jail Superintendent, to get even casual leave an Indian Medical Service officer must be got to relieve him, and failing that, he must be relieved by a Magistrate and an Assistant Surgeon as well.

The difficulty in a jail situated in a desert is obvious. During my nine years in the Punjab, including two years on Military duty, I have had casual leave on one occasion only.

There are innumerable public holidays in India during which for many days at a time the officers in most departments may close their offices and enjoy a holiday. The Jail Superintendent gets not a single one of these. Even on Christmas Day, Good Friday, and His Majesty the King Emperor's birthday, when the prisoners in the jail are relieved from work, the Superintendent of a Central Jail may not leave the station

In order to compensate him for the difficulty with regard to privilege leave and casual leave and for the loss of his Sundays and public holidays, I suggest that the Superintendent of a Central Jail should be given extra privilege leave to the extent of one month per annum. This great boon, however, would be of no use unless privilege leave were allowed to be accumulated up to six months instead of up to three months as at present. As an officer would almost invariably add this leave to his furlough, Government would be to a great extent relieved of the difficulty of finding an officer to officiate for short periods.

56801. **(VI) Conditions of Pension.**—This is the same as for other departments in the Indian Medical Service. I suggest, however, that, as the

Jail Department is one in which an officer so often finds that he has no chance of promotion, some special inducements should be held out to officers to take their pensions at an earlier date than they would otherwise have intended.

56802. **(VII) Such limitation as may exist in the employment of non-Europeans and the working of the existing system of divisions of Services into Imperial and Provincial.**—I understand that non-European members of the Indian Medical Service are eligible for employment in the Jail Department on the same terms as European members. For all practical purposes the Jail Departments are Provincial, and this is a potent factor in the difficulty in recruiting. At present an officer may be promoted to the Inspector-Generalship of a Province other than his own. Ordinarily this is not done, unless there is no one in that Province suitable for the post. As almost all the appointments of Jail Superintendent are now filled with Indian Medical Service officers, this, which certainly has happened, is not likely to happen again, or at least very seldom. At present an officer may have his chance of promotion blocked by another officer who may be only a few months his senior in the department in his particular Province. It may happen that an officer may be made Inspector-General of Prisons in one province while still a Major and an officer in another province may remain a Superintendent all his service. Moreover, an officer may serve a few years in one province and then, for reasons of health or other reasons, may obtain a transfer to another province. In that case he becomes junior in his new province, although Imperially he may be the senior officer on the list.

To give examples:—A recent Inspector-General of Prisons in the Prisons in the Punjab was appointed to the post as a junior Major and held the post for fifteen years.

The Inspector-General of Prisons in Bengal was also appointed as a junior Major, and the same is the case with the Inspector-General of Prisons in the Central Provinces. Meanwhile practically all the substantive posts of Superintendents of Central Jails in the United Provinces are held by Lieutenant-Colonels. I suggest therefore that the Jail Department should be made absolutely an Imperial one with, if possible, a Director-General of Prisons, and that an officer's services should count from the date of his appointment in any province, and that promotion to Inspector-General should be irrespective of province. The good that would come from this would be:—

(*a*) It would help the recruiting of officers who would remain permanently in the department.

(*b*) Each Provincial department has much to learn from other Provincial departments, and the transferring of an officer from one province to be Inspector-General of another province would help in this.

This would be especially the case if an officer were appointed first as Inspector-General of Prisons in one of the smaller provinces and later on promoted to one of the larger provinces if Government thought fit.

56803. **(VIII) Relations of the Service with the Indian Civil Service and with other Services.**—I consider that as compared with other services the pension given to officers of the Indian Medical Service is inadequate. Enough consideration is not given to the fact that Indian Medical Service officers come into the service late, that is, not until they are relatively speaking fairly old. Meanwhile they have been undergoing a long and expensive education. In spite of this the initial pay of Indian Medical Service officers is not more than the initial pay of other departments, and yet officers of other departments are drawing pay in this country, while Indian Medical Service officers are still at home undergoing an expensive education at their own expense. Indian Medical Service officers hold commissions in the Indian Army. As regards their rank it is recognised that they enter the service at a later age than the combatant officers. An Indian Medical Service officer therefore becomes a Captain after three years' service, while a combatant officer must serve nine years before he becomes a Captain. So therefore it has been recognised that an Indian Medical Service officer enters the service six years later than other officers of the Indian Army. This fact, however, does not appear to have been fully considered in fixing the pensions. A combatant officer receives a pension of £700 per annum after thirty-two years' service, while an Indian Medical Service officer receives the same pension after thirty years, although many are so old that they cannot serve thirty years before the age of fifty-five years. Thus, although at the beginning of his service it is calculated that an Indian Medical Service officer begins six years late, in fixing his pension it is calculated as if he began only two years late. I consider therefore that the pensions for Indian Medical Service officers should be considerably increased.

56804. **(IX) Any other points within the terms of reference to the Royal Commission not covered by the preceding heads.**—I cannot too strongly impress upon the Royal Commissioners the fact that the question of Jail Administration is becoming every day a more important one.

The work is such that, more than in any other department, actual experience tells for the efficiency of the department. The department does not attract men who are willing to stay in it permanently, and to fill the posts with temporary men, who do not intend to stay in it, does not lend itself to efficiency. As a man who threw in his lot with the department from the very beginning of his career, I beg to advise that the status and efficiency of the department be raised by organising the Provincial departments into an Imperial one under a Director-General of Prisons; that officers should be attracted to the department by a guarantee that promotion to Inspector-Generalship will be given absolutely irrespective of province, and by offering greatly increased pay, and concessions with regard to leave.

I would further beg to bring before the notice of the Royal Commissioners the fact that formerly officers of the Indian Medical Service received their commission from the date on which they entered Netley Hospital, and their service for pension began from that date. During about ten years prior to 1902 this procedure was changed, and officers did not receive their commission until they left Netley, that is, not till six months later. Since about the year 1902, however, commissions were again given from the date of entering Netley. I consider that those who entered the service at the time when commissions were given only on leaving Netley should have their commissions antedated to the date on which they entered Netley. This would make all officers equal, and would allow many to complete thirty years' service who at present cannot do so because they received their commissions late.

MAJOR R. M. DALZIEL called and examined.

56805. (*Chairman*): The witness said he was Superintendent of the Central Jail, Multan, and had been in the Jail Department ever since he became eligible for Civil employment. He had served in Bengal and the Punjab and had been in charge of seven different prisons: The Presidency Jail, Calcutta; the Midnapur, Buxar, Lahore Central, Montgomery and Multan Jails, and the present Lahore Borstal Jail before it was adapted to the Borstal system.

56806. The witness declared that the Jail Department as at present constituted was not very popular with the Service, and he thought there was considerable difficulty in getting officers to remain in it.

56807. With reference to improving the conditions, the witness said Indian Medical Officers had conducted jails so well in previous years that he did not think there should be any change in that respect. A very high class man was obtained in the Indian Medical Service. There were such a variety of posts in the Indian Medical Service, that if a man was not suitable for one post he might be sent elsewhere without any hardship to himself or the Government, and an inefficient officer could always be removed. If men were recruited separately, there would be no other position open to them. Recruitment from outsiders he thought would have a bad effect on the Service. It would probably introduce newly qualified men from England at 23 or 24 years of age instead of experienced men of about 30 as at present. He himself entered the jail service at 27, but that was exceptionally young. Most men did not enter until they were 29 or 30.

56808. He had no experience of the conditions in Madras, but was aware that there were still several officers not of the Indian Medical Service in charge of jails there. An Indian Medical Service man would be in the Army for at least two years and would be subjected to discipline himself, and moreover had been several years in the country before he became a jail superintendent. He had learned the language, had unconsciously gained a good deal of information about the people, and was altogether an experienced man.

56809. The witness said he attached great importance to the Superintendent of a jail being a medical man, a medical man having an all-round education and being more likely to be sympathetic than other men. Also by combining the two posts Government saved a good deal of money. If there were two men there would be dual control. He did not approve of entrusting the work to Military Assistant Surgeons, and was of opinion that the Superintendent of a Jail should be a European. One of the Inspectors-General of Prisons was an Indian, but he did not think there was another Indian in the whole of the Department. Apparently they did not apply for the position.

56810. The witness was of opinion that officers should be regularly trained before they had complete charge of a jail. He himself was put in without any experience, and had come to the conclusion that it would have been much better if he had served an apprenticeship of six months or a year. He would attach a supernumerary officer to the Lahore Central Jail, who would be available for privilege leave and casual leave vacancies, but not furlough vacancies. Such an officer would necessitate an increase of the cadre in each Province. He would be learning the work and for several months in the year would be acting as Superintendent, and would get the next vacancy.

56811. Promotion at present in the Jail Department was very slow and was a matter of luck, because the service was Provincial and not Imperial. The late Inspector-General of Prisons occupied the post for fifteen years. He believed it was absolutely essential from the point of view of promotion to have an all-India list, and he did not think that would raise any difficulties with regard to officers being transferred from one end of India to the other. A man ought, of course, to know the language, but it was not essential. The Inspector-General did not require to know the language, as his work was administrative, but a Superintendent of a jail had to know the language of the province. To avoid any language difficulty that might occur in transferring a man from Madras to the Punjab, the witness said he would keep the Superintendents chiefly in their own province, but he would make promotion to Inspector-General *absolutely* Imperial. When a vacancy occurred the senior Superintendent in any province should be promoted. It was true that this would only relieve the pressure with regard to the one appointment, but that was the only promotion the Service had. All Superintendents of jails were on an equal footing.

56812. With reference to the appointment of Superintendents, such appointments should be permanent and not regarded as temporary or as stepping stones to other posts. Men had left the Punjab Jail Department for other Jail Departments and other posts, believing that they would have better chances of promotion in another province. That was not good for the Department. If prospects were improved such transfers might be diminished to a very great extent.

56813. Training, the witness said, could be given in any large central jail. The Lahore Central Jail was supposed to be the chief jail in the Punjab, and he suggested a man should be posted there, and by filling privilege leave vacancies in Montgomery or Multan he would learn the work. There should be a leave reserve, but if his scheme of assistants were accepted that would settle the question of privilege leave.

56814. The witness advocated that all Inspectors-General should be paid the same rate of salary. In the General Provinces the pay was only Rs. 1,500, and if a man was a Lieutenant-Colonel he was already getting Rs. 1,400. Although the number of prisons in the Central Provinces were less than in the Punjab, the Inspector-General's work was really the same. In the Central Provinces there were three central jails, and there were four in Bengal after the recent partition. He believed the jails in the Central Provinces were smaller than those in Calcutta. The Prison population in Bengal was less than that in the United Provinces, yet the Inspector-General in Bengal got more pay than the Inspector-General in the United Provinces. So therefore the inequality in pay had no logical basis.

56815. With regard to leave, the witness said he could not obtain a single day and could not even sleep away from the jail for one night. Casual leave was not refused, but the conditions under which it had to be taken were too difficult. It was necessary for a gazetted officer to relieve a Superintendent of a central jail, but in a great emergency a Magistrate and an Assistant Surgeon could act. Government had ruled that although an Assistant Surgeon might officiate for a Civil Surgeon in a large Civil Surgeoncy he could not take over a Superintendentship of a central jail. At the present moment he had under him one jailer, one deputy jailer, six assistant jailers, and two hospital assistants, but there was no scheme by which they could be put in his place if he went on short leave, as they were not allowed to officiate at all. If he fell ill and it was necessary for someone to be appointed that would be counted as an emergency and the Magistrate and an Assistant Surgeon would have to take his place.

56816. (*Mr. Chaubal.*) The witness said he had known of Indians taking charge of District Jails. The Civil Surgeon of a district was in charge of District Jails, but he did not know how much of his time was taken up in the work.

56817. (*Mr. Sly.*) The witness said that if other evidence showed there was no lack of recruits in the Indian Medical Service for the Jail Department, and that there was a waiting list for appointments, and if the applicants asked for permanent appointments, then they would be *bona fide* candidates, but he suggested that there was no guarantee that these officers would *remain* in the Department. The popularity of a Department should be judged not by the number of untried men who went into it, but by the number who left it after a trial. The number of men still in the Indian Medical Service and who had been in the Punjab Jail Department and had left it was incredibly large and included Colonel Bamber, the co-opted member.

56818. With reference to private practice, the witness said there was no prohibition on a Jail Superintendent taking private practice, but there was no private practice to take. It would not be etiquette for him to try to obtain practice with a Civil Surgeon close at hand.

56819. The chief reason why he asked that the Department should be made Imperial was because the selection for Inspector-General would then be made from the whole of the Department and not from each Province. He did not ask for an all-India list for Superintendents of Jails. There had been cases in which Inspectors-General had been appointed to another Province, but now practically all the posts were filled by Indian Medical Service men, with the exception of a few in Madras. There

would always be a man in a province eligible for promotion to Inspector-General of Prisons, and there might be only the difference of a few days in the seniority of two officers in one province.

56820. His idea was that in the appointments of Inspectors-General of Jails the Local Governments should only have a veto in the case of any man they considered to be unfit, the appointments being made by the Government of India.

56821. (*Mr. Macdonald.*) There witness said there was no such thing as private practice or consulting practice in connection with Jails.

56822. With reference to the Superintendent of a Jail being a Medical man, the witness said the real reason for that was to avoid dual control and save Government money. By appointing Indian Medical Service men to the position a very good Superintendent and Medical Officer was obtained. It could not be a Civil Service appointment as the members of the Indian Civil Service would not accept it. The medical work in a jail was chiefly sanitation, and in the public interest a good medical man was needed at the head. There were special forms of dysentery and other diseases in jails which had to be very carefully watched.

56823. (*Mr. Madge.*) The witness said the work of the Inspector-General throughout India was practically the same administratively. So far as a knowledge of language was concerned, he thought Urdu was sufficient to enable a man to be intelligible anywhere in India, and if there was any special difficulty the Jailer and Superintendent, who always went round with the Inspector-General, would be able to deal with the matter. Each provincial Jail Department had much to learn from the others, and transferring a man from one province to another as Inspector-General would do nothing but good. He thought there was no harm in keeping the Superintendents to their provinces, and as a matter of fact if a Superintendent went from one province to another he was not confirmed in a province until he had passed a language examination in the new province.

56824. Referring to the difficulties existing before 1868, when either the Magistrate or an Assistant or a man of experience could take charge of a jail, the witness said that at that time there was an appalling death rate within the jails. The witness saw no sharp line of distinction between the duties of a Medical Officer and his administrative duties connected with jails. The present Superintendent combined both and there could be no friction of any kind.

56825. (*Mr. Abdur Rahim.*) With regard to appointments, the witness said that, after an officer had been two or three years in India, if he desired a Civil appointment he could put his name on a list, and if he preferred the Jail Branch he could apply for the Jail Department. Visitors' books were kept in all jails.

56826. (*Sir Murray Hammick.*) The witness said that in the Punjab the Jailers were Indians. He did not think there would be any jealousy on the part of the Jailers if Military Assistant Surgeons were put in as Superintendents, but he would not favour this. The Jailers would prefer a gazetted officer. No Jailer was ever put in to take charge of a Jail; even an Assistant Surgeon was not allowed to officiate.

56827. With regard to training, the witness said he advocated that an officer should be placed under a Superintendent for six months or a year. Probably it was not done at present owing to the undermanning of the Service. As a matter of fact, six months under the Superintendent of a big jail was a very necessary training.

56828. With reference to the benefits received by the Superintendent from jail labour, the witness said jail labour was used in the garden, but prisoners were not allowed to work inside the house except in the Punjab to bring in water. Prisoners could not act as sweepers.

56829. The witness did not think there was any advantage in having a separate Medical Officer independent of the Superintendent of the jail to give an opinion upon health administration, as the Jail Superintendent was himself a medical officer of equal standing with the Civil Surgeon and had probably got a D.P.H. In fact the jails led the way in sanitation. He had seen no criticisms in the press in the Punjab in connection with the food and health of the prisoners. He would not admit that if such criticism existed it would be better that the Medical Officer of the district should visit the jail to see what was occurring. There was no disadvantage in the Superintendent of the jail responsible for discipline also having a voice in saying whether a man was sick or not.

56830. The witness thought there was truth in the contention that officers applied for jail appointments as a short cut to Civil employ, especially young married men. After a short service in the jails some officers were exceedingly discontented. The solid and unassailable fact remained that a man must wait for years for a Civil Surgeoncy, whereas if he would accept a jail appointment he would get one very quickly.

56831. The jail in Multan was not visited by the Sanitary Commissioner, but it was visited by the Inspector-General of Civil Hospitals.

56832. (*Colonel Bamber.*) The witness said he had heard that one of the reasons why the duties of Superintendent and Medical Officer were amalgamated was that friction arose between the two as to the fitness of prisoners to undergo punishment.

56833. With reference to the prevalence of disease in jails, the witness said that dysentery was bad in the Central Provinces and Bengal some time ago, but the ordinary Medical Officer was able to stamp it out, and in each case the Medical Officer was an Indian Medical Service Superintendent who succeeded a non-Indian Medical Service man.

56834. The witness thought the Jailers in the Punjab were very good men, but he would not promote them to Superintendentships.

56835. (*The Chairman.*) The witness said in the Punjab there were official visitors to jails who were specially appointed for the purpose, and could interview any prisoner they liked. If there was any complaint a copy of that complaint would be sent to the Inspector-General of Prisons and a copy to the visitors, with the Superintendent's explanation.

56836. (*Sir Murray Hammick.*) The witness said the visitors did not come as a Committee but individually whenever they pleased, and there was no fixed time for coming. After the visit a note was written in the visiting book recording the inspection and remarking on anything that might have been noticed. The visitors were always local Indian residents. The Deputy Commissioner and the Judge were also official visitors and also the Commissioner. The District Magistrate inspected the jail once a month. Non-official visitors came very seldom, and he had not known them give any useful hints.

(The witness withdrew.)

LIEUTENANT-COLONEL S. BROWNING SMITH, I.M.S., Officiating Sanitary Commissioner, Punjab.

Written Statement relating to the Sanitary Department.

56837. I am in my 22nd year of service and have spent about half that time in military, including active service, and half in civil, in which I have held various appointments, principally sanitary.

(I) Methods of Recruitment.—The higher ranks of the Sanitary Department are open to Indians possessing an English qualification in Public Health. This is absolutely necessary at present, as Indians are unable to become so qualified

in the Province. It will, however, lead to considerable difficulty and discontent among the Provincial Medical Service as a whole for the following reasons:—Practically all those who take their medical degrees at the Punjab University apply for Government service and those selected to become Assistant Surgeons are of course taken from the top of the list, that is to say, the Provincial Medical Department is recruited from the best the Province can supply. Many, however, who fail to obtain the Lahore qualification go to England and become qualified there, and some of these also acquire a public health degree. It is from the latter that the Sanitary Department is to be recruited, and the consequence is that the good men who have become Assistant Surgeons will see men who were inferior to them and are junior to them holding a better position and drawing better pay than themselves. The remedy is for the Lahore Medical authorities to provide a course of training in public health with diplomas for those who successfully pursue it, so that the best of the indigenous profession can become eligible for the Sanitary Department.

56838. **(II) Systems of Training and Probation.**—There is at present no system of training in the Punjab for those wishing to enter the Sanitary Department as Deputy Sanitary Commissioners or Health Officers; neither is there for the lower grade of Sanitary Inspector. With the rapid advance in sanitary matters and development of the Sanitary Department it is highly desirable that such training should be made available as soon as possible.

56839. **(IV) Conditions of Salary.**—A question that is worthy of consideration is that of the pay of Deputy Sanitary Commissioners who are Indian Medical Service officers. Such officers are required to have special knowledge and experience and to possess a diploma of proficiency in sanitary science, necessitating an extra period of work and an extra examination to pass. They are, however, placed in a very disadvantageous position as regards pay compared with officers of other special branches such as Professors of the Medical Colleges and the Bacteriological Department, although for neither of these is a special qualification required by examination. Throughout their service Deputy Sanitary Commissioners are paid Rs. 150 a month less than Professors, and as compared with the Bacteriological Department they receive for the first four years Rs. 50 less, for the next seven years Rs. 100 less and for the rest of the service Rs. 150 less. The pay of Deputy Sanitary Commissioners of the Indian Medical Service should certainly be increased to that of the Bacteriological Department.

56840. **(VII) The working of the existing divisions of Services into Imperial and Provincial.**—In such a small Department as the Sanitary, the Provincial system often works most unfairly as regards promotion and pay. As a striking example of this I may mention that while a Captain is Sanitary Commissioner in the Madras Presidency, in the Punjab a Lieutenant-Colonel of 22 years' service, myself, is still only officiating in such an appointment with no chance of obtaining it permanently and drawing less pay than the former, although he has twice as much service to his credit. It would be well if the superior branch of the sanitary service were an Imperial Department on one list so that promotion would be more equal and such anomalous condition as I have instanced obviated.

56841. **(IX) Any other points within the terms of reference to the Royal Commission not covered by the preceding heads.**—The word "sanitary" as applied to the Sanitary Department, Sanitary Commissioner, Deputy Sanitary Commissioner, etc., is in my opinion, an unfortunate and misleading one, owing to the fact that the public notion of hygiene has progressed little beyond the idea of good drains. The work of a "sanitary" officer, I need hardly say, covers an infinitely larger field than that suggested to the ordinary person by the term "sanitary," and it would be more suitable and more in consonance with English custom to replace it in such connections by the term "Public Health" Department, Commissioner and Deputy Commissioner of Public Health, etc.

LIEUTENANT-COLONEL S. BROWNING SMITH called and examined.

56842. (*Chairman.*) The witness siad he was officiating Sanitary Commissioner of the Punjab and had had twenty-two years' service, half of which had been spent in Civil employ. He came straight into the Sanitary Department and had been there for about 11½ years. The Sanitary Service in the present form was of comparatively recent growth, although some kind of organisation had been in operation for many years.

56843. There was now one Indian Deputy Sanitary Commissioner in the Punjab who had been recruited to the Sanitary Department other than from the Indian Medical Service, and there were no others from outside the Indian Medical Service at present. The staff consisted of one Sanitary Commissioner and two Deputy Sanitary Commissioners. He did not include Health Officers because they were really under the Municipalities, though the Sanitary Commissioner would inspect and report upon them to the President of the Committee of the Municipality.

56844. The Medical Officer of a regiment was primarily a Medical Officer of Health because he was responsible for keeping a regiment physically fit and attending to all questions of food, clothing, exercise, sanitation, and the prevention of disease. Therefore he was particularly fitted for Sanitary work. He would not favour the Service being organised on any other basis than recruitment from the Indian Medical Service, because such recruitment gave India men already trained in Public Health in the country, and who knew the language and customs of the country. He had had a large experience of obtaining men from England in connection with plague work. Thirty or forty Medical men came out from England in 1902 and were engaged temporarily to go out into the districts. One or two were taken on in the Service, but most of them returned to England. They were of very little use as they did not know the language, and had no idea of the social customs, and in some cases could not tell a Hindu from a Muhammadan. As a matter of fact, they were obliged to have an Indian official to act as interpreter.

56845. Public Health was a very fascinating problem and attracted men, but there was no attraction in the way of pay and prospects. No doubt there were many officers desirous of joining the Department, but young men did not look forward to what was to happen after 25 years. The tendency was for men who were keen about a particular line of work to go into a Department, and when they got in they often found they could not get out again.

56846. With reference to the remark in the written statement that young men who failed to come up to the Lahore Medical standard went to England and obtained a qualification, the witness said that out of nine applications for the post of Deputy Sanitary Commissioner, seven were from failed students at Lahore who had British qualifications and the Diploma of Public Health. They had to obtain a Medical qualification before they went up for the Diploma of Public Health, and they obtained that qualification in England, after having failed to obtain it in Lahore. Some British qualifications were much better than Indian ones, and some were not so good. There was a considerable difference in the standard even of recognised Medical Colleges in England. Nearly all of the men he had mentioned had been to Edinburgh and Glasgow, where the standard was good, but judging from the results that of Lahore appeared to be higher.

56847. On the subject of special training, the witness said there was no opportunity at present in the Punjab for the indigenous medical profession to

obtain a Diploma in Public Health. It had been discussed, but the difficulty was that there had not been sufficient accommodation and equipment at the Lahore Medical College. Now a new Medical College was being erected in Lahore, and the Hygiene Department would be equipped for training medical men in a course of Public Health for a Diploma, so that difficulty would be overcome within the next two or three years. In the Diploma of Public Health there was a great deal of practical work included; for instance, a man had to work for six months under a Medical Officer of Health.

56848. With regard to the language difficulty in connection with one list for all India, the witness considered that Urdu carried a man through to a great extent, but it was not a difficult matter to learn sufficient of the language of a province to get along with. The all-India list would get over the difficulty of the Service being unattractive through tardiness and irregularity of promotion.

56849. At present the staff for the Punjab consisted of three gazetted officers, two Indian Medical Service officers and one Indian specially qualified. The Department had no actual control over housing conditions, except the power to inspect. An obvious case of overcrowding would be reported to the President of the Municipal Committee through the Commissioner of the Division. But in practice with so small a staff there was not much time for doing that kind of work. In inspecting a town various things would be noticed, and the Municipality would be asked why they were not taking action and framing by-laws, etc. As a matter of fact, the Municipal Committees were only just beginning to appreciate sanitation. The position of the Sanitary Commissioner was very much akin to that of the Chief Medical Officer of the Local Government Board in England; all questions connected with the public health came before him, and he advised Government upon them. In everything connected with sanitation and preventive medicine he was advisory officer to Government. There was ample field for the work both in the towns and the villages, but the rural areas could really receive very little attention with the present staff. The whole of the vaccination was done by the Sanitary Department, and that led the officers into a large number of villages, but only a very small proportion of the whole. He did not think the Indian mind was becoming more attuned to sanitation in the towns than in the country districts, though perhaps there might be a slight improvement.

56850. The Bacteriological Department was separate from the Sanitary Department at present, but he was in favour of combining them.

56851. The analysis of water and milk was done at present by the Chemical Examiner to Government. It could be done in the laboratory of the Sanitary Department, and he thought the work would be taken over as soon as the Department was sufficiently equipped.

56852. With regard to the cadre, during the last month it had been increased 33 1-3 per cent. by the addition of one man. There would, of course, have to be a further increase, but it would be rather in the direction of having District Sanitary Officers or something of that sort. He should very much like an increase, as he thought it would be better for the province. He could utilise four Deputy Sanitary Commissioners with the greatest ease. Still, he did not want to press on too fast.

53853. (*Sir Murray Hammick.*) There was one Indian in the Department, quite a young man, who was taken on as a private practitioner. At present he was temporarily engaged for one year, the idea being that if he was satisfactory his employment should be continued. He began on Rs. 500 and could rise to Rs. 1,000 if confirmed.

56854. With regard to the statement of a witness that there was not the slightest chance of the Sanitary Department doing anything more in India until it was filled with Indian practitioners, the witness said he should take exactly the opposite view. The European Indian Medical Service officer had more power than the Indian Officer and more authority with the local bodies. The Indian was up against all sorts of social customs, religious ideas, and so on. It was true that the Indian had more understanding of local conditions, but the tendency would be for him to ease down sanitary reforms too much. Questions cropped up which an Indian would find it extremely difficulty to deal with.

56855. The Punjab Municipal Act gave extremely large powers, but it was a dead letter at present, because of the apathy of the local bodies, who were not yet educated up to even an elementary standard of sanitation. He had just started a class for Sanitary Inspectors, and in six months thought there would be a certain number fit for duty. The witness did not think that if all the Departments, Jail, Sanitation, etc., were centralised there would be considerable friction between the Government of India and the Local Governments. The Local Government would, of course, have power to recommend, and the Government of India would approve if it fell in with the seniority on a particular list, but once the Government of India had appointed an officer he would pass entirely out of the contral of the Government of India into the hands of the Local Government.

56856. (*Mr. Abdur Rahim.*) The witness said that of the problems of sanitation in India the most difficult were those connected with the customs and habits of the people. Theoretically speaking an Indian officer could deal with such matters more effectively than a European, but as a matter of fact the Indian officer was at a disadvantage. It would be difficult for a Hindu, for instance, to advise the members of an Indian Committee on the question of slaughter-houses. The Indian might be equally capable of advising, but a mixed Committee of Hindus, Muhammadans, and Sikhs would be more likely to accept the opinion of the European. Both the Indian and European officers were equally trained and equally hard working.

56857. With reference to the duties of a Deputy Sanitary Commissioner, he had to make sanitary inspections of towns and villages but his reports had to go to the local body concerned through the witness. In some directions the witness thought it might be valuable for a man to get a practical training in England, but in the Punjab it would be possible to give a much more useful practical training. The conditions in India were very different from those in England, and the problems which the Public Health Officer had to face were also different. For instance, there was the question of Malaria, Plague Prevention, Cholera, which could not be dealt with in England. The inspection of milk, water, food, and overcrowding conditions, however, were more systematically carried out in England than in India.

56858. With reference to the students who failed to obtain a Medical Degree in Lahore and qualified in England, the witness said the matter was discussed very freely by the Civil Assistant Surgeons. The ground of complaint was that the good men who passed in Lahore came into the service as Civil Assistant Surgeons starting on Rs. 100 a month, and two or three years afterwards a man who had not been able to pass the examination came out and might receive an appointment commencing at Rs. 500. It was true he had undergone further training in another country, but the Civil Assistant Surgeons considered it a grievance and he thought it was extremely natural they should do so.

56859. (*Mr. Madge.*) The witness said that as the larger Municipalities had greater sanitary problems to deal with it would be an advantage both to the Service and to the town if, instead of engaging men on short contracts, they took on Indian Medical Service men as their Health Officers.

56860. (*Mr. Macdonald.*) The witness said that no women inspectors had been appointed yet. He saw the advantage of appointing women doctors but he did not think a stage had been reached when they could be usefully utilised. In some of the larger towns Indian women were being educated in a few principles with regard to infant mortality, etc., and used as women health visitors, but the idea was only in its embryonic stage. Properly qualified women doctors would be of value as they would be able to enter certain quarters of houses where men could not go.

56861. In the Punjab there was no officer corresponding to the Inspector of Nuisances in England, but he hoped by the class he had started to have a staff of Sanitary Inspectors somewhat of that kind. There was no idea of giving the men an opening into the superior Medical Sanitary Service. They would have the sort of training given to Sanitary Inspectors in England.

56862. (*Mr. Sly.*) The witness said the Sanitary Inspectors were being trained for municipal service wholely, and would not serve under him. With reference to an all-India list for the Department, the witness said he had not seen the report of the Decentralisation Commission specifically condemning that proposal, but he knew it was the recommendation of the Plague Commission of 1902.

56863. There was an officer on special malarial duty in the Punjab under the Inspector-General, and not under the Sanitary Department; and there was also a special Plague Officer under the Inspector-General. Both of those officers were doing work which would come under the purview of the Sanitary Department.

56864. (*Mr. Chaubal.*) The witness said that Indian Deputy Sanitary Commissioners were being employed under the new scheme. The Sanitary Inspectors would not be under the Deputy Sanitary Commissioner but would be supervised by the Health Officer of the town, who might, of course, be a Civil Surgeon.

56865. The witness said a class would be established eventually to provide a course in training in Public Health with Diplomas for those who successfully pursued it, so that the best of the indigenous profession could become eligible for the Sanitary Department. The scheme of Health Officers and Sanitary Inspectors was intended for Municipal areas, but the Deputy Sanitary Commissioner and the Sanitary Commissioner went into a large number of villages in the course of their tours. The Sanitary Inspector would only deal with problems of Sanitation pure and simple, and would not go into the question of preventive medicine. Sanitary Inspectors would not be capable of being promoted to Health Officers or Deputy Sanitary Commissioners. He would gladly take men of the Civil Assistant Surgeon class who qualified for the position, but he would not take the Sanitary Inspector class.

56866. (*Colonel Bamber.*) The witness said that he was not aware that all malaria officers in India, except one, were under the Inspector-General, but he knew that Medical Officers on Plague duty were used very much in Medical and Surgical work, especially in connection with travelling dispensaries. He did not think, however, they should be under the head of the Medical Department. The fact that they were supplied with travelling dispensaries was really only a bait held out to villagers to accept them as Sanitary Officers. The Government of India had ruled, and it had been carried out in all Provinces, that the Sanitary Department should be independent of the Medical Department, and he thought that was perfectly right. In Bengal the old system was reverted to for a time, but it had to be given up again. The Sanitary Department must be under the Inspector-General, so far as administration was concerned, but on technical questions of Public Health he thought the Sanitary Commissioner should be independent.

(The witness withdrew.)

MAJOR J. C. ROBERTSON, M.B., I.M.S., Sanitary Commissioner with the Government of India.

Written Statement relating to the Sanitary Department.

56867. What is usually referred to as the Sanitary Department is not one imperial service for the whole of India, but a number of small water-tight departments of from one to six officers each, under the different local Governments and Administrations, with four Health Officers for special areas and the Sanitary Commissioner with the Government of India. These provincial departments have grown up in a very haphazard fashion, partly together as sections of one whole, but, at the same time, more or less independent of each other. There are therefore considerable variations in the conditions of service in different parts of India. To understand these variations and the present position with regard to Sanitation and the Sanitary Department, it is necessary to consider the origin and history of that department at some length.

(*2*) The Royal Commission on the sanitary state of the Army in India, was appointed in 1859 and issued their report in 1863. Amongst their recommendations was one for the appointment of a Commission of Public Health in each of the presidencies of Bengal, Madras and Bombay. In 1864 these Commissions were constituted and consisted of a civil officer as president, with two medical officers and two military officers (one of whom was to be an engineer) as members. The Commissions were very short lived; they were composed of busy men already fully occupied with other duties and the system did not work well. They were abolished in 1866 being replaced by the appointment of one medical officer as Sanitary Commissioner in each of the presidencies with another medical officer as his Secretary.

(*3*) This arrangement was again modified in 1868 by the appointment of separate Sanitary Commissioners for each of the local Governments and Administrations in the Bengal Presidency, and in 1869 by the abolition of the Secretaries to the Sanitary Commissioners of Madras and Bombay. In 1869 the Sanitary Department was constituted as follows:—

		Pay. Rs.
Sanitary Commissioner with the Government of India	... ...	2,500
Statistical Officer	... ...	1,500
Sanitary Commissioner, Madras	... ...	2,000
,, ,,	Bombay ...	2,000
,, ,,	Bengal	1,500
,, ,,	North-Western Provinces ...	1,500
,, ,,	Punjab	1,500
,, ,,	Central Provinces ...	1,500
,, ,,	Oudh	1,200
,, ,,	British Burma	1,200

At this time the Sanitary Department consisted of isolated senior officers without subordinate establishment and with no executive duties. Their work was purely advisory and it was laid down that they should have no duties connected with the management of jails or dispensaries or with the operations of the vaccination department.

(*4*) About 1876 the constitution and work of the Sanitary Department again came under consideration, and in 1880 very considerable alterations were made in the position and duties of the Sanitary Commissioners. While, for reasons of economy, the number of Sanitary Commissioners was reduced by the amalgamation of the appointments in Assam, the Central Provinces and Burma with other medical appointments, the pay of the Sanitary Commissioners, Bengal, North-Western Provinces and Oudh and the Punjab was raised to Rs. 1,800; vaccination was transferred to their control, the existing Superintendents of Vaccination being made subordinate to them and called Deputy Sanitary Commissioners; they were given the rank, pay and privileges of Deputy Surgeon Generals (the equivalent of Colonel) on attaining 26 years' service, and the Sanitary Departments were made distinct from and not subordinate to the Medical Departments. These improvements, however, were soon followed by

retrenchments. In the same year the appointment of Sanitary Commissioner with the Government of India was amalgamated with that of Director-General, Indian Medical Service, or as it was then called, Surgeon-General with the Government of India. In 1883 a new scale of pay was laid down for the Sanitary Department in Bengal, the North-Western Provinces and Oudh, and the Punjab, that of Sanitary Commissioners being reduced from Rs. 1,800 per mensem to Rs. 1,200—120—1,800, and that of Deputy Sanitary Commissioners, which had formerly been Rs. 450 to Rs. 1,000, according to rank, being fixed at Rs. 600—50—1,000. Later similar reductions in the pay of the Sanitary Commissioners, Madras and Bombay, from Rs. 2,000 to the uniform scale of Rs. 1,200—120—1,800, came into force. These changes in pay were followed in 1886 by the withdrawal of the rank and privileges (including extra pension) of Deputy Surgeon General from all Sanitary Commissioners, and in 1888 the tenure of appointment of a Sanitary Commissioner was limited to seven years subject to an extension on recommendation by the local Government, not exceeding three years.

(*5*) The question of sanitation in India was again vigorously taken up in 1888, but no changes in the position of the Sanitary Department resulted.

(*6*) Wth the absorption of the Vaccination Department in 1880, the Sanitary Department had taken over the full executive control of vaccination operations in India. As these extended, there was everywhere a tendency for the duties of the officers to be limited, with the exception of a certain amount of spasmodic sanitary inspection, to the control of vaccination and the collection of vital statistics. For some time sanitary work occupied a very secondary place in all the provinces, and the Sanitary Department practically degenerated into a Vaccination Department pure and simple. Later this position was recovered from in most of the provinces, but in varying degree—most in the United Provinces, where sanitation became almost the sole work of the department, and the connection with vaccination was practically limited to the supply of lymph, and least in Bombay where vaccination still remained the chief duty and continues so to the present time.

(*7*) Attention was again drawn to the subject of the Sanitary Department at the Medical Congress in Calcutta in 1894. Prolonged discussions till 1898 ensued, and various suggestions were made of which the chief were:—

(*a*) That a better supervising sanitary agency should be employed, specially for rural areas, and that it should be trained in elementary hygiene;

(*b*) that municipalities should be required to entertain health officers to superintend vaccination, sanitation, and the collection of vital statistics;

(*c*) that Civil Surgeons should be sanitary and vaccination officers of their districts in addition to their medical duties;

(*d*) that the appointments of Deputy Sanitary Commissioner might be abolished, except in the larger provinces where one might be retained;

(*e*) that young officers should be selected as Sanitary Commissioners; and

(*f*) that the Sanitary Commissioners should be subordinated to the provincial head of the Medical Department.

These suggestions were variously received by the different local Governments and Administrations and the ultimate result was small.

(*8*) In 1896 plague appeared in Bombay and ushered in yet another period of great sanitary activity and consideration of the adequacy of the Sanitary Department. In 1901 the Government of the United Provinces addressed the Government of India regarding the difficulty of obtaining recruits for the Sanitary Department. They pointed out that no junior officer was willing to enter the department and that neither of the then Deputy Sanitary Commissioners had been appointed with his consent. Consideration of the matter was, however, postponed by the Government of India pending the receipt of the report of the Plague Commission which was shortly expected. In Chapter VII., Volume V., of this report, the Indian Plague Commission described the then existing system of sanitary organisation in India, pointed out its defects and made recommendations for its improvement. These recommendations may be briefly summarised as follows:—

(i) that an Imperial Sanitary Department should be formed, into the permanent staff of which should be brought all the Sanitary Commissioners, and Deputy Sanitary Commissioners, all Bacteriologists under Government, all European Health Officers of Municipalities, the Port Health Officers of Bombay, Calcutta, Karachi, Madras, and Rangoon, the staff of the Vaccination Department, Civil Surgeons and their assistants in so far as they perform sanitary duties, and possibly also Chemical Examiners

and, that the Department should be further strengthened by the appointment of more European Health Officers in the larger towns, more Medical Officers specially trained for scientific posts, an Assistant Surgeon for Sanitary Work in each district and Assistant Surgeons who should be Inspectors and Superintendents of vaccination;

(ii) that as a special training and ability will be required from the members of the Imperial Sanitary Department, they should be paid on a sufficiently liberal scale;

(iii) that the appointments in the Imperial Sanitary Department should be open not only to officers of the Indian Medical Service, but also to other medical men with qualifications in public health; and

(iv) that Public Health Laboratories under the Imperial Sanitary Department should be established for research, for the preparation of sera and vaccines, and for teaching purposes.

With reference to the organisation of the Imperial Sanitary Department the Indian Plague Commission also recommended:—

(v) that all the members should be borne on one list;

(vi) that all appointments in the Department should be made by the head of the department subject to approval by Local Governments;

(vii) that the head of the department should occupy the position of Sanitary Commissioner to the Government of India and that his office should be separate from that of the Director-General, Indian Medical Service; and

(viii) that the head of the department should be made a Secretary to Government.

As a preliminary to the full consideration of these recommendations, several of which have since been carried out, the office of Sanitary Commissioner with the Government of India, which had been amalgamated with that of the Director-General, Indian Medical Service, since 1880, was recreated as a separate appointment in 1904.

(*9*) In 1903, in consequence of the increased pay granted to Indian Medical Service officers in military employ, the pay of the officers of the same service in civil employment came under consideration, and that of the officers of the Sanitary Department was included. From 1st April, 1904, a uniform scale of pay for the Sanitary Department of the whole of India was sanctioned by the Secretary of State as follows:—

Sanitary Commissioners	... Rs. 1,500-60-1,800
Deputy Sanitary Commissioners	Consolidated military pay of rank *plus* Rs. 100

On a representation by the Government of India to the Secretary of State, however, that in the case of Deputy Sanitary Commissioners the newly sanctioned rates of pay would in certain cases result in a loss instead of improvement, and that in all provinces, except Bombay, the prospects of the Department under the new scale would be worse rather than better, a further allowance of Rs. 100 was sanctioned. Even with this concession the Sanitary Department at the Medical Congress in paid relatively to other branches of the Indian Medical Service, gained less by the general revision of pay in 1904 than any other branch of that service. In illustration of this the table below gives a comparison of the advantages accruing to Deputy Sanitary Commissioners, Civil Surgeons, and Professorial staff from the new scale of pay.

Rank.	(*a*) Sanitary Department, Deputy Sanitary Commissioners up to 20 years' service, thereafter Sanitary Commissioners.				Civil or Agency Surgeons, Second Class.		Professorial Appointments.	
	Former Scale.			Present Scale.				
	Bombay	Madras.	(*b*) Other Provinces.	All Provinces.	Former Scale.	Present Scale.	Former Scale.	Present Scale.
	Rs.	Rs.	Rs.	Rs.	Rs.	Rs.	Rs.	Rs.
Lieutenant	550	700	600	700	400	450	700	750
Captain under 5 years' service	550	700	650	750	400	500	700	800
„ over 5 „ „	700	850	750 or 800	800	550	550	850	850
„ „ 7 „ „	700	850	850 to 950	850	550	600	850	900
„ „ 10 „ „	700	850	1,000	900	550	650	850	950
Major	900	1,050	1,000	1,000	750	750	1,050	1,050
„ over 3 years' service	900	1,050	1,000	1,100	750	850	1,050	1,150
Lieutenant-Colonel	1,200 to 1,680	1,200 to 1,680	1,200 to 1,680	1.500(*c*) to 1,740	950	1,200	1,250	1,500
„ over 25 years' service ...	1,800	1,800	1,800	1,800	950	1,250	1,250	1,550
„ specially selected for increased pay	1,800	1,800	1,800	1,800	950	1,350	1,250	1,650

(*a*) Pay of Deputy Sanitary Commissioners has been disregarded after 19 years' service and that of Sanitary Commissioners given. Every Sanitary Commissioner in India at present received promotion before 20 years' service.

(*b*) Case of an officer who enters the Sanitary Department after 3 years' Army service. The pay here is progressive, Rs. 600–50—1,000.

(*c*) Pay of Sanitary Commissioner, Central Provinces, is Rs. 1,250–50—1,750.

The net gain to Deputy Sanitary Commissioners was slight and did nothing to improve recruiting for the Sanitary Department, which had been bad ever since the formation of the department in 1880.

(*10*) In 1904 a revised scheme for the organisation and correlated working of all the research laboratories in India was sanctioned by the Secretary of State, and in 1907 the Bacteriological Department with a cadre of 13 officers was placed on a definite and permanent footing under the control of the Sanitary Commissioner with the Government of India. The pay sanctioned for officers of this department is the same as that of Deputy Sanitary Commissioners except that it is Rs. 50 less up to five years' service, and Rs. 50 more from 12 to 25 years' service. These officers are, however, allowed the privilege (in most cases purely nominal) of private practice.

(*11*) In 1903 a separate Sanitary Commissionership was created for the province of Eastern Bengal and Assam. This was followed by the creation of similar appointments for Burma in 1908 and for the Central Provinces in 1910.

(*12*) In 1906, owing to the difficulty of getting suitable candidates for appointment as Deputy Sanitary Commissioner, the Sanitary Commissioner with the Government of India made several suggestions by which he thought the Sanitary Department might be made more attractive. These were all minor improvements and were negatived.

(*13*) In 1909 the Royal Commission on Decentralisation published their report and recommended, with reference to the Sanitary Department, that all officers employed on sanitary work should be selected and promoted by local Governments. Effect was given to this recommendation in 1912, and, at the same time, appointment to the Department was made open to qualified candidates not belonging to the Indian Medical Service.

(*14*) In 1911 the Director-General, Indian Medical Service, who held charge of the office of Sanitary Commissioner with the Government of India, in addition to his other duties, from March, 1911, to May, 1912, again addressed the Government of India regarding the unpopularity of the Sanitary Department, and the difficulty of getting suitable recruits to fill vacancies. The recommendations he then made are still under consideration.

(*15*) In the same year the Director-General, Indian Medical Service, also represented the difficulty of getting recruits for the Bacteriological Department and the desire of many in it to obtain transfers to ordinary civil employment. In reply, the following concessions were granted:—

(*a*) A minimum staff allowance for Lieutenants and Captains under five years' service of Rs. 225, and for Captains over five years' service, Rs. 250;

(*b*) Presidency house rent in Madras and admission to the benefits of the house allowance schemes in Calcutta and Bombay; and

(*c*) The retention by officers of 96 per cent. of the fees earned by them from private analyses.

(*16*) In 1912 the control of the Bacteriological Department was given to the Director-General, Indian Medical Service, and the Sanitary Commissioner with the Government of India was made his staff officer for research.

In the same year eight additional appointments as Deputy Sanitary Commissioner were created, and in 1913 four more were added. These appointments were distributed amongst the different provinces as follows:—

Bengal	3
Madras	2
United Provinces	2
Bihar and Orissa	2
Punjab	1
North-West Frontier Province ...	1
Burma	1

(*17*) At the present time the cadre of the Sanitary Department is as follows:—

Province.	Sanitary Commissioners.	Deputy Sanitary Commissioners.	Health Officers.
Government of India ...	1	—	—
Madras	1	3	—
Bombay	1	5	—
Bengal	1	5	—
United Provinces	1	4	—
Punjab	1	2	—
Burma	1	2	—
Bihar and Orissa	1	3	—
Central Provinces	1	—	—
North-West Frontier Province	—	1	—
Assam	—	1	—
For special areas	—	—	4
TOTAL	9	26	4

(*18*) The history of the Sanitary Department in India reflects very clearly the vacillations in the policy of the Government of India with reference to sanitation and sanitary staff during the latter half of last century and the steady forward policy of the last 13 years. The contrast between the two periods is very marked. The need for sanitary effort and the sense of responsibility of Government have been the same throughout and the causes of the change must be sought for elsewhere. I think they are to be found in the plague epidemic which started in Bombay in 1896 and unfortunately still continues throughout India. During last century Government had to deal with a population which was unwilling and unready to receive sanitation, which either frankly disbelieved in its efficacy and resented any change in established customs, or was too ignorant and apathetic to understand the goal at which it aimed. Sanitary measures were received not by indifference only but by active opposition. When plague appeared it was not a new disease to India, but it was new to the present generation of Indians and it has exacted a very heavy toll of deaths all over the country. The strangeness of the disease, the unpopularity of the measures taken to control it and the impotence of these measures, have served to rouse the people from their apathy and concentrate the attention of all, but especially of the educated classes, on sanitation in a way that nothing else could have done. The more enlightened have begun to grasp the fact that much of the present sickness is preventible and much of the mortality unnecessary, to realise in short the importance of sanitation, the economic value of health and the wastefulness of sickness and premature death. This is shown by their demand for better water, better food, better housing, better drainage. The movement once started will certainly increase and gather force. It is fortunate that Government favours a forward policy in sanitation as a forward policy has now become a necessity.

(*19*) At the same time plague has not been without its effect on Government. Previous to the advent of this disease it had been the generally accepted opinion that sanitation was the work of any medical officer and required no special training. A special sanitary staff had therefore not been considered of any very great importance. When plague appeared the staff was inadequate and unprepared; action was taken on general principles and sanitary measures were adopted, which, with further study of the etiology, we now know were unsuitable and could do little to check the spread of the disease. The waste of life, time, money, and effort that resulted has impressed on Government the necessity of being prepared in future, and large changes have been effected with that object. A department of research has been formed, laboratories have been built and equipped, investigations into the etiology of endemic diseases are in progress all over India, the number of Sanitary Commissioners and Deputy Sanitary Commissioners has been increased, local bodies have been subsidised to employ Health Officers and an adequate number of Sanitary Inspectors, arrangements have been made for training these men and large grants have been made to the several local Governments and Administrations to start schemes of water supply, drainage, town improvement, etc. The quality of the supervising staff however remains the same.

(*20*) Plague has created a very interesting position. On the one hand is Government committed to a forward policy in sanitation and the educated classes pressing for still further advances and a quicker progress, while, on the other, is the great bulk of the people, illiterate, full of prejudice, suspicious of all change and ignorant, as formerly, of even the most elementary rules of hygiene. The situation is one which is fraught with difficulty, if not danger. There is the utmost need that the supervising staff, the men whose work will be to suggest, to guide and to control the advance in sanitation, should be highly trained, practical, fully conversant with the customs of the people and, above all, with infinite tact and patience: in short specially selected men and the best obtainable.

(*21*) The Sanitary Department has been and still is a very unpopular branch of the Indian Medical Service, and the best men refuse to come into it. In 1882 the Government of India wrote: "It is extremely difficult to fill the appointments of Deputy Sanitary Commissioner with officers who are well fitted for the work"; the same position has been continued throughout, and holds at the present time. Only sufficient candidates, and these not of the best, come forward to fill the vacancies, and no selection can be made. That this should be rectified I consider of the very first importance if progress is not to be retarded, and both time and money wasted.

56868. **(I) Methods of Recruitment.**—Appointment in the Sanitary Department is not now reserved for officers of the Indian Medical Service, but is open to all medical men holding a British diploma in public health.

Appointment is made by selection by the Provincial Governments subject to the conditions:—

(*a*) That the candidate holds a British diploma in public health and a registrable medical qualification;

(*b*) that no officer is appointed who is not an accepted candiate for the Sanitary Department; and

(*c*) that the Government of India is asked for an officer when the Local Government has no candidate available who is qualified and on its list of accepted candidates.

The work has increased to such an extent that a much larger cadre is required.

56869. **(II) Systems of Training and Probation.**—At present there are no rules regarding any training prior to entering into the Department, except such as is implied by the possession of a Diploma in public health. Indian Medical Service officers, however, are usually of from five to 10 years' service before they enter the Sanitary Department, and during this time they may be considered to be under training and probation. For officers not belonging to the Indian Medical Service a period of two years' probation after first appointment is prescribed, but this may be dispensed with at the discretion of the Local Government in the case of men who have rendered previous approved service as municipal health officers. I would suggest that in the case of all candidates not belonging to the Indian Medical Service, a period of at least three years' previous training, either as a municipal or district health officer should be required. Such a rule would, I consider, be in the best interests of the Indian candidates themselves, many of whom would otherwise enter on their duties as supervising and inspecting officers with only theoretical and no practical knowledge of their work.

56870. **(III) Conditions of Service.**—The Sanitary Department is at present chiefly recruited from the Indian Medical Service, and this must continue for some considerable time to come. It is, however, a very unpopular branch of that service: the permanent cadre is for the most part discontented, few candidates apply for admission, and the officiating officers have frequently to be appointed against their wish and as a rule are extremely anxious to obtain a transfer to a Civil Surgeoncy. The chief causes of this unpopularity (excluding that of pay regarding which I will note below) are:—

(*a*) poor prospects,
(*b*) loss of touch with professional work,
(*c*) excessive touring, and
(*d*) want of executive powers.

(*a*) *Poor prospects.*—At present the Sanitary Department is organised on provincial lines—each Province has its own Sanitary Commissioner with one to five Deputy Sanitary Commissioners. The local Government has the right to select its Sanitary Commissioner from amongst the Deputy Sanitary Commissioners serving in the province, and each small provincial department thus forms in practice a water-tight compartment employing only its own officers and with promotion only possible within its boundaries. Under these conditions promotion must obviously be very irregular and must depend more on luck in the time of entering the Department and the province to which one happens to be sent than on seniority or ability. This is well illustrated in practically every province in India. In Madras the Sanitary Commissioner has just under 12 years' service and the Deputy Sanitary Commissioner has eight. The latter cannot, therefore, hope for promotion for another 13 years—a little more than his Sanitary Commissioner's present total service. In Bombay the Sanitary Commissioner has 16 years' service while his four Deputies have 16, 18, 19, and 13 respectively. None of these officers have any prospect of ever becoming Sanitary Commissioners although each is senior to the Sanitary Commissioner of the neighbouring presidency. In the United Provinces the Sanitary Commissioner has 19 years' service while the two Deputies have each 11. To one of the latter there is no prospect of promotion. In the Punjab the officiating Sanitary Commissioner has the same service as the permanent incumbent of the appointment: he can, therefore, never hope for promotion, even though his service on plague duty nearly equals, and his total service almost doubles, the total service of the Sanitary Commissioner, Madras. In Burma the Deputy Sanitary Commissioner is three years junior to the Sanitary Commissioner, and can therefore hope for promotion only just before retirement. In Bihar and Orissa there are two Deputy Sanitary Commissioners with equal service: only one can hope for promotion. The four health officers of special areas are practically excluded from promotion altogether. Conditions such as these cannot fail to cause discontent and dissatisfaction amongst the officers of the Department and while they continue it can never be possible to recruit good men. The only solution is that recommended by the Indian Plague Commission, viz., that all the members of the Sanitary Department should be borne on one list, and that all appointments in the Department should be made by the head of the Department by selection from that list subject to approval by Local Governments. To this arrangement the latter would, almost certainly, raise objections on the ground that they want their own man whom they know and approve of and who has worked in the province and is familiar with its requirements. Such arguments are reasonable and are entitled to full weight, but they should not count for everything and seniority and good service be overlooked.

If this recommendation is accepted it would be necessary to lay down very clearly that the head of the Sanitary Department should have no direct control over any members of the Department, and that immediately an appointment under a Local Government was made the officer appointed should be directly under that Government and subject to its orders and its orders only.

An Imperial list such as that recommended is in force for the members of the Bacteriological Department serving all over India, and has been found to work satisfactorily.

An occasional interchange of officers between provinces would tend to enlarge the practical experience of the individual members of the Department and could not be without advantage in stimulating general sanitary progress.

(*b*) *Loss of touch with professional work.*—From the nature of his work a Sanitary Officer must necessarily be divorced to a very large extent from the practice of medicine and wholly from that of surgery, two subjects which have occupied a pre-eminent place in his professional training and to acquiring a knowledge of which he has devoted much time. In England, where sanitation has reached a high degree of specialisation, this is not felt, as the Sanitary Officer is largely relieved from routine work by an efficient staff and can devote much time to the investigation of public health problems. New interests quickly grow up to take the place of those which have been lost. In India it is different. Here sanitation is but little developed, the area and population under each Deputy Sanitary Commissioner are very large and the subordinate staff small. The Deputy Sanitary Commissioner's time is so fully taken up with hurried routine inspections and with work which would ordinarily be done by an Inspector of Nuisances in England that he has little left to devote to investigation and the scientific side of public health. Such work is necessary in India, but, besides being disagreeable, it undoubtedly gives rise to a feeling on the part of the officer that his professional knowledge is not being used to the best advantage. The most capable officers leave the Department; others become disheartened and lose interest in their work.

This difficulty will become less as the number of Health Officers and Sanitary Inspectors is increased, but to wait for this solution would mean almost indefinite postponement. The simplest remedy, in my opinion, would be to combine the two sister Departments of Bacteriology (which deals with all forms of research work) and Sanitation into one Department of Public Health, the members of which would not necessarily be kept constantly at the same work, but would be available for practical sanitary duties or research work as required or as their qualifications made them best suited. Already the work of the two Departments is closely associated; the sanitary officer suggests investigations for the research worker and then later applies the results of these investigations practically. The combination would, I believe, not only be popular with the majority of the officers concerned and help recruiting, but would tend towards efficiency. The sanitary officer would get that added interest in his work which is necessary to keep him keen. He would take more interest in the latest developments in research connected with all questions of public health and so become a more useful adviser to Government. The Bacteriological Officer, on the other hand, against whom the most frequent complaint is that his recommendations are not practical, would obtain a most valuable training in the field from which would come a clearer insight into the problems requiring investigation, the conditions to which his recommendations would have to be applied, and the possibilities of carrying them out.

From such a combination of the two Departments the following further advantages might be expected:—

(*1*) The members of the Bacteriological Department, like those of the Sanitary, are discontented with their prospects of promotion. With the exception of the Directorships of laboratories, which carry no extra pay, they have nothing to look forward to till they are selected for administrative rank. To them, as to the members of the Sanitary Department, the combined Department would open out wider and better prospects.

(*2*) The combined cadre would affect a greater range of men from whom to select for any particular work which was specially difficult or required unusual qualifications.

(*3*) The fact that the two Departments were combined would be useful for the transfer of men who though capable, hardworking, conscientious officers were temperamentally unfit for research but suitable for sanitation or *vice versa*. This will probably be important in the case of the new Indian members of either Department and would make possible a double trial of men before dispensing finally with their services.

(*4*) In India sanitation has so long been associated with the work of conservancy that the word has come to have a restricted meaning and to carry with it a certain amount of stigma to which many men object. By naming the new Department the Department of Public Health a truer appreciation of its scope and work would result and this would have a good effect. The point is largely one of sentiment, but the influence of sentiment is not lightly to be neglected, especially in India.

(*c*) *Excessive touring.*—The total area of British India and Burma having Deputy Sanitary Commissioners is 764,666 square miles and the population 224,119,923, whereas there are only 26 Deputy Sanitary Commissioners. The average area and population whose sanitation has to be supervised

by each Deputy Sanitary Commissioner is 29,410 square miles and 8,619,997, respectively. In all the provinces an increase in the number of Deputy Sanitary Commissioners is required. To get over even a fraction of the ground each year constant touring throughout the whole of the cold weather is necessary, and in the case of epidemics in the hot weather and "rains" as well. The life of a Deputy Sanitary Commissioner is therefore a very arduous one and it tells especially on senior officers. To the married man the constant touring necessitates a lonely life in out-stations, sometimes for long periods, with frequent separation from his family, and all the extra expense of keeping up two establishments. For this compensation is given in some provinces by the privilege of a recess in the hills during part of the hot weather and "rains," but this privilege is being gradually curtailed.

This excessive and constant touring, often in times of epidemic or famine, and the impossibility of forming a settled home, are severe hardships to members of the Sanitary Department, and contrast very unfavourably with the conditions enjoyed by other members of the Indian Medical Service in civil employment. Unfortunately it is necessary to the work and cannot be avoided. An increase in the number of Deputy Sanitary Commissioners would do little to help in mitigating this grievance. The work lying to hand and calling for attention is so great that unless the staff were more than doubled the touring required from each individual Deputy Sanitary Commissioner would not be affected. Full weight should be given to these conditions when considering the attractions necessary to procure good recruits.

The touring will bear especially heavily on Indian Deputy Sanitary Commissioners when they reach the age of from 40 to 50 years. If the Sanitary and Bacteriological Departments were joined, however, a considerable amount of relief could be given to these officers by employment in research work.

(*d*) *Want of executive powers.*—There are few Departments in India the duties of which are purely advisory, and I know of none except the Sanitary Department where the advice has to be given unsought. I can imagine nothing more disheartening to the officer who is keen and enthusiastic about his work than to make report after report, often of the most obvious sanitary defects, only to find that they are utterly disregarded. Yet no experience is more common to the Sanitary Officer. A large fund of patience and tact is necessary. It is a much simpler thing to treat the patient who is sick than the patient who is well or thinks himself so. It is no wonder the Sanitary Officer longs to be a Civil Surgeon, have his patients come to him and be able to watch the result.

For this there is no remedy: the Sanitary Officer is and must remain non-executive. The qualities which go to make a capable Sanitary Officer, however, are qualities which should be well paid.

56871. **(IV) Conditions of Salary.**—These must be considered under two heads: (*a*) That of Sanitary Commissioners and Deputy Sanitary Commissioners recruited from the Indian Medical Service; and (*b*) that of members of the Department not belonging to that Service.

(*a*) The question is one wholly of the relative pay in the Sanitary as compared with other Departments of the Indian Medical Service, especially Civil and Agency Surgeons.

Practically every officer of the Indian Medical Service comes out to this country with a fixed intention of sooner or later entering civil employment as a Civil or Agency Surgeon. It is only after his arrival and when in military employment that he hears of the special Departments, and, naturally, his first enquiries are concerning the pay in them as compared with that of a Civil Surgeon. In the case of the Sanitary Department the answers are not reassuring. He is told that he will get Rs. 250 per mensem in all grades more pay than a Civil Surgeon, but that he will not be allowed private practice and will get none of the allowances ranging from Rs. 50 to Rs. 250 per mensem, such as those for jails, asylums, railways, professorships, which fall to the lot of that officer. He will also be told that during the first year or two his private practice as a Civil Surgeon will be small, but his attention will be directed to many Civil Surgeons whose income from private practice is known to be anything from Rs. 500 to Rs. 2,000 per mensem. The young officer naturally looks to the most successful; his choice is soon made and the Sanitary Department loses another candidate.

I have described what, from my experience, I know really happens, but it is necessary to examine the actual facts regarding pay in the two branches. A Deputy Sanitary Commissioner gets Rs. 250 per mensem more pay than a second class, and Rs. 150 more than a first class, Civil or Agency Surgeon. On the other hand the Civil or Agency Surgeon receives different allowances from railways, jails, etc., and is also allowed private practice. The value of those additional sources of income is not easy to assess, but the Director-General, Indian Medical Service, estimates that the average value of a Civil or Agency Surgeon's allowances is Rs. 150 per mensem. Regarding the value of private practice he also made enquiries from officers who had experience of the different stations all over Indian and according to the returns so received and, which are not likely to be an over estimate, the average works out at Rs. 317 per mensem. The Deputy Sanitary Commissioner therefore gets on an average at every period of his service Rs. 150 plus 317 minus 250 or Rs. 217 less than a second-class, and Rs. 317 less than a first-class, Civil or Agency Surgeon. There can be no doubt that it is this loss in income in the Sanitary Department as compared with a Civil Surgeoncy which is the chief cause of the unpopularity of the former and of the paucity of candidates for employment in it. Unless the difference is made good it cannot be hoped that the Sanitary Department will obtain its fair share of the best men in the Indian Medical Service. That it should I consider is essential for the sanitary progress of the country.

Taking all the facts into consideration, I would urge that the pay of the Sanitary Department should be as follows:—

(*1*) Deputy Sanitary Commissioners should be given the same pay as Major Professors in the Medical Colleges—*i.e.*, Rs. 50 per mensem more than at present. Like Professors they are chosen as specialists in a particular subject on which they have frequently to lecture in the Colleges. They also require to possess the same combination of enthusiasm for their work, tact, and patience, but to a larger degree. They have a much harder and less settled life than Professors, and the scale suggested appears the minimum to attract good men.

(*2*) Sanitary Commissioners should be given the same scale of pay as the Principals of Medical Colleges.

(*3*) Principals and Professors are allowed consulting practice. Private practice should, as at present, not be permitted in the Sanitary Department, but, in compensation, an average allowance of Rs. 300 per mensem should be granted to Sanitary Commissioners and Deputy Sanitary Commissioners alike. This is the same as is already given to non-practising Professors in Bombay and Calcutta and is slightly less than the calculated average income from private practice of all Civil Surgeons. As however private practice is less in the earlier years of service and gradually increases with seniority, I consider that the allowance in lieu of it should be graded as follows:—

	Rs.
Under 12 years' service	100
Over 12 years and under 20 years ...	250
Over 20 years' service	450

Should any change be made in the present pay and allowances of Professors or Principals of the medical colleges it follows, from what I have already said regarding relative pay, that the Sanitary Department should participate in these changes.

I would point out that the pay of a Sanitary Commissioner was better prior to 1883 than it is now even though the work has increased enormously since that time.

(*b*) It was only recently (1912) that appointments in the Sanitary Department were made open to candidates not in the Indian Medical Service. It is impossible as yet to say whether the scale of pay then sanctioned will be sufficient to attract the class of officer required. No change need therefore be made at present.

56872. **(V & VI) Conditions of Leave and Pension.**—For officers of the Sanitary Department belonging to the Indian Medical Service these are the same as for that service. For others leave is granted under the Indian Service Leave Rules and the Service is non-pensionable.

56873. *Pay of the Bacteriological Department.*—It is necessary to refer to the pay of the Bacteriological Department as I have recommended above that this Department should be combined with the Sanitary to form a Department of Public Health.

The pay of the Bacteriological Department is the same as that of the Sanitary Department except that it is Rs. 50 per mensem less under five years' service and Rs. 50 per mensem more from 12 to 25 years' service. Private practice and fees are allowed and officers deputed to research work away from their laboratories in the interior of the country are granted a field allowance of Rs. 150 per mensem. Opportunities for private practice however are so rare that I only know of one instance of an officer of this Department being in a position to add anything material to his income in this way.

Private practice should, I consider, have no place in a Research Department like the Bacteriological. The former is hardly compatible with the latter and in a laboratory where several men are working together it is a potential source of friction. It is also liable to cause difficulty in the case of an officer with private practice being required for field work.

If the same pay and allowances were given to the members of the Bacteriological Department as I have recommended for the Sanitary Department (Directors of Laboratories and Sanitary Commissioners being regarded as equal) and I consider this should be done, I would suggest that private practice and field allowance should both be abolished and that all fees for work done in the laboratory should be credited in full to Government.

56874. In brief my recommendations are as follows:—

(*1*) That the Sanitary and Bacteriological Departments should be combined into one Department of Public Health for the whole of India.

(*2*) That all the members of the Department of Public Health should be borne on one list and that all appointments and promotions in the Department should be made by the Head of the Department by selection from that list subject to approval by Local Governments.

(*3*) That immediately an appointment under a Local Government was made, the officer appointed should be directly under that Government and subject to its orders and its orders only.

(*4*) That the pay of all members of the Department should be on the same scale, viz., the same as that of a Major Professor for Deputy Sanitary Commissioners and Bacteriological officers and of a Principal in the case of Sanitary Commissioners and Directors of Laboratories.

(*5*) That, in addition to pay, an allowance in lieu of private practice should be given to all members of the Department on the following scale:—

	Rs.
Under 12 years' service	100
Over 12 years' and under 20 years' service	250
Over 20 years' service	450

(*6*) That the cadre of the Department should be very largely increased.

(*7*) That for all candidates for Deputy Sanitary Commissionership not belonging to the Indian Medical Service a period of training of at least three years as a Municipal or District Health Officer should be required.

Major J. C. ROBERTSON called and examined.

56875. (*The Chairman.*) The witness said he was Sanitary Commissioner with the Government of India, and had held the post for about eighteen months. He had been fifteen years on Sanitary duty, twelve years of which had been spent in the Sanitary Department. On purely technical Sanitary matters he gave independent advice to the Government of India, but in connection with research and the Bacteriological Department he was practically the staff officer of the Director-General of the Indian Medical Service.

56876. The witness said that within recent years there had been considerable additions and changes in the Department. Public interest was now very much alive to the subject of sanitation. The Department, which formerly numbered 14, had now been increased to 26. At present the Health Officers and Sanitary Inspectors were being increased, and as soon as that staff was trained and appointed, the staff of Deputy Sanitary Commissioners would have to be largely increased too. He wished to see one All-India Service of Public Health, merging into it the present Sanitary and Bacteriological Departments, increasing the cadre, and giving considerably higher salaries. The Department would not be entirely detached from the Indian Medical Service, as he would recommend it should be under the Director-General of the Indian Medical Service, who was at present the head of the Bacteriological Department. It would really be a co-ordinated branch of Sanitation and Bacteriology, and a part of the Medical Service in the sense that it would be under the Director-General.

56877. Public interest in sanitation was most alive in the larger towns and amongst the more educated classes. The prejudice against interference in Sanitary matters he thought would gradually diminish, but there was very little change so far, and the Indian people would have to see the good results of sanitation before their prejudices were overcome. As the results of sanitation, however, were chiefly negative—the prevention of disease—and not easily demonstrable to an illiterate population, he thought there would always be difficulty. In the rural districts there was practically no advance at all in sanitation.

56878. With regard to the difficulties of local conditions, language, etc., affecting the proposal for an All-India Service, the witness said the Bacteriological Department was at present an All-India Service, and not much difficulty had been experienced in those matters. In Bengal, Bihar and Orissa, the United Provinces, and the Punjab, Hindustani was practically spoken everywhere, and all the officers were acquainted with that language. In Madras he believed English went a very long way. He did not think the difficulty of language was really so great as was supposed. To avoid any danger of friction between the Local Governments and the Government of India, it would have to be definitely understood that an officer once appointed under a Local Government was absolutely under that Government. This arrangement was practically in existence at present with reference to Civil Surgeons, who were chosen by the Government of India for a Province, and remained afterwards under the orders of the Local Government. The Sanitary Commissioner with the Government of India would remain as at present an advisory officer, with no control over the local Sanitary staff. The Director-General would make promotions to the grade of Sanitary Commissioner, and would also arrange for substitutes in the case of leave and furlough. These things were not in his hands at present, but under the proposal that had been put forward they would be.

56879. There were five Bacteriological laboratories in India at present, two in Kasauli, one in Bombay,

one near Madras, and one at Coonoor in the Madras Presidency.

56880. With regard to private practice in laboratories, the witness said private practice at present chiefly consisted in examining specimens sent in by doctors outside the Department, in making diagnoses, and in preparing vaccines. He thought there were no private laboratories for such work in India.

56881. As to the attractions of the Service, the witness said that out of the 277 officers in the Indian Medical Service who had from two to ten years' service, at the present time 248 had applied for Civil employment—194 for ordinary Civil Surgeoncies, 24 for Jails, 16 for Bacteriology, and 12 for Sanitation. Of the 12 men for Sanitation, nine had already received appointments of different kinds, and at present there were only three men available for selection for any Sanitary appointment in any part of India. Of the 277 officers 22 were Indians, and of those one, who had been in England and taken a Diploma in Public Health and joined the Indian Medical Service, had applied for employment in Sanitation. It was absolutely necessary to extend recruitment outside the Indian Medical Service in order to get all the staff ultimately required. Nine vacancies had been offered within the last twelve months to people outside the Service, and seven of them had been filled up. Whether the men would be of the right stamp it was impossible to say yet. They were all recruited in India, and had British Diplomas. Up to the present one man had been reported as unsuitable. They were taken on a two years' probation, which he considered satisfactory, but the term of probation could be abolished in the case of any officer who had been the Health Officer of a Municipality.

56882. He thought the development of Sanitary work would be best brought about by the employment of a European staff. Sanitation in India was only just starting, and the Indian trained in India could not possibly be trained in the same standard of Sanitary work as he could in England. The Deputy Sanitary Commissioner was a supervising officer, and should be familiar with the very best standards and with very high ideals of Sanitation. The Indian who went to England to obtain a D.P.H. might have some insight into the matter, but as a rule he only went to England for a very short time.

56883. With regard to pay, the witness said he had made no estimate of the cost. He should be favourable to giving a proportionate increase to the non-Indian Medical Service officer, but the pay of the non-Indian Medical Service officer had only been laid down within the last twelve months, and it was not possible to tell yet whether men of the right standard would be obtained under it.

56884. (*Mr. Chaubal.*) With regard to the length of time an Indian medical student would have to spend in England for training in Sanitary work so as to attain to the standard of European officers, the witness said it would vary according to the ability of the man, but he should think it would be about two or three years. If the best Indian graduates were sent to England to go through a training for three or four years, he should be disposed to give them superior posts in the Sanitary Department. He was inclined to doubt whether that would be cheaper than bringing in more Indian Medical Service men. He did not wish to say much about the present non-Service Deputy Sanitary Commissioners as they had not been employed for very long, but he was aware they were discontented with their pay already, although they were paid at a little over two-thirds of the Indian Medical Service officers. They had no pension. Assuming that the present pay was maintained, no doubt an indigenous service would be cheaper.

56885. With regard to the amalgamation of the Sanitary and Bacteriological Departments, the witness said the latter would remain, as at present, mainly a scientific department

56886. (*Mr. Sly.*) The witness said that under the Municipal Acts executive powers in Sanitary matters were not given to Deputy Sanitary Commissioners. The Calcutta University gave a Diploma in Public Health, but so far only one man had taken it. Bombay gave the Degrees of Bachelor and Doctor of Hygiene, and Madras University gave a Licence in Sanitary Science. He thought the Calcutta Diploma was very unsatisfactory, and, in the case of the only man who had passed, certain regulations had had to be waived. The Bombay Degrees he believed were quite good. They were not however accepted by Government as equivalent to an English qualification for Deputy Sanitary Commissionerships, but only for Health Officers first and second class. No Indian Diploma or Degree was accepted for the Sanitary Department—Deputy Sanitary Commissionerships.

56887. The witness did not think that the difficulties with regard to promotion in Provinces would be rectified by a regular system of recruitment of officers entering the service young and gradually rising to the top. If the matter was left Provincial the numbers in each Department would still remain too small.

56888. With regard to the functions of the Sanitary Commissioner, the witness said he was adviser on Sanitary matters to the Government of India and advised on schemes or proposals sent up by Local Governments on technical matters, not only with regard to schemes for which Local Governments asked financial assistance from Government, but for all schemes. His function, in regard to Local Governments, were purely advisory. If asked for any advice about any scheme he gave it.

56889. (*Mr. Macdonald.*) The witness said he would not deprive officers of the Department of the power of private practice in connection with analyses of blood and such things; he would allow bloods to be examined, diagnoses to be made, vaccines to be prepared, etc., in the Government laboratories as at present, but all the fees should go to Government.

56890. He thought there was a great opening for the employment of women doctors, and that employment should probably take place under the different Local Governments or local bodies. In Madras at present women doctors were employed for health-visiting purposes, and also in Bombay to a slight extent. Sanitation was practically dependent in India on the women of India, and to educate them it would be necessary to employ a staff of women.

56891. The witness did not endorse the Plague Commission's recommendation that all Health Officers of Municipalities should be embodied in an Imperial Sanitary Department.

56892. The witness said he had not thought of the advisability of making the Superintendent of Central Jails an officer of the Sanitary Department. There were special sanitary problems of a medical character associated with Indian Jails. At present Jails were under an Indian Medical Service officer who, besides his ordinary training in medicine, had undergone a special training in Sanitary Science at Millbank, and during the whole of the period he had been in military employ his duties had been really at preventive medicine, in keeping the troops in good health. In jails there were a good number of diseases which required a very full knowledge of preventive medicine, such as dysentery, diarrhœa, scurvy, etc., but he did not think it was essential to have a Sanitary officer in charge.

56893. The witness thought the amalgamation of the two departments, Sanitary and Bacteriological, although at present there was a block in both, would prevent that block continuing. The block in the Bacteriological Department was due to the fact that it was a new Department, and that the whole 13 men were practically recruited at one time. The witness said it was not his idea that there should be constant exchange of officers between the two Departments. Some men who were specially good at laboratory technique would be kept on that class of work, and those who were specially good in the field would have Sanitary duties practically all the time. There would be a certain number of intermediate men who could

be transferred backwards and forwards from one work to the other.

56894. (*Mr. Madge.*) The witness thought it would be an advantage from the point of view of the staff to have an Indian Medical Service man appointed to the larger towns, as having a definite future before him he would be able to give better service than men appointed for a short period of years. Formerly the Health Officers of the cities did belong to the Indian Medical Service, but that arrangement had now ceased. As a rule Municipal Councils preferred to appoint their own men. At present sanitation was very backward, and an attempt was being made to educate the people to take an interest in the matter, and if the Municipalities were given a Health Officer who was appointed by Government and taken away by Government he would be looked upon as an outsider altogether, whereas if the Municipalities were allowed to appoint their own men, those men became officers of the Municipality, and the Municipalities took a certain amount of interest in them and their work. It was not as great an interest as he would like to see, but he thought it was tending towards the development of Sanitation in India. At present the Local Governments appointed to the Sanitary Department only in the case of their having a man available, and in the case of the Indian Medical Service that practically never happened. If a Municipality applied to the Government of India for an Indian Medical Service officer that officer when appointed would be absolutely under the Municipality while his appointment lasted.

56895. (*Mr. Abdur Rahim.*) The witness said the Indian student who went to England to become familiarised with English standards and English ideas in Sanitation would not have any special course of study laid down. It would probably be best for him to be an Assistant Health Officer in one of the English towns. That would be a very valuable training, and he thought there would be no difficulty in obtaining it. He thought the Sanitary student in Bombay and Madras had quite a good training, but it was necessary it should be linked up with a training in tropical diseases, which in India took the place of the zymotic diseases in England.

56896. The witness said there were no Indians in the Bacteriological Department at present, although applications were invited. Non-Indian Medical Service men were eligible for appointment to the Bacteriological Department. One Indian was employed on an investigation of *Kala Azar*, and a European who did not belong to the Service was engaged in an investigation into malaria.

56897. (*Sir Murray Hammick.*) The witness thought the irregularity of promotion in the different Provinces was chiefly due to the smallness of the different sub-sections of the Department. He did not think the unpopularity of the Department had so much to do with it. If the appointments in the Sanitary Department were made more attractive it would assist in getting more equal promotion in the different Provinces. It was important to have men fully acquainted with the customs of the people, and possibly a good deal of that benefit would be lost if an officer was transferred from one Province to another.

56898. It was possible that the usefulness of the advice given by Sanitary Commissioners was very often frustrated by the fact that it was often offered without considering the local possibility of carrying it out, and that was due to a large extent to the fact that a good number of Sanitary officers came into the Department for a short time and had no lengthened experience of Sanitary work. That would be prevented by the improvement of the Service, and he attached extreme importance to making the Service more attractive. There would be a great advantage in having all the appointments from outside into the Sanitary Commissioners' Department made purely provincial.

(The witness withdrew.)

DR. A. LANKESTER, Church Missionary Society Medical Mission, Peshawar, North-West Frontier Province.

Written Statement relating to the Medical Service.

56899. I will confine my remarks to special aspects of the subject:—

I—The Constitution of the Service, with special reference to the supply of officers.

II—Effectual working, with relation to the problem of the efficient supply of the medical needs of the country.

56900. (I) CONSTITUTION.—There is no complaint to be made as to the personnel of the service. It contains a magnificent body of medical workers, but I believe that its qualities exist in spite of very great disabilities, and are due in the main to the extraordinary opportunities for professional progress and research afforded in this country, which have stimulated and called out the highest powers of those who have had to meet them. The splendid record of past and present members of the Service only emphasises the great seriousness of its prospects for the future. The results of the recent examination for the Indian Medical Service are doubtless before you. I need only allude to them. It is not merely lack of numbers that is serious; but the deterioration in quality which is the inevitable sequel to absence of keen competition. The state of things shown by the above-mentioned results calls imperatively and urgently for consideration and action, in view of the needs of the country. What is the remedy? Not increase of pay or improvements of personal prospects. This is not needed, and while it might increase the number of candidates yet they would not be of the required quality. The real remedy lies in "lessening the resistance to the current," and in this case the resistance is the six to 12 years of military service which is interposed between the time when a man enters the Service and when he begins the work for which he joined it.

The time must come when it will be recognised that a great Civil Department ought no longer to be a mere appendage to a military corps. It is said that the army training is beneficial, but the disadvantages far outweigh the gains.

The army service is unpopular; the vast majority of men enter it as the sole pathway to civil employ, not as a career in itself, and the one cause of grumbling is the increasing period of delay.

To quote from notes by an Indian Medical Service Officer (written entirely without reference to the present inquiry)—

"The army has not the same claim upon the Indian Medical Service as in the case of the Royal Engineer who are also eligible for civil employ. For the Royal Engineer a man is trained at Government expense from the time he leaves school. In the case of medical men, a man enters Government Service already fully qualified *at his own expense*. If he chooses the Indian Medical Service it is because of the Civil side, and anything that hinders the prospect of getting out of military work into good civil employ, leads to discontent in the service, and loss of recruits, Most men who prefer a military life would, after qualifying, apply for the Royal Army Medical Corps Military employ, as medical officer to Indian troops does not attract any one into the Service."

For the sake of both branches the Army Service ought not to be a temporary passage leading into the Civil; it should be a career in itself, and should either be a separately recruited Service, or as in the case of the Supply and Transport Corps, should be recruited from the Civil with special compensating attractions, in view of the Service being less popular.

As to recruiting, Indian and British candidates should at present be accepted on equal terms, but *there should be no direct recruiting from India.* For the needed standard of professional efficiency, it is I believe essential that candidates should have the further study involved in obtaining a British qualification, even if they have had a course of study in India, while apart from professional attainment, there is at home, and possessed by men trained at home, an utterly different professional sentiment, due to more developed ideals, and long traditions fortified by the restrictions of a Medical Act, as yet non-existent in India.

The size of the Service calls for most serious consideration. It was definitely ruled, I believe, by Lord Morley, that the total cadre of officers should not be increased, that no additional billets should be formed, no new Civil Surgeoncies created, and this in spite of the fact that the demands upon the Service, dependent upon advances in knowledge and method, have enormously increased.

On my estimate of the medical needs of the people, I believe that a large increase of staff is called for.

56901. (II) EFFECTUAL WORKING.—The main problem to which all others are subordinate is that of the supply of medical relief to the people of India. It has been recently estimated that at least 100 millions of people in our Indian Empire live and die beyond the reach of the simplest medical aid. Even apart from this vast margin of untouched ground the need of medical relief would not be a contracting one, but it increases steadily as new problems arise. The incidence of plague, the recent appallingly rapid spread of tuberculosis, are new elements calling for increased resources; while every advance in knowledge throws upon the State increased responsibility, *e.g.*, the fact that owing to Leonard Rogers' epoch-making discovery, the most fatal form of dysentery can be cured with practical certainty in two or three days, makes us in a way responsible for the loss of life from this, now a preventable, or rather easily remediable disease. We have recognised this in the case of hydrophobia. There are three main directions in which this increasing need may be more effectually met—

(1.) By an increased supply of men and money.

(2.) By securing greater economy and efficiency in using existing resources.

(3.) By a greater readiness to co-operate with and utilise the services of others.

(*1*) *Supply of men and money.*—An outside observer, whose life is spent in daily contact with cases of the most terrible preventible suffering, finds it difficult to contemplate with patience a fiat from home rendering the number of appointments to the Indian Medical Service fixed and stationary. The Civil medical organisation must extend and make increasingly great effort to reach and help the suffering ones in vast village areas; no increase of subordinate staff nor co-operation with others will obviate the need of more trained officers. At least the question is one which should be decided by medical experts in India, not by ruling from home.

Then as to money, which is being poured out with, as it seems, such excessive freedom upon education; surely it is the worst false economy to stint it on matters connected with the vitality and health of the population. To take only two subjects of urgently pressing importance, the appalling infantile mortality in many parts, and the present spread of tuberculosis. I believe that the Government ought to be willing to finance any really sound measures directed, whether by official or non-official hands, towards the remedy of these two evils.

(*2*) *Greater economy and efficiency.*—Here I will make three suggestions.

(*a*) *Separation of the Civil from the Military branch of the Indian Medical Service.*—There is no branch of public service which so essentially needs close contact between its officers and the people, yet it is the one in which the officers are compelled to spend their first six to 10 years in utterly different work, the only contact being with a single class of men (no women or children), and even that under the restraints of discipline.

Again, from the professional point of view, there is no profession where continuity of experience is more essential. And yet men are taken just when fresh from training, and with all their new energy and enthusiasm at athirst for practical outlet, they are forced to spend several years in comparatively uninteresting work in medical charge regiments, with odd jobs such as management of the mess thrown in to keep them happy, but with the added disadvantage of constant changes of location.

I contend that those comparatively wasted years are the most important in a lifetime; the six or eight years of first impressions, of early contact with the people, when principles are being brought to the touchstone of practice, and a man is feeling his way to his special bent or line of work. A doctor entering the Civil Medical Service direct could spend those first few years in steady work under an experienced Civil Surgeon at a large Civil hospital. He could from the very first week be engaging in the, to him, most congenial work of operative surgery, laying from the outset the foundation of that surgical experience and reputation which is the greatest asset of the Civil Surgeon. He could spend a considerable time in actual out-patient work in conjunction with the Indian Assistant Surgeon, gaining experience of disease and knowledge of the people which will be invaluable later on. He could relieve his senior of a large amount of routine administrative work, setting him free for more important duties, and whilst preparing himself in the best possible way for his own future, would be doing much to remove the most common cause of complaint which the people have against the medical service, "we can never get to see the sahib." It is an undoubted fact that the people value the diagnosing and treatment of the British trained man on an utterly different scale from that of the Indian trained assistant surgeon. A tumour or a cataract, or a stone is a passport to the desired presence, but not so the more obscure medical disorder which may cause more suffering, and which certainly needs more skilled care in its diagnosis.

There is no special virtue in the possession of a military title as a qualification for medical care of the people of India; the normal condition of the country is now one of peace, and the time is surely approaching, if it has not already come, when this great most peaceful service shall be freed from its connection with the army, and have and independent organisation of its own.

(*b*) *Civil Surgeons should, as far as possible, be relieved of non-professional duties.*—The practice of making them act as Superintendents of (as well as medical attendants to) jails, although probably initiated on grounds of economy, is economy of a false kind. It is using a razor to cut wood. Jail Superintendents could be recruited elsewhere. Why not from the police department? And jails, when once in good sanitary order, and with a Resident Hospital Assistant, could be run with a single thorough weekly inspection by the Civil Surgeon.

Instead of which the daily visit to the jail, often at a long distance off, is the duty which must be done, whatever else be left undone. I have accompanied Civil Surgeons on their jail rounds, and I believe there is nothing at which they feel more discontent than at this work, so utterly separate from the professional duties for which they have joined the Service. Again, I cannot avoid the belief that a large part of the burden of clerical work, statistics, returns, etc., might either be borne by others or be lessened. Many statistical returns, upon which time is spent, are vitiated for purposes of scientific inquiry by the fact that they are swamped by admixture with similar returns from hospital assistants at branch dispensaries, whose training does not qualify their statistics to be treated with respect.

The Civil Surgeon is an overworked official, but were he freed from non-professional burdens in such ways as I have suggested, he would be able to devote more time to actually seeing the more

serious cases amongst out-patients, and to the vitally important work of supervising his subordinate staff. It must, I think, be admitted, by those most qualified to judge, that the Government medical administration is not appreciated by the people as it ought to be, having regard to the character of the benefits supplied.

(*c*) One further practical suggestion has reference to *medico-legal work.* A Civil Surgeon may often have to perform and report upon as many as two hundred post-mortem examinations in a year. This involves an enormous amount of time and labour which would be better spent otherwise. Again, we all know the scant respect accorded to highly paid expert evidence on matters of scientific opinion even in England. In this country the Indian medical subordinate is constantly being tempted by large bribes to prostitute his medical opinion in civil or criminal law cases, and this leads undoubtedly to widespread corruption with consequent lowering of the prestige of the subordinate branch of the service.

I suggest that there should be a medico-legal expert,—preferably an Indian—in every large district, whose duty it should be to personally conduct, or at least to closely scrutinise, all medico-legal cases in his area. He should have special allowances sufficiently high to enable him to be forbidden to take any fees, all fees for professional legal evidence being credited to the funds of the local hospital. He would of course have received special training in medical jurisprudence.

(*3*) *Co-operation with non-official institutions and individuals doing medical work.*—It is my strong opinion that the sum total of medical relief might be considerably increased were the Indian Medical Service to modify their attitude towards others who are doing work similar to their own. To the outsider the Indian Medical Service seems often to resemble the good natured egoist who likes to do kind things, but must always have the doing of them himself!

There are in India nearly as many medical missionaries (men and women) possessing British or American qualifications, as there are officers of the civil branch of the Indian Medical Service, whilst there is a large, and rapidly increasing body of Indian private practitioners, very many of whom are possessed of high professional attainments. It can hardly be doubted that the tendency in the future will be for more and more of the medical treatment of the country to pass into non-official hands. Would it not be well for the Government Service, instead of as it were, standing aloof as the one body responsible for the health of the country, to be more ready to co-operate with non-official efforts for the same end, seeking to co-ordinate them with its own operations, to the avoidance of overlapping, and the encouragement and development of all that will supplement its own usefulness. There is a remarkable contrast between the attitude of the Government Educational Department and that of the Indian Medical Service towards non-official institutions. In the one case there seems to be warm co-operation with mutual counsel and sympathy; in the other, not seldom a good-natured rivalry with no attempt at either mutual understanding or co-operation.

It is difficult not to attribute to this contrast in attitude some at least of the contrast between the financial support given by Government to the two forms of philanthropic effort. Mission schools can, I believe, always count upon financial aid in proportion to the volume of actual work done, as shewn by the attendance of students and the educational standard attained. It is far otherwise with Mission Hospitals, which can as a rule only hope for scanty leavings from local or district funds.

(As an instance in point, may I be forgiven for mentioning the case of the hospital with which for over 16 years I have been connected. It is the largest and best equipped in the North-West Frontier Province; it had last year over 1,800 in-patients, whilst over 115,000 out-patients attendances were registered. On our staff we have three qualified Europeans, one of them a lady, while at the largest civil hospital the only European is a Captain who has besides his hospital the jail and the multifarious duties of Civil Surgeon of an important district to occupy him. And yet we have never been able to obtain any financial aid at all from Government, the reply to applications being invariably that money given to us would leave less to spend upon Government relief.)

It is not sufficiently recognised that Grants-in-aid, if given with proper safeguards, are a very economical mode of increasing the total output of relief. The plant already exists (buildings, staff, etc.), and so all the money given can go directly into increased actual medical relief.

Again, might it not be possible to utilise non-official medical aid in connection with the numerous Government Medical Colleges throughout the country: even if it be considered necessary to retain the teaching appointments in official hands, it might at least be possible, and not inadvisable, to accept outside help in examinerships, as is done in the case of Arts Colleges.

Referring now to Private Practitioners, I know that there are a few stations where allowances are given to these in consideration of their performing the duties of Civil Surgeons. I think that this system might, with advantage, be extended, towns which are not of sufficient importance to have a full Civil Surgeon being served by private doctors of experience and repute.

I believe that it would not be difficult to devise an arrangement whereby Civil Surgeons in important centres might utilise the services of selected and experienced Indian doctors (private practitioners). Such services would gladly be rendered, since connection with the Civil Hospital in an honorary capacity would be valued both as an honour in itself, and also as a means of gaining experience otherwise unattainable. There is scarcely any opportunity at all for Indian non-official medical men to prosecute post-graduate studies, or indeed to make any progress under tuition in their profession. Certainly it is all too common for them to remain stationary, or even to retrogress, from the standard attained at the close of their medical course. Anything that could remedy this would be a great gain to the community.

The almost universal tendency at present is for such private practitioners to congregate in the cities. The experiment might be worth trying of giving small subsidy allowances to such men, so as to make it worth their while to settle in village centres, giving free treatment to those unable to pay for it.

Such methods of securing non-official co-operation will present many difficulties at the outset; as with individuals, so with departments, it is easier to do things oneself than to entrust them to others. And yet to do the latter successfully is the greater achievement, and leads to the more widespread effects. Here, success will, I believe, be in proportion as such co-operation is initiated *from within the Service itself*, and not dictated from without. That there are undeveloped stores of voluntary effort available for medical relief work I have no doubt at all. It may well be that the needed more cordial relationships would tend more naturally to develop in the case of State medical officers recruited direct (as in the case of the educational department), whose careers from the very first would be devoted to the medical relief of the people, than in the case of those who only enter the work after an interval of several years spent in *quasi* military service. The very *esprit de corps* of the Indian Medical Service may itself be a powerful influence isolating it from the body of others whose lives are spent with similar ends in view.

I wish to make it very clear that nothing is further from my thoughts than to suggest increased employment of private practitioners as a measure of economy in itself, still less as a means of reducing the number of European-trained Civil Surgeons; it is purely as a means of assisting the present forces to cope with the illimitable problem of

general medical relief throughout the country. It is for the extension of medical aid to centres hitherto without it that the co-operation of the private practitioner is called for.

The co-operation of the non-official element, if carried out to any large extent, should call for not fewer but more civil surgeons, as careful supervision of their work will be essential.*

A statement which I heard on high authority the other day, to the effect that two-thirds of the total number of selected surgical operations in all civil hospitals in India, are done in the two Provinces of the Punjab and the United Provinces, is eloquent as to the extent of ground yet to be covered by the efforts of the medical administration. The successful Civil Surgeon is a great political asset in his district, and the truest economy will be shown in all measures which may tend to extend the range of his influence, while at the same time making it more personal and direct.

Dr. A. LANKESTER called and examined.

56902. (*Chairman.*) The witness said he was in charge of the Church Missionary Society's Medical Mission at Peshawar and was Honorary Secretary of the Medical Missionary Association of India, which numbered about three-fourths of the whole of the Medical Missionaries, men and women, in India. He had been engaged in medical work in India for 22 years. The hospital at Peshawar had 100 beds, but the number could be increased if necessary. This year he thought over 2,000 in-patients would be treated.

56903. The witness laid stress on the fact that the Government Service could not be expected to cope with the medical requirements of India, and private agency would have to be more and more called in. An increase in Government Agency was also called for. He did not want a private agency at the expense of the official. The Civil Surgeon was usually overworked, and was not able to cope with a number of duties put upon him, and there was room for a large increase in the cadre. The work of healing the people of the country, upon which the Government had entered, was almost limitless. Any attempt the Government made to extend its work should include more consideration for private practice. He would like to see the Government work increased and private practitioners assisted in a more practical way to co-operate in Government work.

56904. In the large hospitals of the districts there was only one European Medical Officer, who was in charge of the jail and had other duties to perform. Usually he had only one Assistant Surgeon under him. The hospitals on the medical side were under-staffed. The Mission Hospital of which he had charge he considered to be fully staffed, the staff consisting of voluntary workers from England. The House Surgeon was a qualified Indian. The staff consisted of three fully-qualified Europeans and one Sub-Assistant Surgeon with about 18 years' experience. All the subordinate Indian Assistants were paid

56905. The witness thought it would be an enormous advantage to the private practitioner if he was admitted as Honorary Surgeon or Physician to Hospitals, and indirectly it would be of benefit to the country at large. In the initial stages the gain would be greater to the doctor, but later on the country would reap the benefit. In England the hospitals were worked by private practitioners who gave their services free and gained greatly in experience which helped them in their private work. He felt sure the practitioners would avail themselves of any opportunity given to them, but only the very best should be chosen. Any difficulty experienced in the early stages would be only temporary. If anything of the kind was started it would have to be under experienced Civil Surgeons who had shown in a special way a capacity for working with others. To lay it down as a course to be adopted by all Civil Surgeons would be to invite disaster.

56906. The witness pleaded for more pecuniary assistance from Government for private institutions, which were not supported in anything like the way that private educational work was supported. The support given by the public was good, but by no means sufficient. His own institution was a continual cause of anxiety to him financially. He could double the work if only increased help was forthcoming.

56907. The witness said there was no religious test for the patients coming to the Hospital, though there were frequent services in the wards. If that was an objection to obtaining financial assistance from the Government it ought to be equally an objection with Mission Schools. The attitude of the Government to Mission Educational Institutions, as far as he understood it, was that the Government was not the keeper of the people's conscience, and that if the religious teaching given was such as to keep people from the school, then the attendance would go down and the grant be proportionately decreased; but if, on the other hand, people appreciated the schools so much that they came in large numbers and a proper standard of education was reached, the Government gave the grant in proportion to the work done. He claimed that that ought to be the Government's attitude towards Mission Hospitals. Whatever the religious teaching might or might not be, if a Mission Hospital relieved an enormous amount of distress, some financial assistance should be given, taking into account also the efficiency of the institution as tested by inspection. That had not been the principle up to now, because over and over again grants had been blocked on account of religious teaching. Missionary Schools were supported enormously by the Government and he considered Missionary Hospitals to be on all-fours with the schools. The Mission College in Peshawar had an amount given towards its building equal to that spent by the College Authorities, and the Mission School had had from Rs. 300 to Rs. 500 a month for the last thirty or forty years; whereas the Mission Hospital had never received a penny.

56908. The Hospital treated all castes and creeds, men, women and children, and a large number of people from the Frontier.

56909. With reference to his suggestion that private practitioners might be subsidised to take up work in the rural areas, the witness said he believed that would be successful. A very respectable private practitioner had come to him only a few days previously to ask if he might attend the Hospital to obtain more experience in eye work, and he said he would gladly treat poor people free if it were made easy for him to do so. Inspection would be needed in the same way as small village schools were inspected. He would give such a man charge of one of the outlying dispensaries.

56910. The witness thought it was most important that there should be a Medical Registration Act in India, and believed it was being considered now.

56911. He favoured the introduction of a purely Civil Medical Service and objected to the period of years an officer now spent in the Army prior to entering civil employment; because he did not think it was the best way of spending the time. He regarded the provision of a War Reserve for India as essential, but he believed that a man in the Civil Department could qualify himself for War duty by six months' or a year's training. His point was that as the normal condition was one of peace, the peace condition should have the

* The enormous amount of voluntary medical services rendered by the profession at home, in city, town and village hospitals would suggest that the idea is not a wholly impracticable one, although it may be long before it can be brought into general practice. Nothing could tend more to raise the general professional tone of private practitioners in India, than for the best of them to be associated with responsible European workers.

premier claim. An officer should spend a much shorter time with the Army and that time should not be at the beginning of his service. He suggested recruiting straight into the Civil Branch, making that the important service and supplying the Army from it, and he did not think Army interests would suffer. The needs of the peace supply of the Army could be met from the Civil Service and all would be prepared should mobilisation ever be necessary.

56912. Assuming that such a scheme was not practicable, it would be of advantage to the Medical Service if some scheme could be devised by which the number of years during which an officer was attached to the Army would be reduced. He had been in fairly constant contact with officers and knew something of the duties they had to perform in the Army, and was of opinion that in very many cases it was impossible to do much, while the officer was in the Army, to prepare him for his civil profession, because he was not in contact with women and children or with Civil Medical work to any large extent. As station hospitals developed that experience would be available.

56913. On the subject of Jail Service, the witness said the non-medical work might be removed from the Indian Medical Service and done by others. That would relieve the overburdened Civil Surgeon so that he could attend to the out-patient work in the Civil Hospitals, which he was now absolutely unable to do.

56914. The witness said he found it necessary to be at his own Hospital five hours a day, and one half of that time was in contact with out-patients. The Civil Surgeon, he believed, spent most of his time while in his Hospital in operating and routine clerical work, whereas he ought to be spending more of his time in out-patient work. At the main Hospital in Peshawar there were some 300 to 350 out-patients every morning. All the cases were seen by the House Surgeon, and special cases referred at once to a European. When he himself was unable to attend the out-patient department the work was done by his European colleague and the Indian House Surgeon, who was a thoroughly experienced man.

56915. Fees were paid to quite a large extent by patients coming to the Mission Hospital. For private patients he charged the same fees as the Civil Surgeon would charge, but no fees were charged to the poor. To any patient who wished for differential treatment he usually made a charge of one rupee. The charges did not in any way cover the cost of the Institution.

56916. The witness then said that he would abolish the personal acceptance of fees for private practice amongst Government Civil Medical Officers, giving such compensation to the officers as would prevent their suffering any monetary loss. It would no doubt be a considerable expense but he thought the money would be recouped, all fees received being credited to the funds of the local hospitals. Its effect on recruitment to the Service would depend on the generosity with which the matter was approached by the Government. One of the arguments for abolishing private practice was that the uneducated Indian did not distinguish between a fee and a bribe. The Surgeon and the Assistant Surgeon rightly took fees, and naturally a man who paid a fee had more consideration shown to him than the man who did not. Dressers and dispensers, seeing their superior officers taking fees, thought it was quite natural to take them too, and also the patients thought it necessary that fees should be given, and so the practice obtains right down through the different grades being regarded on both sides as being necessary and right. He thought the patients distinguished between the fee which went to the individual and the fee which went to the Hospital, as everything that was given to the Hospital was given above board by being placed in a box on the table.

56917. (*Sir Murray Hammick.*) The witness said the only Government contributions which the Mission had received had been grants of Rs. 4 for the burial of pauper patients who died in hospital. Other hospitals in other parts of India received a large contribution from Government, but not commensurate with their needs.

56918. The witness thought it would be possible for one officer only to be responsible for *post mortems*. In his district *post mortems* were undertaken by Assistant Surgeons, under the responsibility of the Civil Surgeon.

56919. Government was doing so much with regard to medical relief that the witness thought one would suppose the ideal Government was aiming at was to bring Government paid medical assistance to the poor throughout India.

56920. (*Mr. Abdur Rahim.*) The European medical staff in the hospitals of the Church Missionary Society in India consisted of about 18 qualified doctors. Each hospital had its qualified Indian House Surgeon. The actual allowance paid to each European doctor was about Rs. 350 all told. This rate was not increased with the length of service, and there was no pension. The doctors received their allowance from the Society with which they were connected in England. Two-thirds of the doctors had a London or Edinburgh University degree. There was not a large field for selection.

56921. In all Mission Hospitals throughout India, the system prevailed of crediting the fees to the Mission Funds.

56922. The witness considered that in districts branch dispensaries might be placed in charge of suitable qualified and tested private practitioners, and that in cities a certain number of beds might be allocated to specially chosen men, without the fear of any friction arising. In his opinion whatever difficulties there might be in the beginning, they were likely to disappear when people got accustomed to the system.

56923. Indian medical students in hospitals had very little opportunity of receiving any training in midwifery; that was necessarily one of the weak points of medical training in India. The Mission Hospital did not get any number of Indian midwifery cases, because it was primarily a male hospital. There was a *Zenana* Mission Hospital in Peshawar, where gynæcological cases were attended to. At Amritsar almost the whole of the midwifery work was in charge of the Ladies' Mission Hospital, who had for years superintended the staff of Indian midwives, seeing themselves personally to all the serious cases. There was no Medical School in connection with the Church Missionary Society's Hospitals. There were a certain number of Indian lady doctors in the *Zenana* Hospitals, and they also practised privately. There was a considerable amount of practice in the *zenanas*, and there was no objection to European ladies practising therein.

56924. (*Mr. Madge.*) With regard to the witness's recommendation that the Civil Branch of the Indian Medical Service should be separated from the Military Branch, the witness knew that the Indian Medical Service was really a military reserve. He admitted that the separation of the two branches would involve a large expansion of the work of the Civil Branch and that this would necessarily entail considerable expense, and he did not think that this expense could be met by the appropriation of fees. He thought that Government ought to be prepared to increase their contributions towards medical aid in the country. He did not in the least agree with Lord Morley's policy of reducing the Service; he thought it ought to be continually expanding.

56925. As to his suggestion that the Civil Surgeon should be as far as possible relieved of non-professional duties, the witness said he was not fully aware of all the non-professional duties which a Civil Surgeon performed, but he thought such duties might be undertaken by non-medical men. In his opinion the strictly professional work which Civil Surgeons were called upon to perform was more than ample to occupy all their time. The Civil Surgeon was a very highly trained specialist, and his special qualifications should be utilised to the utmost.

56926. (*Mr. Sly.*) The witness's desire was to

see medical relief brought to all the people of India; he saw that Government was doing a very great deal, but he wanted to see that great deal increased.

56927. With regard to the comparison of the help given by Government to education, and that given to medical relief, the witness said he knew that Governments elsewhere gave more help to education than they did to medical relief, but he did not see why the disproportion should be so great.

56928. The witness did not think his plea in favour of Government support for private medical institutions and private medical practitioners, was in conflict with his strong criticism of Lord Morley's circular limiting the cadre of the Government Service. The need throughout the country was so great that he thought there was ample margin to allow for both policies. He thought the number of people willing to employ private medical practitioners with Western ideas was quite large enough to allow for both schemes being carried into effect. He agreed that was not the view of the private practitioner, but that was because the private practitioner was concentrated so very much in the large cities. He admitted that his experience was limited to the Punjab and the frontier.

56929. The witness's proposal that private practitioners should be employed as Honorary Surgeons and Physicians in Government hospitals had not been tried at the Mission Hospital, because none but Christians were employed in it.

56930. The witness had had no actual experience of the training undergone by an officer during his period of Military Service, except that of coming in personal contact with officers who had complained bitterly of spending their first four years with eight or nine different regiments, and of having a very limited experience compared with that which they would obtain if they were to go into civil work at once. Even taking into account the fact that officers during their military career practised amongst the wives and families of regimental officers, had charge of Cantonment Hospitals, and attended at the Civil Hospitals in their stations, the witness thought they would gain immensely more experience in civil employ. In his Mission Hospital there was a great deal of women and children practice, so much so that a lady doctor had had to be employed for them instead of, as formerly, Indian men assistants and European men doctors. The *purdah* system was much less of a bar than was ordinarily supposed, especially amongst the poor.

56931. With regard to the witness's scheme of taking fees from hospital patients, those in charge of the Mission Hospital simply used their own discretion as to whether a patient could afford to pay for treatment, or not. They tried as far as possible to prevent a rich man getting gratuitous treatment. Throughout Medical Missions, the importance of raising the scale of fees and making the Hospitals more and more self-supporting, was being strongly pressed. The population of Peshawar was over 100,000, but notwithstanding that large number the witness thought those in authority at the Hospital had sufficient local knowledge to know whether an individual coming for treatment was rich or poor.

56932. (*Colonel Bamber.*) The witness was of opinion that medico-legal work should be, as far as possible, in the hands of one special officer in districts, especially *post-mortem* examinations.

56933. He agreed that the work of attending to the tremendous number of small injuries in all the different dispensaries, must be left in the hands of subordinates. It was only Assistant Surgeons who undertook *post-mortems* in the Punjab, and only those who possessed a diploma or degree.

56934. (*The Chairman.*) The Mission Hospital did not employ an officer for the purpose of scrutinising patients as to their means. They simply used their own discretion as to whether they thought a patient could afford to pay for treatment or not.

(The witness withdrew.)

At Calcutta, Monday, 12th January, 1914.

PRESENT:

THE RIGHT HON. THE LORD ISLINGTON, G.C.M.G., D.S.O. (*Chairman*).

SIR MURRAY HAMMICK, K.C.S.I., C.I.E.
SIR THEODORE MORISON, K.C.I.E.
SIR VALENTINE CHIROL.
MAHADEV BHASKAR CHAUBAL, Esq., C.S.I.
ABDUR RAHIM, Esq.
WALTER CULLEY MADGE, Esq., C.I.E.
FRANK GEORGE SLY, Esq., C.S.I.
HERBERT ALBERT LAURENS FISHER, Esq.

and the following Assistant Commissioners:—

LIEUTENANT-COLONEL W. J. BUCHANAN, C.I.E., Inspector-General of Prisons, Bengal.
RAI BAHADUR BIHARI LAL PANDE, Civil Surgeon, Azamgarh.

M. S. D. BUTLER, Esq., C.V.O., C.I.E. (*Joint Secretary*).

COLONEL G. F. A. HARRIS, C.S.I., M.D., I.M.S., Inspector-General of Civil Hospitals, Bengal.

Written Statements relating to the Medical Services, being Memoranda on (I) *The Indian Medical Service;* (II) *The Indian Subordinate Medical Department;* (III) *Civil Assistant Surgeons.*

(I) *Memorandum on the Indian Medical Service.*

56935. **(I) Methods of Recruitment.**—Nothing special to add to the joint memoranda which has been already submitted. As a member of the Committee which drew up the joint memoranda I am fully in accord with the views contained therein.

56936. **(II) System of Training and Probation.**—Nothing special to add. I consider it essential that part of the professional training should be compulsory in England for all officers entering the Indian Medical Service, and I think that the time thus spent should be *at least* one and a half years, and with advantage this might even be extended to two years. I do not think longer than this is necessary. I attach much importance to this English training, but I think that if it is made longer than two years the extra expense to Indian candidates might be a hardship.

56937. **(III) Conditions of Service.**—Nothing to add.

56938. **(IV) Conditions of Salary.**—I agree for the reasons stated in the joint memoranda that an increase all round of 30 per cent. is necessary; also that the present Jail allowance should be doubled, not only because it is insufficient and the work for which the officers are paid is purely non-professional, but also to compensate officers in the Jail Department for loss of practice,

etc. Moreover, the executive work of a large district jail takes up a great deal of time, and it is often most harassing and responsible work which should be adequately remunerated. Otherwise I agree with joint recommendation. Also I see no advantage in retaining the existing classification of Civil Surgeon into 1st and 2nd classes.

56939. **(V) Conditions of Leave.**—Nothing to add.

56940. **(VI) Conditions of Pension.**—I think for officers of the Indian Medical Service the present pension scale is on a fairly liberal scale, and I do not advocate any change. I accept generally the recommendation of the Joint Committee about the need for some change for the better in the present scale for pensions for widows and children of Indian Medical Service officers.

56941. **(VII) Such limitations as may exist in the employment of non-Europeans, and the working of the existing system of division of Services into Imperial and Provincial.**—I have no remarks to make under this head.

56942. **(VIII) Relations of the Service with the Indian Civil Service and other Services.**—Nothing special to remark. In my experience the relations between the various services have been as a rule harmonious. The personal factor has to be borne in mind, also the bringing together of men of different (and occasionally difficult) temperaments in close and constant relation. As in all other conditions of life, the principle of give and take on both sides has to be accepted.

56943. **(IX) Any other points within the terms of reference to the Royal Commission not covered by the preceding heads.**—I agree generally with the opinions of the Committee.

I am very strongly of opinion that, in all departmental matters excepting those involving financial considerations, the local head of the Medical Department of the Presidency or Province should occupy the position of a Secretary to Government in his Department, as is the case I believe in the Punjab (at least, it certainly was so when I officiated as Inspector-General of Civil Hospitals in the Punjab in 1908, and Colonel Bate, for whom I acted, told me that it had been the case in his time, and that it had been introduced when Surgeon-General Sir B. Franklin was Inspector-General of Civil Hospitals in the Punjab) and that he should deal directly both with the Member of the Executive Council in charge of his Department, and, if necessary, directly with His Excellency the Governor of a Presidency or with the Lieutenant-Governor of a Province as is the practice of a Secretary to Government.

I hold very strongly that the Medical Head of the Presidency of Bengal should (as is the case in Bombay and Madras), have as Personal and Confidential Assistant a junior officer of the Indian Medical Service. The Medical Department is just as technical a department as the Public Works Department, and seeing that the Chief Engineer of the Presidency is allowed a technical assistant who is his Under-Secretary, I consider that it is equally essential that the Personal Assistant to the Inspector-General of Civil Hospitals or Surgeon-General should be an officer of the Indian Medical Service. I am prepared to give my reasons for this, if necessary, confidentially. An officer of the Military Assistant Surgeon Service or the Civil Assistant Surgeon Service or of any other service or a clerk, however highly trained, will not satisfy the requirements of the appointment. It is incorrect to suppose that a man with merely clerical training and experience can fill the place quite satisfactorily. I have nothing but praise for the officer who has filled a very difficult post very satisfactorily during the time he has acted in the appointment, but he cannot be considered competent to deal with technical questions. Confidential and personal questions are not at all uncommon, and the present method of dealing with them is most unsatisfactory. Again, if the Personal Assistant to the Head of the Department is an Indian Medical Service officer, he can take up all technical questions which are now hung up, if the Head of the Department is on tour, and thus the despatch of business would be expedited. The junior officer selected for the post should be appointed for not more than two—three years. He will get a good training in office routine which will serve him later when he becomes a Civil Surgeon. He should get free quarters at the Presidency.

Regarding the popularity of the Indian Medical Service as a career for British students, I should like to state that I made it my business to enquire at several Hospital Medical Schools in London, whilst I was at home recently, on this matter, and I was very much struck by the marked disinclination of young qualified medical men as a rule to enter that service. I did not succeed in obtaining any very definite reason for this disinclination except an alleged uncertainty of future prospects in the Indian Medical Service, and an idea that many of the appointments in the service were to be taken away, etc., etc., but I have no doubt at all that within the past few years the Indian Medical Service has declined in popularity amongst the best medical students in London. I have no knowledge or experience of Scotland or Ireland, but from what I have heard the Indian Medical Service in those parts also is not regarded with the same favour as formerly.

(II) *Memorandum on the Indian Subordinate Medical Department.*

56944. **(I) Method of Recruitment.**—I consider the present method of recruitment fairly satisfactory, but it is capable of considerable improvement. I think the rules bearing on parentage should be very strictly enforced. The standard of preliminary education which is at present accepted is far too low. I should like this standard to be not less that the "Entrance" or Matriculation, or even the I.A. Standard of any University in India. The age-limit for entrance of medical study would therefore have to be raised up to 18—20. I do not consider that the majority of the young lads now admitted to this class at the Medical College sufficiently realise the seriousness of the course they have taken up. This may in part be due to the opinion I hold that most Anglo-Indian lads mature considerably later than Indian lads of the same age. There is no doubt that raising the preliminary educational standard will very considerably lessen the admissions at first, but I think this would rectify itself in a few years. At present I believe most of those recruited understand, *i.e.*, take in, only a very small amount of the subjects they are taught in their first two years of study.

56945. **(II) Systems of Training and Probation.**—After entering a Medical College the course of study should be the same as for Civil students, *i.e.*, a five years' full course, and they should attend the same practical classes and pass the same examination as those the Civil students have to pass, that is either the L.M.S. or M.B. examinations of the University. They should also, when qualified, be eligible for the house appointments at the Medical College Hospital equally with the Civil students. I attach much importance to this.

56946. **(III) Conditions of Service.**—I have no remarks to make under this head.

56947. **(IV) Conditions of Salary.**—I consider the present rate of salary is quite inadequate. For the reasons adduced by the Joint Committee, with which I agree, and to attract good men for the Service, I would support the increase of pay which the Joint Committee recommend for the pay of the several grades in the Military Assistant Surgeon Service, and which are given below:—

	Rs.
4th class Assistant Surgeon, on first appointment	125
3rd class Assistant Surgeon, after five years in the 4th class	175
2nd class Assistant Surgeon, after five years in the 3rd class after passing the departmental examination	225
1st class, after five years in the 2nd class	300
1st class (after three years), 1st class	350
Lieutenant	400
Captain	500
Captain (after 12 years' Commission Service)	600

The pay of Civil Surgeons drawn from this service also should be revised, and I would propose the following scale:—

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

These officers have to maintain a certain status, and therefore their expenses would be higher and a higher salary is indicated.

56948. **(V) Conditions of Leave.**—I would support the granting of facilities for obtaining more leave than is allowed at present. I consider that study leave should be granted, and leave to attend post-graduate courses with the usual safeguards. If possible I would encourage the best men taken into the Service to take up research work, if they showed by their work that they would really benefit by this and become more useful members of the Public Service. I fully realise that to enable the service to get the full benefit of this the existing cadre would have to be increased and more supernumeraries allowed. I would allow 15 days' casual leave during the year on the usual conditions.

56949. **(VI) Conditions of Pension.**—I would support the recommendation of the Joint Committee of the Military Assistant Surgeon Service.

56950. **(VII) Such limitations as may exist in the employment of non-Europeans, and the working of the existing system of division of Services into Imperial and Provincial.**—I have no special remarks to make under this head, beyond that I am most emphatically of opinion that non-Europeans should not be admitted into this service on account of the Military duties which all members of this Service have to perform at the commencement of this service and for a considerable time afterwards —in fact, in the majority of cases, practically for their entire service.

56951 **(VIII) Relations of the Service with the Indian Civil Service and other Services.**—The personal factor is the main consideration. A man with tact should not have any friction with members of any of the other Government services. I think that if the term "subordinate" (which is applied to this service, and which in my opinion is very rightly and strongly resented by the members of that service) were entirely abolished, it would tend to raise the self-respect of the members of the Military Assistant Surgeon Service, and would improve matters and lead to harmonious working. The expression "subordinate" is I consider a humiliating one; and if another title can get over this difficulty I think this grievance should be removed.

56952. **(IX) Any other points within the terms of reference to the Royal Commission not covered by the preceding heads.**—I am of opinion that this branch of the Medical Service is inadequately rewarded for good service in the Civil Department. I refer to bestowals of the Kaiser-i-Hind medals and the I.S.O. decoration. In the last list available in my office (the July Army List for October, 1913), I find that, taking Military and Civil members of this service together, not a single member of the service has received the Imperial Service order. Only one member has the Kaiser-i-Hind medal of the first class and only five have received the same medal of the 2nd class. The total strength of the service given in the same publication is 450. I think a more liberal award of these decorations would be a further incentive to professional keenness and good work all round.

(III) *Memorandum on Civil Assistant Surgeons.*

56953. **(I) Method of Recruitment.**—I consider that the present method of recruitment is a good one. Under this system the Principal of the Medical College submits a list of the best qualified men (passed students of the Medical College) who wish to enter Government service, stating their qualifications; the appointments they have held at the Medical College or Medical College Hospital, etc., etc. In virtue of his position as Principal he naturally is the one best qualified to judge of the merits of the men who would turn out the most suitable for the Service; and the ultimate selection from this list is, and should continue to be, made by the Inspector-General of Civil Hospitals. I assume that when making out this list he consults his colleagues. I should have no objection to an alternative plan by which the submission of the names of the future Government employés would come from the College Council, the ultimate selection resting with the Inspector-General of Civil Hospitals as at present. In fact, I am not sure that this would not be a better plan than the existing procedure, as the opinion of the Council would carry much weight. As at present the Medical College is the only College affiliated to the University of Calcutta, it is obvious that only students of that College can be on the nominated list. When the time arrives and other Medical Colleges are created in Calcutta and also affiliated to the University, and whose students can also obtain the L.M.S. and M.B. diplomas and are otherwise qualified, I see no reason why the claims of such of their students who wish to enter Government Service should not also be considered. Possibly in time the Service will be recruited by a competitive examination as in the Indian Medical Service. I do not agree with the plan of recruitment suggested in the joint memorandum (*a*) method of recruitment. A man may obtain a high degree at the University, but be otherwise quite unsuitable for recruitment into Government Service. Moreover, quite apart from the question of individual academic merits, I attach great importance to the opinions of the College Council on the suitability of men for recruitment.

Regarding the bond which is now insisted on at the time of recruitment, I understand that, legally speaking, this bond cannot be enforced without a complicated and lengthy procedure. For this and other reasons I regard it as an anachronism and useless, and I should like to see it abolished.

56954. **(II) Systems of Training and Probation.**—Except for the special departments (such as the Chemical Examiners, Bacteriological, Sanitary, etc., etc.), I do not consider that any special system of training over and above that now imparted to students at the Medical College Hospital or any period of probation is required. Personally, I should prefer to recruit men who had held house appointments at the Medical College Hospital, but I would not lay under stress on this. In the case of the special departments, the Assistant Surgeon selected should undergo a special training for such period as the officer under whom he is to work considers necessary. During this probationary period he should receive full pay. As far as the exigencies of the Service permit, and if the appointments they hold can be satisfactorily filled by substitutes, I would be quite ready to recommend and grant to particular Assistant Surgeons greater facilities than they now have to enable them to advance their professional knowledge; if leave was required to be taken out of India, I would recommend study leave for this purpose, on the same conditions as to pay, etc., as at present are granted to Indian Medical Service officers and with similar restrictions. I anticipate and have hopes that when the proposed School of Tropical Medicine at Calcutta is finished and in working order study leave out of India will not for obvious reasons be so often asked for or required. I think that the maximum leave permissible under this head should be the same as in the Indian Medical Service, *i.e.*, one year.

56955. **(III) Conditions of Service**—The service should be called the Provincial Medical Service; in fact, when I was one of the Professors of the Medical College and it was my duty to recruit officers for this service, I invariably used these terms and described *A*, *B*, or *C* as "a candidate for the Provincial Medical Service." So far as the exigencies of the service permitted, I would be in favour of granting every facility to the members of this Service in the direction of carrying out special research work. To carry out this plan properly, the present cadre of the Civil

Assistant Surgeon Service would have to be considerably increased to allow of substitutes taking the places of men granted leave to attend special courses. With the same restrictions, I would grant them also facilities for attending post-graduate hospital work. I do not think an active and capable Assistant Surgeon in the mufassal should be incapable of managing all the ordinary duties of a small mufassal combined hospital and dispensary, *i.e.*, a hospital at the head-quarters of a small district or at a subdivision. Possibly in some of the larger head-quarter hospitals the entire work is too heavy for an Assistant Surgeon unaided, and I would support his having a junior Sub-Assistant Surgeon to work under him to relieve him of some of the routine duties. The plan of having two medical officers at these dispensaries was introduced by the late Eastern Bengal and Assam Government, and at present obtains in the ten following places:—(*1*) Barisal Dispensary; (*2*) Dinajpur Dispensary; (*3*) Jalpaiguri Dispensary; (*4*) Mymensingh Dispensary; (*5*) Kishoreganj Sub-division; (*6*) Jamalpur Sub-division; (*7*) Netrokona Sub-division; (*8*) Rangpur Dispensary; (*9*) Comilla Dispensary; (*10*) Brahmanbaria Sub-division. Financial considerations also enter into the matter. In all the places mentioned (excepting only Barisal) the Dispensary Fund finds the pay of the Sub-Assistant Surgeon, whilst Government pays the salary of the Assistant Surgeon. At Barisal the reverse is the case. I do not know the reason of the Barisal custom, but possibly the Dispensary Fund is in a better financial condition than in the nine other places mentioned above. In connection with this I may say that I find there has been of late years an increasing tendency on the part of Dispensary Committees to try to shirk paying the higher rate of contribution recently fixed by Government for an Assistant Surgeon, and to ask either to be allowed to contribute a smaller sum as salary to the Medical Officer if he is an Assistant Surgeon, or to suggest that their funds will only allow of the contribution for a Sub-Assistant Surgeon. At the same time they wish to retain the services of the Assistant Surgeon at Government expense: I am prepared to admit that the plea of poverty may in some cases be a reasonable one. The Assistant Surgeon naturally supports this view, as it lessens his work and gives him more leisure for his other duties, and incidentally also more leisure for private practice. I do not think, therefore, that a hard-and-fast general rule is advisable; each case should be treated by Government on its own merits, and on the advice of the Inspector-General of Civil Hospitals. I have found that a good Sub-Assistant Surgeon (with the help of the Civil Surgeon for all serious operative work, etc.) is quite capable of carrying out all the duties of a hospital and dispensary at the head-quarters of a small district (*e.g.*, Bankura, Bogra, Khulna *inter alia*); and if a Sub-Assistant Surgeon can do this, I fail to see why a Civil Assistant Surgeon cannot do the same. Moreover, in most district head-quarter hospitals the work of the Assistant Surgeon is much lightened by medical officers employed by the District Board, and supernumeraries, etc., etc., who attend to the out-patient work, etc.; and I also find that keen Sub-Assistant Surgeons attached to other local institutions (Jail or Police Hospitals) very frequently volunteer to attend and help at the head-quarters dispensary to keep up their knowledge of operative or special work, and therefore it very rarely happens that the Assistant Surgeon at a head-quarters dispensary and hospital has to do the work single-handed. I have dealt with this matter in detail, as I consider an important principle is involved.

I consider that the time is not yet ripe for the throwing open of all second-class districts to members of this Service as has been suggested. As long as the Indian Civil Service and other public services continue to be officered by a large proportion of European officers recruited in England, Indian Medical Service officers will be required to attend them and their families. I am therefore not in favour of giving up more districts in Bengal at present. With different conditions, *e.g.*, if certain districts are subdivided (as I understand is under contemplation), more appointments, such as Civil Surgeon, etc., may be thrown open to officers of this and the Military Assistant Surgeon Services, but it is unnecessary to labour this point further at the present time.

The question of giving Presidency house rent in lieu of free quarters is a financial matter. I consider that this concession should only be given to Assistant Surgeons holding appointments in which they are debarred from any form of family or consulting practice; and, as far as I know, there are very few appointments of this kind in Calcutta, viz., (*1*) all resident appointments, in Calcutta, (*2*) Assistant Surgeons attached to the Chemical Examiner's Department, (*3*) Assistant Surgeon attached to the Presidency General Hospital, and (*4*) Inspector in charge of Animal Vaccination Depôt, Calcutta. I certainly think that Assistant Surgeons in the mufassal should have much better quarters provided for them than they have at present. Some of the quarters provided are miserably inadequate and unsuitable.

Regarding annual confidential and other reports, I consider that in adverse reports the charges should be explicit and definite, and should be communicated to the Assistant Surgeon, so that he may be given an opportunity of submitting an explanation if he wishes to do so; such explanation to be filed with the report.

Regarding promotion examinations, I am strongly in favour of their retention except in special cases; there are Government orders which provide for exemption in individual cases, and which allow the Head of the Department considerable latitude. The time has not yet come for their abolition. These reports, giving the marks obtained in each subject of these examinations, are sent to me, and, if I am to be guided by these results, they strengthen my opinion that the examination serve a useful purpose and cannot be abolished. When I find that Assistant Surgeons with some years' service behind them fail to obtain the requisite pass marks in important subjects like Medicine, Surgery and Midwifery, I cannot recommend them for promotion. I am strongly of opinion, however, that these examinations should be very practical; difficult theoretical questions should not be set, as I quite appreciate the difficulty which a busy Assistant Surgeon might have in keeping up with up to date in all recent theory as well as practical work.

Regarding transfers, I endeavour to avoid making unduly frequent transfers, but sometimes this cannot be avoided; the interests of the Government and the public and the exigencies of the public Service have always been held to be paramount considerations in the posting of all officers, and in my opinion this must continue. I fully realize the inadvisability of keeping all medical officers too long in unhealthy stations. Teachers of the two medical schools (the Campbell and the one at Dacca) are selected by the Inspector-General of Civil Hospitals, and the considerations which guide him are medical qualifications, length of service, experience and special aptitude for a teaching appointment. These appointments are made in the first instance for periods of five years, but extensions for varying periods up to five years (or more) to particular teachers are granted by the Inspector-General of Civil Hospitals, who is guided by the opinion of the Superintendent of the school as to fitness, etc. I am not in favour of these appointments being made permanent, as they are the plums of the Service, and it is not in the interests of the Assistant Surgeons Service that the same men should continue to get extensions indefinitely. For reasons already stated I cannot agree that more of the existing civil surgeoncies in Bengal should be thrown open to the Assistant Surgeon Service. The Assistant Surgeons who are serving in the various State Railways should be treated as "Officers."

56956. **(IV) Conditions of Salary.**—The present salaries of the various grades of Assistant Surgeons are insufficient, and I am prepared to recommend the following modification: Assistant

Surgeon to begin on Rs. 200 a month and rise to Rs. 600 in 20 years by annual increments of Rs. 20. The pay of those Assistant Surgeons selected to be Civil Surgeons should begin at Rs. 400 and rise to Rs. 800 by annual increments of Rs. 50. If the pay of Assistant Surgeons on the ordinary list is increased according to the above suggestion, I do not consider that any conveyance or other allowance is necessary in the case of Assistant Surgeons on this list holding executive or medical charge of jails or sub-jails.

56957. **(V) Conditions of Leave.**—Furlough should be granted as in other Government services and with the usual restrictions, and the same answer would apply as regards leave on urgent private affairs. As far as the exigencies of the Service permit, I would allow stud leave on the same conditions as apply to Indian Medical Service officers, and for a total period of one year. This leave could be spent in India, *i.e.*, at Calcutta or Kasauli, or Dehra, or in England, or in any foreign country provided the period admitted. I would agree to the amount of casual leave taken in the year being extended from 10-15 days. I consider that the leave reserve is insufficient, and the cadre should be increased to the extent of about 10 per cent. to admit of the existing officers getting an adequate amount of study and other leave.

56958. **(VI) Conditions of Pension.**—I would agree to voluntary retirement on full pension, and without a medical certificate after 25 years' active service (including furlough). If an officer were passed as medically fit, he might be allowed if he wished to continue to serve up to the age of 55, but without extra pension. In special cases, I would cordially support a proposal for asking Government to give some pecuniary help to the widows or families of any Assistant Surgeon who died of infectious diseases or accident contracted in and by the public service. Each case would have to be dealt with on its merits.

56959. **(VII) Such limitations as may exist in the employment of non-Europeans and the working of the exsiting system of division of the Service into Imperial and Provincial.**—There should be (*1*) The Imperial Service, *i.e.*, the Indian Medical Service; and (*2*) The Provincial Medical Service, *i.e.*, the present Civil Assistant Surgeons Service.

I am not in favour of reviving the Uncovenanted Medical Service.

56960. **(VIII) Relations of the Service with the Indian Civil Service and other Services.**—With tact and a mutual understanding of give and take there should be no friction between the different services. The personal equation is the main consideration.

56961. **(IX) Any other matters.**—I have no objection to senior members of the service, *i.e.*, those in the receipt of a salary of Rs. 300 and upwards, being treated as "first class" officers, and allowed 1st class travelling allowance, and also given the privilege of attending Government levees. Whether all Assistant Surgeons should be allowed to carry fire-arms and other weapons of defence without a license, as has been suggested, appears to me to be a matter that trends on general policy, and I do not think an opinion is required from me. Under existing conditions it is not possible to guarantee that an Assistant Surgeon will not be placed under a Military Assistant Surgeon or a Railway Chief Medical Officer not belonging to the Indian Medical Service. As regards appointments in the Medical and Sanitary Departments, and outside the cadre of the Indian Medical Service, I consider that the best qualified men should be appointed irrespective of where they secured their qualifications.

With regard to the question of throwing open any other chairs at the Medical College to non-Indian Medical Service Professors, I am not aware that any changes are in immediate contemplation. I am not prepared to give up any more chairs at present held by Indian Medical Service officers. Officiating and temporary vacancies at the Medical College should be filled from the Indian Medical Service cadre. If the scheme which contemplates the creation of some new appointments in the Calcutta hospitals other than the Medical College Hospital by which private medical practitioners not in Government service are to be appointed as additional or honorary members of the staff of these hospitals should mature, I am ready to give it a fair trial, but this scheme will not create any more posts for Assistant Surgeons. If, however, any Assistant Surgeons with special qualifications wish to apply for any of these appointments, it would be open to them to throw up Government service and take their chances of being appointed with the other applicants. I think the practice of requiring that the post-mortem reports of Assistant Surgeons should be checked by Civil Surgeons is a sound one, and I am not in favour of its being removed.

All the house appointments at the Medical College Hospital (*i.e.*, House Surgeoncies and House Physiciancies) used to be held by men already in Government service, and that system had many advantages. For the last few years the system has been altogether changed, and by recent orders almost all the house appointments at the Medical College Hospital are, in future, to be held by men not in Government service. As this system is on its trial, I would rather not express any opinion as to its merits or demerits until it has been working some years longer. At the present time I would only like to say that the almost unanimous opinion of the men who now fill, or who have recently filled, these posts and passed out, is not favourable to a continuance of the system. I think some explanation of this may be that outside Government service it is much more difficult for young qualified medical men to obtain a livelihood in India than in Great Britain (I have no experience of the conditions in other countries); such appointments as paid House Surgeoncies to provincial hospitals, tubercular appointments, appointments under Local Health Boards, assistantships or partnerships with private practitioners, etc., are not available, and the introductions, etc., which help a beginner in Great Britain to set up in private practice do not exist in India, and therefore in most cases it takes years before a private practitioner can earn enough by his practice to live in decent comfort. I could not support any proposal for giving an allowance to Assistant Surgeons attending sick Government servants. Free medical attendance for themselves is one of the privileges of Government servants which is prized very highly. I would not object to fees being given to Assistant Surgeons for attending cases in Court in which Government is not the prosecutor.

In the case of appointments held by Civil Assistant Surgeons in which private practice is disallowed, I would prefer to increase the pay (if it is not considered sufficient) rather than give allowances. Provided the Magistrate and the Inspector-General of Prisons agree, and if he is otherwise suitably qualified, I should have no objection to the Assistant Surgeon (who is acting as Civil Surgeon of the district during the absence of the Civil Surgeon on tour) also acting as Superintendent of the District Jail.

Lastly, in the case of an Assistant Surgeon officiating as Civil Surgeon, and who is subsequently confirmed in the appointment of Civil Surgeon, I would not object to his being allowed to draw his increments from the beginning of his officiating appointment [*vide* Article 142 (*b*), Civil Service Regulations].

COLONEL G. F. A. HARRIS called and examined.

56962. (*Chairman.*) The witness was Inspector-General of Civil Hospitals in Bengal, having been appointed in March, 1910. He came out to India in 1879, but his service dated from December, 1878.

56963. When in England recently he had made enquiries from the staff and students of several medical schools and had found there was considerable unwillingness to enter the service on account

of the uncertainty which existed as to whether the appointments now existing would continue.

56964. In the Bengal Presidency there was one Indian in the regular service, who was a graduate of Edinburgh, and one in the Sanitary Service. The former had had about eight or nine years' service, and the latter five or six.

56965. In Bengal it took a military officer about seven years to get into civil employ. The ideal period would be from four to six years.

56966. There was much to be said for the introduction of station hospitals with a view to giving a better training to medical officers whilst still in military employ, but to mature such an organisation would take a considerable number of years and would mean the erection of a good many new buildings. An alternative was to arrange for young officers to work in the larger civil hospitals. In the Punjab Indian Medical Service officers in military employ did attend the civil hospitals in this way and full facilities were given them to do so. In the country districts also a keen man could make opportunities for himself. It was purely voluntary with an officer whether he attended a civil hospital or not, and the arrangement needed to be systematised. Again it would be a good thing for young officers to be sent to large hospitals in the presidency towns to obtain experience before they entered finally on their civil duties.

56967. At present military officers obtained civil employment according to a strict roster. It would be possible to diminish the period spent in military employ by the introduction of some sort of selection, but the roster system was the least open to objections and should be maintained. Selection would discourage officers. The establishment of station hospitals would give officers more interest in military service and tend to diminish the number of applicants for civil employ.

56968. The arrangement by which officers, appointed to the Service after 1897, were borne on one general list for promotion to the administrative grades was a good one. An all India list for appointments to the professional chairs was also desirable. It would also be a good thing if members of the sanitary and other specialised branches of the service could be put on general lists for promotion for the whole of India. This would minimise stagnation in promotion, and ensure a higher level of attainments. The advantages to be secured under such a system outweighed the disadvantages inherent in the transfer of officers from one part of India to another. These were especially marked in the Sanitary Branch, where it was desirable, that the officer should know the language and the general conditions of the people with whom he was associated, but even then they were not insuperable. Moreover, the transfers would be only of the highest officers, whose work was mainly in English. If general lists were established the Provincial authority might suggest names, but appointments would have to be left to the Government of India. After appointment the officer should come under the local authority.

56969. The advantage of a Government service for medical work over a system of individual appointments on contract terms was that it supplied officers of suitable qualifications to go to the unpopular stations, and to fill leave and other vacancies at a moment's notice. From an administrative point of view it would be impossible to get the work done if each appointment were to be made the matter of a separate contract.

56970. There were four private schools in Calcutta. They had been started within the last 15 years or 20 years, and were staffed by independent practitioners. They educated up to no fixed standard. The one at Belgachia was, perhaps, more advanced, as it had the Albert Victor Hospital attached to it, and the clinical teaching was therefore better. There was a scheme before Government at present for giving it State aid in the form of a lump sum of five lakhs of rupees and a recurring grant of Rs. 50,000. This would give private practitioners opportunities for obtaining appointments as lecturers, and as physicians, surgeons, and medical officers to hospitals. It was difficult to find out the exact number of students trained in the institution, but it would be somewhere about 500 or 600 a year, inclusive of the vernacular and English branches. The other three schools might also be aided if this experiment proved a success, but it should be tried in one school first.

56971. It had been proposed to attach independent medical practitioners to two of the larger hospitals in Calcutta (the Mayo Hospital and the Shambhunath Pandit Hospital) but the scheme was still under consideration. Some of the practitioners were to be honorary and some paid; for example, the anæsthetists and pathologists. Speaking generally there was room for a larger staff for these two hospitals, but not for the medical college hospitals. The London hospitals could not be compared with the Indian medical college hospitals in the matter of staff, because in the latter the staff visited every day, and in the former only two or three times a week. If a larger staff were to be employed at the Calcutta Medical College Hospital it should be of the same standing as the present staff. Private practitioners could not be introduced satisfactorily into any teaching hospital.

56972. Although it was very desirable that the private practitioner should have a fair trial in the Government hospitals, it was idle to pretend that all would be plain sailing. There would probably be a good deal of friction as between the independent doctor and the assistant surgeon. To avoid this, as far as possible, the house staff of the hospital would have to be increased, as one house physician or surgeon could not go around with two or three practitioners if they visited the hospitals on the same day and at the same hour. It would also be necessary for each new surgical officer to have his own operating theatre. This was in accordance with English practice, and the extra expense would need to be faced.

56973. The time had come for an Imperial Registration Act to be introduced, so as to secure a register of properly qualified practitioners. At present a local Act was under consideration, but had not yet been passed. There were numerous gentlemen with imperfect diplomas practising in Bengal. The Bill now being considered followed the lines of the bills in other Provinces in laying down a standard of qualification, but there were differences in the number of representatives on the Registration Council.

56974. The training given at the Calcutta Medical College was quite as good as that given in England, and in some respects even better. It was defective only in midwifery and gynæcology, and that because the material for teaching those subjects was not available. Training in England in practical midwifery should be insisted on for all officers of the Indian Medical Service. In other respects the student received as good a training in India. This was shown by the fact that men who had been trained in the Indian colleges had passed the competitive examination for the Indian Medical Service.

56975. At present the cadre of the service was not sufficient for the purpose of leave, and a larger leave reserve was necessary.

56976. The recruitment of military assistant surgeons should be rigorously restricted to Europeans. Officers had been admitted who had no European blood either on the mother's or the father's side but who simply had European names.

56977. It was also necessary to raise the standard of preliminary education for military assistant surgeons and to give them a course similar to that given to civil assistant surgeons and to make them take similar degrees. There would be some difficulty at first in getting a higher class of candidate, but this would right itself in time, because, if men knew they would not be admitted under a certain standard, they would see that they reached it. The education of military candidates was practically free.

56978. The term "subordinate" should also be abolished. It was difficult to think of a title agree-

able to everyone, but possibly "Indian Medical Department" might do.

56979. Until a few years ago military assistant surgeons in railway employ were borne on the Provincial list and were promoted to civil surgeoncies in their turn. They were now appointed by the Director-General, and once they entered railway service came under the local railway medical head and had no further outlet.

56980. The nomination of civil assistant surgeons might be made by the medical council of the college instead of by the principal, if this were so desired. The Medical Council consisted of the staff of the college and the hospital. There was no fixed time for its meeting, but it assembled sometimes once, and sometimes two or three times a month. The Council would have opportunities of knowing the qualities of the men better than the principal, and should certainly have something to say in the matter of nomination.

56981. The suggestion that Sub-assistant Surgeons of approved capacity should be promoted to be Assistant Surgeons had been declined by the Government of India, but there was no reason why it should not be revived in favour of men who possessed a registerable qualification. This was essential.

56982. Bonds to serve Government, which were signed by all Civil Assistant Surgeons, were of doubtful legality, and in practice none had ever been enforced by legal process. In case of forfeiture the Assistant Surgeon had either paid his penalty honourably, or had been relieved of it by Government. The system was an anachronism, and should be abolished.

56983. Civil Assistant Surgeons did not belong technically to a Provincial Medical Service, but their status was that of Provincial Service officers. There was no objection to their being termed "Doctor" if they held a doctor's or the M.B. degree.

56984. Periodical departmental examinations were useful and should be retained. The figures showed that in 1909 one, in 1911 four, in 1912 three, and in 1913 six officers failed; and the failures were in subjects like medical jurisprudence, midwifery, medicine and surgery. When an assistant surgeon failed in an important subject like medicine or surgery or medical jurisprudence, it showed that he had not been keeping abreast of his work.

56985. Some concessions were, however, in practice made to assistant surgeons. If they had passed examinations or had held teacherships or were considered by the head of the department on the advice of the medical officer under whom they had worked to be sufficiently qualified they could be exempted from the examinations and he himself had asked Government to exempt a great many. There was no post graduate course in India, but if men went to England for one they might be exempted. When the tropical school of medicine was established in India men passing a post graduate course there might also be exempted.

56986. (*Sir Murray Hammick.*) Private practitioners suffered in India from not being able to keep up their connection with hospital practice either in the presidency towns or up-country. It would not do to put young private practitioners to work in hospitals under the house surgeons. There was no proposal to admit private practitioners to civil hospitals outside Calcutta. If the experiment proved successful in Calcutta it might be extended by allowing private practitioners, who had specialised in any subject, to have charge under the Civil Surgeon of a specialised department in a hospital.

56987. There were no municipalities of importance which employed independent practitioners. All municipal dispensaries were in charge of Government men and the municipalities paid for their service. When a municipality pleaded that it was too poor to pay the salary of the medical officer whom the Government asked them to employ, it was generally suggested to them that they should take a less qualified man. The district boards in Bengal contributed towards the hospital expenses, but had no control over the institution themselves. Dispensary committees were formed, which had power to visit the hospital, and members of the district board might sit upon such committees. The indents for instruments or medicines were not passed by the district boards, but they could refuse to pay the money and might scrutinise the indents. A district board, however, would hardly take upon itself the responsibility of deciding whether an indent was necessary or not, having regard to the fact that it had been prepared by the responsible medical officer. In all the mufassal hospitals the indents were sent to the Inspector-General of Civil Hospitals without going before the district board.

56988. Some of the quarters of the assistant surgeons in the mufassal were provided by Government, and some by the municipal committees and district boards. Whenever the witness inspected a dispensary and found the quarters of the assistant surgeon insufficient, he always asked that they should be improved, and if the money could be spared the dispensary committee did the necessary work.

56989. There was a steady stream of applications for jail appointments. Officers appointed to the Jail Department did not ordinarily ask to get back to ordinary civil work.

56990. The Inspector-General of Civil Hospitals did not deal directly with the Governor, but with the Secretary to Government in the Municipal and Medical Departments. The Member of Council in charge had never objected to seeing him, but very seldom sent for him. There was no fixed day to see the member in charge, but there was a fixed day to see the Governor for a sort of informal conversation, when any points in hospital administration might be mentioned casually and be sent forward in the regular way afterwards. He desired to discuss directly with the Governor all appointments, changes, or transfers. He wished to have something corresponding to the position he had in the Punjab, where his notes went straight to the Governor.

56991. (*Sir Valentine Chirol.*) There were no medical institutions in the Presidency maintained entirely by public contributions.

56992. There was no reason why a service, limited in numbers like the Indian Medical Service, should not always produce professors capable of teaching both the ordinary and special subjects required for a medical training in India. There were numerous specialists in the Service. Appointments to chairs were made without regard to seniority. Some cases had occurred in the past of men being appointed on account of their seniority, but such cases were rare. He could only recall one case where a senior man was appointed to a particular chair without any specialist qualifications; he was selected on account of his knowledge of surgery and his being a skilful and sound operator, and was then sent to England for a year for special training. He was one of the most successful men who had been in that chair.

56993. It would not be in the interest of the Indian Medical Service itself that for special subjects men should be appointed from England with special qualifications, as it would discourage recruiting. If no officer was available in the Service it would be a point for consideration whether a man might not be brought out from England. He was not in favour of outside recruiting for medical colleges at all. When the tropical school became established, men might be recruited to it from outside the Service, as there was to be a special hospital with a special body of men for special teaching, and the institution would not necessarily be bound up with the Indian Medical Service. He was opposed to the principle of associating in a medical college, largely composed of men of a particular service, units not belonging to that service.

56994. (*Mr. Abdur Rahim.*) Certain of the appointments in the Medical College were reserved for the Indian Medical Service. They were those of the principal and the professors of medicine, materia medica, surgery, clinical and operative surgery, midwifery, ophthalmic surgery, pathology, and physiology. The professorships of chemistry and biology were not reserved, though the latter was filled by an Indian Medical Service officer, who was appointed by the Government of India because there was no man outside the Service available to fill the post. Out of the eleven chairs two only were not reserved. One of the reasons for reserving the professorial chairs for the Service was that otherwise recruitment would be affected. It was true the Royal Army Medical Corps had no chairs reserved for them in India, but they had a medical school in London with reserved posts. He had the strongest objection to the professorships being thrown open to the medical profession generally, even apart from recruitment. Neither was he in favour of a board of selection for the purpose of appointing qualified men from the Service and the profession generally in India or in England, as professors chosen in that way would make a curious heterogeneous mixture.

56995. There were no assistant professors in the Medical College and no difficulty was experienced in obtaining suitable men to occupy chairs while professors were away on leave. There had been very few cases in which men had had to be brought on to the staff, more or less as an experiment, in a sudden emergency.

56996. Private practice on the part of members of the Service had suffered considerably in recent years owing to competition. The practice of professors amongst the Indian population was mainly a consulting practice, and that had diminished and was bound to diminish as the private practitioner made his way in India. There were five or six private practitioners in Calcutta who were competing on the same footing as professors for consulting work both in medicine and surgery, and they took the same fees. The practice of private practitioners in that direction had increased very much in later years. There was one Indian practitioner with a large practice in midwifery.

56997. Experiment had already been made in appointing an Indian practitioner to one of the chairs of the Medical College. The professorship of anatomy was now entirely reserved for Indians, and the Professor of Physics was at present an Indian. There were Indians doing very distinguished work in chemistry, and an Indian doing good work in zoology. For certain subjects there would be no difficulty in obtaining Indians for professorial chairs. There were numerous Indians in the Indian Medical Service, some of whom might develop a desire to take up professorial appointments later on, and, if those men came in under the impression that they would be eligible for professorships, they would be disappointed if outside men were put in. It would be a breach of faith with the Indian Medical Service.

56998. The Professor of Anatomy was a Civil Assistant Surgeon. The Professor of Physics belonged, under the Government of India's orders, to the Educational Service.

56999. Departmental examinations for the Indian Medical Service had been abolished, and he would not recommend their re-establishment, because members of the Indian Medical Service went to England as often as they possibly could to take special courses and to keep up their work. If Assistant Surgeons were given similar facilities for improving themselves, and availed themselves of their opportunities, the experiment might be tried of doing away with the departmental examination.

57000. It was not the intention of the Service to suggest that, wherever there was a single European living in a district, a European Civil Surgeon should be appointed. At present as many Civil Surgeoncies as possible were given to Civil Assistant Surgeons. There were only 28 Civil Surgeoncies altogether, 16 for members of the Indian Medical Service and 12 for others. Some of these were filled from the Indian Subordinate Medical Department. At present Military Assistant Surgeons held a larger number than the Civil Assistant Surgeons, but that would rectify itself in a few years time. The ultimate intention was to appoint seven Civil Assistant Surgeons and six Military Assistant Surgeons, but this could not be done until the present incumbents retired. Assistant Surgeons did not decline to accept Civil Surgeoncies, as they liked the promotion on account of the improved social position and the higher pension.

57001. (*Mr. Madge.*) In England specialists were selected for hospital appointments because they had risen to a certain eminence in their own Department. At present the independent profession in India did not supply a class of specialists superior to those in the Indian Medical Service. The qualifications of the outside practitioner were not better than those of the officers of the Indian Medical Service.

57002. Independent hospitals in India had not attained to a standard that would furnish men equal to the Indian Medical Service men for Public appointments. The equipment of the so-called independent colleges, hospitals, and schools was insufficient, probably owing to lack of funds.

57003. There was no objection to calling the locally recruited service "The Bengal Medical Service," as distinct from the Indian Medical Service.

57004. (*Mr. Fisher.*) A great many women were striving for a Government service of medical women, but they were making a mistake. It would be very hazardous to have a women's medical service in the mofassal owing to the dangers to which a woman, whether European or Indian was exposed in isolated places in India. In the large presidency towns such a service might be worked. There was a great demand for properly qualified women, but there were no Government appointments to give them except in hospitals. He had no objection to women's hospitals being established in the presidency towns under the control of qualified English medical women, provided money was available. There might be administrative difficulties at first. For one thing, it would be necessary to have a woman inspector-general of civil hospitals as woman doctors would not care to to be inspected by a male inspector-general; such difficulties, however, could probably be overcome.

57005. To fill adequately the medical and surgical chairs great medical and surgical knowledge were required; for the chairs of biology and chemistry, a lower standard of strictly medical knowledge would suffice. The Indian Medical Service contained plenty of able men for all the chairs. The officers appointed to the chair of physiology, for instance, were such as had paid special attention to the subject, and had filled teacherships before entering the Service. The three chairs of anatomy, botany and chemistry, were not specially reserved for the Indian Medical Service, but so long as there were men in the Service with a special bent towards those subjects they should have a chance of getting the posts.

57006. (*Mr. Sly.*) The experiment of specially engaging officers for plague work from England had been tried and had not been a success.

57007. There would be no difficulty in filling the professorial chairs two or three times over with Indian Medical Service Officers who were thoroughly qualified by practical experience and professional degrees. At the present time the Calcutta Medical College was staffed by very highly qualified professors; men as highly qualified as those in the Medical Colleges in England. There were very few private practitioners in Calcutta who had qualifications for professorships.

57008. The appointment of honorary physicians and surgeons to hospitals would involve an additional establishment anywhere and everywhere. In London it was the case that each physician and surgeon had a separate house staff allocated to him. If there were three physicians to a hospital there would be three house physicians; if three surgeons, three house surgeons. There were a certain number of physicians and surgeons on the staff of hospitals who were not full-time officers, but they also had their assistants. One or two small chairs might share an assistant, if the occupiers visited the hospital on different days, but that was not possible if they both went on the same day. It was a modern surgical doctrine that each surgeon in the hospital should have a separate operating theatre. Only where room was limited did surgeons share a theatre. If more surgeons were appointed from the Indian Medical Service to the

Calcutta hospital more theatres would have to be provided. At present there were two surgeons at the Calcutta Medical College, and each had his own operating theatre and his own instruments. If a third surgeon was appointed there would have to be a third theatre built and a third house surgeon appointed.

57009. The posts of house surgeon and house physician and assistant house surgeon and assistant house physician were now held by men not in Government service. These appointments numbered 15 in all, and were tenable for one year. The best man in the Calcutta Medical College, if he obtained a Government appointment, was *ipso facto* prohibited from holding one of these appointments.

57010. The Civil Assistant Surgeons, employed on teaching work at the medical schools and colleges, were, in the first instance, appointed for five years, but might get extensions. The head of the Medical Department, however, was authorised to relieve a man from his work if he was not competent. He was not in favour of officers being made absolutely permanent, because it restricted the number of men who could hold the appointments, and it was desirable to give some of the younger men an opening.

57011. The professors of the Indian Medical Service were also appointed for five years only, but they were not changed in order to give the younger men a chance. This was a mistake. He himself had held the appointment of Professor of Materia Medica for eight years, but would not have considered it a hardship if Government had posted him elsewhere after five or six years.

57012. Study leave should be granted to Civil Assistant Surgeons, wherever they could obtain it with advantage, in India or in England. Even when the school of tropical medicine was opened in Calcutta he would not restrict study leave to India. Scholarships might be given to the best men, to enable them to go to England, sufficient to cover the cost of the period of study in England.

57013. (*Mr. Chaubal.*) Professorships were considered as prize appointments in the Service, but it was not only the higher salaries which appealed to the men. There were many who were fond of teaching, and at the same time not averse to getting something extra for it. In most cases it was the teaching that appealed to men who accepted the posts of professors.

57014. There was no private practice in presidency towns apart from consulting practice. It was not possible to confine consulting practice entirely to the subject of which the officer was professor. One of the attractions of the professorial appointments was that they gave opportunities for a larger practice, whether private or consulting. He had never heard complaints that the teaching of the students suffered owing to the time given by professors to consulting practice.

57015. If a larger number of Civil Surgeoncies could be created, a proportion should be reserved for Civil Assistant Surgeons as well as for Military Assistant Surgeons. At present more could not be given. There were now five Civil Surgeoncies open to Civil Assistant Surgeons, and it was intended to raise them to seven. The number of Civil Assistant Surgeons in Bengal was 129. The Military Assistant Surgeons in Bengal numbered 34, and had at present four Civil Surgeoncies, and would ultimately get five. Military Assistant Surgeons were not eligible for any of the appointments at the medical schools, which carried a good deal of practice. They were not appointed to teaching positions because they had no registrable qualification.

57016. Some Civil Surgeoncies were held by members of the uncovenanted service, but they would disappear in a few years. There were three such appointments, two of which were going to be filled, as soon as the present incumbents retired, by Civil Assistant Surgeons and one by a Military Assistant Surgeon.

57017. (*Colonel Buchanan.*) In Bengal a considerable number of the newly-appointed Civil Surgeons had been passed through the Calcutta hospitals before they took over their new duties. It would be impossible to charge such men as being professionally rusty.

57018. Despite the language difficulty a Bengal Sanitary Commissioner had worked with success in Madras, whilst a Punjab Inspector-General of Prisons had worked in the same capacity with distinction, also in Madras, for the last 10 years.

57019. (*Rai Bahadur Bihari Lal Pande.*) It was quite possible for an Inspector-General to find out the professional capabilities of every Assistant Surgeon. The departmental examination should not be conducted by an independent outside board, but should be as practical as possible. Military Assistant Surgeons had to undergo departmental examinations for grade promotion once or twice during their service.

(The witness withdrew.)

LIEUTENANT-COLONEL LEONARD ROGERS, M.D., F.R.C.S., F.R.C.P., C.I.E., I.M.S., Professor of Pathology, Medical College, Calcutta.

Written Statement relating to the Medical Department, being the views put forward by a Committee of Indian Medical Service Officers in Bengal.*

57020. These replies are the result of an analysis of the replies received from 38 Indian Medical Service officers in the Bengal Province. This analysis was made by a Committee chosen for the purpose, of which the following are the members. They were all present:—

Lieut.-Col. W. J. Buchanan, C.I.E.
,, A. H. Nott.
,, E. R. Newman.
,, L. Rogers.

The headings sent by the Commission are written in capitals. The questions under each heading were drawn up by a local Committee and circulated to all Indian Medical Service officers in Bengal. The officers of the Committee were:—

Colonel G. F. A. Harris, C.S.I. (In the Chair).
Lieut.-Col. A. H. Nott.
,, W. J. Buchanan, C.I.E.
,, O'Kinealy.
,, L. Rogers, C.I.E.
Major E. O. Thurston.

57021. **(I) Methods of Recruitment.**—(*1*) What proportion of Europeans do you consider should be recruited? (The present proportion of Indians in the Indian Medical Service is 5.7 per cent.)—*A.* The proportion of Europeans in the Indian Medical Service should very greatly preponderate and number from 90 to 95 per cent. of the whole.

(*2*) Are you in favour of simultaneous examinations being held in England and in India for entering the Indian Medical Service? Give your reasons for your answer.—*A.* The opinion was unanimous that simultaneous examinations cannot be introduced for the following reasons:—

(*a*) They would lead to lowering of the efficiency and prestige of the Service.

(*b*) The very essential European training will be lacking.

(*c*) Insuperable difficulties will arise in obtaining an equal standard of examination, especially in the clinical and practical work.

(*d*) The very great difficulty in preventing examination scandals in India, which would be greatly enhanced in the case of a clinical examination.

(*e*) The impossibility of obtaining examiners of equal standing to those in Great Britain, who would be acceptable to Indian candidates.

(*f*) It is also suggested that the lack of European medical men to treat the families of European officials in India in some stations in already greatly resented, and if extended by further recruiting of Indians for the Indian Medical Service will in time seriously affect the popularity of all British services in India.

(*3*) What are your opinions regarding the intercorrelation between the military and civil sides of the Indian Medical Service?—*A.* There is a practically unanimous opinion that the present relationship of the military and civil sides of the Indian Medical Service is very good for the following reasons:—

(*a*) The system is mutually advantageous as the military training is of great value to the members in civil employment while the latter furnish a highly trained reserve of skilled surgeons available in time of war.

(*b*) The Military Service would not attract suitable men without the attractions of the civil branch.

(*c*) The military commission gives valuable status in civil work.

(*4*) Do you consider the disciplinary influence of Military Service an advantage or not?—*A.* The opinions were unanimous as to the great advantages of the disciplinary influence of Military Service.

57022. **(II) System of Training and Probation.**—(*1*) Do you consider an English training advisable for officers of the Indian Medical Service?—*A.* The opinions were unanimous that an English training is essential for all officers of the Indian Medical Service. The average of the periods suggested for such training was about 2½ years, while a British qualification should be made compulsory for all candidates for the Indian Medical Service.

[NOTE.—At the present time such a training is not compulsory, that candidates must enter for the examination in England and go through the short probationary course there.]

(*2*) If simultaneous examinations are introduced, do you think that Indians so recruited in India should be sent to England for further training, and, if so, for how long a period?—*A.* The opinions having been unanimous to the effect that a system of simultaneous examinations is impossible in the case of the Indian Medical Service, the only answer to the question is that such a system would still necessitate at least 2½ years' British training.

(*3*) Should the present probationary course at the Royal Army Medical College in London and at Aldershot be continued?—*A.* The opinions were unanimous that the present Aldershot course must be maintained, and that either the present course at the Royal Army Medical College, or a similar one at a school of tropical medicine in India is also necessary.

The Military training is valuable in teaching to obey orders promptly, *esprit de corps*, British ideas of etiquette, a right sense of duty and its proper discharge, accuracy and self-reliance, while valuable experience is gained in various parts of India during Military employment.

57023. **(III) Conditions of Service.**—(*1*) Do you think that the further reduction of the number of Civil posts leading to longer Military Service before Civil work is obtained will affect the recruiting for the Service?—*A.* Strong and unanimous positive opinions were expressed in reply to this question, while it was pointed out that great damage has already been done to the popularity of the Indian Medical Service in British medical schools by the recent limitation of the cadre and surrender of Civil Surgeoncies to Indians not recruited through the Indian Medical Service; and that still more serious results are inevitable in the very near future if the present conditions of uncertainty are allowed to continue. It was pointed out that for the first time for some years there were fewer candidates qualified at the examination for the Indian Medical Service than vacancies at the last entrance examination. (Twenty years ago there were 77 highly qualified candidates for 15 vacancies.—L. Rogers.)

57024. **(IV) Conditions of Salary.**—(*1*) What increase of salary do you think is required to compensate for:—(*a*) Increased expense of living in India.

(*b*) Loss of private practice on account of the large increase of medical men, both European and Indian, during recent years.

(*c*) Loss of opportunities of practice owing to the increasing delay in obtaining Civil employment on account of the decreasing number of Civil Surgeoncies.

(*d*) Frequent transfers and increase of official work and inspections limiting opportunities of private practice;.

(*e*) The decrease of grade pay on entering Civil employment, which is no longer adequately compensated for by private practice in the smaller stations held by junior officers on low grade pay.

(*f*) Loss of allowances such as for central jails, lunatic asylums, factories, etc., owing to the steady increase of specialist appointments in certain stations.

A. The opinions were unanimous that for the reasons stated in the questions, and especially on account of the increased cost of living and loss of practice (the latter having been taken into account in fixing the present low rates of pay as compared with the Indian Civil Service) that an increase of 20 per cent. for cost of living plus 10 per cent. for loss of practice is essential to compensate for the losses noted.

(*2*) What increase of jail allowances do you consider necessary to adequately remunerate for the large amount of purely non-professional administrative work?—*A.* The opinions were unanimous that the present allowances for non-medical administrative jail work are utterly inadequate for the work demanded and that they should be doubled. (*See* also note by the Inspector-General of Prisons.)

Unanimous opinions were also expressed regarding the unfairness of the grade pay of junior officers being reduced by Rs. 50 on joining Civil employ and being posted to a second-class Civil Surgeoncy, with the very much harder and more responsible work than in Military employ.

Several officers suggest the abolition of both first and second classes of Civil Surgeoncies as the simplest solution of this difficulty, and the Committee agree with this view, all being on grade pay.

57025. **(V) Conditions of Leave.**—(*1*) Should the first three years in Civil employment qualify to leave at/under the Civil rates, instead of at the lower Military rates as at present?—*A.* The reply is unanimously in the affirmative, many of the views being strongly expressed as to the injustice of the present system.

(*2*) Do you think that the percentage of excess of officers to provide leave vacancies should be calculated in the same way as in the Civil Service, and include the one year's study leave, which has recently been added, but to provide for which no extra men have as yet been provided?—*A.* Unanimously "Yes." The present 20 per cent. reserve, even if calculated on the total number of officers in the Province, including those on temporary employment, is quite insufficient to allow of the leave earned being taken after every fourth

* In forwarding this statement Colonel Rogers wrote as follows:—

I propose in my evidence before the Public Services Commission to support the replies to headings contained in a note of the Public Services of India Commission, concerning the Indian Medical Service, which was drawn up by the Committee of Indian Medical Service officers as a result of an analysis of the replies from 38 officers. I also propose to bring forward an outline scheme for forming a provincial medical service, with better pay and prospects than those now open to the Civil Assistant Surgeons of the Subordinate Medical Service, the new class of medical officers to be posted to subdivisions, so as to improve the medical provision for district areas remote from the headquarters and at the same time provide better openings for the men educated at the Medical colleges of India. As a corollary to this, I shall strongly support the opinion expressed in the memorandum referred to above in section II, (*A.*) to the effect that all officers entering the Indian Medical Service shall have an English training of not less than two years before being allowed to sit for the entrance examination, so as to ensure their being familiar with British ideas and etiquette, and so become more acceptable to English ladies and children they may have to treat as Civil Surgeons later.

year, and, moreover, makes no provision for study leave. Every year there is serious dissatisfaction at the steadily increasing difficulty in obtaining leave which has often long been due, and a serious crisis will soon be reached if proper provision is not made. It is also pointed out that the study leave allowances are insufficient.

(*3*) Do you think that furlough pay should be calculated on consolidated pay, including jail and other allowances, instead of on grade pay, and that when the Military rate is higher than the Civil one that the former should be drawn?—*A.* The replies are unanimously in favour of this concession.

57026. **(VI) Conditions of Pensions.**—(*1*) Do you think that option should be given to obtain increased pensions for widows and children on paying proportionately greater subscriptions?—*A.* The very general opinion is in favour of permission being granted to obtain higher family pensions on subscribing higher rates; but this is qualified by a number of strong opinions that the terms provided by the Fund are very poor, and much inferior to those of good English insurance companies. It is therefore suggested that option should be granted to insure in approved companies instead of subscribing to the Government Fund or that a provident fund should be started as an alternative.

57027. **(VII) Such limitations as may exist in the employment of non-Europeans and the working of the existing system of division into Imperial and Provincial.**—No answers were received from the majority under this heading.

A scheme was put forward by Lieut.-Colonel Newman for an improved Provincial Service to satisfy the demands of the Indian medical men without further sacrifice of the Imperial Indian Medical Service, and this plan is worthy of consideration, although it cannot be put forward as the general opinion of the Service, on the strength of the replies under consideration.

57028. **(VIII) Relations of the Service with the Indian Civil Service and other Services.**—(*1*) What is your experience in this matter regarding (*a*) official relations, and (*b*) private relations?—*A.* The opinions were unanimous regarding the harmonious relationships in both official and private capacities with the Indian Civil Service and other Services, one or two isolated differences of opinion being only such as must occur as a result of occasionally meeting with men of difficult temperament.

57029. **(IX) Any other points within the terms of reference to the Royal Commission not covered by the preceding heads.**—(*1*) Do you consider that the total period of service for pension should count from the date of passing the Entrance examination for all officers, as it does for those now entering, and not from several different periods, as at present?—*A.* A unanimous opinion was expressed that the total period of service for pension should count for all officers from the date of passing the Entrance examination as at present, in order to remove the present anomalies, which are keenly felt as a legitimate grievance by those deleteriously affected by them.

57030. *OTHER SUGGESTIONS PUT FORWARD AND APPROVED BY THE COMMITTEE.*—The Inspector-General of Civil Hospitals should be a Secretary to Government in his Department, so that his recommendations go direct to the Governor or Lieutenant-Governor or Member of Council, as in the Punjab, for orders. It is pointed out that medical questions are at least as technical as those of the Public Works Department, who have their own Secretaries.

The position in the Civil List of the Province should be determined by the total service of the officer in the case of all who applied for civil employ without delay and who have not declined an offer of civil employment. This would remove many legitimate grievances.

57031. *CONCLUDING REMARKS.*—Lastly, the Committee have been greatly impressed by the very general and forcibly recorded opinions that there has already been a very serious loss of popularity of the Indian Medical Service in British medical schools, as shown by the dearth of qualified candidates at the last Entrance examination and the steady decrease in their number and qualifications; more especially since Lord Morley's order limiting the cadre and ordering the surrender of some civil surgeoncies to Indians not recruited through the Indian Medical Service. These facts emphatically indicate that to any further sacrificing of the Indian Medical Service to placate the so-called "independent medical practitioner," and the uncertain prospects of those entering a service with the prospect of spending 30 years in it under the present conditions, will inevitably make it impossible to recruit anything approaching the high class of medical men who have hitherto made the Indian Medical Service the premier medical service in the world. As the duties of the Indian Medical Service civil surgeons (who now number barely one to each two million inhabitants of India) are very largely administrative, while their practice is now limited to medical attendance on Europeans and ther families (who object to being treated by Indians) and occasional consultations with Indian medical men on Indian patients, they form a most essential element in the British Administration, and any further lowering of the qualities of the recruits for the service will occasion a most serious loss to India as a whole.

LIEUTENANT-COLONEL LEONARD ROGERS called and examined.

57032. (*Chairman.*) The witness represented the officers of the Indian Medical Service in Bengal. The written statement embodied in substance the replies of 38 officers, constituting the whole of the Indian Medical Service in the Province.

He was professor of pathology at the Medical College, and also bacteriologist to the Government of Bengal, and had held his position for 14 years. He had over 20 years' service.

57033. He pressed strongly for a period of training in England before an officer was taken into the Service. Up to 1894, when the General Medical Council recognised the Indian Licentiate of Medicine and Surgery, it was necessary for every Indian entering the Service to obtain a British qualification, and that ought to be re-introduced. This was now of more importance than ever, as many Indians were entering the Service, and so became responsible for the treatment of Europeans and their wives and families. In India there was no efficient training in midwifery. Within recent times an Indian had gone to England from Calcutta and passed into the Indian Medical Service within a month on his Indian qualifications, and had been back in India within seven months; such a man had had no opportunity of getting into touch with British training and ideas. Personally the witness would be satisfied with a two years' training in England, but the opinion of officers generally was for a two and a half years' course to include midwifery, gynæcology, and the diseases of children. The course should be prior to the examination.

57034. For the general training of medical men the facilities in India now were as good as those in England. That was shown by the fact that an officer passed straight into the Indian Medical Service on his training in India.

57035. A period in military employ was advantage because it gave a man an idea of discipline, and time to learn the languages of the country; but seven years was too long. The time might be shortened if the military service was made more attractive by introducing the station hospital system, which would give more scope and better prospects to men remaining in military service, and so lessen the number wishing to obtain civil employment. The ideal period would be two years, and that was the time after which men could put

their names down for civil employ. Another two or three years, however did no harm, because men would probably take leave and study in England. It was very seldom that an Indian Medical Service officer went on any lengthy leave without studying in England.

57036. If it was found necessary for an officer to remain five years in military employ he ought to be made to gain real medical experience. This could be obtained if military station hospitals were established. There would not be much difficulty in carrying out such a scheme, as during recent years troops had tended to be concentrated in the bigger stations. When he first came to India it was tried in Rawal Pindi and it could be easily be introduced into the great majority of stations where there were already hospitals which only required certain additions. A good many Military officers also attended the civil hospitals at their head-quarters. This was at present optional, but it might well be made obligatory. Also in the hot weather military officers could obtain leave much more easily than civil officers, and could be deputed to attend hospitals in other places. In that way officers would obtain experience in their professional work. The point was one of importance and this was fully recognised in the profession. During recent years a number of courses had been introduced, but there was still room for improvement.

57037. The decrease in private practice had been worked out by the Director-General, and amounted to 67 per cent. on the average of the total practice in India during the last 20 years. Bengal was much below the average. One of the reasons for this was the political animus which existed as a result of the Swadeshi movement.

57038. Jail work in some stations occupied two or three hours a day, and the pay earned averaged out from two to four rupees a day, or about one-fiftieth of what would be made in consulting practice. The work was administrative and not professional, and was very distasteful to officers. The system appeared to aim at saving the Government from having a whole-time officer in charge of each jail. In some small jails the pay was only Rs. 50 and it went up to Rs. 150 as a maximum. It should be at least double.

57039. When a junior officer came into civil employ his pay was reduced by Rs. 50. As a military officer he received Rs. 500 and as a civil officer Rs. 450. That was introduced at a time when private practice was considerable, even in small stations. At the present time the practice in small stations was really negligible. A man in civil employ had three times as much work as he had in military service, and yet he received less pay.

57040. He proposed the abolition of the second class civil surgeoncies, because in no less than 27 per cent. of the stations the practice was less than Rs. 50 a month; nearly three-fourths of the surgeoncies came under the category of second class. The first class civil surgeon had an extra Rs. 100, and those appointments carried a considerable amount of practice. The first class civil surgeoncies were held by senior men.

57041. For three years an officer in civil employ drew his leave allowances at military rates, which were half of those in civil employ. The civil minimum rate was £500 a year instead of £250; junior officers never drew more than that minimum, so they lost half their furlough pay for a period of three years. It was quite possible that the low military pay might prevent a man going on leave.

57042. During recent years study leave had been introduced, and as a result each officer could obtain one year's leave more than he formerly obtained. No additional allowance had been made in the cadre for such vacancies. As a result of the rule men at a comparatively junior age frequently took eighteen months to two years, including the year's study leave, in order to qualify for accelerated promotion. That meant that they were away for two years, and blocked somebody else for two hot weathers. As no allowance had been made for the additional leave things were getting worse every year, and it was more difficult for officers to get their leave in the ordinary course. Whereas some officers could obtain two years, others could not get any at all. For the purpose of study officers required long leave, and eighteen months would be the minimum, because if an officer was studying for higher examinations for a year he wanted a short holiday before he came back to work. As a fact a year's study leave was inadequate, and had to be combined with some other leave, if a man was to come back fresh to his work. The fact that officers could not obtain leave was due, first, to a shortage in the cadre, and secondly, to the introduction of study leave which had unduly extended the period that an officer could be away. It would be necessary to increase the cadre and possibly modify the present conditions of combined study leave and leave. He thought 18 months should be the maximum.

57043. The family pension fund was a purely military fund, and many officers thought they received better terms from an ordinary insurance company. Many officers wished to be able to subscribe higher amounts, and to receive larger pensions, because owing to the loss of private practice they could save so little now.

57044. It would be a great advantage, if it could be done, to put Civil and Military Assistant Surgeons on the same level with regard to education, qualification, and pay. The difficulty was to obtain sufficiently well educated men for the military assistant class. Very few of those recruited as Military Assistant Surgeons had university qualifications.

57045. The experiment of allowing private practitioners to enter Government hospitals was being tried in Bombay, and might also be tried at the Mayo Hospital in Calcutta.

57046. The Medical College was not understaffed as compared with London hospitals. In London there were three surgeons and three physicians attending two days a week, whereas at the Medical College there were two surgeons and two physicians who attended every day in the week. Also in Government service an officer had to give his best time to his Government work, but a man in a London hospital, when he reached any eminence, only gave his spare time to the hospital. It would not add generally to the efficiency of the staff of a hospital to have assistance from private practitioners, except possibly in specialised subjects, such as diseases of the throat. The time of the students, however, was so taken up, that it would be difficult to introduce such classes, and the subjects were already taught in the out-patient department. He had heard that there was friction between the hospital staff and the private practitioner in Bombay.

57047. (*Sir Theodore Morison.*) The period of military service should not be extended beyond five years; between two and five years was the most favourable time.

57048. There must be the present system of transfer to the civil side by seniority, because at least nine-tenths of the officers who entered the Indian Medical Service did so with the intention of entering civil employment. If there was any system of selection, uncertainty would be introduced, and this would seriously affect recruiting. He did not think it would be an advantage if there were some method of selection, as all the present men in his service were qualified to become Civil Surgeons.

57049. The average value of a civil practice at the present time was about one-third of what it was 20 years ago.

57050. He did not agree with the contention that the jail allowance ought to be increased so as to compensate for the loss of private practice. It ought to be given in proportion to the amount of work done.

57051. The Family Pension Fund alluded to was the General Military Fund, and was open to officers of the Indian Medical Service. About five years ago the rates were decreased because the actuarial calculation showed that a greater sum was being subscribed than was necessary. There had been

some recent changes since that time, but he did not know the exact figures. What his colleagues asked was that they should be able, in the senior grades, to subscribe larger sums and qualify for higher pensions. Some officers, however, maintained that they could do better by insuring in companies, and those officers would like to be allowed the alternative of insuring in British companies instead of being obliged to contribute to the Military Pension Fund. If the result of an actuarial investigation satisfied officers that they were getting a slightly better rate in the Military Fund than they could obtain in an ordinary insurance company, they would be satisfied if the condition asked for with regard to being allowed to subscribe higher rates was granted.

57052. (*Mr. Chaubal.*) Where there were five private practitioners formerly, there were now 50, and it necessarily followed there was a decline in private practice. In the memorandum, on which officers entered the Service, the promise was held out to them of private practice, but private practice was now very much less than it was formerly, with the result that recruitment suffered. Emoluments from private practice having fallen, the pay should be increased in order that the same high class of man who had hitherto joined the Service should still be attracted to it.

57053. The increase in the cost of living was a common factor to all services.

57054. (*Mr. Sly.*) He had had 14 years' experience of the Calcutta Medical College. The academic distinctions of the professors at that college were good, and were undoubtedly equal to those of professors in the ordinary Medical Colleges in London. Allowing for the fact that their must of necessity be leave, the number of changes of incumbents in the chairs was no greater than it was in England.

57055. No cases had occurred, in recent years, in the Calcutta Medical College in which an officer had been transferred from one chair to another without his possessing adequate qualifications for both chairs, nor had any cases occurred in which an officer had been transferred from one chair to another with which he had no connection whatever.

57056. He held the opinion that at present the Indian Medical Service could supply, not one qualified man to each chair, but half a dozen, and consequently there was no difficulty whatever in getting absolutely as good men in India as in England to fill the chairs. Therefore there was no reason, from the point of view of medical education, for any change in the present system. That was very clearly brought out by the fact that young men trained by Indian Medical Service officers went straight from India and passed examinations in England in different colleges, and also passed into the Indian Medical Service.

57057. The scientific chairs could not be surrendered without damage to the Indian Medical Service. As long as it was known that they belonged to the cadre of the Services, so long would men enter who were qualified to hold them. For example, the Professorship of Botany, and the headship of the Botanical Gardens, had hitherto been held by Indian Medical Service officers, nearly all of whom had become Fellows of the Royal Society. The last man to be appointed was Major Gage, and he only entered the Indian Medical Service because he knew that this particular appointment was open to him. Similarly with the chair of Zoology. As long as such appointments were open to the Service there would be no difficulty in getting first class men attracted to the Service. It certainly was an advantage to the Indian Medical Service to attract that particular type of pure science officer. Private practitioners in India had no training for such scientific appointments as Botany, Zoology, Chemistry or Pathology. The system of training in the Indian Medical Service for such appointments was as follows:—In the first place, because those appointments were open to them men entered the Service who were competent, and who would ordinarily have obtained appointments on the London staff if they had stayed on. They came to India, and after they had done a short time in Military Service, received a further two years' training in the particular branch. For example, last year there were three officiating vacancies in the Medical Service, one in surgery, one in medicine, and one in midwifery. The men who acted in those posts had held the appointment of resident surgeon, resident physician and resident obstetric some years ago. One of them had already been twice professor of surgery, and another one had acted as professor of midwifery, and was well known for his original papers on the subject. So that in the Indian Medical Service, men came out as specialists, and were picked out at an early date, and given officiating appointments. They were, therefore, thoroughly tried, and eventually, after about 15 years, they were given the title of professor. He could not conceive of any better method of recruitment. If some or any of such professorships were taken away from the Indian Medical Service, it would undoubtedly lead to the loss of all the best qualified men who now entered it, because it was those appointments which attracted the first class men, who otherwise could accept appointments in their own hospital. There was no real comparison between the Royal Army Medical Corps and the Indian Medical Service. The Royal Army Medical Corps men came out to India for five yearly periods; they knew there were none of the professorships he had just mentioned open to them, and therefore did not expect them.

57058. He had the authority of the Director General, Indian Medical Service, for saying that the ordinary jail work for a Civil Surgeon took about two or three hours a day. Of course it depended on the size of the jail. He was referring to the larger districts. The time varied at different stations.

57059. Indian Medical Officers serving in Bengal claimed leave under the civil rules and at civil rates of pay. An Indian Medical Service officer did three years in civil employment, for which he did not earn civil rates, and his colleagues only asked it for that time, and not for the time they were in Military Service. The position was that a man went into civil employ, and for three years only earned furlough at military rates. They desired that the furlough pay should be paid either at the military or civil rate, whichever was the higher, because the work in civil employ was at least twice as hard as that in military.

57060. The proposal that an officer should be placed in the position justified by his total service, irrespective of the time at which he entered civil employ, would not create difficulties. Owing to the numerous changes in the cadres of the Bengal Provinces, a most extraordinarily anomalous position of affairs had arisen. A man had gone into Eastern Bengal or into Assam at an earlier time than he could get civil employment in Bengal. Then, owing to the partition upheaval he came into Bengal, and found himself over 20 officers who were senior to him in the Service. As long as a man had not refused civil, that was to say, he had taken civil employ in his ordinary turn, then in the civil he should rank in accordance with his seniority. That would get over all the anomalous positions. There could not, of course, be any rule which would not create some possible anomalies, but there would be less anomalies if the rule he had just suggested were adopted.

57061. (*Mr. Fisher.*) The Bacteriological Department was not reserved for the Indian Medical Service, but officers in the Indian Medical Service served in it. That system worked very satisfactorily. Good bacteriologists were obtained from England through the channel of the Indian Medical Service in the ordinary way, and the men who had a taste for the work took study leave and kept themselves up to date. There was one officer in the Department who was not a member of the Indian Medical Service.

57062. If the tropical school of medicine were established, there were men in the Indian Medical Service who could adequately fill the chairs, but in addition there would have to be some whole-time research appointments, for which it was hoped funds would be raised.

57063. A man would receive the appointment of a junior chair, such as of physiology, after six or eight years' service. For the clinical chairs, such as medicine and surgery, it would be nearer 20 years. A young man who had made his mark in physiology would enter the Indian Medical Service with a definite view to teaching in that subject.

57064. He believed that at the present time Indians were going to England in such numbers that there was sometimes a difficulty in their getting the requisite hospital experience, but if the rule he suggested was adopted, namely, that they should have two years' training in London, the numbers going to England would probably be less, which would largely solve the difficulty. He agreed it would be unfair to lay down a condition of that kind unless it could be ensured that the students who went to England could gain admission to hospitals. The fact remained, however, that they have gained admission hitherto.

57065. (*Mr. Madge.*) If a man took his training in India partially, and then finished it off in England, it would not be an objection to his entering the Indian Medical Service. A man could do his preliminary subjects in India, and his final subjects in his two years in England.

57066. Jail appointments were attractive to medical men. The truth was that men obtained such appointments early. They got a much more comfortable position and a good house, and this was an attraction to men who were married, and who wanted to settle down. Those were private, and not professional reasons for the attraction of the post. If jail appointments were taken away, in deference to an opinion held by experienced magistrates, it would not affect recruitment to the Indian Medical Service.

57067. The seniority list must be a separate list for each Province, because men who desired to get a favourite Province like the United Provinces waited several years for it, and the seniority list must be limited to that Province. A man often went into a smaller Province because he could obtain more rapid promotion.

57068. (*Mr. Abdur Rahim.*) 87 per cent. of Europeans, and 52 per cent. of Indians applied for Civil employment. That was to say, Europeans showed much greater keenness for civil work than Indians, which was rather surprising. The Director General's figures showed that there was no appreciable decline in the applications for Civil employment. Although private practice had fallen off considerably, there had been no decline in the number of men applying for Civil employment, because everyone who entered the Indian Medical Service did so with the idea of going into Civil employment.

57069. The loss of private practice had not really told on the number of men who were willing to serve in the Service, but it had told very severely on the competition for the Service.

57070. His reason for making it obligatory on Indians wishing to enter the Indian Medical Service to undergo training in England for two years, was that there was no efficient training in midwifery in India. Officers who had later to be Civil Surgeons, and as such responsible for European women and children should have had an efficient training in gynæcology and the diseases of children. It was perfectly well known that the recruitment to all Services in India was being affected by the fact that it was beginning to be known in England that those entering the European Service in India could not count on European doctors for their wives and families.

57071. When the Indian Medical Service was recognised in 1894, no objection was made that the training might not be sufficient. At that time there were so few Indians entering that the matter was not considered so serious as it was at the present time. The fact that the number of Indians entering the Service had considerably increased made the question more serious than it was before.

57072. No definite proportion of Europeans in the Service should be laid down. Once confidence was restored in the Indian Medical Service by increases of pay, and by the complete abrogation of the very ill-considered Morley Order, recruitment would go ahead. Amongst the 38 members of the Service in Bengal there was one Indian gentleman. He did not know whether the written statement had been sent to him as it was sent from the Inspector-General's Office. As a matter of fact he thought he was on leave at the time.

57073. In Bengal political animus had contributed to a decline of practice. The growth of the medical profession in Calcutta had also something to do with it. That was one cause out of a number. Another cause was the number of railways, tea estates, and mills employing their own European doctors.

57074. (*Sir Valentine Chirol.*) One explanation of the curious anomaly, that whereas there was an increased demand on the part of Indian independent practitioners for a larger share of the Civil appointments hitherto reserved for the Indian Medical Service, a very much smaller proportion of Indians than Englishmen who had qualified in the same year applied for such appointments, was that once an Indian obtained an appointment in a well-paid Service, he had a tendency to find himself quite comfortable, and as long as he received good pay he was not keen on a very great deal of work. He therefore stayed in the Military Service instead of going into Civil employ, where there was a great deal of work and responsibility. That was in spite of the fact that an Indian's life in the Military Service was not always particularly pleasant from a social point of view.

57075. (*Sir Murray Hammick.*) The favourite Provinces amongst members of the Indian Medical Service were the United Provinces and the Punjab. The average time was six and a half years for the whole of the Civil. Officers had to wait seven or eight years for the United Provinces, and six years for Eastern Bengal and Assam. He did not know the figures for Madras. The main reasons for the difference of popularity in the different Provinces was climate, and the stations. In the United Provinces there were very few bad stations compared with Lower Bengal.

57076. Private practitioners in India did suffer under disabilities as regards up-to-date practice in hospitals which was not suffered by private practitioners in England. He thought in the case of the South Soburbhan Hospital and the Mayo Hospital it would be a good thing to try the experiment, which was now being undertaken in Bombay, but it would be a very doubtful experiment to try it in a Medical College, as it would disorganise the whole teaching. What was really wanted was the extension of the post-graduate course. The Tropical School of Medicine would be a step in that direction.

57077. Civil Surgeons were quite glad to see any private practitioner come to their hospitals. He thought, if private practitioners wished it, there would be no difficulty in their getting access to hospitals to see the work being performed there. Hospitals up-country would welcome an outsider coming to see the work.

57078. From his experience in Calcutta there was not the same community of interest and the same association of interests between doctor and doctor, taking the Indian and the Englishman, as there was in England between members of the medical profession. At the same time he had many friends among Indian practitioners whom he met in consultation. He had several times been to the Calcutta Medical Society and read papers there, and had associated with them in that way. A large number of the members of the Calcutta Medical Society were private practitioners.

57079. He desired to draw the Commission's attention to the point with regard to the Inspector General of Civil Hospitals being placed in a much better position than he was at the present time. The grievance was as follows. At the present time the Inspector General of Civil Hospitals, a man of from 30 to 35 years' service, was really in the position of a personal assistant to a Civilian

secretary of half his own service. The Inspector General made a recommendation on a purely medical subject—say the appointment of an officer to a district. That went to a junior secretary of five years' service, and then went to the senior secretary of 15 years' service. It then went from him to the member, and to the Governor, and if they did not agree with the Inspector General's proposal, it did not necessarily come back to the Inspector General; that was to say, the notes of the secretaries were sent up to Government without the Inspector General having any opportunity of replying to any criticisms on his suggestion. That was a very anomalous position. It was true that the office of the Inspector General was in the same building as the Secretariat, and he could see the municipal secretary as often as he pleased. He also had a weekly interview with the Governor, and had free access to the member for the Medical Department, but the Inspector General did not know that his note was being criticised. There was a strong feeling in the Bengal Medical Service that the position was very much more unsatisfactory there than in any other part of India. One of the results was that the men went to the Secretary instead of going to the Inspector General. His colleagues desired that either the Inspector General should be made Secretary to his Department, so that the work went direct from him to the member in charge of the Department, or, if that was not feasible, whenever a secretary differed from the proposals sent up by the Inspector General, the file should be returned to the Inspector General for his final note before being submitted to the member for the Department, who gave the final decision. That was not the present practice in Bengal.

57080. (*Colonel Buchanan.*) As a professor of the Medical College of many years' standing he sympathised with the Assistant Surgeon class, and would like to do anything that was possible to improve their prospects, and so, indirectly, those of the independent practitioners, short of damaging the Indian Medical Service. After discussing the matter with various Civil Surgeons, he had come to the opinion that what was required at the present time was to increase the number of appointments for the Assistant Surgeons, in the subdivisions of the districts. He would also use the term "Provincial Medical Service" instead of "subordinate service." Further, Assistant Surgeons should be given higher pay. At present, sub-divisions were not attractive. There were 53 in the Province, only 28 of which had Assistant Surgeons in charge. That number could therefore be greatly increased. In that way a superior grade of medical officer would be supplied to the subdivisions of the districts away from headquarters where they were very badly wanted.

57081. There was now great difficulty in giving practical training in midwifery to Indian students. Under a rule of 1912 Medical College students had to conduct six labours, and to attend three months in the gynæcological out-patient department. As a matter of fact, the number of midwifery cases which were available for the students were only about 200 a year. There were 120 students last year, and there would be 130 this year, so that it really worked out in practice that they could only attend about one case each. To get over that difficulty, they were supposed now to witness six cases, and to write up notes on them. That, of course, was a mere farce. They were not allowed to touch, or examine the patient, and it was no training whatever. The remaining midwifery cases were absolutely necessary for the training of midwives, who alone attended the vast majority of Indian women in labour, and whom it was therefore very much more important to train than medical students. Moreover, the midwives did nearly all the nursing without pay for the sake of the training they got, and without them the hospital could not be carried on. It was therefore impossible to obtain sufficient cases properly to train the medical students in midwifery. With regard to the gynæcological out-patient department, the condition was just as serious. Within the last 1½ years, during which the rule had been in force for the Medical College Indian students to attend that Department, the number of Indian women attending had fallen from 1,290 to 403. That was to say there was a falling off of 68·6 per cent. in the attendance of Indian women at the different out-patient departments of the most important gynæcological hospital in India, simply because of the admission of Indian students. It was absolutely impossible to give in India an efficient training in gynæcology and midwifery to Indian students, such as would qualify them for a British medical degree, and for subsequently attending European women and children.

57082. (*Chairman.*) Indian students were not allowed to examine European women. There had been practically no falling off in the attendance of European women, in consequence. Moreover, not only had there been no falling off recently in the admission of Indian women into the gynæcological wards of the Eden Hospital, but the last year showed record admissions. The Indian women had definitely stated that this was because Indian male students were not admitted to the wards, but only to the out-patient department. Not one Indian woman in a thousand was ever attended by an Indian male doctor. There were one or two Indian practitioners who did a fair amount of midwifery work in Calcutta, but outside of Calcutta there was not one.

57083. (*Mr. Abdur Rahim.*) Eurasian lady students were allowed to attend some Europeans. They were not objected to in the same way as Indian male doctors. He was quite aware that there was one Indian practitioner, who had a large practice in midwifery amongst Indian women.

(The witness withdrew.)

Honorary Captain J. C. Gillmon, I.S.M.D., Military Assistant Surgeon; Inspector and Certifying Surgeon of Factories, Barrackpore and Howrah, Bengal.

Written Statement relating to the Medical Department, being the corporate Views of the Members of the Indian Subordinate Medical Department in Civil Employ in Bengal.

57084. **(I) Methods of Recruitment.**—There exists a lax application of the rules for admission into the Service which require European and Eurasian candidates, with the consequence that the Department suffers (*a*) in its social aspects, (*b*) in *esprit de corps*. The rules bearing on parentage should be stringently enforced.

We request cancellation of the India Army order whereby Military Assistant Surgeons are reported on in the Annual Confidential Reports as to the desirability of retaining them in the Service on the grounds of (1) Professional inefficiency; (2) Physical incapability; and (3) Moral tone.

57085. **(II) Systems of Training and Probation.**—The standard of education required for recruitment is not as high as it should be. The consequence of this had been a large percentage of failures in the three Medical Colleges in India where the men of the Service are trained.

The period of study at the Medical Colleges should extend over a period of five years instead of as at present four years, conforming with the period obtaining in Great Britain and in India, and placing the members of the Service on a level with qualified medical men in general. The degree of M.B. should be conferred at the end of this

time, qualifying for practice in any of the British dominions and recognised by the British General Medical Council.

The standard of the entrance examination to College should be raised to the requirements of the British General Medical Council in order to permit of the members of the Service obtaining British qualifications at any time during their service if so inclined.

57086. **(IV) Conditions of Salary.**—The cost of living all over India has increased considerably, Government has ameliorated employés' conditions, granted increase of pay compatible with the times, and reorganised departments.The present rates of pay of the Department was sanctioned about 20 years ago. The attached table* shows that the pay of the Department will not bear comparison with that of other Civil departments of similar footing, and it will also show the unfavourable position occupied by the members of the Department, who are amongst the poorest paid servants in Government employ. The training the members of the Service undergo in college will be found on examination to be practically the same as that undergone by Indian University men as recognised and placed on record by the Government of Bombay, who in a resolution of recent date testified to their appreciation by stating that the members of the Service were performing "the duties as a routine work which could have been demanded of them had their qualifications been of the very highest," showing that the members of the Department are deserving of encouragement. An improvement in the pay of the Service is submitted along the lines indicated in the manner following:—

	Rs.
4th class Assistant Surgeon on first appointment	125
3rd class Assistant Surgeon after 5 years in the 4th class	175
2nd class Assistant Surgeon after 5 years in the 3rd class after passing the Departmental examination	225
1st class after 5 years in the 2nd class ...	300
1st class (after 3 years) 1st class	350
Lieutenant	400
Captain	500
Captain (after 12 years' Commission Service)	600

In this connectionn an increase in the pay of Civil Surgeons who belong to the Department is solicited. 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 1st appointment ...	400
,, ,, after 4 years	500
,, ,, ,, 8 ,, ...	600
,, ,, ,, 12 ,, ...	700
,, ,, ,, 16 ,, ...	800

As an alternative scheme we respectfully suggest that the pay of Civil Surgeons should vary according to grade on first appointment. A Captain should start on Rs. 700 per mensem, a Lieutenant on Rs. 600 per mensem, a 1st class Assistant Surgeon on Rs. 500 per mensem, and a 2nd class Assistant Surgeon on Rs. 400 per mensem, rising by annual increments of Rs. 25 per month to Rs. 1,000. Third and 4th class Assistant Surgeons should not be appointed Civil Surgeons.

The above rates correspond to the rates of pay prevailing in the higher grade of the uncovenanted companion Civil Services and will bring the members of the Service into line with them, and place them on an equality with their colleagues in Government employ.

57087. **(V) Conditions of Leave.**—So far as the rules and regulations pertaining to leave are concerned Military Assistant Surgeons in civil employ, Bengal, experience great difficulty in obtaining leave for want of supernumeraries or a reserve to replace them. In view of the fact that the medical services in particular do not enjoy gazetted holidays every facility should be given to grant leave when due. *Study Leave.*—This privilege is in force in the Indian Medical Service and Royal Army Medical Corps, and may be extended to the members of the Indian Subordinate Medical Department, though it is not essential to proceed to England for this purpose. It would assist in the preparation for the Departmental examination for promotion and enable them to keep with the times.

57088. **(VI) Conditions of Pension.**—Government holidays are unknown in the Department so that the members put in on an average about 10 years more of working days during their service than other Departments and it would be only fair that full pension should be allowed them after 21 years' service, exclusive of the time spent at college, and not after 25 years as at present, and they pray for the same accordingly. Also that full pension be allowed on their attaining the rank of Captain as in other Civil Departments the full pension is permissible from the date of attaining the highest grades of the services.

As in the other Civil Departments the members of the Service in Civil employ should be given full pensions, *i.e.*, half the emoluments drawn at the time of retiring, and they should not be reduced to the pensions of their military rank. As in other branches of the Army a special pension should be granted for long and meritorious service.

57089. **(IX) Any other points within the terms of reference to the Royal Commission not covered by the preceding heads.**—(*1*) *Designation.*—The word "Subordinate" should be eliminated from the designation of the Service "Indian Subordinate Medical Department"; it casts an undeserved slur on its members, no Government Department of similar standing being designated "Subordinate"—the designation should be changed to "Indian Army Medical Department." The senior members of the Service are His Majesty's Commissioned Officers, they and others hold Civil Surgeoncies. The inclusion of the word "Subordinate" in their designation is incompatible with their official or social status and in the case of Commissioned Officers and Civil Surgeons is derogatory.

(*2*) *Appointments in Civil Department held by Military Assistant Surgeons.*—So far as is known no hard and fast rule exists for the selection of Assistant Surgeons for Civil employ. Employment in the Civil Department though making use of the war reserve is also looked upon as a promotion or reward for good service:—

It often happens that Military Assistant Surgeons are posted direct from Military service into independent charges or Civil Surgeoncies without special qualification or claim. In Military employ the Military Assistant Surgeons undoubtedly become rusty, for in Military hospitals they are more concerned with matters of discipline, carrying out of the orders of their medical officers, compounding and issuing of medicines, and making up diet returns; on the other hand the experience gained in Military hospitals is not so great as in large Civil hospitals particularly owing to cases being invalided which show no reasonable hope of being fit for further active service. It is reasonable therefore, to suggest that Military Assistant Surgeons for Civil employ should in the first place be sent to one of the large Civil hospitals or Medical Colleges as House Surgeons for a period of one or more years before being drafted into independent charges or Civil Surgeoncies. If they then diligently apply themselves to the work the further knowledge and experience thus gained will more aptly fit them for such responsible posts.

(*3*) Another point for consideration is the manner in which Military Assistant Surgeons are borne on the Civil List. It is somewhat humiliating and derogatory when senior men with, perhaps, 14 or more years' service find themselves placed below much junior men simply because the latter happen to be fortunate enough to join the Civil Depart-

* This table is identical with that put in by Captain J. E. B. MacQueen *vide* page 186, Table II.

ment at an earlier date. This is felt to be a grievance and could perhaps be remedied by fixing a limit of Military service before selection to Civil employ, say, between eight and 10 years' service.

(*4*) Certain awards such as Kaiser-i-Hind medals, I.S.O., etc., are conferred on retirement to members of the various public services but to members of the Indian Subordinate Medical Department they are few and far between. They should be more liberally awarded.

Captain J. C. GILLMON, called and examined.

57090. (*Chairman.*) The written statement represented the views of all the members of his service. There were 37 members in his service in Bengal. He occupied the position of Certifying Surgeon of Factories. He had been in Civil employ since 1895. His colleagues asked that the rules bearing on parentage should be stringently enforced. That was a general complaint in his province, although it might not be in Madras or Bombay. Very frequently Indian Christians were admitted into the Services as Eurasians or Anglo-Indians, and they were generally of a low class. He knew there were such men in the Service. The rule should not be altered, but enforced.

57091. There should be a higher standard for the entrance examination, and a full course, followed by a degree, which would give members of his service a qualification, which would be recognised by the General Medical Council. They wanted to be on an equality with the Civil Assistant Surgeons, both in the matter of education and qualification. There would be of course a narrowing of the field of recruitment if the qualifications were raised, unless the age of entrance was also raised. The present age of entry was 16. It should be raised to from 18 to 20. There was no present prospect of getting recruits to come forward who would be prepared to bear the expense of their own training. That the cost of their training was borne by Government, was no reason why lower salaries should be paid than those paid to Civil Assistant Surgeons. The Civil Assistant Surgeon's expenses were very small, as compared with those of the Military Assistant Surgeon in the mater of boarding establishment, and house rent.

57092. Third and fourth class Assistant Surgeons should not be appointed Civil Surgeons. All the members of his Service aspired to become Civil Surgeons.

57093. Many officers did not take leave because they could not afford to do so. In some instances it might happen that there was nobody to put in an officer's place, but that was not always the case. There was an inadequacy of leave reserve.

57094. The members of his Service in Civil employ should be given pensions at Civil rates. He did know know of any other Military Service which enjoyed this privilege under the Military pension rules only the very senior men, such as captains, got Rs. 200 a month or £200 per annum on retirement. If his proposal were accepted the same concession would have to be made in the case of other Military officers in Civil employ.

57095. His colleagues objected to the use of the word "Subordinate" as the designation of their Service and proposed that it should be called the Indian Medical Service.

57096. There was no particular objection to Military Assistant Surgeons in railway employ being borne on a common cadre with the other Military Assistant Surgeons.

57097. In Military employ Military Assistant Surgeons became rusty, for in Military hospitals they were more concerned with matters of routine. To overcome this difficulty officers should have facilities for being trained at one of the large Civil hospitals or Medical Colleges. He himself had learnt more as a House Surgeon than anywhere else. He had been in Military employ from 1878 to 1905. He did not know the average number of years that officers in his service remained in Military employ. There were more entering Civil employ now than when he first entered the Service.

57098. (*Sir Murray Hammick.*) If the five years' course was made compulsory, and a proper degree given at the end of that period, there might be some difficulty in getting students to go in for it, but many students after leaving the Medical College at Calcutta had gone to England and taken good degrees. At the present time it was difficult enough to find recruits in Bengal, and it would be more difficult if the course was a five years one. If the pay was raised, however, in the way suggested, the Service would be made so attractive as to bring in more candidates. The schools at present open to boys in Bengal were sufficiently good to keep them till they were 20 years old, and to bring them up to the standard which would be necessary for them to attain in order to go in for the five years' course. He quoted St. Paul's School and St. Joseph's College in Darjeeling as particular instances.

57099. (*Mr. Madge.*) There was a prejudice against honorary rank, and as an alternative he suggested transfer to the Imperial Service. He would post a man at the bottom of the Imperial list as a lieutenant. If a man did not wish to join at the bottom of the list he could keep out of it. A system such as that in vogue in the Judicial and Executive Services, where there were a certain number of listed appointments, to which the very best men of the lower Service might be promoted, would be acceptable.

57100. (*Mr. Sly.*) It was the case that his service was recruited much younger than any other Provincial Service in India. He thought men were recruited too young. The whole of a man's medical education was paid by Government, and he also had the right of private practice in most appointments. He did not know whether those privileges were shared by any other Provincial Service with which he had compared their rates of pay. Private practice was so small that he did not think it amounted to very much. There was a fixed limited number of appointments to honorary lieutenant and honorary captain. In Bengal at the present time there were three captains and three lieutenants. He did not know how that number was fixed; it depended upon promotion. There were 13 posts in each rank in Bengal, and those who were in Civil employ were seconded, which raised the numbers of commissioned officers to 57, both in Military and Civil employ.

57101. He did not think the members of his Service would object to the proposal, which had been put forward, that the Indian Subordinate Medical Service should be reorganised on the basis of being a branch of the Indian Medical Service, with warrant and commissioned officerships.

57102. (*Sir Theodore Morison.*) Officers of his Service in Military hospitals did not have any medical responsibility. They had medical charge of a body of men who were perfectly healthy. As a rule they saw only malarial fever cases or outbreaks of cholera and the like, whereas in large Civil hospitals officers saw all kinds of cases. No training at a military station hospital could ever be of the same value as that given at a large Civil hospital. All the bad cases were invalided to England, so that from a medical point of view, the most profitable part of the illness was taken away.

57103. (*Colonel Buchanan.*) It was absolutely necessary that a man who became a Civil Surgeon should have a registrable qualification. If a man who had a registrable qualification was promoted to be a lieutenant, he would like him to be a lieutenant in the Indian Medical Service. He would not expect a man, who did not hold a registrable qualification, to be given full rank as a lieutenant in the Indian Medical Service. Under the Royal Warrant no member of the Service cauld attain the rank of Honorary Major, as it was quite impossible for him ever to have the requisite length of commissioned service, *i.e.*, 15 years. The Royal Warrant was so far a dead-letter unless the officer was specially recommended for promotion shortly after obtaining his Captaincy. The only Major in the Service at present was specially recommended.

57104. (*Rai Bahadur Bihari Lal Pande.*) After coming out of college a man had to undergo two examinations for promotion after seven to ten years' service. All the other promotions were without examination.

57105. He had been Civil Surgeon in charge of five districts, and had had Civil Assistant Surgeons under him. No friction whatever had occurred. He certainly would not like, if he had a registrable qualification, to be put under a man who had not a registrable qualification. He had an English registrable qualification, registered by the General Medical Council of Great Britain.

(The witness withdrew.)

Dr. Kedar Nath DAS, M.D., Assistant Surgeon, Teacher of Midwifery, Campbell Medical School and Hospital, Sealdah, Calcutta.

Written Statement relating to the Medical Department, containing the corporate Opinion of the Civil Assistant Surgeons of the Subordinate Medical Department. (The italicised words in brackets represent the modifications suggested by the witness.)

57106. **(I) Methods of Recruitment.**—(*a*) Recruitment is to remain, as now, in the hands of the Principal, Calcutta Medical College, but selection should *always* be decided by the result of the University final examination, stress being given to good practical work. (*There will therefore be no necessity for the present system of nomination by the Principal of the Medical College.*)

(*b*) The present system of executing a bond for serving Government for five years, under a penalty, should be abolished.

57107. **(II) Systems of Training and Probation.**—(*a*) Ordinarily, no system of training or probation is necessary. But for appointment in any special department, as the Chemical Examiners,' Bacteriological, etc., etc., the person appointed should have a training for a period to be determined by the officer under whom such training is to be received. The person appointed should draw full pay while under such training.

*(*b*) Facilities should be given to medical officers to advance their professional knowledge by visiting and working at the chief medical centres of learning, both in India and abroad. Study leave should, therefore, be given whenever a medical officer can be spared, such leave being recognised as Service on full pay.

57108. **(III) Conditions of Service.**—*(*a*) The Service should be called the "Provincial Medical Service" similar to the other provincial Services, viz., Judicial, Executive, Educational, etc. (*members being eligible for all the appointments now ordinarily held by members of the Indian Medical Service.*)

(*b*) The members of the Service should be given greater opportunities of doing independent hospital and research work. (*at the earlier part of their services.*)

(*c*) To help the Assistant Surgeon who has to do not only his hospital and medico-legal work, but has also to give evidence in Court and attend sick Government officers in their houses, a Sub-Assistant Surgeon should be appointed in all mufassal stations.

(*d*) There should be no reserve districts where civil surgeoncies are given to members of this Service, but they should take their turn in rotation with Indian Medical Service officers in the choice of districts, all second-class districts being thrown open to them.

(*e*) Presidency house-rent is to be given in appointments at the Presidency, except where quarters are provided.

(*f*) In mufassal stations better quarters are to be provided.

*(*g*) Confidential and other reports, when adverse to the conduct of an Assistant Surgeon, should be explicit and definite, and should be communicated to him. Any explanation offered should be filed with the report.

*(*h*) The examinations hitherto held for promotions to the next higher grade should be abolished. (*but members of the Service should be given study leave to enable them to visit the Calcutta hospitals and to undergo a course of post-graduate training every seventh year.*)

(*i*) Frequent transfers are to be discouraged, as it is convenient neither to the Government, the officer transferred, nor to the public. In the case ot unhealthy stations the tenure should be for a shorter period.

(*j*) Teachers of the medical schools should be selected from men with some years' service and experience, and then there should be as few transfers as possible in the interest of medical education and of the students.

*(*k*) More Civil Surgeoncies should be thrown open to members of the Service.

(*l*) The leave reserve should be increased to permit officers to avail themselves of leave.

(*m*) When serving under the State Railways Assistant Surgeons should be treated as "officers."

57109. **(IV) Conditions of Salary.** *(*a*) Salaries to be modified as follows:—

To begin at Rs. 200 a month, and to rise by annual increment of Rs. 20 to Rs. 600 in 20 years. (*Witness suggests Rs. 250 to Rs. 650.*)

*Civil Surgeons should be selected from the most capable men after 14 years of service and the pay should be from Rs. 600—9—900. (*Witness suggests Rs. 750—50—1,000.*)

(*b*) Where jails or sub-jails in charge of Assistant Surgeons are situated at some distance from the hospital, the Assistant Surgeon should be given an extra conveyance allowance.

57110. **(V) Conditions of Leave.**—(*a*) Furlough should be one-fifth of the total Service with a maximum of five years, including sick leave, and should be granted whenever the officer can be spared.

(*b*) Leave on urgent private affairs should be allowed to be taken in instalments, instead of six months at a time.

(*c*) Study leave should be given under the same rules as in the case of the Indian Medical Service officers. Such leave can be spent in India (as at Kasauli Institute, at Dehra-Dun, in the Medical College Hospital, and laboratories, Calcutta, or the Institute of Tropical Medicines to be opened at Calcutta or in any other suitable place), or in England or any foreign country.

(*d*) Other leave to remain as now, except casual leave, which should be increased to 20 days.

57111. **(VI) Conditions of Pension.**—(*a*) The service is a strenuous one, demanding work for 365 days in the year, and during day and night. Moreover, the officer is constantly exposed to sickness and unhealthy surroundings. Under such conditions his health breaks down sooner than that of officers in other services. Retirement on full pension should therefore be allowed to members of this Service without medical certificate after 25 years of active service (including furlough).

(*b*) Families of Assistant Surgeons dying of infection and infectious diseases contracted in the

* The members of the Service are extremely keen on the items marked with an asterisk.

discharge of their duties are to be provided for by Government as in military service.

57112. **(VII) Such limitations as may exist in the employment of non-Europeans and the working of the existing system of division of the Service into Imperial and Provincial.**—There should be—

(*1*) The Imperial Service, *i.e.*, the Indian Medical Service.

(*2*) The Provincial Medical Service, *i.e.*, the present Civil Assistant Surgeons Service, for which graduates and licentiates of the Calcutta University are eligible whether they are Indians or Europeans.

*(*3*) The present uncovenanted Medical Service should be abolished.

57113. **(VIII) Relation of the Service with the Indian Civil Service and other Services**—(*a*) To avoid any strained relation between the Sub-Divisional officer in charge of sub-jails and the Assistant Surgeon, it is desirable that the Assistant Surgeon should be the Superintendent of the sub-jail like Civil Surgeons in district jails.

57114. **(IX) Any other matters.**—*(*a*) As it is admitted that the pay of members of this Service is less in comparison with the sister Services owing to the privilege of private practice enjoyed by them, medical officers drawing a salary of Rs. 300 and above should (*1*) be treated as first class officers and be given first class travelling allowance, and (*2*) have the privilege of attending the Government levee.

*(*b*) For personal protection members of this Service should be allowed to carry fire-arms and other weapons of defence without a license.

*(*c*) In the interest of the Service, it is desirable that no member of this Service should be placed under a Military Assistant Surgeon or a Railway Chief Medical Officer, who is not an I.M.S.

(*d*) For appointments in the Medical and Sanitary Departments outside the Indian Medical Service, graduates of Indian universities should be considered equally eligible, with candidates holding British qualifications.

(*e*) As it is contemplated that certain chairs in the Calcutta Medical College as also certain hospital appointments are to be thrown open to members of the profession outside the Indian Medical Service, members of this Service with special qualifications for such appointments should always be given preference to outsiders.

(*f*) *Post-mortem* reports of Assistant Surgeons should not ordinarily be required to be countersigned by Civil Surgeons.

(*g*) The appointments of House Surgeons and House Physicians in the Calcutta Medical College Hospital should be reserved for Assistant Surgeons as before.

(*h*) For attending on sick Government servants an allowance should be granted to Assistant Surgeons.

(*i*) Fees for attending Courts in cases in which Government is not the prosecutor should be half of what (*the same as*) is granted to Indian Medical Service Officers.

(*j*) Temporary vacancies in professorships in the Calcutta Medical College may be filled up by the Assistant Professors or any member of the Service specially qualified for the post.

(*k*) In appointments in which private practice is not allowed an allowance should be given.

(*l*) When in temporary charge of a Civil station during the Civil Surgeon's absence the Assistant Surgeon should be the Superintendent of the jail.

(*m*) An Assistant Surgeon officiating as Civil Surgeon and then confirmed in the appointment is not allowed to draw his increment from the beginning of the officiating appointment. (*Vide* Civil Service Regulations, Article 142 B.) This should be remedied.

* The members of the Service are extremely keen on the items marked with an asterisk.

Dr. KEDAR NATH DAS called and examined.

57115. (*Chairman.*) The witness held the position of Teacher of Midwifery in the Campbell Medical School and had held that post for 14 years. He obtained his M.B. in 1892. The written statement represented the general opinion of his colleagues in the Service. Personally he supported the claims made in the written statement with a few modifications.

57116. Objection was taken to the execution of a bond for serving Government, because his colleagues considered it unnecessary. No such bond was required in any other Civil Service. Legal opinion was that such a bond could not be insisted upon. Many officers did resign before serving their period of five years, and paid the Rs. 500 penalty. The remedy lay in making the Service more popular.

57117. The view of his colleagues was that recruitment should remain in the hands of the administrative head of the Department. He himself thought that the results of the University final examination should be followed. If any special qualification, or any special recommendation by a principal or a professor of a college was demanded, some injustice might be done to certain students. If his proposal were carried out the University final examination would constitute a competitive examination for entry to the Service. If, however, some form of selection or nomination were retained the duty should be entrusted to the Council of the Medical College.

57118. The Service should be called the Provincial Medical Service. At present in the Civil List it was called the Subordinate Medical Department.

57119. More Civil Surgeoncies should be thrown open to members of his Service who numbered 128. At present there were four open to them. The Military Assistant Surgeons in Civil employ, who numbered 37, also had four open to them. Civil Assistant Surgeons obtained as much training in practical midwifery as was necessary for qualifying in any medical school in the world, but there was room for improvement in that respect. Improvement could be carried out under the present conditions in India. The material at present to hand for clinical instruction was very large, and could be utilised for students generally. The Eden Hospital, on an average, dealt with 900 labour cases a year, and there were 60 or 70 Civil students who were trained in midwifery there. Of the 900, 60 per cent. were Indian cases. If those cases were utilised in the proper way, an efficient training could be imparted to students. For that purpose 500 cases would be quite sufficient.

57120. Assistant Surgeons obtained Civil Surgeoncies late in their career. Of the present incumbents one had 26, another 25, a third 26, and a fourth 18 years of service. The average was 24 years of service before a Civil Surgeoncy was obtained, and the average age worked out at 49. It could be understood that that was rather late for a man to go to England for a course. Assistant Surgeons should be picked out younger. Possibly the older members of the Service would not approve of such a practice, but their objections would not be valid. If a younger man who was promoted to a Civil Surgeoncy had a good degree, there would be no absolute necessity for him to go to England for a course there, but a journey to England for a few months would make him a much better man.

57121. He had heard the evidence in regard to the lack of facilities for training in midwifery in India, but was not prepared to admit that there were greater opportunities in England. Indeed there were more opportunities in India. He had no first hand knowledge, but he had lately been reading the report of the Carnegie institution, in which great complaint was made with regard to the difficulty of obtaining clinical material for teaching midwifery.

57122. The feeling of Assistant Surgeons was that they should be given a more active part in hospital operations, and should be allowed to attend to a fair share of that work. There should be one day for the Civil Surgeon, and one day for the Assistant

Surgeon. Any scheme for giving wider opportunity in that respect would have to be consistent with the maintenance of general discipline in a hospital, and the junior officer would know his position. It was also important, in the interests of the patients, that the senior officer of the hospital should use his discretion as to the importance of an operation, and as to who should undertake it, but the senior officer would be present in the case of any difficulty. The interests of the patient were as important as those of the Surgeon.

57123. There was no objection to the Military Assistant Surgeon, who had obtained a qualification which was registrable under the British Medical Act, being borne on a common list with the Civil Assistant Surgeon who held a similar qualification.

57124. The experiment of admitting private practitioners on contract terms to Government posts might also be tried.

57125. It was the feeling of the members of his Service that, whatever posts were thrown open, members of the Service with special qualifications for such appointments should always be given preference over outsiders. Having served the Government they had a prior claim to the prize posts. If there were two candidates eligible, preference should be given to a member of the Service, but he would have no objection to seeing an outside practitioner having the opportunity of obtaining a post, if he could show himself better qualified than anyone within the Service.

57126. Under the present conditions of the Medical Service, it was not possible for a professor to continue in a chair long enough. If possible, he would certainly advocate the system of selection of the Professors in the Medical Colleges in India by open advertisement so as to get the best available men. This would be the ideal state of affairs. To ensure efficiency and continuity of teaching, he would like to encourage specialisation from the early part of the career of a man, who would commence life as a House Surgeon and a tutor and gradually rise from the lowest step of the ladder, to become a demonstrator, an assistant professor, a lecturer, an associate professor and finally get to the top to step into the shoes of his chief. This system obtained in medical schools all over the world, and he would like to see it introduced here also.

57127. (*Mr. Chaubal.*) The present salaries ranged from Rs. 100 to Rs. 300 after 22 years' service. The recommendation of his colleagues was that they should start at Rs. 200 and rise to Rs. 800. Personally he went a little further, and would make the top figure Rs. 1,000. If the starting pay was made Rs. 200 there would be improved material coming to the college, and material, which at present was attracted to other Services, would be attracted to the Civil Assistant Surgeons Department.

57128. It was difficult to say whether the salaries which were at present given to officers in the Indian Medical Service were adequate to attract the best material from other countries. He had been looking at some of the salaries paid to the professors at Edinburgh University, which offers to its professors the highest salaries of all the British Universities, and found that they were less than what Indian Medical Service officers received. In the case of Edinburgh University the average salary was about £1,000 a year. Professor Schafer got £1,400. The highest salary in the Calcutta Medical College was £1,500.

57129. The number of out-door gynæcological cases in the Eden Hospital had diminished because the patients did not desire the students of the college to handle them. No woman would like to be examined by a number of students. Tact must be shown so as to utilise the material available for clinical teaching.

57130. (*Mr. Sly.*) There was a general hospital with special departments attached to the Campbell Medical School.

57131. Private practitioners should not be appointed as honorary physicians and honorary surgeons in the teaching hospitals, but the experiment could be tried in hospitals which were non-teaching. It should not be tried in teaching hospitals because a teacher was responsible for the teaching, and if an outsider came in and embarrassed the clinical instruction, there would be friction. Moreover, the clinical material would be lost, as the physicians and surgeons were not connected with the teaching of the students. The private practice, which was engaged in by professors, detracted from the efficiency of their teaching as professors, but that did not apply to consulting practice. Instances were known where a professor stopped in the midst of his lecture to attend an ordinary confinement case in private practice. This should not happen if he engaged exclusively in consulting practice. Professors should, therefore, only undertake consulting practice. Not one of the Professorships at the Calcutta Medical College was reserved for the Civil Assistant Surgeons. Only one Civil Assistant Surgeon had been appointed a professor. Certain appointments in the Calcutta Medical College should be reserved for deserving men of his service. He would not like to express an opinion on the suggestion that those appointments should be open to independent private medical practitioners, because it was an administrative question.

57132. His colleagues claimed that appointments in the Sanitary Department should be open equally to Indian and to European graduates. The course for the Diploma of Public Health in Indian Universities and Medical Colleges was just the same as that passed by students in England. The syllabus had been drawn up on the models of the best and stiffest English examinations. The course of training in the Indian Colleges was quite equal to that in England, and the facilities for practical training were quite the same. He admitted that he had not had personal experience of the English courses.

57133. (*Mr. Fisher.*) There had been considerable reluctance on the part of Indian women to come into civil hospitals in the past, but matters in that respect were much better now. The class of people who attended at the hospital had sufficient intelligence to demand that an efficient service of medical women should be established for the treatment of Indian women, and, generally speaking, women would like to be treated by women. His personal experience, however, was that if women thought a man was capable they would sooner be treated by him than by a woman. The higher class ladies in India were quite willing to be treated by men.

57134. (*Mr. Abdur Rahim.*) He did not agree with the suggestion that men who wished to enter the Medical Service should go to England to study for at least two years. Such an obligatory training was not necessary, but there was a general advantage to be derived from a short training in England. He thought there were independent private practitioners who would be qualified and willing to fill chairs in the Medical Colleges. If such chairs were filled by private men he thought men of the same calibre as at present occupied them would be obtained.

57135. There was a strong feeling in his Service that the septennial examination was not only not useful but was unnecessary and humiliating. A course of post-graduate study would be much more useful.

57136. (*Colonel Buchanan.*) He did not approve of the independent medical profession having anything to do with the teaching hospital of the Campbell School. That remark applied to the other teaching institutions in Calcutta, and was the unanimous opinion of his colleagues.

57137. With regard to the Diploma of Public Health Examination, only one student had passed it The student had all the necessary certificates, otherwise the University would not have granted the diploma. He was not prepared to say that the University allowed it, because it was the first case of its kind.

(The witness withdrew.)

At Calcutta, Tuesday, 13th January, 1914.

PRESENT:

THE RIGHT HON. THE LORD ISLINGTON, G.C.M.G., D.S.O. (*Chairman*).

THE EARL OF RONALDSHAY, M.P.
SIR MURRAY HAMMICK, K.C.S.I., C.I.E.
SIR THEODORE MORISON, K.C.I.E.
SIR VALENTINE CHIROL.
MAHADEV BHASKAR CHAUBAL, Esq., C.S.I.
ABDUR RAHIM, Esq.
WALTER CULLEY MADGE, Esq., C.I.E.
FRANK GEORGE SLY, Esq., C.S.I.
HERBERT ALBERT LAURENS FISHER, Esq.

and the following Assistant Commissioners:—

LIEUTENANT-COLONEL W. J. BUCHANAN, C.I.E., Inspector-General of Prisons, Bengal.
RAI BAHADUR BIHARI LAL PANDE, Civil Surgeon, Azamgarh.
MAJOR P. DEE, I.M.S., Civil Surgeon, Rangoon.
LIEUTENANT P. MCCARTHY, Superintendent, Central Jail, Henzada.
Y. SUBRAMANIAM, Esq., Civil Assistant Surgeon.

M. S. D. BUTLER, Esq., C.V.O., C.I.E. (*Joint Secretary*).

Dr. MRIGENDRALAL MITRA, M.D., F.R.C.S. (Edin.).

Written Statement relating to the Medical Services.

57138. This note is confined to the employment of members of the Indian Medical Service in the Bengal Civil Medical Department.

The Indian Medical Service is, as is well known, recruited by competitive examination in London from candidates who are recognised as qualified medical practitioners by the General Medical Council. Medical graduates of the Calcutta University, namely, holders of M.D., M.B., and I.M.S. degrees are so recognised as qualified and therefore eligible for the competitive examination. But by reason of the examination being held in London there are very few Indians in the Indian Medical Service. Out of about 62 members of the Indian Medical Service who are employed in Bengal there is only one Indian. Almost all the higher appointments are reserved for Indian Medical Service men. The net result of the present system in Bengal is that the Indian is virtually excluded from the higher appointments in the Civil Medical Department of his own country.

(*2*) The following figures will give an idea of the extent of the exclusion:—

Out of the 27 civil surgeoncies in the districts in Bengal, 17 districts are held by the Indian Medical Service men. They also occupy 12 out of 14 professorships in the Calcutta Medical College. The other high posts in the department, namely, those of Inspector-General of Civil Hospitals, Inspector-General of Prisons, Sanitary Commissioner, Deputy Sanitary Commissioners, Superintendents of Calcutta and Dacca Medical Schools, Surgeon Superintendent of Presidency General Hospital, Superintendent of Royal Botanical Gardens, Superintendent of the Central Jail at Midnapore, Superintendents of the Berhampore and Dacca Lunatic Asylums, are also held by the members of the Indian Medical Service. These practically exhaust the higher appointments of Bengal.

Indian medical men have for a long time now proved their professional efficiency. Fortunately in an independent profession the test of ability does not depend on the opinion of interested individuals. The best proof lies in the public confidence and professional success, and Indian doctors in Calcutta and elsewhere now hold their own against the members of the Indian Medical Service, in all the different branches of the profession, medicine, surgery, midwifery, etc. In Bengal an independent medical profession has grown up which includes men qualified in India, Great Britain, Germany, and America, some of them holding the highest degrees and qualifications. Notwithstanding the disability arising from being out of touch with large and well-equipped hospitals, these Indian doctors, by dint of individual effort, have built up extensive practices and enjoy in the fullest measure the confidence of the public. Their ability is not merely attested by professional success, but is recognised by the University of Calcutta, which appoints them as examiners in the highest medical examinations. They may thus fairly claim that whether in the matter of academic distinction or professional ability they are not inferior to the more fortunate members of the Indian Medical Service holding high civil appointments.

(*3*) The question naturally arises, Is it fair or just to the Indian doctors that they should permanently be excluded from professorial and other hospital appointments under the Government? The injustice arising from such exclusion is manifold. All the larger hospitals in the country are more or less under the control of the Government. It is impossible for anyone not in touch with such hospitals to engage in any serious or sustained research work. Who can deny that in a country like Bengal research work in the field of tropical diseases, for instance, is boundless in scope? If the Indian has proved his capacity for the highest scientific researches in physics and chemistry, it may be presumed that given a chance he will not prove incompetent in physiology, pathology, or bacteriology. Under the present monopolist system he is precluded from exercising his skill in any high scientific work which may prove of incalculable benefit to the country. Another extensive field for research work is the investigation of the indigenous drugs and of ancient Hindu system of medicine and surgery. European doctors by reason of their unfamiliarity with the Eastern languages are less competent to investigate these systems than the Indian doctors. Indian workers in the well-equipped laboratories of the Calcutta Medical College, for instance, may turn out extremely useful results, the value of which it is impossible to over estimate. These and similar possibilities are attended with throwing open the higher appointments to capable Indians. Hence it is complained that the exclusion of Indians from the higher appointments is not merely an injustice to them personally, but a great loss to the country.

(*4*) Take the professorships in the Calcutta Medical College. No unbiased person can deny that these posts should be held by specialists. The teaching of the medical sciences to the youths of the country is too sacred a trust to be played with in the interests of the Indian Medical Service. Yet such is unfortunately the case, as will presently be shown. The medical sciences have grown so fast and complex that specialisation has become an absolute necessity. If the specialist has his place in the practice of the profession, he has in a particular degree his place in the lecture room, operation theatre, and laboratory. Specialisation, however, does not serve the interests of the Indian Medical Service; hence one finds absurd, almost ludicrous, arrangements in the filling of chairs in the Calcutta Medical College. There is the present instance of a professor who in the course of a few years occupied by turns the chairs in Anatomy, Physiology, Pathology, and Surgery. Another held by turns the chairs in Physiology, Midwifery, and Surgery. Another was by turns Professor of Pathology, Midwifery, Materia Medica, and Bacteriology. Another was Professor of Ophthalmic Surgery and then of Midwifery. Many other instances may be given, but the above may give an idea of the principle, or rather the want of principle, on which professors are appointed. There is no doubt that some who occupied chairs in the Calcutta Medical College are men who attained eminence in the profession. But the point is that they are not appointed by reason of any special qualification in any particular branch of the Medical Service. Specialised knowledge is not the door through which a member of the Indian Medical Service finds his way to any particular chair in the College, and it is not unusual to find inexperienced men put in charge of large hospitals, and human lives are sacrified in the interest of the Indian Medical Service.

(*5*) Take the chair of Biology, Chemistry, or Physiology. There is no reason why it should be filled by a member of the favoured Service, who probably spent the earlier years of his service in cantonments and then in districts without any opportunity of crossing the threshold of a laboratory. He is suddenly pitchforked to a chair in the medical college charged with the duty of teaching a science which might never have been his special study. We do not say for a moment that these chairs should be filled by Indians in preference to the members of the Indian Medical Service. Our suggstion is that these chairs should be filled by specialists—European or Indian. If these posts are widely advertised in India and Great Britain, it is hoped that real specialists, such as men who have been assistants to great scientists in Great Britain, and have themselves done research work, will be forthcoming. That will be a great gain to the cause of teaching, and a great boon to the country, fraught with immense possibilities. If an Indian of equal merit be found, do not exclude him because he is an Indian.

Similarly as regards the other chairs, throw them open to all qualified men. In case of vacancy, advertise the post widely, and get the best available man, Indian or European. That will prove a powerful incentive to Indian doctors to specialise in particular branches of the profession more than they do now, and to put forth their best energies to improve themselves in other ways. A successful Indian practitioner, in hopes of such preferment, may not be content all through life to merely practise his profession, but may from time to time visit foreign countries, and keep touch with the highest and best in his particular branch in the profession. That will raise the standard and status of the medical profession in the country. The incubus of the medical service holding all the favoured places will cease to weigh on their efforts to rise high in the profession.

Similarly, in the matter of the district appointments, we would suggest them to be thrown open to the profession generally, and the best available men selected. Let the Government appoint a Board of Selection, but what is essential is that the principle of selection should not be guided by considerations of race, creed, or colour, or the vested interest of any particular body. The country is devastated by diseases of all sorts. What is essentially necessary is that the medical profession should be helped to develop into healthy lines, and the best intellect in the country utilised to the best advantage. This will never be possible so long as the high posts continue to be the monopoly of the Indian Medical Service.

It may be stated, for the information of the Commissioners, that there are at present about 1,200 independent qualified medical practitioners in Bengal, about 80 Europeans and about 1,120 Indians. Of these, 107 have British or European qualifications, and 1,093 are graduates of Indian universities. If the principle of selection from the profession generally be adopted, the field of selection will not be narrowed by any means. It may, and under the scheme suggested, the field ought to be extended to qualified practitioners, generally by advertisements in India and Great Britain, the members of the Indian Medical Service being equally eligible with other qualified medical men.

(*6*) Successive Secretaries of State and the Government of India recognised the unsoundness of the present principles of recruitment of the Civil Medical Department (*vide* Government of India Despatch, dated 20th August, 1908, and the Secretary of State's reply, dated 11th December, 1908). It is said that a sufficient number of Indian Medical Service men must be kept in Civil employment as a war reserve, that is to say, to meet the requirements of the Indian Army. The Government of India is of opinion that there is no military objection to the transfer to independent practitioners of a third of the Civil appointments held by Indian Medical Service men. Assuming the soundness of this view, the figures disclose an unduly large proportion of reserve to men in Military service; out of a total of 773 Indian Medical Service men employed in India, 309 are in Military service, and no less than 464 in Civil employment. According to the above view, about 134 Civil appointments can safely and without prejudice to the medical requirements of the Indian Army be thrown open to independent practitioners. Why such a large war reserve should be necessary is difficult to understand. No such reserve is maintained in the British Army. The same object may be obtained by laying it down as a condition of Civil employment that persons to be employed are liable to be drafted into a Service in the army when required, subject to Military discipline, and a rigorous physical test and training may also be imposed.

(*7*) As regards Professorial Chairs, it is claimed for the Indian Medical Service that these prize appointments are necessary to be reserved in order to maintain the attractiveness of the Indian Medical Service. This claim when analysed betrays a lamentable misconception of the functions of the office. The medical colleges are primarily and essentially educational institutions intended to teach and spread medical science in the country. Any unbiased opinion would declare in favour of the Chairs being filled by men qualified by scientific attainments and not for the purpose of maintaining the attractiveness of the Indian Medical Service. This claim by itself demonstrates how the interests of medical education in the country, scientific research, the growth of an independent profession, and everything in connection with the highest ideals of the profession are subordinated to the interests of the Indian Medical Service, The Royal Army Medical Corp has no need of such attractions to draw into its ranks the same class of men as join the Indian Medical Service. It is not suggested that the Royal Army Medical Corp is less efficient than the Indian Medical Service. The claim of the Indian Medical Service to the Professorial Chairs in the medical colleges in the country on the ground stated above, is therefore unreasonable and oppressive. The same argument applies to the other high appointments reserved for the Indian Medical Service men.

(*8*) There is one class of medical man, the Military Assistant Surgeons, who are given a number of important posts in the Civil Medical Department in Bengal. At present three District Civil Surgeoncies and 31 other responsible positions are held by members of this class. They do not possess any qualification, and are not recognised by General Medical Council as qualified practi-

tioners. They go through a course of training at the Calcutta and Madras Medical Colleges and are given certificates by the college itself. The medical training required for the Military Assistant Surgeons is of a very elementary character, and bears no comparison with the standard of the university. In fact, in the British Isles they will be considered as *unqualified* and will not be allowed to practice. They are trained at Government expense in the medical college and their medical education is intended to fit them to serve as subordinates in the British troops. Whatever their utility may be in the army, their employment in responsible Civil positions is unfair to the profession and to the country. We would therefore suggest that the standard for the higher Civil appointments should be the minimum qualification required by the General Medical Council.

57139. The scheme which I venture to suggest for the consideration of the Commissioners is as follows:—

I. The members of the Indian Medical Service should be reserved only for the Indian Army. Their employment in the Civil department should be absolutely discontinued and the Service to be organised much on the same lines as the Royal Army Medical Corps.

II. The Civil Medical Department is to be divided into the following branches:—

1. Medical Education.
2. Research.
3. Medical Relief.
4. Sanitation.
5. Medical Administration.

(*1*) *Medical Education.*—(*a*) Professors in the medical college are to be recruited by public advertisement in India and Great Britain; salary to be fixed at Rs. 1,000 to Rs. 1,500, term of appointment five to ten years. Professors of professional subjects should be allowed consultation practice only. Non-practising professors should have a higher scale of pay than the practising professors.

(*b*) Assistant professors to be recruited similarly by public advertisement in India and Great Britain, salary Rs. 500 to Rs. 1,000, and the condition of practice the same as the full professors.

(*c*) Demonstrators to be recruited by public advertisement in India and Great Britain, salary Rs. 300 to Rs. 500, term five to ten years. Same conditions regarding private practice as professors and assistant professors.

(*d*) Superintendent of vernacular medical schools should be one of the teaching staff with knowledge in the vernacular of the province to be recruited by public advertisement in India and Great Britain, salary Rs. 1,000 to Rs. 1,500. No private practice of any kind should be allowed.

(*e*) Teachers of medical schools should be recruited by public advertisement in India and Great Britain, salary to be Rs. 250 to Rs. 500. They should have a thorough knowledge of the vernacular of the province, private practice being allowed to those holding clinical appointment.

(*f*) Demonstrators of medical schools should be recruited from the graduates of Indian universities, salary Rs. 150 to Rs. 250. No practice allowed.

(*2*) *Research and other Special Appointments* such as Bacteriologists, Superintendents of Lunatic Asylums, Superintendents of X-ray Departments, etc., should be recruited by public advertisement in India and Great Britain, salary Rs. 1,000 to £1,500. No practice allowed.

(*3*) *Medical Relief.*—(*a*) District Medical Officers (at present styled Civil Surgeons) to be recruited by public advertisement in India and Great Britain, the selection to rest with the local bodies as is at present followed in the case of District Engineers, salary Rs. 350 to Rs. 750. Private practice allowed.

(*a*) Sub-divisional medical officers, district and other junior officers (at present styled Assistant Surgeons) should be recruited by public advertisement, salary Rs. 150 to Rs. 250. Private practice allowed.

(*4*) *Sanitation.*—(*a*) Sanitary Commissioner, salary Rs. 1,000 to Rs. 1,500.

(*b*) Deputy sanitary commissioners, salary Rs. 500 to Rs. 1,000.

(*c*) District health officers, salary Rs. 300 to Rs. 500.

All these appointments to be recruited by public advertisement in India and Great Britain, and men with special qualification and training being appointed. In case of district health officers, the selection to rest with local bodies.

(*5*) *Medical Administration.*—The medical administration of the province to be vested in an officer of experience helped by an advisory committee consisting of both official and non-official members. The selection of professorial and other special appointments should be done by the advisory committee and the administrative officers, who may be styled directors of medical administration. This appointment should be recruited by public advertisement in India and Great Britain, salary Rs. 1,500 to Rs. 2,000.

The above scheme I venture to suggest will be both economical and efficient. It will improve the medical education of the country, turn out better and more efficient medical practitioners, encourage research work, and will raise the status of the profession in general.

Dr. MRIGENDRALAL MITRA called and examined.

57140. (*Chairman.*) Out of the 1,200 independent medical practitioners in Bengal only 80 Indians had qualifications registrable in Great Britain. The figure 107 in the written statement included Europeans with British qualifications. There were very few M.D.'s and about seven F.R.C.S.'s. All the latter were practising in Calcutta, and of the 80 fully qualified Indians very few were outside that city.

57141. The Calcutta Medical School and College of Surgeons and Physicians, Bengal, to which was attached the Albert Victor Hospital, had about 600 students; the College of Surgeons and Physicians of Calcutta about 400; the National Medical College about 400; and there was another institution, the number of students of which he did not know. The examiners for the colleges were appointed from outside the staff from the practitioners in Bengal. None of the institutions were at present State aided, but assistance ought to be given to them. Such an arrangement would go a considerable way towards meeting the grievance of the independent practitioners. Conditions should be laid down to ensure full efficiency, when State assistance was granted.

57142. Medical Registration in Bengal presented some difficulties at present, but if it was possible it would advance the cause of medical education. Unfortunately there were many kinds of practice, and many non-official institutions, which had not reached the proper standard. The Bill, now being considered, would regulate the standard of efficient treatment according to Western methods, but there were numerous practitioners, whose practice could not be regulated, such as hakims, homeopaths, etc. If the difficulties could be overcome a Registration Act would be a good thing, and it was urgently needed in the interests of the public.

57143. He desired to see private practitioners given an opportunity to practise in Government hospitals. That matter was under consideration in Bengal at present. No private practitioners were on the visiting staffs of Government medical institutions except in connection with one small municipal hospital in the suburbs, of which he himself was a visiting Surgeon. The introduction of private practitioners into the hospitals would not entail any friction, as the practitioner would be quite prepared to abide by regulations of the hospital. It was, of course, imperative that the practitioner should come under the regulations.

57144. For the proper administration of the hospitals there should be some salaried officers, but

those who were not salaried should be on a level with those who were, and not subordinate to them. If there was any feeling of subordination private practitioners would refuse to enter the hospitals.

57145. Only men who had done original work in subjects like Biology, Chemistry, and Physiology, should be made Professors, and they should occupy their own particular chairs during the whole of their service time. It was true that the chair of Zoology had been occupied for 13½ years out of the 20, for which it had been occupied by Indian Medical Service officers, by a gentleman who was F.R.S. and LL.D. of Aberdeen, and who had undoubtedly carried out important research work, and no objection could be taken to his qualifications beyond that, when he was appointed, he was not a specialist, and had only become one after his appointment. It was also true that another holder of the office was an M.D. and D.Sc., and a University medalist. It was also a fact that the chairs of Chemistry and Physiology were occupied by men having similar high qualifications, but in their case also it did not necessarily follow that they were as well qualified on appointment as they now undoubtedly were afterwards. What was desired was that there should be an open field for certain chairs, and that a man of any race, if qualified, should be able to occupy them, whether he was in the service or not. Such appointments should be in the hands of a board, and men of any creed or colour should be eligible, whether they came from England, America, or India, so long as they were fitted for the post. It was true, of course, that to give full effect to such a scheme it would be necessary completely to uproot the present service system. So long as a service was maintained, the men, who came into it, would naturally expect to obtain promotion to the higher posts, and the admission of outside practitioners would tell against recruitment in the Indian Medical Service.

57146. If his scheme were adopted, medical attendance would be provided for by the appointment of practitioners for a certain term of years, and all appointments would be advertised both in England and in India. The actual selection in each case would be made by a board. If the pay offered was good there would be no lack of applicants even for the remote districts. The reason why private practitioners did not now go to the country districts was that the Civil Surgeons and the Assistant Surgeons in those districts monopolised the whole of the practice there, and private practitioners could not make a living. In some districts there was, it is true, not much practice, but others were very lucrative, such as Patna and Dacca. It was necessary, of course, in any re-organisation of the Medical Service, to see that all places, whether large towns or remote country districts, had adequate medical facilities.

57147. (*Lord Ronaldshay.*) Very few Indians could get into the Indian Medical Service on account of the examination being held in London. He did not know what proportion of Indians in the Indian Medical Service applied for Civil employment, but if the number was small it was probably on account of the treatment they received. He had met *Indian* I.M.S. officers who complained that they were always sent to the unpopular and unimportant districts and also that they were not given the opportunity of doing any good work in any of the large hospitals. Except in very rare instances no *Indian* I.M.S. officer had been given a Medical College appointment. Naturally, therefore, Indian officers preferred to remain in Military employ where they were treated as equals by the other officers. That had no bearing on what he had said as to the feasibility of recruiting for outside districts by advertisement, as it was only the Indians in the Indian Medical Service who would object; Indian practitioners will be quite content to go. It was true an officer sent to a bad district would receive the same pay, but he would not receive good treatment; he was not treated like the European officers of the same service by the heads of his department. The chief grievance was that Indians were always pushed into such out-of-the way places and were treated differently from the Europeans with regard to the districts to which they were posted. He did not mean that when in the district the Indian received different treatment from the Europeans there.

57148. A Civil Surgeon had great advantages over an independent practitioner. First of all he had a hospital of his own, in which he could obtain greater experience; secondly he had the advantage of instruments and modern equipment, and thirdly, being the head medical officer of the district people naturally thought he was the right man to go to. If a qualified practitioner went into a district it took him a long time to create any impression on the public. In all large districts there were a certain number of private practitioners at present.

57149. A man taken into civil medical service should be required to sign a covenant to serve in a military capacity if called upon to do so, and some private practitioners undoubtedly would be agreeable to such a proposal. Such a condition would not prevent a large number of the best men in Bengal from entering Government service. He was not aware that an enquiry had been held amongst private practitioners to ascertain how many would volunteer for military service in the event of a necessity, or that no Indian practitioner had come forward.

57150. (*Sir Theodore Morison.*) Students in private Medical Colleges had a four or five years' training and a curriculum similar to that of the Government Medical Schools and Colleges. At the end of their course they received something in the nature of a certificate on the results of an examination. From his experience as an examiner of such institutions he could say that about 50 per cent. of those who went up for the examination passed out. As far as practice was concerned it made no practical difference whether a man had a certificate or not, and the public had no means of discriminating between the successful and unsuccessful student. Consequently there was no reason why students should exert themselves to obtain a certificate.

57151. If private practitioners became visitors to hospitals it would be better, if possible, to have a special division of the hospital set apart for them, but, failing that, certain beds could be allotted. These should be in the direct charge of the visiting Surgeon or Physician, and in his absence be under the charge of the House Surgeons, who were generally successful graduates of Medical Colleges and received a salary of Rs. 50. There should be a House Surgeon for every Visiting Surgeon. In the hospital in Scotland, where he received his own training, there were Visiting Surgeons with Assistant Surgeons, and House Surgeons under them, each Visiting Surgeon having a special House Surgeon. If about 12 to 15 beds were given to each practitioner one House Surgeon might do the work of two Visiting Surgeons if the Surgeons would arrange to attend on alternate days.

57152. In the Calcutta hospitals the Civil Assistant Surgeon had very little work. In the Campbell Medical School Assistant Surgeons acted as teachers and visiting staff of the Hospital. In the Medical College, Calcutta, they act as demonstrators, chemical assistants, or assistant professors, but they had no part in the management of the hospital.

57153. The Visiting Surgeons would be under the general direction of a principal Medical Officer. If one House Surgeon was allotted to two Visiting Surgeons it would not necessarily produce friction.

57154. At present medical relief was not a function of Government, but was given by municipalities or district boards, who paid for it. He did not accept the principle that medical relief was one of the functions of the Government, and would leave it to local bodies, and he would also remove from Government the control of medical examinations. The other matters mentioned in the list in his written statement, such as sanitation, jails, etc, would necessarily be under Government.

57155. Under his scheme salaries would have to vary as between districts. All-round rates would not work. If a district was a good paying one,

with a large amount of private practice, a practitioner would go on a smaller salary, but where there was little or no practice the pay would have to be higher. In a remote, unhealthy, backward district the salary would have to be very high, and Government should in such cases relieve local bodies providing a portion of the higher pay.

57156. (*Mr. Chaubal.*) He had acted as Civil Surgeon in officiating appointments, and was aware of the administrative duties which a Civil Surgeon had to perform. Under his scheme private practitioners, employed as Civil Surgeons, would be able to carry out all the administrative duties the posts required. Sanitation came under the head of medical relief, and its cost would also need to be met by the local bodies. If funds were not available locally, they would have to be supplemented by the Government. Local self-government had not sufficiently advanced to appreciate all the requirements of sanitation in the mofussil, but improvement would come about gradually. There were at present some local boards who managed the work well, but others would have to be under the direction of the Sanitary Commissioner.

57157. He did not see why the scheme he had propounded should prove a failure. At present municipalities had dispensaries of their own, which they maintained and paid for, as well as paying the salary of the officer in charge. A dispensary was managed by a committee on the lines laid down by the Inspector General of Civil Hospitals. In some places the management was as efficient as it ought to be. Whether the money came from the local boards or the Government it ultimately came from the people through different channels of revenue.

57158. (*Mr. Sly.*) He was directly connected with a certain private school in Calcutta, and this year had given a course of lectures in the Calcutta Medical School and College of Physicians and Surgeons. There were two classes: the college department and the school department. In the college department the students were taken after passing the Matriculation examination; in the school department students who had failed to pass the University Matriculation were taken, or after a sort of entrance examination held by the committee. The length of the college course was five years. The educational qualification for a Government college was Matriculation. The Calcutta Medical School and College of Physicians and Surgeons had a private hospital with about 100 beds, which were always full, but it was not large enough to be satisfactory.

57159. His scheme for the appointment of private practitioners to Government hospitals contemplated a visiting staff selected from the practitioners of Calcutta. In Great Britain the practice was rather different. There the visiting staffs were, as a rule, chosen, not from the general body of practitioners, but from men who had passed through a regular course of training as House Surgeons and Resident Surgeons in a hospital.

57160. The House Surgeoncy appointment was already open to the ordinary medical graduate, who was not in Government service, and for junior practitioners that was all that could be done. His proposal was that a man should serve for one year as a House Surgeon in a hospital, should then go out and become a practitioner, and eventually, if he came to the front in private practice in a special line of work, should come back to the hospital as a Visiting Physician or Surgeon.

57161. There were not many private hospitals in Calcutta which were not managed by Government under the control of the Inspector-General. At the Mayo Hospital, a private hospital aided by Government, there was a governing committee with an Indian Medical Service Officer in charge. The Albert Victor Hospital was wholly unaided by Government, and was the only hospital open to private practitioners at all. There was no other private hospital unconnected with Government.

57162. Of the four cases given in his written statement of unsuitable appointments to professorial chairs, the first was that of Colonel Bird, who was in turn Professor of Anatomy, Physiology, Pathology, and Surgery. It was true he was put into the extra chairs (Anatomy and Pathology) simply for a month or two to fill temporary vacancies, but occupied the chair of Physiology for nearly four years, and that meant that the students suffered for that period, as he was not a specialist in all four subjects. The second case was that of Major Stevens, who was in turn Professor of Midwifery, Anatomy, and Clinical Surgery. The third was that of Colonel Drury, who was in turn Professor of Pathology, Midwifery, Materia Medica, Bacteriology, and Medicine. The fourth case was that of Colonel Peck, who was Professor of Ophthalmic Surgery and of Midwifery.

57163. Professorial chairs should be filled by advertisement in India and in Great Britain, and in the case of the Medical College of Calcutta selection should be made in Calcutta by a board. In the case of candidates from Great Britain the selection would have to be based on the testimonials of the applicant, which would also show what original work he had done or what teaching experience he had.

57164. Assistant Professors should be appointed, who would take the places of the Professors, when the latter were absent, and they should rise to be Professors if they were capable. The Assistant Professors should be appointed in the same way as Professors. The term of appointment should be limited in the first instance to five or ten years, subject to renewal in case of satisfaction.

57165. There were 62 Indian Medical Service officers in Bengal, of whom 17 were Civil Surgeons. The competition of these 17 officers appreciably affected the incomes of private practitioners, despite the huge population of the Province. The existence of a Civil Surgeon in a district militated against a private practitioner making a living, as the practice of a district depended upon the feeling in the headquarters town itself. It was true that Bengal was the most advanced of the Provinces in its appreciation of Western medicine, and that there were over 3,000 Indians practising in Bengal at present. The great grievance was that Civil Surgeons held the hospital appointments.

57166. There was no real comparison between the Indian Medical Service and the Royal Army Medical Corps, as one was recruited for a five-year period and the other for an official life, but the European would come out to India on just as reasonable terms for the whole of his service as he would for five years.

57167. It was not the object of his proposals to make the Medical Service wholly Indian.

57168. (*Mr. Fisher.*) The existence of a Civil branch of the Indian Medical Service has been justified on the ground of military necessity, but quite apart from military necessity it was desirable that the Government should control medical education, medical relief, sanitation, etc. Government control, however, should be limited to the nomination of the boards of selection for the district and professorial appointments.

57169. The vernacular medical schools were established for the training of Sub-Assistant Surgeons. There were two under Government in Bengal, one in Calcutta, and one in Dacca. In the Campbell Medical School of Calcutta there were about 300 students, and about 200 in the school at Dacca. The schools were officered by Indian officers, with an Indian Medical Service officer at their head. The Superintendent of the vernacular medical school should have a knowledge of the vernacular of his Province, and if recruited from England should acquire that knowledge after coming out. It was very desirable he should have something to do with the teaching of the boys, so that he might come in touch with them.

57170. The Civil Surgeons were constantly moved from district to district, whereas the private practitioner had a chance of remaining in his district, and to a certain extent that gave him an advantage over the Civil Surgeon, and was possibly one of

the reasons why the Civil Surgeon's fees had decreased, if at all.

57171. (*Mr. Madge.*) If his scheme was accepted the prospects of obtaining better lectures for students would be considerably increased. A man who had been trained as an Assistant Professor was bound to be a better Professor than a man who had never done the work before. It would be quite possible to obtain as Professors men who were working in other hospitals either in India or in England. It would not always be possible to obtain a better class of men from independent practitioners, and he was in favour of the best man available at the time being appointed, whether he was in the Indian Medical Service or an outside practitioner whether in Inda, Great Britain, or elsewhere. If the Indian Medical Service man was the best man, he should certainly be taken.

57172. A man with a flourishing practice would not have to give up that practice if he took up a professorship; the present Professors had very large practices, and still managed their professorial work.

57173. His scheme could not be carried out in a day or a year, but was put forward as the ideal at which to aim.

57174. If private practitioners displaced the Indian Medical Service officers they would have to have some sort of military training before being appointed. It would not be possible to send them to a regiment for seven years, but they could go for one or two years, though he did not know whether that would be a sufficient time or not. The private practitioner would also need some training for administrative work, but there was nothing very special about that work which would prevent a private practitioner taking it up.

57175. He would be prepared to try a scheme for a certain fixed number of listed posts in average districts, to which either members of the subordinate service or outside practitioners could be appointed, and from which, if they proved successful, they coud be given further advancement.

57176. (*Mr. Rahim.*) The administrative duties of a Civil Surgeon were not very heavy in ordinary districts, and would not occupy more than three hours a day. In some districts the office work was heavy. Administrative duties had not interfered with his own practice in the Central Provinces, where he had been in charge of two districts. There were about 17 districts in Bengal with good private practice, and in some of them the amount earned was considerable.

57177. A number of independent practitioners in Calcutta had competed successfully with members of the Indian Medical Service in the practice of Medicine, Surgery, and Midwifery. There were some very good private practitioners with consulting practices, whilst there were about five or six Indian Medical Service Surgeons with first-class surgical practices. In Medicine there were three or four Indians, and about three Indian Medical Service officers with consulting practices. Midwifery practically was controlled by one Indian Medical Service officer, but as Surgeons also practised midwifery it was difficult to deal with that subject. One or two Indians also had a very good midwifery practice, one of them having an extensive special practice. He thought there were many Indian practitioners with a very large practice who would come forward to hold professorships, if they were paid the same terms as the present Indian Medical Service officers.

57178. In Calcutta there had been no diminution in the private practice of Indian Medical Service officers. They had a very good practice amongst Europeans and Indians. In larger districts the Indian Medical Service officers had [illegible] practice, as far as the European population was concerned, and they had very extensive practices also amongst Indians in Dacca, Mymensingh, Murshidabad, Midnapur, and elsewhere. His general impression was that their practice had not fallen off to any extent.

57179. His argument with regard to the competition of the 17 Indian Medical Service officers was, that as they monopolised the hospitals, they obtained certain advantages over the independent practitioners. The Civil Surgeon did not compete with an ordinary practitioner holding an L.M.S., who charged Rs. 2 or Rs. 4 a visit, but only with men who were on the same level with himself. The field of practice for such men was very narrow, as they were only sent for by well-to-do people in very special cases. He knew of one district where the Civil Surgeon had an average of four fees per day, each fee being probably Rs. 16.

57180. The value of Western medical treatment was much more recognised now than it was 15 years ago, and there was consequently much more room for medical practitioners.

57181. (*Sir Valentine Chirol.*) The Medical Officers whom he had suggested would be under the control of the Government, and they would be selected by a committee or board appointed by the Government. According to his scheme there would be no necessity for transfers, but if vacancies due to casualties like death or illness did require temporary filling up that could be made by the Inspector-General or Inspecting Medical Officer, who would be a Government servant. Practically this amounted to a Civil Medical Department under the Government to this extent only

57182. He would give the same pay to men, whether they came from India or England, but the latter might get 25 per cent. extra as an allowance. Thus, if the salary was Rs. 1,000, there would be a foreign service allowance of Rs. 250 for the English recruit. The chances of obtaining recruits from England for the minor appointments would be very small, and they would be practically Indian appointments are held by the War Reserve of the land would not be debarred.

57183. He had had no experience of Military work, but thought a Military training would be acceptable to a considerable number of practitioners if it was limited to two years. It should be given after selection and before the appointments were taken up. In times of necessity the practitioners thus appointed would be called upon to take up Military duty.

57184. (*Sir Murray Hammick.*) The remarks made in the written statement to the effect that the teaching of medicine in Bengal was being played with, and that inexperienced men were being put in charge of large hospitals in the interests of the Indian Medical Service were certainly as strong a condemnation of the Service as could possibly be made. They needed modification, however, in the light of the qualifications possessed by some of the present incumbents of the various chairs. The Chair of Clinical and Operative Surgery, for example, was now held by Major C. R. Stevens, and he was not prepared to deny that he was M.B. (Lond.), first-class honours in Pathology, M.D. (Lond.), first-class honours in Midwifery, B.S. (London.), and F.R.C.S. (Eng.). He had also, no doubt, obtained the Brackenbury prize in Surgery at St. Bartholomew's, studied Pathology for six months in Zurich, officiated as Professor of Midwifery whilst resident at the Eden Hospital, and had been Superintendent of the Medical School at Cuttack for two years. It could not justly be said that Major Stevens came in the list of those who were sacrificing the youth of the country for their own interest.

57185. The Chair of Anatomy was held by an Indian.

57186. The Chair of Midwifery and Gynæcology was held by Major Leicester, M.R.C.P. (Lond.), M.D., B.S. (Lond.), F.R.C.S. (Eng.), B.S.C. (Lond.). It was also, no doubt, true that Major Leicester had been Demonstrator of Physiology at University College, where he was also Obstetric Assistant for two years, and had spent six months in the special study of Gynæcology in England and on the Continent. This officer should also be regarded as free from censure. But Colonel C. R. M. Green was the permanent professor, and Major Leicester was officiating for him.

57187. The Chair of Physiology had been held by Major McCay, M.D., Royal University (Ireland), M.R.C.P. (London) for 10½ years. He would not be

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surprised to hear that this officer had taken honours in Physiology in London. He might also have been a scholar in Physiology in Belfast, Demonstrator of Anatomy in Cork and Belfast, and Demonstrator of Histology, Belfast.

57188. It could not be said that Major McCay was not a good Physiologist, but he had recently left that Chair for the Chair of Clinical Medicine, of which he had had no experience for the last eight or ten years, and this was objectionable.

57189. The Chair of Pathology was occupied by Lieutenant-Colonel Rogers, who had a wide reputation, and was an excellent Professor. He knew nothing of the Chair of Biology.

57190. The Chair of Chemistry and the Chairs of Medicine and Materia Medica had had several changes within a very short period, and it was to this he objected more than to the qualifications of the incumbents. No doubt there would be changes under the scheme he himself had propounded, but to meet them he had provided for assistant professors to take up the duties.

57191. The Chair of Hygiene was occupied by a very good man.

57192. On the whole the Professors in the Medical College were not gentlemen who could be described in the words of the written statement as "men who were playing with the teaching of the medical sciences to the youths of the country in the interests of the Indian Medical Service." What he intended rather to submit was that the mere possession of high academical qualifications did not make officers necessarily fit to hold professorial chairs. Special experience in teaching was also necessary. In any case the same person should not teach different subjects.

57193. (*Lieutenant-Colonel W. J. Buchanan.*) He was not aware of the fact that the Professor of Biology, who was mentioned in the written statement as having only become recognised as a biologist after being appointed professor, was, as a matter of fact, a distinguished F.R.S. who acquired a European reputation as surgeon-naturalist on the ship "Investigator," and on account of his reputation was appointed to the Chair.

57194. It might be that the Professor of Physiology referred to, who had become Professor of Clinical Medicine, had been appointed on account of having held distinguished posts as demonstrator in schools in England, but the fact remained that he had done no clinical medicine during the ten years he had held the Chair of Physiology.

57195. It might also be that the present Professor of Medicine in Calcutta Medical College had the highest qualifications necessary for a Professorship of Medicine in any College in England, but he contended that he had had no experience in teaching before being appointed to the chair. Similarly, Colonel Calvert had no very high academic qualifications nor any teaching experience. He has always a reputation as a Surgeon, and yet he was appointed Professor of Medicine.

57196. The present Civil Surgeon of Mymensingh, an important district, with something like three million inhabitants, was Captain Goyle, an Indian Medical Service officer, but he knew that Colonel D. Basu and many others had been kept for many years in unimportant districts.

57197. In the ordinary county hospitals in England only a very few of the practitioners in the neighbourhood received hospital appointments.

(The witness withdrew.)

Major W. W. Clemesha, I.M.S., Sanitary Commissioner, Bengal.

Written Statement relating to the Sanitary Department.

57198. In laying the following points before the Royal Service Cimmission I wish to point out that, as Sanitary Commissioner for Bengal, my remarks will be confined to the consideration of the Sanitary Department of the Indian Medical Service. I do not propose to reply to the various heads under which information is required by the Commission as applying to the Indian Medical Service as a whole. I also wish to point out that I have consulted the officers in my Department in Bengal, and that I myself have spent the whole of my service (18 years) in the Sanitary Department, with the exception of two years in Military employment. I have also served in practically every Province in India in one capacity or another.

57199. **(I) Method of Recruitment.**—The usual method of obtaining officers for Deputy Sanitary Commissioners is to ask the Government of India for a young officer who wishes to come into civil employ. This is satisfactory as far as it goes. The officer himself selects the Sanitary Department; he serves a certain time on probation and is confirmed in the Department. When non-Indian Medical Service officers are employed, the billets are advertised in the press and the most suitable applicants taken. The above methods are, generally speaking, satisfactory.

57200. **(II) System of Training and Probation.**—As all officers who come into the Sanitary Department must have a Diploma of Public Health (or its equivalent such as the London M.D., part V.) there is no necessity for further training or probation. Having a good knowledge of modern western sanitation, which is required for these diplomas, the best training is to start the man on the ordinary duties of a Deputy Sanitary Commissioner. It may, however, be stated that the sanitary experience of a military medical officer, particularly if acquired on Service, is extremely good training for the Civil Sanitary Department. As regards Indian Deputy Sanitary Commissioners, all these should have had practical training of some kind or another, either as Health Officer of a large town in India or as a medical officer attached to one or other of the Research Institutes in this country.

57201. **(III) Conditions of Service.**—The life of a Deputy Sanitary Commissioner is a particularly hard one. He is required to tour the whole of the cold weather months, directing his attention particularly to the outlying portion of districts where Civil Surgeons cannot go. He is also expected to make a "rains tour" during which he inspects municipalities. At any time of the year he may be called upon to go and assist the district authorities in checking an epidemic, or to make some investigation into the cause or prevalence of certain disease. A Deputy Sanitary Commissioner should be a young active man, very keen on scientific work, a good rider and a good judge of character in India. It is very difficult, though not impossible, for a married man to do this work really satisfactorily. There is this one compensating advantage, viz., that during the non-touring season he is allowed to go to a hill station. This usually means about four months in the year.

From the above description of the duties of a Deputy Sanitary Commissioner, it will be seen that only extremely capable and keen officers are likely to be a success. I would draw special attention to the amount of touring that is necessary. This means living a very unsettled life, maintaining a much larger establishment of servants than is usual for a bachelor, or two sets of servants if the officer happens to be married, maintaining either a motor-car or ponies, and frequently paying the rent of a house, which may not be occupied for more than a few days in the cold weather months. I do not wish to say much on the dangerous nature of the work, but it is obvious that the risks incidental to combating an epidemic of plague, or of cholera, and making investigation into malaria are considerably greater than those usually met with by an ordinary District Medical Officer.

57202. **(IV) Conditions of Salary.**—From the previous paragraph it is perfectly obvious that the Deputy Sanitary Commissioner has a more arduous and a more unsettled life than the usual medical officer. If he is to be efficient the expenses of providing means of locomotion are considerably greater and the possibilities of saving money are less. The travelling allowance at the ordinary rates, though it may meet the actual cost of travelling, does not in any way compensate for the other disadvantages of the Service, such as the maintaining of either horses or motor-car and the keeping of extra servants and establishment. Deputy Sanitary Commissioners draw their military pay *plus* Rs. 200 staff. This, I maintain, is distinctly inadequate. No member of the Sanitary Department is allowed any private practice. I consider that the very least staff allowance for these billets should be Rs. 300 a month, which puts them on a level with the Bacteriological Department.

As regards the Sanitary Commissioners of Provinces, the work of a really efficient officer is now becoming extremely heavy. He has the running of the Vaccination Department of the Province, supervising and managing of the various scientific enquiries, the general supervision of all the sanitary arrangements in Ports, and is the adviser to Government on all sanitary matters. The pay for a suitable officer should certainly not be less than that of the Inspector-General of Prisons. In fact, the recent events have shown that the older administrative billets, such as Inspector-General of Civil Hospitals in various Provinces and even that of the Director-General, Indian Medical Services, are gradually becoming less important than the sanitary and scientific investigation branches of the Service. Therefore, I think the pay should be raised, making it equal to that of the Inspector-General of Prisons, viz., Rs. 2,000.

57203. **(V) Conditions of Leave.**—The leave arrangements of the Civil Service Regulations are at present under alteration and discussion, consequently, until these new orders are issued, it would be premature to discuss the subject at any length. The only point that I wish to make is that in the Sanitary Service every facility should be given to the Deputy Sanitary Commissioners to take leave in the hot weather, partly on the ground of health and partly to render themselves more efficient. The science of preventive medicine is increasing very much more rapidly than pure medicine and surgery. It is extraordinarily difficult for a busy man to keep himself up to the times, and it is therefore desirable that leave should be given whenever opportunity presents itself. The recess period, which most Deputy Sanitary Commissioners spend in the hills, may just as well be spent in the laboratories either in this country or in England. Leave of the Sanitary Department of a Province should be separated from that of the ordinary medical department, because it is not always necessary to supply a substitute for a Deputy Sanitary Commissioner on short furlough. At present, Civil Surgeons and Deputy Sanitary Commissioners compete with one another for the available leave vacancies in a Province. This is most undesirable both for the Medical and the Sanitary Departments. The leave allowance for these two Departments should be entirely separate, and should be managed by the heads of each Department, subject to the sanction of Government, because, as already stated, study leave is, all things being considered, more necessary to the sanitarian than to the Civil Medical Officer.

57204. **(VI) Conditions of Pension.**—The conditions of pension (as to the rest of the Services) are satisfactory.

57205. **(VII$_A$) Such limitation as may exist in the employment of non-Europeans.**—We have at present two Deputy Sanitary Commissioners who are Indians. Both have an English qualification and both have got a Diploma of Public Health. Neither of the men have been sufficiently long in their appointments to say whether they are likely to be a success or not. On the whole, I hold very strong views on the appointments of Indian Deputy Sanitary Commissioners. I do not say that there are no Indians sufficiently qualified to hold these appointments. Their chief disadvantages are that the highly educated Indian is usually not fond of a rough-and-tumble unsettled out-door life of a Deputy Sanitary Commissioner, and secondly that they do not do themselves justice when dealing with high officials of Government like Magistrates and Commissioners. But the greatest objection to the Indian Deputy Sanitary Commissioner is that the country as a whole is not ready for these appointments yet. From a very long experience of the disabilities that the Sanitary Department labours under in this country, I wish to state that it is only comparatively recently that the officers of this Department are taken seriously by the Chairmen of Municipalities and by Government officers. The usual attitude of a Municipal body towards the Government Sanitary Authorities is one of patient toleration. They look upon the Department as one of the inflictions of a beneficent Government. An officer of this Department reports on the sanitary condition of a certain town, makes perhaps five or six recommendations. These are either frankly opposed, because the Commissioners consider they know better than sanitary experts, or the time-honoured excuse of "want of money" finally disposes of these recommendations. Very little, if anything, is ever carried out. If this is the usual treatment accorded to a skilled and experienced European sanitarian it must be admitted that the Junior Indian Deputy Sanitary Commissioner is not likely to be a success. In the first place it takes many years before an Officer is sufficiently experienced to write really a good sanitary report on a town, and one that cannot be criticised to death. In the second place, the ordinary Indian Chairmen and Indian Commissioners will not, for many years to come, pay any attention to the recommendations made by one of their fellow countrymen. Again, I repeat that the fault may not be in the Indian Deputy Sanitary Commissioner himself.

Another reason that I venture to put forward as to why the Indian Deputy Sanitary Commissioners are not likely to be a success is that very few Indian Medical Officers of Health of towns are really satisfactory. I have only met one in the course of my experience. Even if they possess the qualifications they do not possess the necessary driving power. They strongly object to the unpopularity which is always the lot of a Sanitary Officer and, as already stated, they are not listened to by the Municipal Commissioners whom they serve. In conclusion, I consider it has been a serious error to make Indian Deputy Sanitary Commissioners at present. When we have a large body of thoroughly satisfactory Indian Medical Officers of Health, it would have been ample time to have given these higher posts to the most deserving from among these.

57206. **(VII$_B$) The working of the existing system of the division of Services into Imperial and Provincial.**—With due respect to the Government, and to all concerned, in the recent orders for the decentralisation and provincialising of the Sanitary Department, I wish to record my humble opinion that it was a very serious error. The Sanitary Department in Bengal consists of about eight commissioned officers. In all the other Provinces the number of appointments is less. Throughout India there may possibly be 40 appointments in this Department. The consequence of splitting up these 40 appointments into eight little water-tight compartments is that promotion is extremely slow, and the officers are discontented in consequence. A Deputy Sanitary Commissioner may be a Senior Lieutenant-Colonel before there is a vacancy as Sanitary Commissioner in his Province; for under the new arrangements, a Deputy Sanitary Commissioner in one Province is not eligible for a Sanitary Commissioner in another, nor is he able to officiate in the event of certain leave vacancy. The slowness of promotion, combined with the arduous nature of the work and the poorness of the pay, makes the Service very unpopular. In

Bengal, recently, a permanent appointment of a Deputy Sanitary Commissioner remained vacant for more than a year simply because the Government of India could not induce anybody to take the vacancy. Of course, every Sanitary Commissioner and Deputy Sanitary Commissioner should be placed at the disposal of one of the Provinces, but if the Service was an Imperial one and promotion was possible in any Province, the Service would be much more popular and the officers more contented. I may also point out that I myself was, prior to the recent orders, lent to Madas as Officiating Sanitary Commissioner for 16 months; I gained very valuable experience in that Province during that period.

The sanitary service, as a whole, is one which ought to grow in importance year by year in India. It should be made extremely efficient and should attract the very best men who enter the Indian Medical Service. My ideal of a Service of Preventive Medicine for India would be—an Imperial Service under the Sanitary Commissioner with the Government of India divided into two branches: (*a*) The research and investigation branch (now represented by the Bacteriological Department, the Central Malarial Bureau, etc.) and (*b*) an executive branch consisting of the Sanitary Commissioner and Deputy Sanitary Commissioners in each Province.

MAJOR W. W. CLEMESHA called and examined.

57207. (*Chairman.*) The witness was Sanitary Commissioner of Bengal and represented the Sanitary Department. He had spent practically the whole of his service in the Sanitary Department, except for two years spent in Military employ.

57208. Non-medical Service men had been employed in the Department for about two years and at present there were two. He was not yet in a position to express any opinion on the experiment. The candidates had to have a medical qualification registrable in England and a diploma of public health.

57209. The point he wished to make was that the Executive Department of the Sanitary Service and the Research Department should be more or less interchangeable, so that a man, who was tired of executive work, should have an opportunity, if capable, of doing research work. At present the executive service was very dull, and the work of the junior members pure drudgery, and there was no opportunity for giving them a change, because, if a man was allowed to do scientific investigation, he had to neglect his other work. There were certain men in the Department who were excellent administrators, who would not be transferred to research work, and who would not themselves desire the change. The opportunity should be given exclusively to those who showed a marked aptitude for research. In sanitary work, problems frequently arose, which did not require very elaborate research, but which the ordinary Deputy Sanitary Commissioner had not the time to follow out. If such an arrangement as he had asked for was adopted, this difficulty would be met. There were now practically no laboratories in which work could be done, except in Madras and Bengal, and if there were, a man had no time. It would really be a development of the activities of the Department. It would strengthen the Department to have some system whereby the present bacteriological service and the sanitary service would be linked together into one department of public health with a uniform system of pay, and it would make the Service very much more popular than at present.

57210. He desired to amend the written statement in connection with what he had said about meeting the grievance with regard to salary, etc., by placing the officers in the Sanitary Department on a level with the members of the Bacteriological Department. One of the reasons why the Sanitary Department was so unpopular was that the officers had no opportunity for private practice. He suggested that an allowance should be made to all members of the Indian Medical Service, who were not permitted to take private practice.

57211. He saw no practical difficulties in the way of an all-India list for the Department except the difficulty of language. Transfers, however, would not take place until a Deputy Sanitary Commissioner was senior enough to act as a Sanitary Commissioner. The Deputy Sanitary Commissioners would be practically permanent, as they would remain in a province for about 10 years before they were eligible to act as Sanitary Commissioners of other provinces. When they became Sanitary Commissioners in another province, they would have reached a stage when the language difficulty was not acute. He officiated as Sanitary Commissioner in Madras for sixteen months and found practically no trouble from not knowing the language. There were really no insuperable difficulties in the way of one Sanitary Commissioner being removed from one part of India to another, and it was very good for the Commissioner. The advantages of an all-India list were chiefly in the direction of getting more freedom of promotion, and thereby attracting the best men into the Department. The provincial system of promotion entailed great stagnation and many hardships.

57212. The promotion in an all-India list would be in the hands of the Government of India, but once an officer was posted to a particular Province he would work entirely under the local Government. Any complaints would be made by the local authority to the Government of India. It was only comparatively recently that the appointment of Sanitary Commissioners had been delegated to local Governments on the recommendation of the Decentralisation Commission. Prior to that appointments were made generally by the Government of India. To this rule Madras had been an exception, and possibly also Bombay.

57213. The demand for sanitary improvement was not yet insistent in Bengal, but there had been a great awakening there during the last few years, and he thought the same remark applied to other parts of India.

57214. The teaching of hygiene should be vested in the Sanitary Department, which was the only Department that could give anything like a practical training. If Professors were drawn from outside the Department, the course could only be a theoretical one. The time would come when the Sanitary Commissioner would have to give up teaching as his work was becoming excessive, and the teaching might then be handed over to a Deputy Sanitary Commissioner or some one connected with the Department.

57215. There was a D.P.H. on the calendar of the Calcutta University, but at present the course was most unsatisfactory, because there was no laboratory, no class and very few people interested in it. The D.P.H. in Great Britain was steadily growing more useless for India, as it was getting into the range of highly specialised work. A really good school of hygiene in India was very necessary, and he should prefer opportunities for the training to be given in India.

57216. At present there were two Indian Deputy Sanitary Commissioners and two Europeans. As the prejudice against the sanitary movement was still very marked in the districts, it would be preferable for the immediate future to have European Sanitary Commissioners and Deputy Sanitary Commissioners. The Indian Deputy Sanitary Commissioners were not taken seriously by the Indian Municipalities. The European Deputy Sanitary Commissioner was not much better treated but there was a difference.

57217. An Indian Deputy Sanitary Commissioner would probably come more into contact with the people, but this was not what was really required. The Deputy Sanitary Commissioner's duty was to get municipalities to carry out certain simple and obvious recommendations. For some time to come the Indian Deputy Sanitary Commissioner's recommendations would not receive the same weight as those of a good well-trained Indian Medical Service Officer, or a well-trained European Deputy Sanitary Commissioner. The fault was not with the Indian officer.

57218. He desired to see a thoroughly sound training in hygiene given in the Indian Universities, so as to get Indian Deputy Sanitary Commissioners, but such men ought none-the-less to go to Europe to have their ideals raised and their outlook on life widened. An Indian who had had experience in European sanitary methods was much more likely to work to high ideals and standards.

57219. (*Sir Murray Hammick.*) A man would see in England a standard of sanitation such as he could not see in India.

57220. There were undoubtedly certain small disadvantages attached to transferring a Sanitary Commissioner from one Province to another, but he had found no difficulty himself when he went to Madras.

57221. The work of a Deputy Sanitary Commissioner was very monotonous and had a deadening effect, owing to the fact that out of a hundred recommendations not one was ordinarily accepted or acted upon. It was of great importance that he should be able to get a change of work occasionally.

57222. It was necessary that a man in the Department should have a long recess at a hill station during the year, which he could do without any detriment to his work. In Bengal practically no work could be expected from a man between the month of May and the rains. In other parts of India where the climate was more temperate, a recess was not so urgent. In Madras the men also should go to the hills.

57223. (*Sir Valentine Chirol.*) It was not likely that satisfactory men could be obtained from England for District Health Officerships or Deputy Sanitary Commissionerships on five years' contracts for a salary varying from Rs. 500 to Rs. 1,000. For Sanitary Commissionships on a salary of from Rs. 1,000 to Rs. 1,500 it might be possible to obtain men, provided it was stated that the term of five years might be extended. Without some guarantee of tenure recruits could not be obtained, especially if there was no pension.

57224. (*Mr. Abdur Rahim.*) Although the students of Bengal had taken to sports and had a general liking for outdoor life, there was no sign that they would like sanitary work. The ordinary highly educated Indian of Bengal had no liking for camp life. During the cold weather the Deputy Sanitary Commissioner had to go out inspecting vaccination in the distant parts of the districts where the Civil Surgeon could not go. For those who liked camp life it was extremely pleasant, but others looked upon it as a hardship. He had not had sufficient experience of Indian deputies to say whether they would object to it. From a considerable experience of the country generally and of Assistant Surgeons who had worked under him, he knew that touring was disliked, and that Indians would do all that was possible to get out of it. There were many Indians touring in Bengal, but they did not like it.

57225. (*Mr. Madge.*) An officer going to a new Province derived from his colleagues all the local information he needed to work efficiently. He would have the records in the office, and two or three deputies fully acquainted with the Province. Personally he thought the arguments were all in favour of an Imperial Department.

57226. He would not have a Government Service of medical officers of health for towns, principally owing to the fact that the local authorities very much objected to this, and worked better with a man selected by themselves. There were many advantages in having a covenanted service of health officers, but it would be diametrically opposed to the general feeling of the Government of India, whose ideas were all tending to decentralisation.

57227. In many corporations the duties of the health officer were made very difficult on account of the opposition he met with, and probably he would be in a more independent position if he did not depend on the favour of the local authority, but the balance of advantage was in favour of the present system.

57228. (*Mr. Fisher.*) The examination for the D.P.H. had become so enveloped in England as to make it inappropriate for the requirements of India. It had rather outrun the demands of India at present, which were somewhat rudimentary. The demand of India was for sanitation of the environment, whereas in England it was sanitation of the individual. In the problems connected with sewage there were certain differences between India and England in the chemistry of the subject, and the local conditions of disposal were quite distinct. The differences between the two countries were sufficiently substantial to justify the establishment of a school of hygiene in India, which should be preferably one school with power to give a Diploma of Public Health. There should be no limit to the number of pupils. The school would be a post-graduate course for medically qualified men. The training of subordinates for the Sanitary Department would have to be arranged for by the Provincial Governments locally.

57229. A sanitary officer required a long experience before he could write a good sanitary report on a town, as he had not only to know the material facts of the place but also the personnel, and the financial position of the municipality.

57230. Men came into the Indian Medical Service with the idea of getting into the Research Department, but men who went into the administrative side—*i.e.*, the present Sanitary Department—did so after they had entered the Service. No specialists in hygiene came from England, but bacteriologists were brought out.

57231. There were no Deputy Sanitary Commissioners in the Central Provinces, and a Sanitary Commissioner had only been there for a few years. Probably the Central Provinces were rather backward in sanitation.

57232. (*Mr. Sly.*) He did not know the birth-rate and death-rate of the Central Provinces as compared with other Provinces, but believed that the tract was distinctly favoured.

57233. The tenure of Sanitary Commissioners was limited to seven years, but this might be extended for any length of time. At one time it was limited to three years, but that rule had disappeared.

57234. A leave reserve for the Sanitary Department was necessary in Bengal. At present the men competed for leave with Civil Surgeons. Officers could be spared from the Sanitary Department at certain times, but they were prevented from going because they had to take their ordinary share of the leave reserve for the whole Province. If the leave reserve was different, it would not necessitate the Deputy Sanitary Commissioners changing about as well as the Sanitary Commissioner, as in actual practice the charges could be doubled up when men were away on leave. Frequently the men in the Department had leave refused, because the percentage of men in the Indian Medical Service in Bengal on leave had been exceeded, although the men in the Department could be spared without men coming into their place.

57235. (*Mr. Chaubal.*) The ignorance of sanitation on the part of municipalities and district boards was probably a reflection of the general ignorance of the people. He did not think the Subordinate Sanitary Inspectors would in any way tend to dispel the sanitary ignorance of the Province as inspectors were executive officers occupying a position similar to that of Inspector of Nuisances in England. At present there was difficulty in finding men to do the actual work of cleaning towns.

57236. He would not recommend certain selected Sanitary Inspectors being made Deputy Sanitary Commissioners as they had had no medical education. A separate course was being organised for Sanitary Inspectors. It was not a medical course, nor a course on the lines of the D.P.H., but was an extremely elementary course extending over eight months and embracing minor sanitary engineering and sanitation work generally.

57237. He did not think an Indian Deputy Sanitary Commissioner was better calculated to grapple with the prejudices of the people than a European

officer. A Deputy Sanitary Commissioner, on account of the multiplicity of his duties, had no time to study a place in the way the Resident Health Officer could do, but even the Health Officer appeared to be unable to teach the people the advantages of sanitation.

57238. (*Sir Theodore Morison.*) The Sanitation Department should be under one supreme head, with Departments for research and executive work, and men should be eligible for transfer from one to the other. It would be exactly on the same footing with the Indian Medical Service as now.

57239. (*Lord Ronaldshay.*) The commissioned officers of the Department in Bengal were as follows:—One Sanitary Commissioner, two Indian Medical Service Deputy Sanitary Commissioners, one special Deputy Sanitary Commissioner for Research, one Health Officer of the Port of Calcutta, two Indian Deputy Sanitary Commissioners, and a special Research Officer for Malaria. The Assistant Health Officer of the Port of Calcutta was not a commissioned officer, nor was the Health Officer of the Port of Chittagong.

57240. (*Lieutenant-Colonel W. J. Buchanan.*) While the D.P.H. examination in England was not applicable to India, it was still necessary for a Deputy Sanitary Commissioner to study sanitation in England. It was also desirable for the Medical Officers of Health of the large cities of India, even though possessing an English D.P.H., to undergo a special course in Indian methods, but it was difficult to know how to carry this out. Possibly to attach them to a Deputy Sanitary Commissioner for some time would be one solution.

57241. Whether Health Officers belonged to a separate Government Service or were employed by municipalities, the great factor in recruiting was security of tenure. The security of tenure attaching to a Government Service would be a very great inducement to men to join.

57242. The duties of a Sanitary Commissioner were mainly advisory. In Bengal the Department had been steadily given more executive work, such as water analysis, sewage analysis, the supervision of sanitary appliances, such as septic tanks, the training of Sanitary Inspectors, etc., and shortly it was expected the Department would take over a good deal of advisory work and some executive work from the Education Department.

57243. With regard to leave, it would be sufficient if one or two extra men were brought in as supernumeraries who by constantly acting in various appointments would become trained officers and fitted to succeed to permanent vacancies later on.

(The witness withdrew.)

Major F. A. L. Hammond, I.M.S., Civil Surgeon, Maymyo, Burma.

Written Statement relating to the Medical Service, being the corporate opinion of the Members of the Indian Medical Service serving in Burma.

57244. **(I) Methods of Recruitment.**—The present method of recruitment by means of a competitive examination held in London open to both European and Asiatics is in the main satisfactory, and no important alteration is possible. For the Indian Medical Service is primarily a Military Service: the officers entering the Service are obliged to do at least two years' Military Service, during which time they are members of the officers' mess, and as such they must be familiar with European customs. It is quite certain that five years' residence in Europe is none too long for native candidates for the Service to complete this part of their necessary education.

It would probably be an improvement if combined with the competitive examination some form of selection was required, such as a recommendation from the Dean of the candidates' medical school. Also greater importance should be attached to the candidates having held some resident appointment at a good hospital before they are admitted to the Service. At present men who enter the Service with the great professional advantage of having held long resident appointments at large hospitals, find themselves worse off than if they had sought admission to the Service immediately after qualification.

57245. **(II) Systems of Training and Probation.**—The Military training on probation is good, and certainly the regulations as to residence for a few months in Aldershot should remain: but it would be an improvement if instruction in tropical diseases could be obtained after arrival in the East. Upon the organisation of an adequate School of Tropical Medicine in Calcutta or Bombay, such training would be possible and should be utilised. Possibly this might entail a shortening of the probationary course in England. This shortening would be obtained by eliminating the present course at Millbank. After the period of probation there should be opportunities during an officer's Military Service for good professional work. These can be provided only by the adoption of some system of properly equipped and organised Station Hospitals.

57246. **(III) Conditions of Service.**—Under the present conditions, service from a professional point of view is often very unsatisfactory. The multifarious duties which fall to the lot of most Civil Surgeons, and the insufficient nature of the assistance afforded them, greatly hamper the proper performance of good professional work; and necessarily lead to depressingly little importance being attached to such work. Assistants are too few and generally their qualifications are far inferior to the work which they are called upon to perform. Moreover, in the majority of districts in this Province the hospital buildings and equipment discourage not only the Civil Surgeons, but also their would-be patients.

With respect to Burma there are certain special drawbacks in Civil employ.

(*a*) The stations are very unequal in both emoluments and the amenities of life; the existence of these inequalities lead to frequent transfers and prevents that lengthy tenure of stations which is necessary to enable a Medical Officer to win the confidence of the peoples of the districts. Such inequalities also necessitate undue importance being attached to seniority and too little to particular professional attainments in filling the various posts of the Province. Some endeavour should be made to remedy, or at any rate lessen, these present great inequalities.

(*b*) Houses definitely allocated to Civil Surgeons are rare. This is not a satisfactory state of things, and in each station a house should be allotted to the Civil Surgeon.

57247. **(IV) Conditions of Salary.**—The present grade pay is insufficient. The amount has apparently been based upon the assumption that in Civil employ considerable emoluments will result from private practice; in Burma, particularly, such expectations are not borne out by experience. As a whole the grade pay should be considerably increased. Some of the reasons for such alterations have been given above in speaking of the inequalities between the various stations. A Civil Surgeon's duties are such as to fulfil his whole time, and are quite as heavy and responsible as those performed by officers in other Civil Services, yet his pay compares unfavourably with the pay of members of other Services, while his age at similar periods of service is almost invariably greater than in any other branch of Government Service.

Special appointments which necessitate special qualifications, such as qualifications of Public Health, of Laboratory skill, and which also, in many cases, entail peculiar disadvantages, such as much travelling, work amid more than usually unhealthy surroundings, should be dealt with much more generously than they are at present. Moreover for such appointments the pay should always be graded in order that officers as they become senior should not become dissatisfied and seek to leave work in which they have previously specialised. In Burma the majority of these special billets compare unfavourably as regards emoluments with similar billets in other provinces of India.

In Burma it has rightly been considered necessary to give a special local allowance. This local allowance is insufficient to compensate for the peculiar disadvantages of the Province, and it is certainly unfair to senior officers that such local allowance should cease as it at present does, when the gross pay exceeds Rs. 1,000.

Accelerated Promotion.—Accelerated promotion should be more generally granted as a reward for approved service in the country, and not only for professional study in England.

57248. **(V) Conditions of Leave.**—With regard to leave the Medical Service is peculiarly hardly treated. Owing to the fact that in Civil employ the cadre has up to the present been insufficient, the leave can rarely be enjoyed as it falls due; it is particularly important in dealing with the members of a technical service, such as the Medical, that they should be allowed leave at proper intervals. It is even open to question whether, from the point of view of efficiency, it would not be wise to introduce some method of compulsion to prevent officers unduly prolonging their unbroken periods of work under Eastern conditions, for it is bad economy to allow officers, particularly at the beginning of their service, to spend ten years without a break in the East. It is better for Medical men to take moderately lengthy leave at frequent intervals than to accumulate periods of leave as long as two years. The rule that in Civil employ eight years' service in the country must be completed before leave can be taken should be cancelled.

It should be possible for furlough earned to be taken whenever the exigencies of the Services permit; without strict regard being paid to the length of time elapsed since leave was last enjoyed.

The accumulation of privilege leave should not be limited to three months and this leave should be given to the Indian Medical Service officers upon the same lines as it is given to Royal Army Medical Corps officers.

Considering that it is rarely possible for a Medical Officer to avail himself of the regular Government holidays the rules for casual leave should be relaxed for members of the Medical Service. At the present time an officer cannot begin to earn furlough under Civil rules until he has completed three years' probation or has been previously confirmed in Civil employ. This rule is manifestly unfair and should be rescinded.

57249. **(VI) Conditions of Pension.**—In the majority of cases Medical Officers enter Government Service at ages greater than the entrance ages into other Services; so that instead of it being possible for the majority of officers to attain the maximum pension, the majority are forced to retire under the age limitation before this maximum pension can be earned. The maximum pension of £700 a year is certainly not excessive for a retired Medical Officer to enjoy; for after a lengthy service in the East a retired officer cannot hope to add to his income by the practice of his profession. This maximum pension is not a larger income than that enjoyed by his compeers in England, and it should be possible for all officers, who elect to spend their working life in the East, to earn this amount of pension when their working days are over. Therefore, a pension of £700 a year should be attainable after 25 years' service instead of after 30.

A gratuity upon the same lines as that granted to officers of the Naval Medical Service, and Royal Army Medical Corps, who wish to retire after the completion of a certain number of years' service, should be permissable to officers of the Indian Medical Service.

The question has been raised as to whether the Indian Family Pension Fund, contribution to which is compulsory for European officers, provides a just return for the payments exacted, or whether a Provident Fund such as exists in connection with other Services would not afford a more satisfactory provision for the wives and families of officers of the Service?

57250. **(VII) Limitations in the employment of non-Europeans, etc.**—The recruitment of the Indian Medical Service is open, and the only limitations are the limitations imposed by the particular method of recruitment. This method of recruitment has already been dealt with under heading I.

57251. **(VIII) Relations of the Service with the Indian Civil Service, etc.** The relations of the Indian Medical Service to other Services are satisfactory.

57252. **(IX) Any other points.**—The question of emoluments earned by private practice has been already mentioned when considering "Salary," but as this question more than any other has been discussed from various sides during the past few years, and as its uncertainties largely contribute to the gradual lessening of the popularity of the Indian Medical Service as a professional career, it is as well to bring it more prominently before the notice of the Commission.

In the first place, there should be no possibility for doubt left in the minds of anyone at all responsible for the welfare of the Indian Medical Service, that to men seeking to join the Service the promise of opportunities for private practice and the knowledge that in the past the Service has given these opportunities in no stinted fashion form very powerful factors in influencing their decisions to compete for the Service. It is the gradual recognition throughout the profession at Home that these opportunities are now very greatly lessened which is probably one of the chief causes of the obvious decline in the comparative popularity of the Service.

There seems a tendency in certain quarters to regard the earnings of Indian Medical Service officers from private practice with a jealous eye and to look upon such earnings as an unearned increment rather than as a fulfilment of a promise earlier held out. It is an undoubted fact that without the reasonable prospect of additional emoluments from private work, the conditions of service in the Indian Medical Service are not such as to attract the very high class of professional men which is so necessary for the proper progress of medical work in the Indian Empire.

Many of the causes which have led to the falling off in the prospects of private practice to Indian Medical Service officers are inseparable from the progress of affairs in the East; but causes such as frequent transfers, and excessive free hospital attendance, which can be avoided, or remedied, without impairing medical progress should be considered and removed; the decrease in the emoluments from private work which has resulted, and is likely to continue, from the necessary and right increase of outside competition should be met, as indicated earlier, by a substantial increase in the grade pay of the Service.

Major F. A. L. Hammond called and examined.

57253. (*The Chairman.*) The witness had had 17 years' service. He was Deputy Sanitary Commissioner for two years, resident medical officer in Rangoon Hospital for two years, and subsequently in Civil Surgeoncies in various parts of Burma. He represented the members of the Indian Medical Service serving in Burma.

57254. There were three non-Europeans in the service in Burma, two Indians, and one West African.

57255. The service in Burma was very short-handed. Its members had very much harder work to perform than in India, and it was much more difficult to obtain leave.

57256. The written statement was wrong in assuming that five years' residence in Europe was prescribed before an Indian candidate could enter the Indian Medical Service, and he did not wish to lay that down as an obligatory condition. There should be five years' medical study, of which some time should be spent in England. A candidate going straight to England would probably have to undergo a year's residence in order to obtain a British qualification. He would like to see that year's residence extended.

57257. Two years was sufficient for an Indian Medical Service officer to remain in military before he entered civil employ. Looking at it from the professional point of view, the sooner a man could get into civil employ after the two years the better. The average number of years than an officer now spent in military employ before he joined the Burma Service varied. Some officers got in immediately after the two years, and others had to wait four or five years. It was never longer than the latter period, except by a man's own request.

57258. The institution of station hospitals would to a certain extent mitigate the evil of a long period in military employ and it would certainly make the Service more popular. Such hospitals could easily be established throughout Burma. It would mean only a certain amount of extension of existing arrangements.

57259. Opportunities were already given to officers during their period of military employ to attend civil hospitals in Burma, and they did so in practice. It would add to the efficiency of officers if the system were made obligatory. There were no practical difficulties in the way of so doing. It would be a benefit to an officer, before being transferred from military to civil employ, to have had a few months' work in a civil hospital. He could not suggest any objections from the hospital administration point of view.

57260. The present pay of the Service was quite insufficient, and that was felt particularly hardly in Burma. Private practice was very much smaller than it used to be, and the country itself was an extremely dear one. An officer in the Service in Burma enjoyed the Burma allowance up to the time when his gross pay reached Rs. 1,000 a month.

57261. There were five stations in Burma where there was a fairly large private practice. The best private practice in Burma would probably reach to Rs. 2,000 a month, but that was an outside figure and in only one case, a very exceptional one, which terminated three years ago. In country districts an officer had very little private practice up to two or three hundred rupees a month.

57262. Although Burmans in the country districts did go to European officers, they were extremely conservative, and it meant that a Civil Surgeon had to remain a considerable length of time in his district before he obtained their confidence. Officers in Burma suffered more from the loss of private practice than officers in India.

57263. The Burma allowance was not given when salaries reached beyond Rs. 1,000 a month, because it was thought that, when a man reached this figure, he was beyond the need of such an allowance. The gross pay meant the actual pay of the appointment itself without any allowances for jail or health officerships, or anything of that kind.

57264. The insufficiency of the cadre stood in the way of officers obtaining leave. There were only 26 members of the Indian Civil Service in Burma, and they had to man the Civil Surgeoncies. That meant that only six men could be on leave at a time, and that was insufficient to allow for sick or study leave, or any other form of leave which might be urgently required.

57265. There were 41 districts in Burma, 18 of which were held by Indian Medical Service officers. Recently the matter of leave had been very much improved, owing to the fact that there had been few wars or troubles in which officers had been required. The normal cadre was only nominally sufficient. The Province had grown to such an extent that the cadre was very short for its needs. A letter had recently been written on the subject by the Burma Chamber of Commerce, and the *Rangoon Gazette* had also taken the matter up. He was anxious that the copies of the newspaper articles which he put in,* should be regarded as integral parts of his evidence.

57266. Large stations had grown up which did not possess European medical officers.

57267. Furlough could not be earned under Civil rules, until the three years of probation in civil employ had been completed and an officer could not obtain furlough until he had been seven years in the country If he had not been posted permanently to civil employ, an officer could take leave under military rules, but it did not pay him to do that.

57268. No arrangement existed in Burma for allowing private practitioners access to the visiting staffs of Government hospitals. He believed the matter was under consideration. He thought himself such a procedure would be most undesirable from the point of view of the administration of the hospital. The Government hospitals were always open to private practitioners for attendance at any time. They could come and see the work, whenever they wished to do so, but they were not allowed to take any active part in the work.

57269. There was in Burma a Provincial Medical Service of Civil Assistant Surgeons, which he would like to see further developed. It was very short-handed in the matter of subordinates.

57270. He laid stress on the need for registration. He had daily come across practical difficulties through the lack of registration, or any law enforcing it. Quackery was rampant in Burma, and there was a large number of men with very imperfect qualifications, who were allowed to practise.

57271. (*Sir Theodore Morison.*) It might frequently happen that an officer could not attend a civil hospital while he was in military employ; he might be in some station or outpost where there was no opportunity for attending a civil hospital. In many cantonments there was a civil hospital. The witness would like to propose that an officer, if possible, should have a house surgeoncy, or house physician's position in one of the big general hospitals before entering civil employ. For keeping up an officer's professional knowledge during the six or seven years he was in military employ he (the witness) would depend on the station hospital, if it ever came into existence, although that would not provide experience at all comparable to that of a civil hospital. He thought it would be possible to make attendance at a civil hospital compulsory during the whole term of an officer's military service. If an officer kept up his professional efficiency during his military service, that was all that could be expected of him.

57272. With regard to the accumulation of privilege leave, Royal Army Medical Corps officers could combine their privilege leave with furlough in a way that officers in the Indian Medical Service could not do. For instance, a Royal Army Medical Corps officer might be able to take three months in one year, and eight months the next.

57273. (*Mr. Sly.*) He could not give any statistical information about the number of independent medical practitioners in Burma.

57274. He thoroughly agreed with the view which had been put before the Commission that the staff of the general hospital at Rangoon was very inadequate. For instance, there was no physician on the staff at all. The cadre should be increased in order to add to the staff of the hospital, and in order to provide Civil Surgeons for districts where it was considered they were necessary.

57275. At times Civil Surgeons recruited in Burma were posted to a hospital for hospital training. Some of them were employed in a subordinate capacity in the bigger hospital before being sent to districts. That was not the usual procedure; very often they were sent straight to districts.

* *Vide* Appendix, No. XVI.

57276. (*Mr. Madge.*) If the Provincial Service was called the Bengal, Madras, Bombay and Burma Services respectively, in distinction from the Indian Medical Service, it might possibly lead to confusion. The public at home would not understand the difference between the Indian Medical Service and the Burma Medical Service.

57277. There had been no proportionate increase in the cadre since Upper Burma was annexed. The last increase was in 1909, when three new appointments were sanctioned for the hosital in Rangoon. In 1905 two other officers were appointed. Apart from the annexation of Upper Burma, the Province was growing at such a rate that the present cadre was quite insufficient. Towns were springing up at such a rate that there were not sufficient officers altogether, and European officers in particular.

57278. The standard of professional qualification amongst the independent practitioners in Burma was not so high as it was amongst the Indian Medical Service men, so that the result of admitting private practitioners would really be to provide an inferior quality of service.

57279. (*Major Dee.*) With regard to salaries, every other Civil Department drew a consolidated salary, whereas the Indian Medical Service in Burma drew salary plus allowances. The salaries were kept low on account of those allowances and the right to private practice. Officers in his Service suffered from that both when they took privilege leave, and when they were on furlough under the civil rules. The moment an officer in the Indian Medical Service took leave he reverted to his medical grade pay, whereas officers in the other Services, such as the Public Works Department, drew their consolidated pay whilst on privilege leave. The pay that a Civil Surgeon, of the age of 40 or 42, in the Indian Medical Service would draw would be Rs. 850, including the Burma allowance, whereas a Forest officer, or an officer of one of the Civil Departments, would be drawing at the same age between Rs. 1,250 and Rs. 1,500 a month. The regulation also affected a man when he went on furlough in exactly the same way.

57280. The two Civil Surgeons of Rangoon and the Ophthalmic Surgeon were the only three people who were not allowed to draw a Rangoon allowance. The excuse given by Government was that they practised privately.

57281. The Civil Surgeon in Burma, wherever he might be, had to take charge of the military police battalions, or the detachments, according to the size of the station, without receiving any extra pay, whereas an officer in military employ received payment for the charge of a regiment. This hardship had already been referred to in Surgeon-General Lukis's evidence, who recommended that payment should be made at the same rates as for Indian regiments.

57282. There were no Asiatics in Burma with sufficient qualifications to entitle them to become visiting physicians or surgeons of any hospital.

57283. Taking a big centre like Mandalay, the Civil Surgeon there was practically the only man outside the Civil Surgeon at Maymyo who did really big surgical operations on all classes of patients, practically throughout the whole of Northern Burma, and it would not be stating it too high to say that he did not, from his private surgical work, make more than Rs. 50 a month regularly. The institution of paying wards had hit the Service very hard. There was no other place in Burma to which anybody could resort for a long illness or a surgical operation, except the paying ward of a hospital, and although the patient might not wish to deprive the surgeon of his reasonable fee, under the present regulations, if he occupied the paying ward of a hospital, the surgeon could receive nothing at all. That point had been represented to the Local Government, and steps had been taken to remedy it.

57284. (*Lieut. McCarthy.*) There was a necessity for additional European qualified men in Burma. When he said that Burma was increasing he was referring both to the European population and to the general development of the country as a whole. The letter from the Burma Chamber of Commerce to the local Government asked that fully qualified men of the Indian Medical Service should be provided for several districts. He did not know the European commercial population, apart from the official element, in any one of these districts, and he could not say whether the maximum number in any one town amounted to 10.

57285. (*Mr. Subramaniam.*)—He did not think the degree of M.B. of Edinburgh entitled a man to hold a visiting charge to a hospital.

(The witness withdrew.)

LIEUTENANT W. ST.M. HEFFERMAN, I.S.M.D., Civil Surgeon, Yamethin, Burma.

Written Statement relating to the Medical Service, being the corporate views of the members of the Indian Subordinate Medical Department (Civil Side) in Burma.

57286. **(I) Methods of Recruitment.**—As a consideration of the Civil side of the Indian Subordinate Medical Department necessarily involves a review of the Department as a whole, we submit that the Military side of the question cannot be overlooked, since the individual first starts his service in the Military Department. It would perhaps be too long to discuss in detail the genesis of the Department from its early inception to the present fairly advanced stage it occupies, but it will suffice to say that both from the point of view of preliminary general education and professional study there has been a steady and progressive advance.

It is, however, unanimously urged by all officers who have had time to send in their views that the present educational and professional training is inadequate and should be definitely raised. The proposals put forward show that no candidate be admitted to the examination for the Military Medical Pupil Class who does not possess a standard of education required by the General Medical Council or its equivalent. The urgent necessity for this has been put forward in a memorial submitted to His Majesty's Secretary of State for India by all members of the Department. Candidates for the Military Pupil Classes should be between 17 and 20 years.

57287. **(II) System of Training and Probation.**—The course of professional training to be extended from four to five years and to cover all the subjects included in the curriculum of the different Indian Medical Colleges necessary before a diploma or degree can be obtained. A Military medical pupil must at least pass the L.M. & S. of any of the universities before being gazetted into the Service as a Military Assistant Surgeon. He can, of course, enter for a degree if he so wishes. The possession of a university diploma or degree required by the examining bodies in the United Kingdom is imperative, as it would enable the holder to fall into line with men technically qualified. At present, though, it is admitted that the Military Assistant Surgeon is sufficiently qualified to perform all professional duties, yet the fact of his not possessing a technical qualification tends to lower him in the eyes of his professional brethren. It is a regrettable fact and one that presses hard on a member of the Department that the diploma he now receives on the completion of his College course, notwithstanding the severe test to which he has been put prior to its being granted, is of no value outside Government service—a fact which was unpleasantly emphasised at Bombay, when a congress of Medical Practitioners met to consider proposals for a register of qualified medical men in India. The congress resolved that Military Assistant Surgeons be excluded from the register. The full significance will no doubt be appreciated. Fortunately, the

Government of Bombay vetoed the proposal, but the *ipse dixit* of a Government who grants its own diploma does not weigh with the medical authorities in Great Britain. We would, therefore, urge the necessity of having the course of medical studies so reformed as to put a Military Assistant Surgeon on a level with qualified medical men in general.

The present system of selection of Military Assistant Surgeons by the Director-General, Indian Medical Service, for Civil employ is generally considered satisfactory. Some officers, however, hold that a competitive professional examination should be the test for a man's fitness for Civil employ. This question has been fully discussed with several officers, and the concensus of opinion is in favour of the existing method of selection.

It is proposed that a Military Assistant Surgeon should not be eligible for Civil employ until he has completed at least seven years' Military service, as during this period he undergoes a salutary training in discipline and in duties required of him in connection with Military Hospitals. On his transfer to the Civil Department of this Province, we recommend (and this view is generally held) that he should be attached to the General Hospital, Rangoon, to undergo post-graduate training for no less a period than six months. A further period of six months' training in the executive duties of a Civil Surgeon and Superintendent of Jail should be passed at the Headquarters of selected districts, such as Moulmein, Bassein, Mandalay, and Akyab.

57288. **(III) Conditions of Service.**—On being permanently appointed to Civil employ, all Military Assistant Surgeons should be transferred to the Provincial medical cadre and be recognised as officers of the Indian Medical Department, the title of Military Assistant Surgeon being dropped. This proposal (with the exception of a single officer), assented to by all personally consulted will not, we submit, be in conflict with the view that Military Assistant Surgeons in Civil employ form a war reserve, since they will continue to be shown as seconded on the Army List, where they are placed in their appropriate positions, which they will hold in the event of being recalled to Military duty.

Officers on transfer to Civil employ may conveniently be classed under two heads, viz.:—

(*a*) *First class*, comprising those holding Civil Surgeoncies. These officers on being made permanent Civil Surgeons should count service for increment of salary irrespective of grade; officiating service preceding a permanency to count towards increment. According to present rules, a Military Assistant Surgeon cannot count service for increment until he attains the rank of second class Assistant Surgeon. Again, though he may be a second class Assistant Surgeon, he must first be gazetted to a permanency before increments can accrue. We submit that the present ruling inflicts distinct hardship on officers holding Civil Surgeoncies, and there are many such who are suffering from the operations of the rule. To quote two examples, a Military Assistant Surgeon, after officiating for two years, was made a permanent Civil Surgeon. He was promoted to second class Assistant Surgeon three years after his permanency. He has now to wait for five years before he will be entitled to an increment, *i.e.*, he will have served eleven years as a Civil Surgeon before he can get his first increment. In the case of another officer who has now reached commissioned rank, exactly the same period was passed before he could earn his first increment.

(*b*) *Second class*, holding other appointments in permanent Civil employ and those on Plague duty.

It is urged by all Military Assistant Surgeons temporarily employed on Plague duty (some of whom have been in the Province for over eight years and who have officiated as Civil Surgeons), that, when transferred to permanent Civil employ, the date of entering Civil employ should count from the original date on which they were deputed to the Province for Plague duty. In this way they would be placed on a par with men who are appointed to the permanent establishment. They point out that the work demanded of them on Plague duty is more arduous and risky than ordinary medical work. They are also more liable to frequent transfers at short notice. These representations appear to us to be just and reasonable.

57289. **(IV) Conditions of Salary.**—We venture to draw attention to the fact that the cost of living all over India has considerably increased a fact that has been fully acknowledged by the Government of India, who have been pleased to ameliorate the condition of most of their employees, by granting them an increase of pay compatible with the times, and by the reorganisation of different Departments, as instances of which we would bring forward the recent increase in the pay and the reorganisation of the Provincial Services in Burma and elsewhere. These reorganisations have, to some extent, been based on the increased cost of living, an increase which raises the cost nearly half as much again as obtained 10 or 15 years ago. The pay of our Department alone has not been increased, neither have steps been taken to effect the much-desired reorganisation. The present rate of pay and allowances in the Department was sanctioned more than 20 years ago, and since then no change commensurate with the times has been made. This we urge is a great hardship. The pay is in no way sufficient for the expenses incurred in connection with the performance of Government duty in either Military or Civil employ, and its inadequacy renders members of the Department, more particularly in the lower grades of the Service, liable to contract debt.

It is necessary now to consider the rates of pay obtaining on the Military side, so as to compare the pay and allowances drawn by second class officers [as proposed by the classification in paragraph III 6 (*b*)] in Civil employ with those of the Civil Assistant Surgeon class. It should be remembered that a Military Assistant Surgeon who has been through a course of study for at least four years, and has been specially trained for his work, is on a par with the best of the Provincial Services. Further, we submit, the duties performed by him in peace and war are more difficult, more risky, and entail much more anxiety and care than are demanded from other Provincial Services. His initial pay, however, is only Rs. 85. He then receives pay as follows:—

	Rs.
After five years	110
After twelve years	150
After nineteen years	200

Any period varying from twenty-two to twenty-five years elapses before he can attain to commissioned rank, the pay of which is Rs. 300 for a Lieutenant and Rs. 400 for a Captain. Therefore, we submit, that second-class officers transferred to Civil employ should be placed on the same footing as Civil Assistant Surgeons as regards conditions of pay according to length of service previously passed in the Military Department, *e.g.*, a third-class Military Assistant Surgeon with five years' service should receive Rs. 240 pay on first appointment to the Civil Department which it will be seen is calculated as follows:—Initial pay Rs. 200 for the first year, rising by annual increments of Rs. 10 on a time scale similar to allowances in force for Civil Assistant Surgeons.

Regarding travelling allowances, all Military Assistant Surgeons on Plague duty, without exception, complain bitterly of the inadequate rates that they are at present entitled to. They submit that emergencies arise, not infrequently, where journeys by road of under 20 miles have to be undertaken at a pecuniary loss and for which mileage rates should be allowed, or daily allowance, whichever is greater.

Regarding the pay of first-class officers, we would urge the necessity of an increase in the pay of the Civil Surgeon on a time scale. As Civil Surgeon he is the head of all Medical and Sanitary matters in the district, and as such, is expected to maintain an official and social status commensurate with his office which necessitates a much larger expenditure than is made possible by his present income. We, therefore, venture to suggest a revised scale as follows:—

On first appointment, Rs. 350, rising by annual increments of Rs. 35 to a maximum of Rs. 850 after 14 years' service as Civil Surgeon. This will bring the pay more or less in line with that at present drawn by officers of other Provincial Services and put him on an equality with his colleagues in Government employ. It is, of course, understood that the substantive pay of the Civil Surgeon will in no case be less than that of men of other Provincial Services who may hereafter receive salaries at a higher rate. A large number of officers are of opinion that the following rates should obtain:—

	Rs.
On first appointment	400
After four years	500
After eight years	600
After twelve years	700
After sixteen years	800
After twenty years	1,000

These proposed rates of pay are exclusive of local and other allowances in force at present.

Regarding the Burma Allowance, we recommend that first-class officers should receive the same amount granted to covenanted officers. We venture to point out that these officers rightly receive salaries in excess of that drawn by Provincial officers so as to compensate them for their English training and the superior appointments they are destined to hold. The question of a local allowance, however, we submit, cannot be so considered since it is granted to cover the extra cost of living and upkeep incidental to service in Burma, and therefore all first-class officers should be placed on an equal footing in this respect.

57290. **(V) Conditions of Leave.**—A Military Assistant Surgeon transferred to Civil employ should be subject to the Leave Rules obtaining at the time for Provincial Officers. At present, furlough pay is totally inadequate and prevents any officer from taking long leave unless he is compelled to, on account of ill-health. In fact we can recall only one instance within the last decade in which a man proceeded on furlough without sickness necessitating it. Another officer in permanent Civil employ for 12 years who tried the experiment found that he had to extend his leave on the score of ill-health in consequence of disease acquired in this Province. As this officer drew furlough pay at Military rates—a mere pittance—he was gravely embarrassed financially. More than one officer represents that if long leave were taken it would mean practical starvation at the present rate of allowances. It is the unanimous opinion that furlough pay should be calculated on the salary drawn at the time in Civil employ, at rates admissible to officers of Provincial Services.

57291. **(VI) Conditions of Pension.**—As the nature of a medical man's duty obviously precludes him from taking advantage of Sundays and other gazetted holidays enjoyed by other Services and incidentally compels him to put in more working hours in the year than other officers, it is generally pointed out that the length of service for pension be reduced, and that an officer, if he so wishes, be allowed to retire after 21 years' actual service on the pension he may be entitled to at Civil rates. We doubt, however, if advantage would be taken of this concession as very few officers could afford to retire early.

We recommend, therefore, that the rates of pension as laid down for Provincial Civil Services be made applicable to a Military Assistant Surgeon in Civil employ. At present, when he retires, he at once comes on the Military rates of pension, the maximum being Rs. 200 per mensem in India, or £200 per annum in England, and lower rates according to length of service. A mere glance at the rates of pension admissible to Provincial officers will show the great disparity between the rates; for instance, a Provincial officer, getting a maximum pension based on Rs. 800 as average salary for the last three years, is entitled to half-pay, or Rs. 400 per mensem in India and Rs. 400 at 1s. 9d. in England. When it is considered that a Military Assistant Surgeon with Commissioned rank holding the important and responsible post of a Civil Surgeon for several years and drawing a maximum salary at present rates of Rs. 700 a month, *plus* allowances, comes down to Rs. 200, or less, per mensem when superannuated, it at once becomes apparent that his position is one of extreme embarrassment, as he finds he cannot possibly live on such a slender income. Again, it should be remembered, that as a first-class officer for many years he has been living in a style becoming his position, and in his old age, after long and ardous service, is forced to pass the rest of his existence in comparatively indigent circumstances. So much so is this the case, that very often, at a time when he has earned a good rest, he is compelled to ask for re-employment, and several instances are on record where men have to continue in harness after retirement. We venture to submit that this is not only bad for the individuals concerned, but indirectly presses hard on officers on the active list who naturally look forward to higher appointments. This point of view has been brought forward by several officers and, therefore, embodied in these memoranda.

57292. **(VII) Such limitations as may exist in the employment of non-Europeans, and the working of the existing system of division of the Services into Imperial and Provincial; and (VIII) Relations of the Service with the Indian Civil Service and other Services.**—We are not prepared to offer any opinion under these two heads.

57293. **(IX) Any other points within the terms of reference to the Royal Commission not covered by the preceding heads.**—We venture to bring forward further points for consideration as we are of opinion that they affect the social and professional status of Military Assistant Surgeons civilly employed. These may conveniently be discussed under the following heads:—(*a*) Designation, (*b*) study leave, (*c*) listed appointments, and (*d*) reward and titles.

(*a*) *Designation.*—All members of the department submit that the present designation, viz., Indian Subordinate Medical Department casts an undeserved slur on its members, inasmuch as no Government Department of similar standing is designated "Subordinate," nor is the word "Subordinate" borne by any Department of the British or Indian Army. The elimination of the word "Subordinate" and the substitution of some such title as the "Indian Medical Department," the designation alluded to in Paragraph III. (5) would not infringe the rights or hurt the susceptibilities of any other Medical Department in India, and would be of inestimable advantage. When a Military Assistant Surgeon is appointed to independent medical charge of a station or district, he would no longer suffer, as he does at present, an unmerited stigma in the eyes of other Departments and the public generally, by inclusion of the word "Subordinate" in his designation. Moreover, when promoted to Commissioned rank, the inclusion of the word "Subordinate" in his title is incompatible with either his official or social status, as he finds that it detracts considerably from his prestige by being taken by the public as the hall mark of inferiority, which in the case of a Civil Surgeon or an officer bearing His Majesty's Commission, is derogatory, both to His Majesty's officers and to his own self-respect. We therefore press for the removal of a word so universally resented and obnoxious as "Subordinate" from our designation.

(*b*) *Study leave.*—We would draw attention to the fact that officers of the Indian Medical Service are granted special privileges in the way of leave for professional study, and avail themselves of this privilege in large numbers. As it is of vital importance to the efficient performance of his duties that a Military Assistant Surgeon should be up to date in his methods and keep abreast of the time in his profession, the same facilities should be extended to him especially as he is so frequently placed in independent medical charge of a district.

(*c*) *Listed appointments.*—We venture to suggest

that three appointments, such as the whole-time charge of a Central Jail and two Civil Surgeoncies carrying substantial allowances, be reserved for senior officers of the Department of proved merit and ability. Similar privileges have been extended to officers of the Provincial Service and no less than five such appointments are at present being held by these officers. In India also, a central jail is in whole-time charge of a Military Assistant Surgeon and another officer of this class holds the appointment of Inspector of Factories.

(*d*) *Rewards and Titles.*—A senior officer of the service about to retire has brought to notice that even the most elementary honours are conspicuous by their absence among Military Assistant Surgeons. He suggests some recognition of good service such as the bestowal of Honorary Assistant Surgeon to the Viceroy and other suitable honours.

Lieut. W. St.M. HEFFERMAN called and examined.

57294. (*Chairman.*) The written statement represented the views of all the officers of the witness's branch of the service. There were 33 officers in his service in Burma. He had been on the Civil side of his Department for about 15½ years, and also eight and a half years in military employ. He had always served, whilst in Civil employ, in Burma.

57295. If the standard of the Military Assistant Surgeon were raised it would not have any adverse effect upon recruitment, provided that the prospects and pay were very considerably improved. In fact, a more highly educated class of recruit would be attracted to the Service. He thought there was a prospect of young men coming forward and undertaking the payment of part of their training, if a better rate of pay was promised to them.

57296. The reason why he asked that a Military Assistant Surgeon should have at least seven years' Military service before he entered Civil employ was that there were many things a man could learn in Military Service. A man on an average served six or seven years in military employ before entering Civil employ. That figure should not be reduced to lower than five. The training that a man received during his six or seven years' Military training was not one which entirely fitted him for his subsequent Civil medical profession, because a man could not be expected to learn as much in an ordinary station hospital as in a Civil hospital, but he learned things in a station hospital which kept him in touch with his profession. He could not agree with the statement that the training received at a station hospital was of a perfunctory character. A man took medical charge of troops on long lines of marches on his own responsibility, and he had to keep himself well up in his profession in order to do that.

57297. When he said that on transfer to civil employ a Military Assistant Surgeon should be put on the Provincial Medical Cadre, he did not mean that he should be on a joint cadre with the Civil Assistant Surgeon. He should become part of the provincial cadre on the same lines as the Indian Medical Service officer. Both were Imperial officers, but the Indian Medical Service officer came from England, and the Military Assistant Surgeon from India. Both will equally be liable to serve in any part of the globe.

57298. He claimed pension at Civil rates because the bulk of his service would have been spent in Civil employ. By reverting, for purposes of pension, to Military employ he lost everything he had gained by being in Civil employ.

57299. The word "subordinate" should be deleted from the name of his service, which might then be called the "Indian Medical Department," or the "Indian Medical Corps."

57300. (*Sir Murray Hammick.*) Officers of his Department were on exactly the same terms in Burma as in the rest of India. Officers of the Indian Subordinate Medical Service in Burma were not all from Madras. They came from any part of the country. Burma was not a favourite place, but there were more openings there, and it had its compensations.

57301. The military furlough rate for a first-class Military Assistant Surgeon was £120 a year. He could not get any more than that. His colleagues desired Civil rates, which would be half the substantive pay. If a man of the service went on furlough on Military pay from Civil employ, he would come back to Civil employ at the end of the furlough, and would not revert to Military duty. For that reason he thought officers were entitled to get their furlough pay at Civil rates if they were in Civil employ. Before the new rule, which came out in 1889, officers in Civil employ, when on furlough, received half their Civil rate at 1s. 6d. or 1s. 9d.

57302. There were no arrangements for study leave.

57303. (*Sir Valentine Chirol.*) The fact that a Military Assistant Surgeon did not hold any registrable qualification did not affect his position and prestige in a hospital. It was not for the purpose of removing any disability of that sort that he desired to raise the standard of education.

57304. The disadvantage in which officers of his Service were placed with regard to privilege leave pay was practically of the same nature as the disadvantages in which the members of the Indian Medical Service were placed as compared with other services.

57305. (*Mr. Madge.*) Members of his service had all the advantage of practice in maternity cases that the Civil side usually had.

57306. If his service were called the Bengal, Bombay, Madras or Burma Medical Service, confusion would be created with the purely Civil cadre.

57307. There were 41 Civil Surgeoncies in Burma, 18 of which were held by Indian Medical Service officers, 11 by members of his own service, 7 by uncovenanted Medical Officers, 1 by an officer appointed on the contract system, and 4 by Civil Assistant Surgeons.

57308. (*Sir Theodore Morison.*) Candidates for the Service had to pass a competitive examination. After passing that examination they attended lectures, and so forth, in the medical college, exactly as the Civil Assistant Surgeon did. This lasted for four years. An examination was then held by the principal of the college and the different professors, and a certain percentage of marks had to be got before a pass was given. If a man had passed the matriculation examination, and had done four years' attendance at the college, he might, with the addition of another year or two, go up for the university degree. In most cases men had not the matriculation qualification.

57309. (*Lord Ronaldshay.*) If a man was going up for the Indian Subordinate Medical Service, he had to go to a Government Medical College for his training. There were three such colleges, one at Calcutta, one at Madras, and one at Bombay. There was also a Medical College at Lahore, but no Military medical pupils were trained there. If the witness's proposal were carried out, a candidate for the Indian Subordinate Medical Service would in future have to have a university qualification. Very few of the members of the witness's community in the present circumstances went to an Indian university, the reason being that they did not wish to take Indian degrees. Another was that their parents could not afford to let them do so. That would have some effect on the proposals put forward, but he did not think it would seriously curtail the field of recruitment.

57310. (*Major Dee.*) The members of his service did not come under Civil Service Regulations for furlough pay, but under Military regulations. For privilege leave they came under Civil regulations.

57311. (*Lieut. McCarthy.*) There were several very large station hospitals in India where Military Assistant Surgeons had opportunities of advancing their practical knowledge with regard to ailments affecting Europeans in the tropics. He himself had been trained at one of them, and had found the training of advantage. He had also had experience in the general treatment of women and children at station hospitals, and found that work quite useful. Military training offered a great deal of scope for practical knowledge in sanitation, apart from the theoretical side of the branch of the profession.

57312. Superintendents of Jails had to have general executive ability as well as professional knowledge, and the training a man received in the Military department helped him to a great extent in that matter. In his opinion Military Assistant Surgeons should count officiating service towards increment of salary, irrespective of grade. He had quoted cases of considerable hardship in that respect in his written statement.

57313. The travelling allowance of officers on plague duty should be calculated on consolidated salary, and not on mere substantive pay as at present.

(The witness withdrew.)

ASSISTANT SURGEON R. S. AIYAR, L.R.C.P. & S., Burma.

Written Statement relating to the Medical Service, being the corporate opinion of the Civil Assistant Surgeons, Burma.

57314. **(I) Methods of Recruitment.**—The present method of recruitment in Burma is by selection from among the graduates of medicine of Indian Universities of not more than 28 years of age, or from men of the same age who possess a qualifications registrable by the General Medical Council of the United Kingdom.

In the past there were a few instances where Burmans who had trained in the Medical College, Calcutta, but were not graduates, were entertained as local Assistant Surgeons, but this system is no longer in vogue.

We are of opinion that the present system of recruitment is suitable for Burma.

57315. **(II) Systems of Training and Probation.**—The subjoined table shows the minimum general qualifications for admission into the Indian Medical Colleges and the period of professional training which Indian graduates of medicine have to undergo:—

Universities.	Minimum general qualifications.	Period of professional training.
Madras—		
Past ...	First examination in Arts	Four or five years.
Present...	First examination in Arts	Four or five years.
Bombay—		
Past ...	Matriculation ...	Five years.
Present...	Previous examination in Arts	Five years.
Calcutta—		
Past ...	Intermediate in Arts	Five years.
Present...	Matriculation	Six years. (First year's course being devoted to Science)

The cost of the entire training is borne by the students themselves.

The Indian Medical Degrees (M.B. and C.M., L.M. and S., and M.B.B.S.) are registrable in the United Kingdom and as such the graduates in medicine of Indian Universities are eligible to compete for the Indian Medical Service examination without any further study in England.

We consider that the present period of probation of nine months after selection, and before confirmation, is satisfactory; but we are of opinion that the services of an officer should be promptly terminated at the end of the ninth month, if he is found not likely to be a useful member of the Service, so that his prospects elsewhere may not be unduly diminished, especially because the age limit of our Service, unlike other services, is 28 years.

We are of opinion that an Assistant Surgeon freshly recruited should be attached to one of the big hospitals in Burma, for a period of two years and given every facility for (1) improving his practical knowledge in the various branches of medicine; (2) for acquiring dexterity and self-confidence by performing major surgical operations under the supervision of skilled surgeons; and (3) for studying the various duties concerned with the management of a hospital similar to the training young graduates in medicine get, as House Surgeons and House Physicians, in the Hospitals of the United Kingdom, so that the Assistant Surgeons might become useful officers in the districts.

57316. **(III) Conditions of Service.**—At present:—

(i) we are styled "Subordinate Medical Service;"

(ii) we are required to sign a bond to serve in any part of British India, its dependencies and Allied States for five years, from the time of signing the bond;

(iii) we are further required to pass two septennial examinations in professional knowledge;

(iv) non-Burman Assistant Surgeons are required to pass the Lower Standard examination in Burmese by the end of the second year of service and the higher standard by the end of the fourth year of service; no rewards being granted for passing. Failure to pass the examinations, either septennial or language, will entail stoppage of further increments of our pay;

(v) four Civil Surgeoncies are reserved for us as prize appointments.

Our service stands in the same relation to the Indian Medical Service as the Provincial Civil Service stands to the Indian Civil Service. This was clearly recognised by the Royal Commission upon Decentralisation in India, in paragraph 364 of their report. Colonel Crawford, Indian Medical Service, in the "History of Medical Service in India," published in the "Indian Medical Gazette (Enclosure 1*) says:—The epithet 'Subordinate' is quite misused when applied to this service, and should be replaced by the title 'Provincial.'" The statement under paragraph 6 of our memorial of 1908 (Enclosure II*) compares our qualifications, general and technical, with those of members of other Provincial services in Burma, and it will be seen that in spite of higher general qualifications and a hard professional training, we are styled "Subordinate." We are therefore deprived of the privileges which are accorded to the Provincial Service Officers of other departments, and we feel aggrieved (we believe justly) at the sense and tone of inferiority implied in the use of that expression. Further, the principle that our service should be styled "Provincial Medical Service of Burma," and that we should be accorded the same status and privileges as the Provincial Civil Service Officers was clearly accepted by Sir Herbert Thirkell White, K.C.I.E., I.C.S., the late Lieutenant-Governor of Burma, as indicated in the interim reply (Medical Department, letter No. 1721.—4X.-67, dated Maymyo, the 12th July, 1909 (Enclosure III*) to our memorial of 1908.

* Not reprinted.

We therefore rightly consider that our service in Burma should be designated as the "Provincial Medical Service of Burma," and be given the same status and privilege as the other Provincial services in Burma.

It is to the best interest of ourselves that we keep abreast with the advancing medical knowledge, and year after year our efficiency in professional knowledge is reported on in the form of a "Confidential" to the head of our department, on which certainly, our prospects in service materially depend. We represented in our memorial, and are still representing now, that we be granted study leave same as the Imperial Medical Service Officers, with a view to further promoting our professional knowledge. We therefore fail to see why two professional examinations should be insisted on as a condition of advancement in our service. It must be admitted that, as men grow older, the growth of other cares (domestic and otherwise) prevents that application to bookwork so necessary to the successful passing of tests involved in examinations; and it cannot but be further admitted that the tendency to that general usefulness, if not actual expertness, described in the phraseology of the Civil Service Regulations, as "the valuable experience of really efficient officers" must be regarded as increased, and such qualifications are best judged from actual results ascertainable from annual and other periodical reports of work done, than from the results of test examinations which, practically speaking, seek to compress within a few hours of several days in a week the command obtained over a vast amount of book knowledge, and at which a lack of the art of expressing oneself clearly or concisely my greatly detract from other genuine and valuable efficiency or other qualifications. We venture, therefore, to think, that what is required of us is not so much the passing of a test examination but that the professional knowledge should, from time to time, be adequately enlarged and kept up-to-date. We further venture to think that if the above principle is accepted the desired object will be amply met by granting us study leave for a period of six months once every six to eight years, twice in the total Service, the officers being required to produce sufficient proof of having spent that leave on study.

While admitting the necessity for an adequate knowledge of Burmese, especially by non-Burman Assistant Surgeons, we submit that a higher standard of proficiency in this language be not insisted on from members of our Service than is required of officers of the Indian Medical Service, viz., the lower standard, within the same period as is required of these officers.

The total number of Civil Surgeoncies in this Province is 41, out of which—

18 are held by Indian Medical Service Officers;
11 are held by Military Assistant Surgeons;
7 are held by Uncovenanted Medical Officers;
1 is held by Private Practitioner;
4 are held by Civil Assistant Surgeons.

It will be seen from the above list that the Civil Surgeoncies which are the prize appointments of our Service are far too low in number when compared with the number of Civil Surgeoncies thrown open to Non-Commissioned Medical Officers. When so many as 23 Civil Surgeoncies are open to officers other than those of the Indian Medical Service, we submit we are justified in claiming two-thirds off these appointments, considering that we possess professional and general qualifications equal to those of the officers of the Uncovenanted Medical Service and not possessed by the Military Assistant Surgeons as a class; and we have also "some experience of the duties of Civil Surgeon either at headquarters.....or on a smaller scale in a subdivision" (Enclosure V*) and the disparity is very evident when we see that out of 19 Military Assistant Surgeons employed in Burma, on the civil side, as many as 11 are drafted as permanent Civil Surgeons, after a total service of 12 years, while to a strength of 33 Civil Assistant Surgeons now employed, only four Civil Surgeoncies are thrown open and even those, ordinarily, after 20 years of service, *i.e.*, under the present circumstances, when we are nearly arriving at the age for pension. It may here be also stated that Burmans of suitable educational qualifications are not attracted by this Service, as other Services prove certainly more substantial, both monetarily as well as in status. We further consider that 10 years' service as an *Assistant* Surgeon should make one eligible for a permanent appointment as a Civil Surgeon, for, within that time an Assistant Surgeon would have gained sufficient experience as, if our proposal is adopted, he would have spent two years in a big hospital and eight years in mofussil stations under skilled Surgeons.

The Civil Surgeoncies reserved for Civil Assistant Surgeons are styled "Burma Civil Surgeoncies." The word "Burma" is superfluous.

57317. **(IV) Conditions of Salary.**—Up to the 1st March, 1912, our pay was:—

	Rs. per mensem.
Senior Assistant Surgeons	300
First grade Civil Assistant Surgeons	200
Second grade Civil Assistant Surgeons	150
Third grade Civil Assistant Surgeons	100

When posted to the independent charge of a Civil Surgeoncy we received a consolidated salary of Rs. 350—30—500 per mensem; when in temporary charge we were drawing acting allowances on the minimum pay of Rs. 350 fixed for an officer holding permanent charge. The other allowances were as follows:—

Burma allowance—

	Rs. per mensem.
Senior grade	100
First grade	80
Second grade	65
Third grade	50

Local allowance.—Two allowances of Rs. 100 per mensem for the Assistant Surgeons in Civil Medical charge of the Arakan Hill Tracts and Salween District respectively.

Special allowance.—Five at the rate of Rs. 100 each and the rest at the rate of Rs. 50 to each appointment.

House allowance.—To all Assistant Surgeons other than those in charge of Civil Surgeoncies, when free quarters are not provided.

Plague allowance.—Burma Civil Surgeons Rs. 5 per diem; Assistant Surgeons whose pay exceeds Rs. 150 per mensem Rs. 3 per diem; and Assistant Surgeons whose pay does not exceed Rs. 150, Rs. 2 per diem.

Additional charge allowance.—Drawn for additional charges, such as Lock-ups and Normal schools, Rs. 10 per mensem.

Burma Civil Surgeons.—Are in addition eligible for allowances such as Jail, Railway and Port Health allowances.

As a result of our memorial to the Government of Burma in February, 1908 (Enclosure II) the Secretary of State for India was pleased to sanction the following proposals in regard to the pay of Civil Assistant Surgeons in this Province and the new scale of pay came into effect from the 1st March, 1912:—

(*1*) The pay of Civil Assistant Surgeons should be on a time scale starting on Rs. 200 per mensem and rising by annual increments of Rs. 10 to Rs. 400 in the twenty-first year of service and thence to Rs. 450 per mensem in subsequent years;

(*2*) the Civil Assistant Surgeons holding Civil Surgeoncies should receive pay at the rate of Rs. 500—40—700 per mensem without Burma allowance;

(*3*) that the Burma allowance and special allowances be abolished;

(*4*) that the local allowances of the Assistant Surgeons in Civil Medical charge of the Arakan Hill Tracts and the Salween District, house allowance in lieu of free quarters and the additional allowance of Rs. 10 for the charge of Lock-ups and Normal Schools be continued; and

* Not reprinted.

(*5*) that no change be made in regard to the rate of plague allowances and mode of calculation of acting allowance of a Civil Assistant Surgeon when posted to Civil Surgeoncies.

We beg to express our deep sense of gratitude to the Government for the improvement so effected for the amelioration of the condition of our Service; but from the details of the new scheme enumerated above, it will be seen while admitting that a strong case had been made out for an increase of pay, no real increase of pay has been given at all; but that our old *salary* (pay Rs. 100, plus Burma allowance Rs. 50, plus special allowance Rs. 50, total Rs. 200) has been consolidated into *pay*. It will also be seen that as per the old scale an Assistant Surgeon after 14 years of service has reasonable prospects of being promoted by selection to the senior grade on a salary of Rs. 300 plus Rs. 100, plus Rs. 100, whereas according to the new scheme he can get Rs. 450, and that only in the twenty-second year of service, provided language and professional examinations (required quartennially and septennially during the first eight and 14 years of service respectively), are successfull passed, *vide* paragraph 9. We are aware that by the consolidation of our pay, our leave allowances and prospective pensions are bettered, but while admitting an advantage so gained, it will be seen, that except for the small annual increments of Rs. 10, our position monetarily, while actively employed, has not improved, for the emoluments accruing under the new conditions remain practically the same as under the old conditions, for, with the increase in the years of service come increased individual wants and domestic needs, not compensated for by the small increments now given.

The reasons set forth in our memorial, paragraphs 7, 8, and 9, regarding the absence and difficulty of obtaining private practice, the increasing onerous nature of our duties which gives little time for practice, expensiveness of living in Burma compared with India, and also the average increase of cost of such living to-day as compared with conditions of even a few years ago, have still to be faced. Further (1) the cost of educating our children in this Province is enormous, as higher education is obtainable only at the metropolis of this Province; (2) the recognition of the utility of western medicine has not spread enough among the people of Burma is also a factor not to be ignored.

We therefore still hold—

(*1*) That our pay should at least start from Rs. 300 and rise to Rs. 600 by annual increments of Rs. 20, and that we should be given a pay of Rs. 750—50—1,000 when appointed as Civil Surgeons.

(*2*) That when we officiate as Civil Surgeons we be given an officiating allowance, in the same way as is given to the Provincial Civil Service Officers when they officiate in "listed" appointments. This was recommended by Sir Herbert Thirkell White (Enclosure III*).

(*3*) That when posted to Rangoon or to certain remote stations we be given a special allowance of 25 per cent. of our pay to compensate for dearness of living and for absence of practice.

(*4*) That special appointments like charge of X-rays, Bacteriological, Pathological, or Chemical Examiners' laboratories, should have special allowances or special pay.

(*5*) That Assistant Surgeons when posted on plague epidemic or malarial duty should get an allowance on the following scale—

Those getting Rs. 300—500 Rs. 4 per diem.
Those getting Rs. 500 and above Rs. 5 per diem.

57318. **(V) Conditions of Leave.**—For the reasons already set forth under "conditions of service," we considered that we should be given study leave six months once in every six to eight years, twice in the total service, and the pay and allowances during such leave should be determined on the principle followed in the case of Indian Medical Service officers.

* Not reprinted.

Officers of our Service have to work throughout the year, not excepting Sundays or gazetted holidays, and more often than not we are engaged on several hours' professional work during the night time also; even a single day we may require for rest we have to take as casual leave. We therefore suggest that we be given 60 days' privilege leave in the calendar year to compensate for the loss of Sundays and holidays.

We consider that the amount of furlough "earned" should not be less than one-sixth of the active service rendered by an officer, and that the leave rules should be modified according to the proposed amendments contained in the Government of India, Financial Department Circular No. 674, Civil Service Regulations, dated the 19th October, 1912.

57319. **(VI) Conditions of Pension.**—In India and Burma, under the existing conditions of life seen, we notice that very few live long enough to enjoy their hard-earned pensions; and so we suggest the following alternative methods for the determination of our pension:—

(*1*) We should be allowed to retire with full pension after a total service of twenty-five years unconditionally, or after a service of twenty years on being invalided.

(*2*) That apart from our pay, one-twelfth of our pay should be contributed by the Government towards a "Family Pension Fund," with a 4 per cent. compound interest, which should accumulate and be given over to us in a lump sum on retirement, or given to our family in case of premature death.

(*3*) That a graduated pension be thrown open to us after fifteen years of pensionable service, and that twenty-five years of active service be counted towards full pension.

57320. **(VIII) Relations of Service with Indian Civil Service and other Services.**—Our relations with the Commissioned Medical Officers are satisfactory, but the conditions in Burma and the exigencies of the Service in Burma frequently bring us into relation as subordinates to the Military Assistant Surgeons who are Civil Surgeons. We feel ourselves humiliated and aggrieved when placed in such position, and more so when, in virtue of their positions as Civil Surgeons, they have to report confidentially on our professional knowledge and efficiency of our work. The service of Military Assistant Surgeons is meant for a special need. They are officers who are drafted to serve as subordinate officers under Army Medical Officers in Station Hospitals of the British Army. Taken as a class, their general, educational and professional qualifications are certainly not comparable with those which we are required to secure for entry into the Service as Civil Assistant Surgeons (Enclosures II and IV*). We believe that these appointments of Military Assistant Surgeons to posts in the Civil Department are awarded as prizes, and we consider that these prize appointments should be equally distributed in all the provinces of India, and should not have the undue high average in Burma. We also submit that, though placed to serve in the same districts as Military Assistant Surgeons, we be not required to serve under them professionally, and except for purposes of general district administration, as regards discipline, etc., we be not regarded as their subordinates.

57321. **(IX) Other points not covered by the preceding heads.**

A.—SANITARY SERVICE.

Present system.—In the two biggest towns of Burma, namely, Rangoon and Mandalay, having a population of 293,316 and 138,299 respectively, there are Health Officers and Assistant Health Officers appointed by the Municipalities who execute all the sanitary duties with staffs subordinate to them. In the towns next in importance, viz., Moulmein, Akyab, and Bassein, with a population of 57,582, 37,893 and 37,081 respectively, the work is carried

* Not reprinted.

on by Assistant Health Officers appointed by Municipalities, under the control of the Civil Surgeons who are *ex-officio* Health Officers of the town. The system of appointing Military Assistant Surgeons as Assistant Health Officers for the districts, under the Civil Surgeons, is being experimented upon; and this system is, at present, in force in the districts of the Pegu and Irrawaddy Division enumerated below, excluding the town of Rangoon and Bassein, as also in the districts of Toungoo, Meiktila, Sagaing and Yamèthin:—

Divisions.	*Districts.*
Pegu	Insein.
	Hanthawaddy.
	Tharrawaddy.
	Pegu.
	Prome.
Irrawaddy	Bassein.
	Henzada.
	Myaungmya.
	Ma-ubin.
	Pyapôn.

The whole sanitary administration of the Province is controlled by a Sanitary Commissioner and a Deputy Sanitary Commissioner, both of whom are members of the Indian Medical Service.

The Government of India have proposed the formation of a separate non-pensionable Sanitary Service, consisting of Deputy Sanitary Commissioners and first and second class Health Officers.

Urban areas.—In Burma, the towns having a population of more than 20,000 are:—

Towns.	*Population.*
1. Rangoon	293,316
2. Mandalay	138,299
3. Moulmein	57,582
4. Akyab	37,893
5. Bassein	37,081
6. Prome	26,911
7. Tavoy	25,074
8. Henzada	25,052

Of these, the first five already possess private men (eight on the whole, as shown below) as Health Officers and Assistant Health Officers appointed by the Municipality—

Town.	*Number.*	*Post.*
Rangoon ...	1	Health Officer.
Rangoon ...	2	Assistant Health Officers.
Mandalay ...	1	Health Officer.
Mandalay ...	1	Assistant Health Officer.
Moulmein ...	1	Assistant Health Officer.
Akyab ...	1	Assistant Health Officer.
Bassein ...	1	Assistant Health Officer

The last three towns, viz., Prome, Tavoy, and Henzada, have no Assistant Health Officers, but the Civil Surgeons are *ex-officio* Health Officers.

Rural areas.—The sanitation in rural areas is controlled by the Civil Surgeon, who is the *ex-officio* Health Officer of the whole district, including the Municipalities, assisted, at present, in some of the districts by the Military Assistant Surgeons as Assistant Health Officers.

As observed by Mr. Morgan Webb in the Census of India Report, 1911, Volume 9, Part I., pages 20 and 24, that in spite of the fact that Burma is a rapidly progressive Province, there exists a large proportion of "non-progressive" towns, owing to the constant development of rural areas by the transfer of the "superfluous population" back to land; and also the Government is encouraging the development of rural areas by opening roads and other means of communication.

Therefore in such a Province as Burma, where rural areas are constantly developing, rural sanitation should receive as much consideration as urban sanitation. Moreover, the high infantile mortality in Burma, the ravages of small-pox and other preventible diseases, and the prejudices of the people against vaccination and other preventive measures, all tend to show that there should be a regular sanitary service, the members of which will be in constant touch with the people, and who will, by their experience, win their confidence, which goes a great deal towards the success of all preventive measures. The efficiency of a Sanitary Department depends more on the tactful persuasion by the officers employed gaining thereby the confidence and co-operation of the people than by mere enforcement.

We submit that some selected officers of our service, who have necessary professional qualifications or experience in sanitation, are just the men for the purpose; for, officers of our class being in constant touch with the indigenous population, as medical men, know the conditions of life of the people of Burma, and consequently, when posted to sanitary work, could very easily influence the people.

We therefore suggest that a separate sanitary service be constituted in Burma, the officers for this service being drafted from the Provincial Medical Service Officers who have the necessary qualifications or experience in sanitary measures.

The scheme we formulate is as follows:—

(*1*) *Urban areas.*—Leaving aside the Health Officership of the Rangoon Municipality, the remaining ten appointments, as shown in paragraph 29, are to be included in the proposed Provincial Sanitary Service.

(*2*) *Rural areas.*—We propose that eight divisional sanitary officers for the eight administrative divisions of the Province be drafted from our service. These Divisional Sanitary Officers should be immediately under the control of the Sanitary Commissioner, and should carry out their measures in consultation with the Executive Authorities of the division. For each district in these divisions, we propose a district sanitary officer, who shall be either Burman Subordinate Medical Officers (Sub-Assistant Surgeon class) with special training, or, if they are not available, Myoôks with special sanitary training.

Pay and Prospects.—The pay we propose for these Divisional Sanitary Officers and Health Officers is a graded one of Rs. 500—$\frac{100}{3}$—1,000.

57322. *B.*—INDEPENDENT MEDICAL PRACTITIONERS.

In his despatch, No. 137 Military, dated the 9th August, 1907, and 225 of 11th December, 1908, the question of the creation of an independent medical profession in India was raised by Lord Morley, who further stated "that the time has arrived when no further increase of the Civil side of the Officers (Indian Medical Service) can be allowed," and it is understood from the Press that the whole question is pending the recommendations of the Royal Public Services Commission.

In Burma, at present, there are 32 appointments held by Officers of the Indian Medical Service, and, according to the Government of India's despatch, we understand that the majority of these appointments are held by the War Reserve of the Indian Medical Service Officers. From what one can understand from the Press, there is every probability, owing to the deliberations of the Nicholson Commission, of there being in the near future a reduction in the War Reserve Officers of the Indian Medical Service, as a result of which some of the 18 Civil Surgeoncies now held by the Indian Medical Service War Reserve Officers must fall vacant. And owing to the necessity that is likely to arise to create certain new appointments in Burma, as the Province advances, some more Civil Surgeoncies will have to be filled in, due to the probable redistribution of the Indian Medical Service Officers. Then the question of filling up these vacancies will have to be faced. Two methods are open—

(*1*) either to create an independent medical profession as per Lord Morley's despatch, or

(*2*) to fill up these vacancies by appointing Provincial Medical Service Officers.

Burma is a province where English education is low. The other Provincial Services are more attractive to Burmans as they offer higher dignity and emoluments, and as it stands now, if the respectable class of Burmans are to serve their country by practising medicine, the only course open to them is either to enter the Indian Medical Service or the Provincial Service; and as the pay and prospects of the Provincial Medical Service are far from being attractive to the Burmans when compared with other Provincial Services, it is no wonder that Burmans of good social status and educational qualifications do not enter the Provincial Medical Service. In fact, even the lower Subordinate Medical Department on the Civil side does not attract the proper number of Burmans with all the inducements in the way of scholarships and facilities for training. Naturally intelligent and well-to-do Burmans go to qualify in England for more lucrative professions like the Bar. The result is obvious. Burma has very few Burmans qualified in western medicine, and even supposing that Burmans get qualified in the near future and are available, yet they would not consider it worth while to go to the mofussil as Civil Surgeons for a limited period of three years where they cannot build up a practice of their own and where the virtues of western medical science are not much appreciated. Owing to this paucity in the number of qualified Burman Medical men, the question of an independent medical profession must, at present, rest in abeyance.

The only alternative is, therefore, for some time at any rate to come, to fill up these appointments by officers from the Provincial Medical Service.

If our proposals are adopted and if the pay and prospects of the Service are so modified as to compare favourably with other Provincial Services in Burma so as to attract Burmans of the right stamp, then alone will there be a large number of qualified Burman medical practitioners available, larger in fact in number than will meet the demand of Provincial Service, and perhaps then the question of the growth of an independent medical profession can seriously be considered.

Mr. R. S. AIYAR called and examined.

57323. (*Chairman.*) The written statement represented the views of the whole of the members of the witness's service in Burma, and the witness himself came forward to represent them.

57324. There were 33 Civil Assistant Surgeons in Burma, of whom four were Civil Surgeons.

57325. The witness had served seven years in Burma. He had come from Madras. He did his training in the Madras University, and also in Edinburgh. He took the triple qualification of the Royal College of Surgeons and Physicians of Edinburgh.

57326. Members of his service paid the cost of their training themselves, whereas officers of the Military Assistant Surgeon's class did not do so. They were educated at the cost of the State.

57327. Assistant Surgeons should be attached to one of the big hospitals in Burma in their early years. At present Junior Assistant Surgeons were posted to the General Hospital, Rangoon, for a certain time before being sent out to districts. One grievance was that they did not get a sufficient amount of ward training during the time they spent in the Rangoon Hospital. There was no fixed period for their stay there, but the average was from two to three years, during which time no practical ward work was given to them. When they became thoroughly trained Assistant Surgeons in large hospitals, they did not straightaway perform the larger operations, and his service demanded that they should gain experience in performing the major operations.

57328. It depended on the Civil Surgeon whether a Civil Assistant Surgeon ever performed a major operation. If in a district the chief officer was away, the subordinate officer had to undertake the case. In that connection a man had considerable opportunities for doing important work, but in the larger centres, where there were large hospitals, he did not get any opportunity. What his colleagues asked was that in those big centres, especially in Rangoon, more opportunities should be given them for performing operations.

57329. He objected to having to give a bond, because it was entirely unnecessary, and in the other services it was not asked for. He had never known a bond enforced in Burma.

57330. The professional examination was held every seventh year, and the opinion of his colleagues was that it should be abolished. It was not common for officers to fail in those examinations. In Burma the Service was young, and very few officers had gone up for the examination, but all who had gone up had passed. There had been some recent relaxation of the rules of the examinations. Two Assistant Surgeons had been exempted from them. They were lecturers in the medical school. He suggested, in place of the examinations, study leave of six months once in every six or eight years. He would not have an examination at the end of the study leave, but would require an officer to produce evidence to show that he had spent his leave on study. He thought that would be more suitable than having a class-room examination in a few text books.

57331. Seven of the Civil Surgeoncies in Burma were held by uncovenanted medical officers. It had been decided to abolish this Service, and the witness's Service urged that as the present holders of these appointments vacate them, the vacancies thus caused should be filled entirely from their Service.

57332. There was no trouble with regard to practice in midwifery in Madras. There was one of the best maternity hospitals in the country in Madras, and every student who went up for the University examination was required to conduct 12 confinements.

57333. Of a total of 33 men in his Service in Burma, 14 came from Madras, 7 from Bengal, 4 from Bombay, 2 from the Punjab, and 5 from Burma.

57334. The training in midwifery, which was obtainable in Madras, and which was not obtainable in other parts of India, led to greater efficiency in Madras officers in that subject.

57335. His Service did not enjoy the benefit of the Burma allowance. They had it till 1912, when there was a change made in the salary. Before that year the salary consisted of Rs. 100, plus two allowances of Rs. 50 each. By the new scheme all that was combined into pay, so that at present a man started at Rs. 200. It was merely a re-adjustment, with no real increase.

57336. Very few of his brother officers lived long enough to enjoy their hard-earned pensions, and his colleagues desired to be given the advantages of a Family Pension Fund scheme. It was open to them to subscribe to the General Provident Fund, and they all did so, but this was not enough. What they really desired was no pension at all, but a gratuity calculated on the basis set forth in written statement (paragraph 57319 (2)), the sum to be handed over to the officer on his retirement, or in the event of premature death, to his widow and children.

57337. If the Military Assistant Surgeon obtained a registrable qualification, there would be no objection to his coming on to the same list as the members of the witness's Service.

57338. There would be no objection to posts now filled by most of the members of his Service being occupied by private practitioners, but he did not think private practitioners would care to join the Provincial Medical Service under the present terms.

57339. (*Mr. Sly.*) Since the consolidation of pay, which was brought about in 1912, no other allowances had been allowed outside the pay, except a free house, and when there was no house, a house allowance. Also in two very remote places there were two allowances of Rs. 100 each.

57340. Civil Assistant Surgeons did not desire Civil Surgeoncies to be filled by independent practitioners straight away. If anybody came out simply with a qualification, and with no practical training whatsoever, it would not be in the interests of the Service generally for such a man to be appointed a Civil Surgeon at once. Beyond that there was no objection. He had no objection to

an Indian filling such appointments, provided they had had a good training in a hospital.

57341. There was a clause in the bond that a man could be sent to any part of British India or its dependencies.

57342. (*Mr. Fisher.*) There were very few private Indian practitioners in Burma who were qualified in Western medicine, and they were only in the big cities. It could therefore be assumed that a monopoly of practice in Western medicine was enjoyed by the Government Service. There was, however, quite a large number of European doctors in the large cities. The belief in the efficacy of Western medicine was making poor progress in the country districts; in some of the larger towns the progress was rapid, and in other places very slow.

57343. (*Mr. Abdur Rahim.*) There was a medical school at Rangoon, but not a college. Sub-Assistant Surgeons were trained there. The number of students there was roughly about 50. That number did not seem to be increasing, although special encouragement was given to medical students. Government was offering a scholarship of Rs. 40 to men who were subsequently sent to get a pay of Rs. 55 to start with and yet suitable men could not be obtained.

57344. With the Burman the medical profession was not at all popular.

57345. (*Sir Murray Hammick.*) He found from his Madras experience that the cost of living in Burma was very much more than it was in Madras. The old Burma allowance was no adequate compensation for that. In Rangoon the cost of living was nearly 100 per cent. more than it was in Madras.

57346. (*Major Dee.*) A Civil Assistant Surgeon should not be allowed to do major operations straight away, but, if he was never given an opportunity, he would never learn to do operations. It was true that he gained experience in such matters when he went out to other hospitals where he was in complete charge, but he should have had opportunities while he was in a big hospital.

57347. There was nothing in the administration of the Rangoon hospital which prevented any Assistant Surgeon, who was really keen, from watching any particular case, and seeing it the whole way through from beginning to end. His colleagues only asked for more sympathetic treatment from the officers generally in the matter of giving them more work.

57348. (*Chairman.*) His colleagues did not merely want greater opportunities for performing major operations in the hospital. They desired rather to be given a more efficient, practical training, so that when they were sent out to a district, and when at a moment's notice they were called upon to do an operation they could satisfactorily perform it.

57349. (*Mr. Subramaniam.*) Military Assistant Surgeons received more opportunities of filling officiating appointments than Civil Assistant Surgeons.

57350. It was hard on the Civil Assistant Surgeon to have to pass a language examination by the higher standard before being confirmed in his service in Burma, when Indian Medical Service officers were only asked to pass by the lower standard examination.

(The witness withdrew.)

At Calcutta, Wednesday, 14th January, 1914.

PRESENT:

THE RIGHT HON. THE LORD ISLINGTON, G.C.M.G., D.S.O. (*Chairman*).

THE EARL OF RONALDSHAY, M.P.
SIR MURRAY HAMMICK, K.C.S.I., C.I.E.
SIR THEODORE MORISON, K.C.I.E.
SIR VALENTINE CHIROL.
MAHADEV BHASKAR CHAUBAL, Esq., C.S.I.
ABDUR RAHIM, Esq.
WALTER CULLEY MADGE, Esq., C.I.E.
FRANK GEORGE SLY, Esq., C.S.I.
HERBERT ALBERT LAURENS FISHER, Esq.

And the following Assistant Commissioners:—

LIEUTENANT-COLONEL W. J. BUCHANAN, C.I.E., Inspector-General of Prisons, Bengal.
RAI BAHADUR BIHARI LAL PANDE, Civil Surgeon, Azamgarh.

M. S. D. BUTLER, Esq., C.V.O., C.I.E. (*Joint Secretary*).

LIEUTENANT-COLONEL BAWA JIWAN SINGH, I.M.S., Inspector-General of Prisons, Bihar and Orissa.

Written Statement relating to the Jail Department.

57351. The organisation of the Jail Department in this Province consists of—

(*a*) The Inspector-General of Prisons.
(*b*) The whole-time Superintendents of 1st class Central Jails.
(*c*) The Deputy Superintendents of Central Jails.
(*d*) The part-time Superintendent of the 2nd class Central Jail at Hazaribagh and of all the district jails.
(*e*) Subordinate officers from the Jailer downwards, namely, Jailers, Deputy and Assistant Jailers, Probationers, Head Warders and Warders.
(*f*) Medical Subordinates.

The Inspector-General and the Superintendents of the 1st class Central Jails belong to the Jail Service proper, which is an Imperial Service for purposes of leave, transfer from one province to another, and promotion. The Deputy Superintendents are specially qualified manufacturers appointed for the technical supervision of specialised industries in 1st class Central Jails. These officers take no part in the general management of a jail. The officers holding charge of District Jails and of the only 2nd class Central Jail in the province belong to the Civil Medical Department. They are all part-time officers so far as this Department is concerned. Jailers and all officers below them are members of the Subordinate Jail Service of the Province.

57352. **(I) Method of Recruitment.**—The Imperial Jail Service at present is recruited almost exclusively from the ranks of the Indian

Medical Service. The officers volunteering for Jail Service are in the first place approved by the Director-General of the Indian Medical Service and are appointed to the charge of Central Jails as vacancies occur. There is no special system of recruitment in respect of the Deputy Superintendents. They may be appointed by promotion from the Subordinate Factory Staff or admitted direct to appointments for which they are considered qualified. The two officers of this class at present serving in this province were both appointed by promotion from the subordinate staff. The charge of the 2nd class Central Jail at Hazaribagh and every district jail in the Province is held by the Civil Surgeon of the district, as a collateral duty, whether that officer is a member of the Indian Medical Service, of Indian Subordinate Medical Department, or of the Uncovenanted Medical Service or whether he is a Civil Assistant Surgeon. This Department has no option in regard to these appointments. The Subordinate Jail Service is recruited from the natives of the Province in accordance with the provisions of the Bengal Jail Code rules 244, 275, 281, 305, 317 and 318. The Medical Subordinates for service in jails are supplied by the Medical Department, this Department having no control over their appointment, promotion, leave or transfer which is highly prejudicial to the efficiency of the medical administration of jails, and I would strongly urge that the present arrangement should be substituted by creating a special Subordinate Medical Service for this Department.

57353. **(II) System of Training and Probation.**—So far as the Imperial Jail Service is concerned there is no proper system of training. The Service being a part of the Indian Medical Service and not an independent one there is no special reserve to allow of the officers being trained—the vacancies in the Department in connection with leave, transfer, etc., being filled by accepted candidates direct from the Military or Civil Department wherever they may happen at the time to be serving and it often happens that a young officer with little or no acquaintance with the language of the prisoners and no experience whatever of the work he has to perform in a large central jail and without any knowledge whatever of the law and rules and regulations governing the administration of the jails is appointed as Superintendent, with the result which it is needless for me to describe in detail. The matters are much worse in the case of district jails where, in addition to the drawbacks mentioned in the case of the Imperial Service, the officers in a large number of cases have neither the inclination nor an incentive for jail work, and as a consequence the management of the jail is left almost entirely in the hands of the Jailer. It is, therefore, imperatively necessary that the Imperial Jail Service should be separated from the Indian Medical Service cadre and made into an independent Service with a proper reserve for leave vacancies and permanent casualties, and that the officers of such reserve should be posted on probation to first-class central jails under the permanent Superintendent, to learn the routine work of the jail. They should also be attached for a period of at least three months during the period of their probation to the office of the Inspector-General to acquaint themselves with the system of accounts and other matters connected with the administration of the Department. The period of their probation should not be less than one year or more than two years, within which limit they should be required to pass a Departmental examination, and if they fail to qualify in it they should not be admitted to the Department.

Similarly every Civil Surgeon should be placed on probation in a central jail for a period of three months and for a period of one month in the office of the Inspector-General, but in their case I do not recommend any special examination so far as the jail work is concerned.

As regards the Deputy Superintendents, they being already trained men for the special trades for which they are employed, no special training in jail work is necessary for them, while the system of training at present in force in regard to the Subordinate Service is quite satisfactory; the only addition which I wish to make to it is that these officers should be required to pass departmental examinations before they are promoted to a higher grade as is now done in the case of the Subordinate Medical Service.

57354. **(III) Conditions of Service.**—The conditions of service so far as the Imperial Jail Service is concerned are exactly the same as those of the Indian Medical Service in general, and I wish to make no remarks regarding them beyond stating that the jail work is more specialised, more technical and more varied than the work which an Indian Medical Service officer has to do in the Medical Department.

57355. **(IV) Conditions of Salary.**—The following scale of salaries is in force in the Jail Department:—

	Supt., 1st class, Central Jail.	Supt., 2nd class, Central Jail.
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 3 years' service ...	1,050	950
Major	950	850
Captain after 10 years' service	850	750
,, ,, 7 ,, ,,	800	700
,, ,, 5 ,, ,,	750	650
Captain	700	600
Lieutenant	650	550

The above scale was sanctioned from 1st April, 1904, and has certainly improved the prospects of the Jail officers, but it does not compare favourably with the scale sanctioned for officers who are appointed as Professors in Medical Colleges or to the Alienist Department, whose work in point of variety, responsibility and importance is not in any way superior to that of the officers of the Jail Department; on the contrary the Superintendent of a large central jail requires much greater patience, greater self-control and administrative ability than is needed by an officer holding the other appointments. I would therefore recommend that the pay of the Jail Department should be raised to the level of the rates sanctioned for Professors in Medical Colleges. I would also add that a uniform rate of Rs. 2,000 a month should be given to the Inspector-General of every major province.

57356. **(V & VI) Conditions of Leave and Pension.**—The existing rules regarding leave and pension are quite satisfactory and I have no recommendation to make in regard to them except that the Warder Service should be made pensionable.

57357. **(VII) Such limitations as may exist in the employment of non-Europeans, and the working of the existing system of division of Services into Imperial and Provincial.**—So far as my experience goes I do not think that there are any limitations to the employment of Non-Europeans in the Imperial Jail Service. Officers of the Indian Medical Service, both Indians and Europeans, are equally eligible and are employed without any restrictions of nationality.

57358. **(IX) Relations of the Service with the Indian Civil Service and other Services.**—The relations of the Jail Service with those of the Indian Civil Service are cordial.

I have no further remarks to make.

LIEUTENANT-COLONEL BAWA JIWAN SINGH called and examined.

57359. (*Chairman.*) The witness was Inspector-General of Prisons in Bihar and Orissa, and had been in the Jail Department since 1899, having joined after about eight years' service. There were other Indian members in the Jail Department, one, a Parsi, at Mandalay Jail, and another

at Hyderabad (Sindh). Officers of the Indian Medical Service, whether European or Indian, were employed on terms of equality without any restrictions.

57360. There was no adequate system of training for the Jail Department. When first appointed himself, he was posted to one of the largest jails in Burma, and for six months was absolutely in the hands of the jailor. This required to be altered, and he advised at least a year's probation, with a Departmental examination at the end of it.

57361. The secure even promotion there were advantages in an all-India list for Department. On the other hand, an all-India arrangement interfered with the discretion of the local Government. At present the local Governments appointed their own Inspectors-General, and they knew their officers much better than the Government of India would. On the whole, therefore, the powers of the local Governments in this respect should not be taken away. Under the existing arrangement if local Governments had not a sufficiently competent man, they always applied to the Government of India, but the final responsibility for the management of the Jail Department was and should rest with them.

57362. An Indian Medical Service officer in the Jail Department had an advantage over an outside Superintendent in that he was the medical officer in charge as well as the superintendent of his jail. This tended to economy and good management, because, with a separate superintendent, there was always the possibility of friction. A superintendent of a jail should always be a medical man. He did not, however, approve of any system by which Military Assistant Surgeons would be allowed to hold any of the central jail posts.

57363. For the charge of district jails the present allowances were inadequate. If an officer did his work conscientiously, it occupied him quite two hours a day, but there was no incentive for a medical officer to give any time to the Jail Department. It was only under the compulsion of the Government that they did the work as part of their ordinary duty. If any defalcation happened in the jail, the officer had to make it good, and in one case an officer who was receiving Rs. 75 a month had to pay something like Rs. 700 to make up for certain defalcations. To a certain extent increased pay would remove the present grievance and would establish the necessary incentive which was at present lacking. He knew of no instance in which officers had left the Jail Department owing to their dissatisfaction with its conditions.

57364. There had been great difficulty in regard to leave, especially privilege leave. In Eastern Bengal a civilian of two or three years' standing had had to be appointed to the charge of the Dacca Jail when the superintendent went on leave owing to the lack of qualified jail officers. When he himself went on leave the Inspector-General of Civil hospitals undertook the current work. Generally speaking there was no provision for privilege leave in any province, as there were no spare men to do the work. A larger leave reserve was required, and one which would not be drawn on by the Indian Medical Service officers generally. The Jail Department should be self-contained in this respect.

57365. (*Sir Murray Hammick.*) In Bihar and Orissa there are three central jails, 19 district jails, and 40 sub-jails. One central jail had accommodation for over 1,800, another for 1,300, and the third for 1,100. Owing to the liberal release of prisoners at the Coronation the jails were not now overcrowded. The 19 district jails took in from 400 to 150 prisoners. The sub-jails varied in their accommodation very greatly. In the district jails the maximum sentence served by the prisoners was six months and in the sub-jails 14 days. A good many of the district jails were on the railway and in charge of the medical officer of the district.

57366. It would be possible to abolish district jails and substitute central jails for them. His own proposal was that for each Commissionership there should be a central jail, which would mean five central jails in Bihar and Orissa. Also there should be five or six district jails in districts far away from the divisional headquarters.

57367. Two hours were quite sufficient for the daily supervision of a jail by the Civil Surgeon if the work was done systematically. The supervision required was nothing like that needed for a central jail.

57368. Friction would ensue if the head of a central jail was not a medical officer. In Burma, Eastern Bengal and Assam, and Bihar and Orissa, there were no non-medical Superintendents. His anticipation of friction was based on the experience of a good many officers. He did not say that a non-medical officer would be less efficient than a Medical Superintendent, but the present arrangement under which Indian Medical Service officers were appointed to central jails was the best possible method, and the history of jails amply proved it. At one time police officers were superintendents of jails, but he did not know whether they were as efficient as Indian Medical Service officers. The recorded opinion was that the health of the jails, their management, their internal economy, and the industrial employment of prisoners had been improved under the present system.

57369. At present young medical men who came into the Jail Department were not put for six months or a year in a central jail for training under the Superintendent, but if there were more men in the Department that arrangement should be carried out. He was not in favour of an arrangement such as existed in Madras, where a man was placed under one of the senior jailors for six months, as his personal experience of the same was very discouraging. The jailors in the Province were all Indians and were not capable of taking charge. The two Deputy Superintendents were Europeans brought in by direct recruitment for industrial purposes—one for his skill in woodwork, and the other in tent work. The did not do the ordinary work of the jail.

57370. (*Sir Valentine Chirol.*) An Indian Medical Service officer should join the Jail Department permanently after two years' military service, and should remain in the Jail Department throughout his service. One of the advantages of having a medical man in charge was that he had a knowledge of the hygienic questions which were of so much importance in jails. A young medical man placed in the Jail Department would not suffer professionally, as he would have considerable medical practice, and would have his patients continually under him from start to finish. He also had opportunities for research work.

57371. (*Mr. Abdur Rahim.*) There were Indian Superintendents of district jails in Bihar and Orissa, but they were not members of the Indian Medical Service. The work of the Indian Superintendents was good. Indian Superintendents were also employed in Burma, the present Superintendent of the Mandalay central jail being an Indian. Indians had no difficulty in dealing with Burmese prisoners.

57372. (*Mr. Madge.*) Civil Surgeons were placed in charge of district jails as Superintendents in addition to their medical duties, but the pay was so small, and the responsibilities so great, that they were reluctant to undertake the work. Unless the Government was prepared to incur very heavy expenditure the Indian Medical Service was the only source of recruitment for the Jail Department.

57373. (*Mr. Fisher.*) An officer appointed to the Jail Department had the option of reverting within two years, but he knew of no case where the right of reversion had been exercised.

57374. The principal attractions of the Jail Department were a free house, more varied work, and fewer transfers, and consequently a more settled life. The prospects of promotion were very good, as out of the 38 appointments there were eight Inspectors-General. The grievance was chiefly in regard to pay.

57375. He recommended a departmental examination of Superintendents on first entering the

Department, but did not recommend any examination in the case of Deputy Superintendents, who knew their business.

57376. (*Mr. Sly.*) Superintendents of central jails were allowed to undertake private consulting practice, but not ordinary private practice. It was very seldom, however, that they had any.

57377. During the absence of the Civil Surgeon the custom in Bihar and Orissa was to put his *locum tenens* in charge of the district jail. When a Civil Surgeon was in the district, but absent from headquarters, the jail was sometimes in the charge of the Deputy Magistrate and sometimes of the Assistant Surgeon. It did not matter which of them was in charge, as neither did any work, which had to be done by the Superintendent when he returned. He preferred, however, the Civil Assistant Surgeon to the Deputy Magistrate.

57378. (*Mr. Chaubal.*) Civil Surgeons in charge of district jails were not members of the Jail Service, but practically they were doing the work of the Jail Department. Civil Surgeons should be trained in a central jail under a Superintendent for three months. The experience which a Civil Surgeon gained, when in charge of a district jail, was of some assistance to him if he became a Superintendent of a central jail. Sub-jails were really lock-ups under the Jail Department, and there were other lock-ups under the Civil Department. In the latter, under the charge of a magistrate, there were no jail officers, the only persons in charge being the police. The lock-ups were used principally for prisoners who were awaiting trial. The lock-ups under the Jail Department were officered from the Jail Department. No discrimination was made between one lock-up and another in sending prisoners to them.

57379. The abolition of district jails would lead to some extra expense over the removal of prisoners, but that would be more than counterbalanced by the increased employment of prisoners, better discipline, the reform of prisoners, and increased profits from their employment.

57380. Members of the Indian Medical Service in charge of jails were doing work of no less importance than the work of Professors in Medical Colleges.

57381. The consulting practice he had referred to was not consulting practice in the sense of the officer being asked to give advice in regard to cases in which his expert knowledge as Superintendent of a jail would be likely to be of value. It was advising practitioners in the district on general medical subjects.

57382. (*Lord Ronaldshay.*) In saying that Superintendents of district jails did their work under compulsion, he was referring to Civil Surgeons who had to do jail work incidentally among other duties. He was not suggesting that it was necessary to compel members of the Indian Medical Service to enter the Jail Department. The emoluments given to Civil Surgeons of district jails were too small in in comparison with the work and responsibility.

57383. He had found no difficulty in recruiting men to jail service, but he would not go so far as to say that the Jail Department was very popular.

57384. (*Lieutenant-Colonel W. J. Buchanan.*) Friction between a Superintendent and a medical officer might arise in a case where the medical officer was of opinion that his first consideration was the health of the prisoner, while the Superintendent might be inclined to think the prisoner was capable of working. A medical officer would have powers to paralyse the industries of a jail by refusing to pass men for hard labour. Much more work was obtained from the prisoners in jails when the medical officer was a Superintendent as well.

57385. A local reserve was very necessary in the shape of one or more men in the province, trained to take the place of men going on leave. In Bihar and Orissa one man would probably be sufficient for the central jails, and when no one was on leave he would be an extra man or on leave himself.

57386. With regard to training of medical officers, it had become the custom of recent years to have a man one or two months beforehand for training, and he should like to see that made compulsory. If the department was given 10 per cent. for training for the whole of India, and 20 per cent. leave reserve, the requirements of the service would be fully met. Instead of applying to the Government of India each province would have one or more trained men according to its size, and those men would succeed to vacancies which might occur.

57387. The consultation practice was so small that jail officers would give up the privilege for a small compensation.

57388. There were certain Civil Surgeons, who were so keen on their operative surgery and hospital work, that they grumbled at having to spend one or two hours every morning in the district jails, and they also said their responsibility was far too great in comparison with the small pittance given to them.

57389. There were hardly any lock-ups in Bihar and Orissa now, as they were gradually being converted into sub-jails, which were entirely under the jail department.

57390. (*Rai Bahadur Bhari Lal Pande.*) There were 40 sub-jails, the Superintendents of which were sub-divisional officers. Some of the subdivisions had a Civil Assistant Surgeon and some a Sub-Assistant Surgeon. The medical subordinate of the station was called the Deputy-Superintendent of the sub-jail, and was under the Magistrate in charge of the sub-division in jail matters. The Superintendent visited the sub-jail twice a week, but practically speaking the Assistant Surgeon did all the work. There was not the same chance of friction between the Superintendent and medical officer of a sub-jail as between a Superintendent and medical officer of a district or central jail, because in the former case one was subordinate to the other, and he saw no harm in the present system. Sub-Assistant Surgeons and Assistant Surgeons had no inclination for sub-jail work. Assistant Surgeons received Rs. 15 for the work and no further allowance was required. The sub-jail was a very small place.

(The witness withdrew.)

LIEUTENANT-COLONEL J. C. S. VAUGHAN, M.B., I.M.S., Civil Surgeon, Bhagalpur, Bihar and Orissa.

Written Statement relating to the Medical Services.

57391. **(I) Methods of Recruitment.**—I have nothing to say under this head.

57392. **(II) Systems of Training and Probation.**—This, too, may continue on the present lines.

57393. **(III) Conditions of Service.**—I have no suggestions to offer.

57394. **(IV) Conditions of Salary.**—These will have to be revised because—

(*1*) Private practice is not any longer an attraction.

(*2*) Consulting practice is much in the same position.

(*3*) The Indian Medical Service officer can only specialise now in professional subjects and for this condition of service afford him but scanty opportunity owing to the frequency with which he is transferred.

(*4*) The Indian Medical Service officer is fast becoming little more than the medical officer of health for his district and the adviser to the Civil Authorities. His official duties take most of his time. His most constant and almost his only patients are the Europeans of his district and a

few native officials who can officially claim his services.

(*5*) The cost of living has very much increased. Salary should be increased by at least 100 a month to all grades below that of Major, Rs. 200 a month in the grade of Major, and Rs. 300 a month in the grade of Lt.-Colonel.

57395. **(V) Conditions of Leave.**—Privilege leave may be allowed to accumulate up to four months and furlough after 15 years may be available at two years' interval, instead of after three years as at present.

57396. **(VI) Conditions of Pension.**—Pension rates may be raised to £700 after 27 years' service and to £800 after 30 years' service. Living in England is far more expensive now than when the pension limits were first laid down, and practice nowadays gives little opportunity for saving.

57397. **(VII) Limitations on the employment of non-Europeans.**—Non-European officers should not be recruited to the Indian Medical Service. A Medical man's relations with his patients are of an essentially private nature and it is the general experience both in Military and Civil life that there is always an undesirable degree of unpleasantness for European patients, specially European women patients, when the Indian Medical Service officer available is a non-European. It is not a question of ability, but a personal question of quite a different character and the feeling is one which no Act of Parliament will alter, nor will it be affected by any theoretical or philosophical considerations as to the equality and so forth of all British subjects.

One has to live in India to understand it—not merely to visit the country under advantageous circumstances which preclude all personal experience of such matters.

LIEUTENANT-COLONEL J. C. S. VAUGHAN called and examined.

57398. (*Chairman.*) The witness was Civil Surgeon of Bhagalpur, and represented the Indian Medical Service in Bihar and Orissa.

57399. Including the Inspector-General of Jails and the Inspector-General of the Province there were 28 Indian Medical Service officers in Bihar and Orissa, of whom two were Indians. There were 15 Civil Surgeoncies manned by the Indian Medical Service, and of the remainder one was manned by an uncovenanted officer, three by Military Assistant Surgeons, and three by Civil Assistant Surgeons.

57400. The present period before a man came into civil employ was too long. The appropriate period would be from two to three years. During that period the institution of a station hospital would be an improvement from the point of view of training. It would teach a man a great many details of Military administration, and a certain amount of routine, and thus give him a fuller experience of military life. He did not think military routine experience would dominate medical and surgical experience. Training in a Civil hospital, however, would much better fit a young man to be an efficient medical officer. There would be no difficulty in making it compulsory upon a young officer to attend a Civil hospital during his military term, if a hospital was available; and there were Civil hospitals in most cantonments which he could attend. It was important that every facility should be offered to a young officer to obtain medical and surgical experience prior to his becoming a Civil Medical Officer. One arrangement whereby that might be done would be to put him on duty with a Senior Civil Surgeon in a big station, but that could not always be carried out while he was in Military Service as he might have to leave at any time on field service. If a man was posted in a small station like Jhelum it would be rather difficult to obtain good experience. A very good Civil hospital might, however, be found in a place like Rawal Pindi. To equip a man for taking up work in a Civil Surgeoncy he should be given some opportunity of seeing the work of a Civil Surgeon. Under present conditions it was scarcely possible to lay down a definite rule as to how work by younger officers under experienced Civil Surgeons was to be arranged for, but such facilities should be provided as opportunity offered for officers electing to enter the Civil side of the Service. It was the practice amongst the keener young officers to attend Civil hospitals now from their own love of the work. They took every opportunity to gain experience, and such opportunities should always be given. Anything in the way of facilitating the arrangements for that purpose would be of advantage to the Service.

57401. The question of a general list for promotion to professorial appointments had not been discussed, but he thought his brother officers would be in favour of it.

57402. There was no system in Bihar and Orissa by which private practitioners were allowed access to hospitals, and he very much doubted whether, in places like Patna and Gya, there were men whose admission in an honorary capacity would be really of advantage, and he also doubted whether there were men of sufficient attainments. He had no figures to show to what extent private practice had decreased, but it was a well-known fact that it had decreased largely. The figures relating to his own personal case had been sent in to and were included in those given by the Director-General.

57403. The allowance for the charge of district jails was inadequate. The amount of work an officer had to do depended on the size of the jail, and sometimes occupied more than three hours a day. Under the present conditions there should be an appreciable rise in the allowance given for first, second and third class jails.

57404. With regard to leave, experience was limited in Bihar and Orissa, as it had only recently been constituted a separate Province, but the leave reserve needed to be increased. The average number of officers going on study leave each year would be from one to two. Study leave was often combined with ordinary leave to the extent of a total leave of eighteen months. Officers had sometimes converted portions of their ordinary leave into study leave.

57405. Non-Europeans in the Indian Medical Service should be required to spend a portion of their medical training in England, and that training should not be less than two to two and a half years. It would, however, be a difficult matter for an Assistant Surgeon to go to England before he had assumed the position of a Civil Surgeon.

57406. If the salary of Civil Surgeons were increased it was possible they would accept responsibility for attending free the families of officials.

57407. (*Lord Ronaldshay.*) He had served about four years on the Military before being transferred to the Civil side, and was then given a Civil Surgeoncy. As he anticipated going into Civil employ he took every opportunity of becoming acquainted with the duties of a Civil Surgeon by assisting the Civil Surgeon of the place where he was stationed while in Military employ. When men were passed into Civil life they should be placed under an experienced Civil Surgeon in a district where there was a good deal of work to be done, and act as his assistant for at least six months.

57408. There had been great variation in the time when an officer should begin to count his service for pension. When he entered the Service the officers in his batch counted their service from the dates of their commissions which were dated from the day they joined the probationary course at Netley. Those who joined in 1890, about eight months later, counted their service from the end of their probationary period. Under the present rule he believed

the probationary service was not counted. The matter had been discussed by the members of the Service, and there was a strong opinion that the probationary period should be counted as service for pension. That would make a difference of some six or seven months, and this might prove of importance at the time of superannuation.

57409. There were certain institutions recognised as suitable for study leave by the authorities, and the application of an officer wishing to attend them if he applied while on furlough, had to be approved by the Secretary of State. If he went from India on study leave his application had to be approved by the Government of India. After the course a certificate had to be obtained from the institution certifying that the course had been attended and the work had been done.

57410. (*Sir Theodore Morison.*) The remark in the written statement that non-European officers should not be recruited for the Indian Medical Service was not a Service opinion and was not put forward as such.

57411. When Indian Medical Service men were posted to Civil stations they were expected to minister to the medical wants of the whole population of the station and not to the members of one community.

57412. He came very much into contact with Indian private practitioners professionally in purely consultative work. It was very exceptional for Civil Surgeons to be called in by Indian patients direct, and to be taken on as "family medical attendants."

57413. (*Mr. Sly.*) The Government hospitals in Bihar and Orissa were open to private practitioners, who would be welcomed to see the work, but no arrangement was made for attaching them to the staff of the hospitals as honorary surgeons or physicians. There were several private hospitals in the Province maintainel entirely at the expense of an individual or from an endowment, and those were worked by private practitioners. In his district there were five private hospitals, only connected with Government to the extent that the Civil Surgeon advised and formally inspected at the request of the governing body of the hospitals. They were voluntarily put under Government supervision. The largest would have about fifteen beds.

57414. In the hospital at Bhagalpur there were over 70 beds, and it was expected that the number would be raised to 100. It would not be feasible to appoint private practitioners as honorary physicians or surgeons to that hospital, and he doubted whether there were men who were qualified for the work. No private practitioner in his Province had yet reached a standard which would justify the experiment being tried. It was almost certain that friction would arise between the practitioner and the Civil Assistant Surgeon, who would probably, in most instances, be the better man of the two. There was no question of qualification, but the Civil Assistant Surgeon was in immediate touch with and trained from day to day by the various Civil Surgeons he had been working under.

57415. Information on the point whether Civil Assistant Surgeons in Government hospitals were being allowed a fair share of the important operations was available in the annual return showing the number of operations done by Assistant Surgeons, and he believed there was no real grievance in the matter. A great deal depended upon the personal equation on both sides. It was not feasible to lay down any definite rule on the subject.

57416. (*Mr. Fisher.*) It would be better if the probationary course at Millbank were transferred to India. The Aldershot course might be kept as at present, but for training in Tropical Medicine and the kind of training given at Millbank an institution in India would be better. He was doubtful whether there were now facilities for giving the Millbank course in India, but the number of candidates was not so large as to make it impossible. An officer learned at Aldershot a good deal of the routine of the Royal Army Medical Corps, but in India the work with the regiment was often on different lines, and possibly it might be better if that kind of training was arranged for in large station hospitals in India, though it was useful to know something of the work of the British Army, as officers were sometimes called upon on field service to do all manner of duties, which entailed a knowledge of the routine of British military hospitals. The change would have to be very carefully thought out before it was made.

57417. In default of anything better he was in favour of promotion examinations for Assistant Surgeons, as it was necessary to have some form of control to keep a man up to his work. He saw no fundamental objection to carefully regulated study leave as a substitute for examinations, though it was not a real alternative, as study leave implied special study, while the examinations were of a general character.

57418. (*Mr. Madge.*) It would not be possible, when an officer first came into Civil employ, to attach him for three months to a senior Civil Surgeon unless the cadre was increased. Men usually came into Civil employ as vacancies occurred. It would be a distinct advantage to attach young officers to Senior Civil Surgeons.

57419. The Jail Department had certain advantages, amongst them being a more settled life. When frontier troubles or Military exigencies occurred the ordinary Civil Surgeon was available to go on Military duty and the Jail Superintendent could take over his work. To a certain extent the Jail Department was popular except with the men who preferred the excitement of ordinary work.

57420. The conditions with regard to private practitioners in hospitals were not the same in England and in India. The men selected for hospital appointments in England had gone through an apprenticeship in hospital work, and had come to the front as specialists in their subjects. The conditions at present in India were not such as to justify any departure in that direction.

57421. (*Mr. Abdur Rahim.*) In Bihar and Orissa there was a good deal of practice for medical men generally. In Bhagalpur there had never been much scope for practice for Civil Surgeons, but there were numerous private practitioners there, both qualified and unqualified, who had large practices. As a rule the qualified man charged from Rs. 2 to Rs. 4 a visit, while the Civil Surgeon usually charged Rs. 16, and it was only when a special opinion was wanted that a Civil Surgeon was called in. That had always been the state of things, more or less, but even that work had decreased with the increase of medical practitioners in the Province. He had known Bhagalpur for a good many years and did not think the private practitioners now practising differed much from those who had practised formerly. Formerly a Civil Surgeon was consulted on a certain number of things about which practitioners now consulted among themselves. The standard of importance of a case on which a Civil Surgeon was consulted had risen considerably. There were no specialists among the general practitioners of Bhagalpur, unless Indian lady doctors could be so termed.

57422. (*Sir Valentine Chirol.*) He gave his assistant every opportunity of performing operations, and it was to the advantage of every Civil Surgeon to do so. There were certain operations which required considerable technical skill, and Civil Surgeons kept those to themselves, simply on account of the responsibility attaching to them. The Assistant Surgeon was presumed from his qualifications to be able to do anything and everything, but any accident resulting from delegating the work to a subordinate might, under the present conditions of the country, be seized upon as an example of how the Indian Medical Service man left his work to his subordinates. It would be most improper that a Civil Surgeon should leave an operation of supreme importance, such as an abdominal operation, to his assistant.

57423. (*Sir Murray Hammick.*) There might be objections to filling a Civil Surgeoncy with an Assistant Surgeon for from three to six months,

whilst the Civil Surgeon was undergoing his training at a large headquarters hospital. It would be better, while the Indian Medical Service man was in military employ, to let him work with the Civil Surgeon of his district, which he could do without interfering with his military work.

57424. (*Lieutenant-Colonel W. J. Buchanan.*) Men had entered the Service at all sorts of periods within the last 25 years, and there were at least four different ways at present for reckoning rates for pension. He wished all officers to be put on an equality, and for service to be reckoned from the earliest period at which officers actually began to serve the State.

57425. The Aldershot training was useful and important in obtaining experience of British hospitals.

57426. If a private practitioner was in any way connected with a drug store, he should, of course, be disqualified from practice in India, as he would be in the United Kingdom.

57427. Transfers, which were fairly frequent, were a source of expense to officers. He had been told by one officer that it was a cheap transfer, if he was only Rs. 300 to Rs. 400 to the bad, and he himself had been more than that out of pocket. He had had three or four transfers in the course of as many months. That difficulty could be met by a transfer allowance somewhat on the lines of the Warrant in Military Service.

57428. In every case where a Civil Surgeon operated his head assistant was always the Civil Assistant Surgeon, and in that way the latter obtained considerable experience.

57429. (*Rai Bahadur Bihari Lal Pande.*) The three Civil Assistant Surgeons in Bihar and Orissa were in charge of Angul, Palaman, and Suri, and as far as he knew, all of these posts were reserved for Civil Assistant Surgeons. There was an uncovenanted officer in charge of Puri, who was an Indian.

57430. He was in favour of retaining examinations on promotion as he desired some kind of guarantee of a man's everyday work. Confidential reports did not give any real information as to a man's professional attainments. His own experience as an examiner was that the questions set were mostly of a nature that an Assistant Surgeon ought always to be able to answer, and not merely theoretical questions which could be answered only from book knowledge. The marks were allotted with regard to the amount of sound practical knowledge the candidate displayed.

57431. The operations performed daily in the ordinary Civil hospitals were largely minor operations, but there were also major operations for tumours, bone diseases, cataracts, abdominal operations, etc. Assistant Surgeons could perform those operations, but there were certain operations which no one would trust out of his own hands on account of their importance. If he knew that his Assistant Surgeon was capable of doing an operation he would allow him to do it unless he particularly desired to do it himself. It was impossible to grade operations and parcel them out. If there were many operations of a certain kind, and the Assistant Surgeon had a knowledge of them, he would certainly allow him to perform some of them.

(The witness withdrew.)

ASSISTANT-SURGEON A. A. E. BAPTIST, Civil Surgeon, Santhal Parganas, Bihar and Orissa.

Written Statement relating to the Medical Service, being a Memorandum regarding the Military Assistant Surgeon Class employed on the Civil side.

57432. **(I) Method of Recruitment.**—This is at present done by selection from the Military side and may be accepted as satisfactory.

57433. **(II) System of Training and Probation.**—This varies in the different Provinces. In the United Provinces and the Central Provinces, for example, it does not take long for an officer to get a Civil Surgeoncy and there is practically no training and probation, whereas, in Bengal, there is generally a long period of service to be put in at one of the big hospitals. This is very good training, but it means that in spite of it, the Bengal man is left behind by his colleagues in the other provinces, and is, therefore, the cause of much dissatisfaction. A more uniform system entailing training for all should be introduced.

57434. **(IV) Conditions of Salary.**—Having regard to the requirements of the position and to bring it more into line with that of other officials with whom he has to mix, the maximum pay of a Civil Surgeon should be Rs. 1,000. Beginning on Rs. 350, the increments should be three-yearly—Rs. 450, 550, 700, 850, and 1,000 in 15 years. Service towards increments should count from date of appointment whether substantive or acting.*

57435. **(V) Conditions of Leave.**—Six months' study leave once every five years should be given on full pay. It will be readily admitted that study leave is very desirable, but in a poorly paid Service the majority cannot afford to take leave except when absolutely necessary. The offer of full will be a great inducement, and if it improves the usefulness of the officer to the State will not be a waste but a good investment.

57436. **(VI) Conditions of Pension.**—It is a distinct hardship to condemn a man, a professional man at that, to live in his old age on Rs. 200 a month after doing something like 35 years of service. It is specially so in the case of a man who has been selected for, and has filled the more important posts successfully. It is therefore advocated that the pensions be governed by the Civil Service Regulations, as are those of other Civil Departments.

57437. **(VII) The limitations to the employment of non-Europeans.**—The employment of Indian Medical Service officers as Civil Surgeons of important districts and in other important Civil posts is not only desirable to act as a war reserve, but, also, because they are undoubtedly as a body more efficient than the locally recruited Services. I would not, however, advocate admission into it being made different to what it is now, because I consider that some of the education, if not all, should be obtained in England, although I admit that by having an Entrance Examination in England it does handicap the Anglo-Indian and Indian candidates. The less important districts should as at present be put in charge of Military Assistant Surgeons and Civil Assistant Surgeons as representing the two non-European bodies, viz., the Anglo-Indian and Indian respectively, but the proportion should be at least three to one, because the latter have open to them a large number of appointments much more lucrative than that of Civil Surgeons, and all their posts carry a fair amount of private practice, while the bulk of the former serve in Military billets on meagre salaries with no private practice.

57438. **(VIII) Relations with the Indian Civil Service and other Services.**—This should be clearly defined. At present, a Civil Surgeon, as such, has no place in the order of precedence. Just as officers of the Provincial Civil Service when appointed District Magistrates take precedence, as a matter of course, of even an Indian Civil Service officer who may be in charge of a sub-division in his district, so also a Civil Surgeon of whatever Service he be, should be given a definite status. In my opinion he ought to rank next to the Collector and Magistrate of his district (or Deputy-Commissioners as they are called in non-regulation districts).

57439. **(IX) Other points within the terms of reference not covered by the preceding.**—(*1*) The Government of India grant diplomas to the Military Assistant Surgeons certifying that they are qualified to practise medicine, midwifery, and surgery, and the fact that they are constantly put in medical charge of British troops, and of their wives and children, is an indication that the Government really considers them so qualified. This diploma, however, is not recognised by the General Medical Council of the British Isles, and is therefore not registrable. This is an anomaly, and Government should take such steps as are necessary to remove it.

(*2*) The term "Subordinate" in the designation of the Department is an invidious one, and is applied to no other class of officers of a similar standing, and should be removed.

* The witness subsequently submitted the following note:—

Having regard to the requirements of the position and to bring it more into line with that of other officers with whom he has to mix, the maximum pay of a Civil Surgeon should be Rs. 1,000, and this should be attained in 12 and not 15 years, because Military Assistant Surgeons so appointed having already done a long spell of military duty, would in some cases not reach the maximum prior to retirement. The scale advocated is Rs. 400 on first appointment with annual increment of Rs. 50. Service towards increment should count from date of appointment whether substantive or not.

Mr. A. A. E. BAPTIST called and examined.

57440. (*Chairman.*) The witness was a Military Assistant Surgeon and represented the Military Assistant Surgeons of Bihar and Orissa, who were three in number. One had registrable qualifications. He himself had been in the Service 20 years and had the registrable qualifications of L.S.A. (Lond.).

57441. He did not wish the Service placed on a common list with the Civil Assistant Surgeons. The chief objection was sentimental, but there were practical difficulties. He desired, however, to see the Service placed on an equality in respect of qualification with Civil Assistant Surgeons. Their diploma should be a registrable one. The posts open to Civil Assistant Surgeons and not to Military Assistant Surgeons, were the teaching appointments at the various medical schools. These carried a good deal of practice with them. There were also appointments in certain large stations, where Civil Assistant Surgeons had charge, under the Civil Surgeon, and had more practice even than the Civil Surgeon himself. In his own district there was an Assistant Surgeon who was in charge of a sub-divisional dispensary who was much better off than a Civil Surgeon in an ordinary station, his income amounting to about Rs. 800 or Rs. 1,000 a month. There were several sub-divisions in his district where the practice was about Rs. 800 a month.

57442. Study leave was very advisable, and it did not matter whether it was utilised in India or in England.

57443. It would be preferable to raise the standard of the diploma at present given by the Government of India, but whatever diploma was given, it should be a registrable one. The diploma at present given by the Government of India did not reach so high a standard as that attained by the Civil Assistant Surgeons. When he was in college both branches studied in the same classes, but the Military Assistant had a course one year shorter. Both sat for the same examinations, and many of the honours were carried off by men of his own class.

57444. In the supplementary note which he he had put in, the demands in regard to salary had been increased since the original written statement was prepared. The explanation of that was that the original memorandum was written by him without consultation, and after consulting the other two members of the Service he modified it, and now agreed with the view put forward collectively. The reason for his own change of view was that he had had no time to consider the matter thoroughly, having received the letter and replied to it hurriedly.

57445. The Service asked for pension under Civil rules, but he knew of no other Military Service to which Civil pensions were given.

57446. (*Mr. Madge.*) The Civil Service regulations provided for half-pay pension calculated on the average of the last three years.

57447. A five years' course would place the Military Assistant Surgeons on a level with the Civil Assistant Surgeons. At present in the four years' course the studies were more concentrated. The qualifications were practically the same. Military Assistant Surgeons had more advantage in maternity practice owing to being stationed at Military hospitals.

57448. He objected to the word "subordinate" and would prefer the title of his service to be the "Indian Medical Department" or the "Indian Medical Corps."

57449. He objected to having his service divided and called the Madras Medical Service, Bombay Medical Service, etc., and he did not see how three men could form a service.

57450. (*Mr. Sly.*) He was inclined to agree to the suggestion that the Military Assistant Surgeon class should be reorganised into a warrant-officer branch of the Indian Medical Service, the officers on attaining commissioned rank being graded with the Indian Medical Service officers, but had not given the idea any great consideration. He thought it would be acceptable to the Service.

57451. The sole reason for the maintenance of his service was to meet Military needs, and from this standpoint a Military pension was the right thing. But it was a principle in the regulations that the Department in which a man had served longest should pay his pension, and a man who had served 20 of his 35 years in the Civil Department naturally looked to that Department for his pension. It was equitable that if a man did a better class of work, he should get a better pension.

57452. (*Mr. Chaubal.*) He was prepared to see the Civil Assistant Surgeons paid at the same rates as he was.

57453. (*Sir Theodore Morison.*) The probable reason why the diploma given to his service had not been recognised by the General Medical Council, was not on account of its standard, but because it was not a University qualification. Probably the only remedy was for the Government to raise the standard, until it satisfied the requirements of the General Medical Council. He was prepared to advocate a higher entrance examination and a five years' course, which would permit of a degree being taken and a registrable qualification thus obtained.

57454. (*Lieutenant-Colonel W. J. Buchanan*): Raising the course to five years would result in the falling off of the total number of candidates per year, unless greater inducements were given to enter the Service. The raising of pay would be sufficient, no doubt, to keep up the number of recruits on a higher standard.

57455. The lucrative practice he had referred to on his district might be an exceptional case, as he had no experience of any other district. He thought all officers of his Service on attaining to commissioned rank should be borne on the Indian Medical Service list whether they held registrable qualifications or not, as they did the same work, provided that the reorganisation mentioned by Mr. Sly was carried out.

57456. (*Rai Bahadur Bihari Lal Pande.*) In college, lectures were given to the Military and Civil Assistant Surgeons in all subjects, but for the four years' course some of the subjects were doubled

up. In the third year Military Assistant Surgeons took the subjects, to which Civil Assistant Surgeons devoted both their third and their fourth years.

57457. At present Civil Surgeons as such had no place in the order of precedence, as nothing had been laid down which gave them any particular status.

(The witness withdrew.)

Assistant-Surgeon Barada Kanta Ray, Assistant Surgeon, Arrah, Bihar and Orissa.

Written Statement relating to the Medical Service, being a Memorandum regarding Civil Assistant Surgeons.

57458. **(I) Methods of Recruitment.**—At present the officers are selected by the Inspector-General of Civil Hospitals on the recommendation of the Principal of the Medical College, Calcutta. This system has given satisfaction, and no change is necessary. The selection should always be decided by the result of the University final examination, stress being given to good practical work.

The present system of executing a bond for serving Government for five years under a penalty should be abolished. The members of other Provincial Services are not required to execute similar bonds.

57459. **(II) Systems of Training and Probation.**—The Civil Assistant Surgeons receive very good practical training in the Medical College, and ordinarily no other system of training or probation is necessary. But for appointment in any special Department such as Bacteriological, etc., the appointed person should have a training for a period to be determined by the officer under whom such training is to be received.

Facilities should be given to medical officers to advance their professional knowledge by visiting and working at the chief medical centres of learning both in India and abroad. Study leave should therefore be given whenever a medical officer can be spared, such leave being recognised as service on full pay.

57460. **(III) Conditions of Service.**—(*a*) The Service should be called the "Provincial Medical Service" similar to the other Provincial Services, viz., Judicial, Executive, Educational, etc., etc., and the designation of the officers should be "Surgeons."

(*b*) Assistant Surgeon in charge of a Sadr or subdivisional dispensary should have a whole-time clerk.

(*c*) There should be no reserve districts where Civil Surgeoncies are given to members of this Service but they should take their turn in rotation with Indian Medical Service officers, in having selection of districts—all second-class districts being thrown open to them.

(*d*) Examinations hitherto held for promotion to the next higher grade should be abolished.

(*e*) Frequent transfers are to be discouraged, as it is convenient neither to the Government, the officers transferred, nor to the public.

(*f*) As regards the teaching appointments, there should be as few transfers as possible in the interest of medical education and of the students.

(*g*) More Civil Surgeoncies should be thrown open to members of this Service.

57461. **(IV) Conditions of Salaries.**—(*a*) Salaries to be modified as follows:—

To begin at Rs. 200 a month—3rd grade.

To rise after five years of service to Rs. 250—2nd grade.

To rise after ten years' service to Rs. 300—1st grade.

To rise after 15 years' service to Rs. 400 a month—senior grade.

Civil Surgeons should be selected from the most capable men in the senior grade, and the pay should be from Rs. 600 to Rs. 750.

57462. **(V) Conditions of Leave.**—(*a*) Casual leave for 15 days at a time should be allowed to the members of this Service as in the Jail Department.

(*b*) Study leave should be given under the same rules as in the case of the Indian Medical Service officers. Such leave can be spent in India (as at Kasauli, Dehra, Dun, Medical College Hospitals, or the Institute of a tropical medicine to be opened at Calcutta or in any suitable place) or in England, or in any foreign European country.

Conditions of other leave require no change, except in the direction already under the consideration of Government.

57463. **(VI) Conditions of Pension.**—Our Service is a strenuous one, demanding work for 365 days in the year, and during day and night. Moreover, the officer is constantly exposed to sickness and unhealthy surroundings. Under such conditions his health breaks down sooner than officers in other Services. Full pension should therefore be allowed to the members of this Service without medical certificate after 25 years of active service.

57464. **(VII) Such limitations as may exist in the employment of non-Europeans and the working of the existing system of division of the Service into Imperial and Provincial.**—There should be—

(*a*) The Imperial Service, *i.e.*, Indian Medical Service.

(*b*) The Provincial Medical Service, *i.e.*, the present Civil Assistant Surgeons Service, for which graduates and licentiates of the Calcutta University are eligible, whether they are Indian or Europeans.

The present uncovenanted Medical Service should be abolished.

57465. **(VIII) Relations of the Service with the Indian Civil Service and other Services.**—To avoid any strained relation between the Subdivisional Officer in charge of the sub-jails and the Assistant Surgeons it is desirable that the Assistant Surgeon should be the Superintendent of the sub-jail like Civil Surgeons in the district jails. If this is not feasible, the Assistant Surgeon should be only the medical officer of the sub-jail.

57466. **(IX) Any other matters.**—For personal protection members of this Service should be allowed to carry firearms and other weapons of defence without licence.

Mr. Barada Kanta Ray called and examined.

57467. (*Chairman.*) The witness represented the Civil Assistant Surgeons of Bihar and Orissa, 62 in number.

57468. At present officers were selected by the Inspector-General of Civil Hospitals and the system had proved satisfactory. He preferred, however, that the selection should be decided by the result of the University examination. He would give the vacant post to the first man on the list, and if that man refused it to the second man, and so on. He had no objection to special consideration being given to any candidate, but as a rule, the result ought to depend upon the University examinations.

57469. A bond was no longer necessary. He knew of instances where the penalties had been enforced, one being in connection with a man who went to England for study.

57470. At present the Service had only one Civil Surgeoncy. The three mentioned by a former witness was a mistake. The Military Service had more. In Bengal, out of 128 Civil Assistant Surgeons, only four got Civil Surgeoncies. There were only 37 Bengal Military Assistants, but they also got four Civil Surgeoncies. For the 62 Civil Assistant Surgeons in Bihar there was only one Civil Surgeoncy. In the United Provinces there were 98 Civil Assistant Surgeons with eight Civil Surgeoncies, whilst nine Civil Surgeoncies were open to 14 Military Assistant Surgeons. There was also an uncovenanted Civil Surgeon at Puri. He was recruited many years ago, and was a senior man.

57471. He proposed a scale of salary beginning at Rs. 200 and rising to Rs. 400, and when appointed as Civil Surgeon from Rs. 600 to Rs. 750.

57472. In some places there was private practice, but in most places very little.

57473. He had no experience of the system by which private practitioners were admitted to hospitals, but it might be tried in large towns as an experiment.

57474. It was the complaint of most members of the Service that they had not a fair opportunity of performing operations in hospitals, but personally he had no complaint to make on that score, as he performed both minor and major operations. Civil Assistant Surgeons as a rule had all the minor cases and not many major cases. In the Administration Report the names of Surgeons were classified according to the number of selected operations they performed, and that afforded a temptation to the Civil Surgeon to do more selected operations, so that his name might appear at the top of the list. He had been asked by the members of the Service to represent to the Commission that they had not sufficient opportunities given to them to perform operations, but no proposal for a remedy was put forward. What ever opportunity was given should not be at the sacrifice of efficiency in the hospital. It might be possible to arrange that two operations should be done by the Civil Surgeon and the third given to the Assistant Surgeon, but to some extent it had to be left to the discretion of the Civil Surgeon.

57475. If the Military Assistant Surgeons wanted to be equal to the Civil Assistant Surgeons, they must pass through the same University tests, both general and technical.

57476. He had not given much consideration to the question of medical registration, but, broadly speaking, considered it desirable.

57477. The experiment might be tried of admitting private practitioners to posts in the Service, such as professorial chairs at the colleges.

57478. A grievance was that an Assistant Surgeon in charge of a sub-division was placed in a subordinate position to the Sub-divisional Magistrate in charge of the sub-jail. The Assistant Surgeons in sub-divisions should be placed in full medical and executive charge, as they practically had to do all the work, the Sub-divisional Officer visiting the jail only twice a week. It was impossible to say that the Assistant Surgeon was incompetent to take charge, because, when an Assistant Surgeon was transferred to a Civil surgeoncy, he had to do the work of the Superintendent of the district jail, but as soon as he came back to the sub-division he was supposed to be incompetent to hold charge of a sub-jail. It was a frequent cause of friction between the Sub-divisional Officer and the Assistant Surgeon. What was more objectionable was that in the absence of the Sub-divisional Magistrate from headquarters on tour, the Assistant Surgeon was subordinate in jail matters even to a Sub-Deputy Magistrate. The Assistant Surgeon should have the same control of the sub-jail as the Civil Surgeon had of the district jail.

57479. (*Sir Theodore Morison.*) It was a fact that the penalty exacted from the member of the Service who went to England was because prior to his going to England to compete for the Indian Medical Service examination he had applied for leave, but he could not be spared and so had to resign. It was certainly a hard case, as he went to England to advance his knowledge and to appear at a higher examination.

57480. The proportion of Civil surgeoncies allotted to the Service should not be less than 25 per cent. There were 28 Civil surgeoncies in Bengal, of which the Assistant Surgeons had five, and it was ultimately intended that they should have seven, or 25 per cent.

57481. With regard to the request for permission to carry arms, Assistant Surgeons had very dangerous duties in Bihar, and arms were needed for their personal protection. They had at times to travel day and night in out-of-the-way places, and also go to criminal courts to give evidence, and in returning through the jungle, unless he carried arms, he was practically unprotected. If the permission was given arms would not be carried habitually.

57482. (*Mr. Chaubal.*) He was not aware of any instances in which Assistant Surgeons had run risk on account of not having the right to carry arms.

57483. The Sub-divisional Magistrate did not receive any payment for being in charge of the jail, and that might be the reason why the charge of the sub-jail was left to him.

57484. (*Mr. Sly.*) The sub-divisional system was in force in Bihar and Orissa for medical work, but some sub-divisions were held by Sub-Assistant Surgeons. No sub-divisional charge allowance was given, but Rs. 20 was allowed for the dispensary. There was a fair number of medical sub-divisions held by Civil Assistant Surgeons, who did all the operations and attended to the whole work, and there was no grievance in connection with them. The grievance only existed at head-quarters. Even at headquarters the Civil Surgeon was on tour for a certain number of days, when the Assistant Surgeon had to do all the operations, and to some extent that minimised the grievance.

57485. Sub-Assistant Surgeons might be promoted to Civil Assistant Surgeons if they passed the examination of the Civil Assistant Surgeons, but then they could be appointed direct as Assistant Surgeons. There were no Sub-Assistant Surgeons with qualifications of the Calcutta University.

57486. (*Mr. Fisher.*) Opportunities should be given to the Civil Assistant Surgeons to specialise in some branches by allowing them study leave which might be spent at Kasauli, Medical College Hospitals and at the Institute of Tropical Medicine to be opened in Calcutta. At present they were sent to Dehra Dun for the study of X-Rays.

57487. (*Mr. Madge.*) The statement that selection should always be decided on the result of the University final examination referred to the Civil side only and not to the Military side.

57488. The Service would not be satisfied if a certain number of districts were listed and made available to them.

57489. Independent practitioners had now attained a sufficiently high standard to justify their appointment to hospitals in large places, and he believed they would accept professorships.

57490. The giving of every third operation to the Civil Assistant Surgeon would reduce the temptation of Civil Surgeons to perform all operations, and would raise the position of the Civil Assistant Surgeon.

57491. (*Mr. Abdur Rahim.*) Transfers were frequent in the Service, but he was not aware that any complaint had been made to the Inspector-General.

57492. (*Lieutenant-Colonel W. J. Buchanan.*) He approved of the Assistant Surgeon being made as at present Superintendent of the Jail for the time when the Civil Surgeon was on tour. If the Civil Surgeon was away for more than seven days, the duty should be paid for, but not at the expense of decreasing the monthly allowance of the Civil Surgeon.

57493. A private practitioner, who had any con-

nection with a drug shop, should not become one of the visiting members of the staff of a hospital, and that proviso would seriously curtail the number of available practitioners in a mufassal town.

57494. (*Rai Bahadur Bihari Lal Pande.*) The feeling of the Service was very strong against promotion examinations. Confidential reports should be abolished, and no one should be condemned without an opportunity of explanation.

57495. The Civil hospitals were managed by special managing committees of the Municipal Board, and sometimes some members of the Committee had so little self-respect as to become outdoor patients of the very charitable dispensary (meant only for the poor) which they had a right to inspect. This state of things was not desirable. But on the whole the visiting was satisfactory.

(The witness withdrew.)

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Written Statement relating to the Medical Service, being a Statement with reference to the Imperial Bacteriological Department.

57496. The scope of the evidence to be given on behalf of the Bacteriological Department before the Public Services Commission would seem to be limited by the facts that this Department is recruited in India and that it is at present a very small Department, and therefore in point of numbers an insignificant section of the Medical Service of the Government of India. On these grounds it is unnecessary to consider the question of qualifications for the Department to be possessed or acquired before arrival in India, except in so far as these may concern those not belonging to the Government Medical Service. But if the Department as at present constituted is a small one, it will be readily admitted that in its importance its rank is not determined by its size. The Department, too, is the most recently constituted of the medical departments, and is still in a state in which it is being gradually moulded to the requirements and practical purposes of the day. Such points, therefore, as the organisation or reorganisation, the popularity, pay and prospects of the Department as recruited in India, must be what is required from a witness of the Department, and not testimony on the more general points which really affect the medical service as a whole. I propose to take the headings given as suitable for testimony and treat them entirely from this point of view. I shall endeavour to put down first the present state of affairs, and follow with the recommendations for improvement which seem desirable.

57497. **(I) Methods of Recruitment.**—The Department at present consists of only 13 officers permanently placed. In addition to these officers there is about an equal number of officers who are officiating in the Department or doing work proper to or closely connected with that of the Department. The recruitment for the Department in which there is such a small number of permanent vacancies, and such a large number of officiating appointments is naturally from the ranks of the officiating members. These again obtain their positions, in the first place on account of their expressed desire to join the Department, and in the second place because they have shown a special aptitude for research or expertness in the technique which is required. Such aptitude or expertness is judged of from observation of officers who have voluntarily attached themselves to laboratories (as for example, during leave periods), have attended some of the classes of instruction given in the Department, or who have demonstrated their abilities in other ways (private research), charge of brigade laboratories, etc. The permanent members of the Department are comparatively young men, and their numbers very limited. The result is that with such a number of officiating members there is no prospect for any one outside an officiating member having any chance of admission to the Department for many years to come. In other words recruiting for the Department is practically at a standstill, and yet the demands on the Department are growing daily. These demands are referable to the desire of all concerned with the Government of the country to see India freed from the load of preventable disease under which she now labours. The first step towards the removal of this burden is investigation into the causation of such preventable disease and the factors concerned with its continuance. But not only are the demands upon the Department for workers to investigate the causation of preventable disease, but there are growing demands on it as an advisory body. "The physician of the future," says Sir Almroth Wright, "is the immunisator," and I would extend this statement and assert that the immunisator is at present the bacteriologist. But if the bacteriologist is to advise in regard to therapy, he must either practise therapy or have access to the practice of therapy. Such an extension of the functions of the Department—in my opinion a very necessary extension—would also necessitate a considerable increase in its present numbers. I should advocate, in accordance with this view, an increase of at least 20 superior officers to the present cadre and an increase likewise in the number of assistants employed.

These assistants are at present represented by Assistant Surgeons and Sub-Assistant Surgeons. Not only is an actual increase of the cadre very necessary, but also a widening of the sphere of its operations, such as would be brought about by an inclusion within one Department of Bacteriologists, Protozoologists, Entomologists, officers of the present Sanitary Department, Professors of Pathology and professors of subjects taught at tropical schools. Such an enlargement of the Department would greatly simplify the problem of recruitment and the suitable placing of the men recruited.

Then there comes the question as to employment of specially qualified men for specialised work. Are such men to be recruited direct from home? It may undoubtedly be necessary to do so provided no suitably qualified man is available in India. In that case, however, I think it would be advisable to take steps to direct the studies of an officer from India so that he might become properly qualified as soon as possible. All temporary holders of specialist appointments would of course have to be compensated by adequate pay for the want of permanence of their appointment. The experience gained by an Indian Medical Service officer before entering the Department is invaluable to him, even if he comes to hold a specialist appointment. It would be better then, in such a case, to endeavour to train the Indian Medical Service man to hold the appointment by assisting him to obtain the necessary qualification.

57498. **(II) System of Training and Probation.**—An officer selected for trial in the Department is usually employed at one of the larger laboratories (Kasauli, Parel, Guindy or Coonoor) in routine work, combined with such research work as he may have time or opportunity to do. From these laboratories he may proceed to research on

subjects connected with bacteriology, protozoology or epidemiology in the field. If he proves satisfactory to the authorities, and if he himself considers that his prospects, as represented by the nature of the work on which he will be engaged, or the position to which he will attain, are satisfactory, he comes to be placed definitely in the list of officiating members of the Department.

The present rule is that after a period of probation of eight months he shall be informed of his suitability for the Bacteriological Department. I should advocate an extension of the period of probation to 12 months. At the end of that time the candidate should have produced evidence of satisfactory research done in the laboratory or in the field. His candidature for the Department should also be supported by the testimony of the officer under whom he has served, as to the value of research or other work done by him. As regards the training which is most suitable for candidates, I should put it under the following heads:—

(*1*) Training in general diagnostic and identification methods, as obtainable at one of the larger laboratories or tropical schools.

(*2*) Utilisation and application of bacterial products especially in therapeutics.

(*3*) Attendance at special classes of instruction.

(*4*) Association with men already engaged upon research, or who have done a considerable amount of research work. Opportunity would at the same time have to be afforded for the carrying out of research work by the candidate who should not be allowed to spend this time of probation altogether upon his own education. It is advisable that candidates should be secured as early as possible in their service, if only for the reason that in the event of their proving unsuitable for a more or less specialised occupation, their future prospects would not be interfered with.

57499. **(III) Conditions of Service.**—The conditions of Service for Indian Medical Service officers in the Bacteriological Department are in a general sense, *i.e.*, liability for war service, etc., the same as that of their brother officers. More particularly we find that the Department consists of men serving at different laboratories (Central Research, Pasteur, Parel, Guindy and Coonoor Institutes) and men doing research work in the field. The field work may be taken up in part of India and at any distance from one of the base laboratories. Field workers receive the usual travelling allowance, and in most cases a special allowance to compensate for losses upon sudden and distant moves, of Rs. 150 a month. As regards the rank and file of workers there is little or no differentiation in the positions occupied. The general term Assistant Director is used for them all. In respect of their eligibility for directorships of laboratories, however, length of service in the Department, seniority and experience are taken into account, as well as special suitability. Workers besides being required to go out on field work are liable to be transferred long distances from laboratory to laboratory. The directors of most of the laboratories now are not senior men and can serve in these posts for a very considerable time to come. Directors receive house-rent in addition to pay as a member of the Department. These are as nearly as may be the present conditions of service. The disadvantages of the conditions or service are to my mind—

(*1*) Too few high appointments and insufficient emoluments attached to such as they are.

(*2*) Too small numbers to permit of satisfactory leave arrangements without undue dislocation of work.

(*3*) Too little variety in the work.

(*4*) Too little pay considering the degree of selection exercised in admission to the Department.

(*5*) Too little connection with living medicine.

(*6*) Too much occupation—in the case of directors—with business arrangements and office routine.

Some of these disadvantages, *e.g.*, too little variety in the work, may not be complained of by all the present members of the Department.

On the basis of the argument that, given sufficient reward (usually regarded as monetary), the balance of disadvantage against any sort of employment may be made to disappear, certain of the disabilities here mentioned fall to be considered under the next heading—Conditions of Salary.

Such disadvantages as the existence of too few high appointments, smallness of numbers for satisfactory leave arrangements, want of sufficient variety in the type of work to be done might, I think, be very simply removed. They would be partly removed of course by the addition to the cadre of the 20 new members which I consider to be the minimum requirement of the Department as already constituted. But if it could be arrange to make one large Department by the amalgamation, say, of the Bacteriological and Sanitary Departments and the inclusion of the professorships of Pathology and the professorial appointments at Tropical Schools, this disability would certainly be removed. Under such a scheme a sufficiency of higher appointments would at once be made available, leave arrangements facilitated, existing anomalies of service as between one of the Departments specified and another rectified and variety of work suitable to all capacities and temperaments provided. One very great disadvantage under which the Department suffers is that, owing to the want of proximity of our laboratories to large hospitals, it is insufficiently in touch with living medicine. The advisory side of the Department in matters connected with immunisation against disease and diagnosis of disease is one of the highest importance. Inability to see the cases requiring protective or curative inoculations, inability to see for ourselves the effect of the application of bacterial products and inability to obtain the fresh material for diagnosis in a way satisfactory for examination seem to me to militate greatly against the usefulness of the Department to the general practitioner of the country. With separation from large hospitals too the laboratory is liable to suffer from paucity of material, the material on which the experience of the younger members is to be gained. Such a close connection of laboratory with hospital would, to my mind, greatly enhance the usefulness of the laboratory to the general medical public, and add greatly to the experience attainable by workers and the value of the advice given by laboratories. Perhaps the chief objections to the idea are that by promoting closer connection between laboratory and hospital there would come to be a danger of the laboratory worker engaging in practice, or of his being overwhelmed with so much routine work as to leave him no time for carrying out research. Both objections seem to me surmountable, the first by forbidding private practice altogether and compensating for its abolition, the second by affording the officers concerned with this special duty a sufficient staff to cope with routine work. With the establishment of Tropical Schools and their associated hospitals, the disadvantage under which the Department now suffers might be partially removed But in spite of such partial remedy, I think it is very essential that every laboratory should have some direct hospital connection.

The long distance moves to which members of the Department are subject, and the long distance separation from his home, which may be the result of an officer's deputation to field work, are disadvantages which should be taken into account in the reorganisation of the Department. The long distance move from laboratory to laboratory is not a very frequent occurrence, but the deputation to a distant field of work is likely to be common. No one will deny the reasonableness of the desire of an officer to maintain a settled home if he is married. The disadvantage then which is complained of here reduces mainly to loss incurred on the compulsory disposal of goods and chattels and the maintenance of two establishments. There are very few officers, in any other Department of the Indian Medical Service, subject to moves of a like nature to those of the Bacteriological Department. True the special field allowance accorded to officers at work in districts is satisfactory compensation for losses incurred, but there is much that is unsatisfactory

about this allowance, and I should prefer to see it represented in the shape of an addition to pay all round. In making it an addition to pay it would be understood that deputation in the field was a normal function of members of the Department. It might then be counted into the pay, especially of the more junior members of the Department. As it happens there is at present a large disproportion of junior members either in the Department or officiating in it.

The result is that many of the more stationary appointments are held by junior officers. But this would not always be the case. In fact, as things stand at present, unless the Department be reorganised there will soon be a plethora of senior members in it. The addition of Rs. 50 a month to present pay up to 15 years' service would, I think, entirely meet the case of the hardship referred to and include the abolition of field allowance. The functions of the director of a laboratory require to be defined. At present they may be stated as business and office work and other work of an administrative character, research and the direction of the research, teaching and training. Considering that a director is chosen rather for his special technical knowledge than for his business and office knowledge, it seems a pity that so much of his time should be occupied in the capacity of business manager. There is no necessity for it, as business managers are much more easily procurable than the bacteriologist director. All the hours spent in office, in interviewing building contractors, in going into specifications, deciding upon the rival claims of clerks, etc., represent so much time lost from the really essential functions of teaching, training and direction. As regards research itself it would seem impossible that a director should have much time for such. His reward should consist in satisfaction at the output of research work from his institute or from workers trained by him. There also remains for him the possibility of collaborative research. At the same time such an ideal, in the absence of compensating advantage, implies the possession of a somewhat altruistic temperament on the part of the individual chosen to be director.

57500. **(IV) Conditions of Salary.**—The pay of the Department was, I believe, modelled on that of the pay of the professors at Government Medical Colleges. The pay is not actually identical, except for certain of the years of service. The correspondence between these two Departments, as regards emolumnets, is also to be seen in this that officers in both are permitted to take fees for private work. The scale of fees for the Bacteriological Department was laid down as:—

	Rs.
(*1*) for examination of blood films, sputum, plague smears, etc.	5
(*2*) for examination necessitating cutting of sections or making cultivations ...	10
(*3*) for examination necessitating inoculation of rats, rabbits, etc.	16
(*4*) for bacteriological examination of water, such fees as may be agreed on up to ...	100

and of these amounts 50 per cent. was deducted by Government as a set off against the use of Government material. The above fees are inadmissible in the case of work done for State hospitals or institutions, local boards, municipalities, or entitled persons.

When we take into account the fact that the majority of examinations done would come under heading (1), for which a fee of Rs. 5 was allowed, it will be admitted that the prospect of adding much to the pay of an officer by private fees was remote. It had been the idea, expressed to me in conversation by the late Lieutenant-Colonel Leslie, Indian Medical Service, Sanitary Commissioner, who had much to do with the establishment of the Department, that these examinations of blood films, sputum, plague smears, etc., would be so numerous as to make up by their number for the smallness of the remuneration offered. This forecast has not been confirmed in practice. The number of examinations done at most laboratories is considerable, but they are mostly non-fee cases. The actual returns received for such examinations could not possibly be taken as a set off against either the takings of an average professional practice or the compensation given for abstention from practice. This fact has been admitted by the Government of India, and they have now raised from 50 per cent. to 96 per cent. the proportion of the fee which may be credited to the officer concerned. But the fees obtainable in a laboratory from examinations are in the case of most laboratories quite small. There also arises difficulty owing to this that the officer who performs the examination for which a fee my be earned may claim that fee for himself. Now, many officers have work to do which does not involve the making of these examinations. Such work is quite as important as the more routine diagnostic work of the laboratory, but these officers—unless some system of pooling of fees is adopted—have no share at all in what I may call laboratory emoluments. This anomaly, I am quite sure, is the cause of much discontent in the Department. But the anomaly of our positions as regards fees does not end here. I do not think that when the Department was first constituted the possibility of its entry into the field of therapeutics was seriously contemplated. But since 1907, when the Department was formed, there has sprung up a new therapy, the therapy of vaccines, which still and probably always will need the assistance of the bacteriologist. The isolation of organisms for the preparation of vaccines and the preparation of vaccines themselves has then become part of the work of laboratories. The preparation of vaccines for non-entitled persons should undoubtedly be paid for, and the services of the bacteriologist should be available for the amelioration and cure of disease, if that is necessary on behalf of suffering humanity, and if it brings that experience which will reflect itself in the results of research in field or laboratory. But all fees obtained in this way should be credited to Government, and the officers concerned should simply receive a proper moiety of the amount which would represent that addition to pay contemplated as accruing to each officer from fees for private work. All fees going to officers should be pooled and divided amongst all the workers in due proportions. In this way all practice in which a member of the Department may engage would be made official, which I consider was the intention of Government at the time of the formation of the Department. Even with such a change I am afraid that discontent would not be allayed. We should have certain officers doing a large amount of routine work which had its definite financial return, and others doing the more interesting pure research work which had no return. But both on a pooling system would share in the profits. The best solution of the difficulties here raised would be, to my mind, to eliminate at least the money question by prohibiting the taking of private fees altogether, and compensating the officers of the Department as a whole for the loss entailed. All fees earned in laboratories would then be credited wholly to Government. Discontent in the Department on this point would be allayed and the act would, in my opinion, be one of mere justice. As regards the amounts of compensation to be paid I may take as my basis the compensation Rs. 300 paid to a non-practising professor on the ground that the pay of the Department was originally fixed by comparison with that of a professor. But I think ther are objections to making an all round compensation irrespective of length of service. An officer's practice usually increases in value with his experience and his seniority, and a grading based on seniority seems the fairest. I should propose then to take Rs. 300 as a mid value for the mid period of service, and recommend an addition of

(*1*) Rs. 150 to pay up to 12 years' service.
(*2*) ,, 300 ,, ,, 12—20 ,,
(*3*) ,, 450 ,, over 20 ,,

Officers up to 15 years service would receive the addition of Rs. 50 in lieu of field allowance.

The following table gives the alteration which would be effected:—

Years of service.	Pay of Professor.	Pay of Bacteriological Department.	Additions. In lieu of practice.	Additions. In lieu of field allowance.	Additions. Directorship.	Totals.
	Rs.	Rs.	Rs.	Rs.	Rs.	Rs.
0— 3	750	650	150	50	—	850
3— 5	800	700	150	50	—	900
5— 7	850	800	150	50	—	1,000
7—10	900	850	150	50	—	1,050
10—12	950	900	150	50	—	1,100
12—15	1,050	1,050	300	50	—	1,400
15—20	1,150	1,150	300	—	150	1,450—1,600
20—25	1,500	1,500	450	—	150	1,950—2,100
after 25 years	1,550—1,650	1,500—1,600	450	—	150	2,100—2,200

There are certain special appointments at present in the Bacteriological Department, the Directorships, which involve very considerable responsibility. These at present carry an addition of pay represented by house rent. I should recommend that the Directorships of the large laboratories should be considered as on a par with the Principalships of Medical Colleges. If the Principal of a Medical College receive a free house then the Director of a Laboratory should receive a free house, or rent in lieu thereof. As regards the pay of such a Directorship, I would base it upon the pay of that of Principals of the Grant Medical College, Lahore Medical College, and Lucknow Medical College—that is to say, allow an addition to pay of Rs. 150 a month.

These are definite increases in pay, but not more, I consider, than are necessary if Government is to obtain in this important Service the best men and men untramelled as regards research by such extraneous considerations as the acquisition of wealth in directions not conducive to the promotion of that research.

One more point connected with pay remains to be considered, and that is the position of the officer who officiates in the Department. At present there are a very large number of officiating officers. Some officers may officiate for many years and may draw only officiating pay. As it happens a great many of these appointments have been made substantive *pro tem*, and the officers holding them have not lost pay. But as a general principle I think it should be laid down that an officer officiating in the Department should, after completion of his period of probation, receive the full pay of the Department.

57501. **(V) Conditions of Leave.**—These are the same as for other members of the Indian Medical Service. There are, however, liable to be certain difficulties in the way of obtaining leave due to the exceeding smallness of the Department and the consequent difficulty of filling a leave vacancy satisfactorily. Apart from considerations of health altogether, it is very essential in the Bacteriological Department that the greatest possible facilities should be accorded for the taking of leave. Bacteriology and parasitology are in a state of change, and the more an officer in the Department is given an opportunity of seeing what progress has been made elsewhere the greater will be the benefit to the Government which he serves. Along with the granting of facilities for taking ordinary leave, I should place facilities for attendance at Conferences, Congresses of Hygiene, Tropical Medicine, and so on. On these occasions the presentation of new ideas takes concentrated shape, and the opportunities of seeing what has been done in other parts of the world are at such times greatly enhanced.

57502. **(VII) Such limitations as may exist in the employment of non-Europeans and the working of the existing division of Services into Imperial and Provincial.**—(*a*) The employment of non-Europeans.

The Bacteriological Department is small, and although the Department is not restricted to the Indian Medical Service it does not happen to contain any Indians. If sanction is accorded to the increase in the cadre of the Department and to its expansion Indians would, of course, as they became qualified, be given posts in the Department with Europeans. The employment of Indians in the highly technical work of the Department raises at once the question as to whence they should be recruited. I have little or no experience which would enable me to pronounce upon the qualification of Indians who have been specially trained in laboratories at home. But I have seen the work of one or two Indians now employed—although in subordinate positions—in the Department and elsewhere, which lead me to think that very suitable men could be found to occupy the same positions in the Department as are now occupied by Indian Medical Service or other officers I am inclined to favour a form of rather rigid selection to be applied in the case of Indian candidates. Instead of insisting upon the possession of a European qualification before admission to the Department as is done in the Sanitary Department, I should favour a reversal of the procedure, namely, an entry first into the Department by Indians from India in one of the lesser positions. After some years' work in the Department, say not less than four and not more than eight, the candidate would, if recommended, be allowed to go to England for special training with a promise of employment in the full capacity of a member of the Department on return. Such candidate would not then require to spend time over, nor be put to the expense of obtaining, an English qualification. He would spend his time in acquiring that knowledge which was going to be specially useful in the Department. In the taking of a degree, especially an additional degree, a great deal of time may be spent on acquiring knowledge not specially of a useful kind. In this case no such time would be wasted. The terms on which a candidate went to England for this purpose would have to be laid down, but I should suggest that an allowance of full pay as being earned at the time of departure, with passage paid both ways would suit the case. Such additional expenditure as was required would be met by the candidate himself.

(*b*) The working of the existing division of services into Imperial and Provincial. I consider that the Department should, as at present, be entirely Imperial, and that all members should be recruited Imperially. Members would be specially seconded by the Imperial Government for Provincial service, and whilst in such service would be under the orders of the Government concerned. The Government concerned need not necessarily be that under which the officer has selected to serve in Civil employ. In fact I should be inclined to advocate—if that would fit in with a general scheme for the Indian Medical Service—that appointment to the Department involved abandonment of any lien upon employment in a particular province. Members of the Department are at present sent all over India, and seem to conduct their work quite satisfactorily in very different provinces.

57503. **(VIII) Relations of the Service with the Indan Civil Service.**—These have been in my limited experience always good.

57504. SUMMARY OF RECOMMENDATIONS.—(I) *Recruitment.*—(*1*) The department should be opened to further recruitment, and 20 new permanent

appointments is the minimum required for the Department as at present constituted.

(2) The Department should be extended so as to include the present Sanitary Department and the appointments of professors of pathology and the professorships at tropical Schools.

(II) *System of training and probation.*—(1) The period of probation should be 12 months.

(2) A candidate for admission to the Department should show evidence of research done by himself. His candidature should also be supported by the testimony of the officer under whom he has served.

(3) The training of an officer should be systematically undertaken at one of the larger laboratories or tropical schools.

(III) *Conditions of service.*—The disadvantages enumerated should be removed.

(IV) *Conditions of salary.*—(1) The receipt of fees should be prohibited altogether, and compensation in lieu thereof made to the members of the Department. The amount of compensation should be based on the allowance, Rs. 300, made to non-practising professors.

(2) Field allowance should be abolished and Rs. 50 a month added to pay up to 15 years' service in its stead.

(3) Directors of large laboratories should receive Rs. 150 a month over and above their pay as members of the Department.

(4) Officiating members in the Department should, after their term of probation is over, receive full bacteriological pay.

(V) *Conditions of leave.*—All facility for leave should be specially given in this Department owing to its very great importance in enabling men to keep up to date and maintain a breadth of view.

(VI) *Conditions of pension.*—Not applicable.

(VII) (*a*) *Limitations to the employment of non-Europeans and* (*b*) *division of service into Imperial and Provincial.*—(*a*) (1) Indians should be employed in the Department.

(2) Indians should be trained in India first and specially trained in England later, rather than trained in England first and specially trained in India later.

(*b*) (1) The Department should be entirely Imperial.

(2) The Imperialisation of the Department should imply total absence of connection with or lien on Provincial employment.

Major W. F. Harvey called and examined.

57505. (*The Chairman.*) The witness came before the Commission to represent the Imperial Bacteriological Department. He had been officiating Director of the Central Research Institute, Kasauli, for nearly two years, and was confirmed six months ago. He had been in the Department since its inception in 1907.

57506. The Department staff consisted only of 13 officers. There were other officers doing subsidiary work, and who had no substantive appointments. Their expectation was to fill vacancies as they occurred. Such men were recruited from those who had shown special interest in the work by doing it on furlough, and by taking special classes. This brought them under the notice of the authorities. They were not necessarily drawn from the Indian Medical Service, but as a matter of fact most of them were in the Service. Only two men in the Department had come in from outside, and one was from the Military Assistant Surgeon grade.

57507. The present arrangement of the Department was too haphazard, and the number of officers was too limited. The cadre ought to be increased, and put on a proper footing. A small cadre could not give satisfaction owing to the difficulties of leave, and the scarcity of well paid appointments. He suggested, therefore, merging into the Department various other branches of scientific research. He would include in one general Department, sanitary posts, professorships of pathology, the professorships of other subjects taught in the tropical schools, the protozoologists and the entomologists.

57508. If an addition of 20 to the present cadre of the Department was granted, the number of officers would be 33. The Sanitation Department added to that would put in about another 30, and the professorships would bring the whole up to something like 70. Of course, even under such an arrangement, some of the specialists posts could not be made interchangeable, but that objection did not apply generally. For instance, a bacteriologist could easily become a sanitarian, and the sanitarian would be very much better for a bacteriological training. A considerable number of the present members of the Bacteriological Department possessed diplomas in Hygiene. Consequently, the interchange might be of benefit, particularly to the Sanitary Department. He did not think the actual feeling in the Bacteriological Department was in the direction of sanitation as at present constituted.

57509. A skilled bacteriologist might care to become a Sanitary Commissioner, but it is doubtful if he would care to become a Deputy Sanitary Commissioner. If a bacteriologist was transferred into the branch of sanitation, he would not be undertaking entirely different work to what he had been doing as a bacteriologist. Most of the diseases with which the Sanitary Commissioner dealt, were themselves bacteriological in origin. A Sanitary Commissioner occupied himself with problems of disease, epidemiology, and so on, and the appointment of a bacteriologist under those circumstances might be for the benefit of the Sanitary Department, even though he might be untrained in certain other specialist directions.

57510. There were several men in the Bacteriological Department, who could at the present moment fill professorships of tropical schools, and professorships of pathology. When such professors went on leave the experiment might be tried of applying to the Bacteriological Department to fill the vacancies.

57511. Entomology was a very special subject, but the Bacteriological Department at present could provide at least two good entomologists.

57512. If the cadre was enlarged as suggested there would, of course, have to be certain limitations, but desirable transfers would be facilitated. He felt certain that if a cadre of the character suggested was established, transfers could be made without the charge being brought that officers were put into positions which they were not qualified to fill. It would be recognised that special qualifications and special study marked out certain officers for specialist posts. This would be recognised on their entry into the enlarged Department and that would occur for the most part in future early in a man's service. The particular name given to the Department was not very material.

57513. He would make the extended cadre Imperial for purposes of promotion as it was at present, but for actual work he would put the officers under the Local Governments. He did not see any difficulty in that respect. The arrangement was a familiar one.

57514. He favoured the employment of Indians, and desired to see them selected and passed through a course in India, and then sent to England for special training. He would take such men out of the Subordinate Medical Services. He had no experience of men with English University qualifications, as the Bacteriological Department was recruited in India. The qualifications of officers in the Bacteriological Department compared very favourably with those of any other body of similar officers. The officers would undoubtedly be recognised as experts in England.

57515. There were two laboratories at Kasauli. One was the Pasteur Institute, and the other the Central Research Institute, but there was no

hospital attached; in fact, Kasauli was a Military station. Parel had a laboratory five miles out of Bombay, and Guindy one which was five miles out of Madras. If his proposal for bringing his work into closer touch with the hospitals were carried out, it would not necessarily mean scrapping the present laboratories and erecting new ones. He would retain the existing buildings as central depôts, and would erect subsidiary ones as depôts attached to the hospitals.

57516. At one time the Bacteriological Department was distinctly unpopular, and applications were not numerous. They were fairly numerous at the present time, but not as numerous as he would like to see them. The Department's smallness was one of the reasons of its unpopularity. It was no use a man applying to the Bacteriological Department for a vacancy when he had no chance of getting it for the next six or seven years.

57517. Men in the Bacteriological Department might object to serve in the Sanitary Department. At the same time, if the combined Department was given another name, new men would enter it for its enlarged opportunities, and knowing what the prospects before them were. The enlarged Department might be called the Public Health Department, except for the fact that this would scarcely cover the case of the professors of the colleges.

57518. A man who was engaged in private practice was liable to have the monetary side of the question appealing to him. At any rate, he was always liable to that accusation, and it would be very much better and simpler to do away with private practice altogether. This would, at the same time, probably promote research. An officer who gave up taking fees should receive a compensating allowance for so doing.

57519. (*Sir Murray Hammick.*) Special terms were made with each man who entered the Bacteriological Department, and who was not a member of the Indian Medical Service. There were two such men at the present time in the Department.

57520. If an increased cadre were sanctioned, the Indian Medical Service would provide a sufficient number of men with the necessary special qualifications. The subject of bacteriology was very interesting in itself. Indeed, a very considerable number of men qualified, at any rate in the first degree, before even coming into the Service.

57521. (*Sir Valentine Chirol.*) If Indian recruits were admitted into the Service, their position should be exactly the same as that of Europeans as regards the work they would do.

57522. (*Mr. Abdur Rahim.*) Many applications from independent practitioners to be allowed to do work in the Department's laboratories were received, and were dealt with on their merits. If it was possible the laboratories were opened to all genuine workers. He had had such workers, although at the present time there were none. He could not give the exact figures, but two or three independent practitioners in the past year had taken the opportunity of coming and learning the work. Any practitioner was given every facility for learning technique, which was going on continuously in the laboratories. He might remain for a month, but the average time for a course of study was a fortnight. A practitioner usually came with a view to learning some particular type of technique, which was going to be useful in practice, and not for the purpose of investigation. If anyone was desirous of doing research work every facility would be given him, if there were room, but a difficulty in Kasauli in particular, was want of accommodation. There was no other difficulty. At present no application for research work had been received. No Civil Assistant Surgeons had applied to do research work.

57523. Indians, even with high degrees, should begin as assistants only, and should prove by their work that they were suitable. Bacteriology was a highly technical subject, and one could not make statements as to the chances of getting qualified Indians until they had come forward. If it were the case that Indians, other than those in the Indian Medical Service, were willing to undertake the work, one would have expected that they would have applied for it.

57524. (*Mr. Madge.*) If suitable officers could not be found within the Service, it might be necessary to recruit from England at an enhanced pay, but in that case steps should be taken as soon as possible to train men in the Government service for such posts. It was the general opinion that men who had been recruited in the ordinary way through the Service gave Government the best work.

57525. (*Mr. Fisher.*) He had been 2½ years in Military employ, during which period he had had many opportunities, of which he availed himself, for conducting bacteriological research. It was his experience that most of the officers who were coming into the Department from the Military side had been keeping up their bacteriology. There were greater opportunities nowadays than there were when he was in Military employ, because now there were brigade laboratories, which were devoted to bacteriology, and for which only Army medical officers were eligible, and those laboratories were the best training ground for the Bacteriological Department. It was desirable, from the point of view of the interests of the Bacteriological Department, that officers should go through the probationary course at Millbank. The probationary course at Aldershot was a mere question of the Military training of a man; it did not concern itself with bacteriology at all, and an Indian Medical Service officer could get the Aldershot training quite sufficiently during his period of service in India. To that extent, therefore, the Aldershot course might be regarded as rather a waste of time, but that was a general question. He should like to see the present probationary course of eight months extended. It was his experience that some officers had had to be returned after the eight months, but that was an exceedingly difficult and delicate point. A man was apt to slip through eight months of probation without his case being really considered. It was not the case that people, whose qualifications were not fully satisfactory, passed into the Department after eight months' probation. The eight months' rule had only come in quite recently, and was due to the fact that a certain number of men who had really been officiating in the Department for a considerably longer time had gone to some other Civil employment. They had the grievance of not having been told previously as to their suitability or unsuitability for the Department. Eight months had been laid down more or less arbitrarily as a period of probation, and it would be better to make it twelve. There was no instance at present of the application of the eight months' rule.

57526. He agreed with the complaint made to the Commission that the Indian Medical Service appeared to be losing its popularity in England, and that competition for it had fallen off. As a consequence of that there was a likelihood of fewer skilled bacteriologists coming into the Service, and if the unpopularity continued it would be necessary for the Department to recruit from outside for the posts which required high technical qualities. At present, taking the younger men, there were officers very sufficiently qualified.

57527. He agreed that in a Department of medicine which dealt with very specialist subjects, which was very rapidly moving, and as to which a great amount of new work was being done in Europe, the reasons for restricting appointments to the Indian Medical Service were not so cogent as they were in other Departments in the medical field. At the same time, he would always prefer to have Service men occupying the bacteriological posts and would take measures, if necessary, to train them specially for them.

57528. (*Mr. Sly.*) One advantage of the amalgamation on one all-Indian list of the posts he had suggested, was that bacteriological officers would feel sure of getting certain appointments, on which they now set great store. He did not know whether the present rule with regard to professor-

ships in pathology was that members of the Bacteriological Department were equally eligible with the other branches of the Indian Medical Service, for those posts.

57529. Pharmacology was not a bacteriological subject, but if a professorship of pharmacology were created for the school of tropical medicine there was no reason why it should not be included within the sphere of his Department of Public Health. The officer specially selected for such an appointment would be at once included in the Department.

57530. He did not suggest that the chairs of Biology should be filled exclusively from the Public Health Department, but the posts should be in that Department.

57531. The Bacteriological Department, as at present constituted, small though it was, could supply as many capable professors of pathology and entomology as the whole of the rest of the Indian Medical Service, excluding, of course, the present professors of pathology.

57532. Junior members of the Bacteriological Department should alone be eligible for the chairs of Pathology, and they would come into the Department with a view to succeeding to positions of that sort.

57533. (*Mr. Chaubal.*) The fact that an Indian, on retiring, remained in the country, and gave it the benefit of his further researches, did not make him necessarily a better scientist than a European, or a more useful officer.

57534. All applications from private practitioners to study in the laboratories had come to him direct and not through the Surgeon-General.

57535. He could accommodate only a certain number of men, and endeavoured to give each a turn.

57536. (*Sir Theodore Morison.*) His period of two tnd a half years in Military employ was unusually short. This was because he happened to have at that time the D.P.H. qualification, which comparatively few others then possessed. At present officers stayed a very long time in Military employ before coming into the Bacteriological Department. The Department was practically closed now, and any future recruits would be a very long time in Military employ, or in some of the officiating and not very definite posts. That was an evil. He wanted a man to have kept up his scientific work from the time he left college, and he would prefer, for more than one reason, to get men early, as if they were not suitable it would do them no harm to be returned, as there would be other appointments open to them. If a man came in late, apart from the fact that he could not keep up his work, he would also have an injury done to him by being kept waiting. A man should be tried in the Department after about three or four years' service. How this was to be managed was a matter of administration.

57537. He would prefer entrants to his Department coming in entirely by selection, as they did at present.

57538. (*Lord Ronaldshay.*) As soon as a man came to officiate he was brought under the eight months' probation rule. It was the same thing as the period of trial which a man underwent in a laboratory. A man might actually be doing work in the laboratory and be in the Department during that eight months.

57539. The special classes of instruction, which he recommended that officers should attend, should be under the direction of the different laboratories. At present at Kasauli there were four classes of instruction given in the year, lasting one month each, in bacteriology and allied subjects. Those had been most valuable as enabling him to pick out the men likely to be of use in the Bacteriological Department.

57540. He had not thought out where he would send Assistant Surgeons who had shown special aptitude or what particular courses of training he would ask them to undergo. If a man was going to specialise in vaccinal therapy or in the preparation of vaccines he would go to the best place for the purpose. If he were intended for work on tropical subjects, he would proceed for a definite course to a tropical school. What he had in mind was a post-graduate course, so that a man should not waste his time unnecessarily on the acquisition of subjects which were not useful to him.

57541. (*Chairman.*) Before an Assistant Surgeon was sent to take up such a course he would have to show aptitude for the particular branch he was going to take up, and that depended very largely on the particular officer under whom he had served.

57542. (*Sir Murray Hammick.*) He did not know of any cases of men going direct into the Bacteriological Department from Civil employ in hospitals. Men either got in from Military employ on the qualifications they possessed, or by selection after being put on special duty to go through a study course at one of the laboratories.

(The witness withdrew.)

At Calcutta, Friday, 16th January, 1914.

PRESENT:

THE RIGHT HON. THE LORD ISLINGTON, G.C.M.G., D.S.O. (*Chairman*).

THE EARL OF RONALDSHAY, M.P.
SIR MURRAY HAMMICK, K.C.S.I., C.I.E.
SIR THEODORE MORISON, K.C.I.E.
SIR VALENTINE CHIROL.
MAHADEV BHASKAR CHAUBAL, Esq., C.S.I.
ABDUR RAHIM, Esq.
WALTER CULLEY MADGE, Esq., C.I.E.
FRANK GEORGE SLY, Esq., C.S.I.
HERBERT ALBERT LAURENS FISHER, Esq.

And the following Assistant Commissioners:—

LIEUTENANT-COLONEL W. J. BUCHANAN, C.I.E., Inspector-General of Prisons, Bengal.
LIEUTENANT-COLONEL H.E. BANATVALA, Inspector-General of Civil Hospitals, Assam.

M. S. D. BUTLER, Esq., C.V.O., C.I.E. (*Joint Secretary*).

DR. NILRATAN SIRCAR, M.A., M.D., Calcutta.

Written Statement relating to the Medical Services.

57543. The members of the Indian Medical Service enjoy a practical monopoly of the higher appointments in the Civil Medical Department. The chief plea on which they are allowed to encroach upon the Civil Department is that it is necessary to maintain a Civil Reserve for purposes of an Imperial policy. This reserve is, however, found in practice to be an illusory one. And out of a total

of 773 Indian Medical Service officers in India, 464, or more than half, are employed on civil work, only 309 belonging to Military Service proper.

The evils of making the Indian Medical Service the only field of choice in the matter of higher appointments, particularly in the Departments of education, sanitation, and scientific research, are many. Distinguished specialists are rare, it being often the case that the same man is put in different professorial chairs by turns or at the same time. Teaching and research work suffer on account of frequent changes in the personnel. Local graduates have been perpetually relegated to subordinate positions and cannot, therefore, aspire to higher posts. And the independent medical profession is excluded from higher educational and scientific appointments.

The medical graduates of the Indian universities form the class of Civil Assistant Surgeons. And only a few unimportant district Civil surgeoncies are held by some of the most senior members of this Service. On the other hand, Military Assistant Surgeons, who are not recognised by the General Medical Council as qualified practitioners, are allowed to hold high Civil appointments. In Bengal these officers hold three district Civil Surgeoncies and 31 other responsible posts. It is desirable that the minimum qualification recognised by the Civil Medical Council should be insisted upon in Civil officers in higher appointments.

57544. *SUGGESTIONS.*

The Indian Medical Service officers should, as a rule, confine themselves to Military work. and all Civil appointments should be thrown open to proved merit and ability wherever found. There should, however, be nothing to prevent well-qualified Indian Medical Service officers from holding Civil appointments on the same terms of office as outsiders.

With regard to Civil medical appointments, the following arrangements should be made:—

(I) *Medical Education.*—The medical colleges and the schools of medicine should be placed entirely under the control of the Director of Public Instruction and a Board of Medical Education.

(*a*) As regards the medical colleges, the appointments of Professors, Assistant Professors, and Demonstrators should be in the hands of the Director and the Board, and these should be filled by recruitment from amongst qualified persons, by advertisement in Great Britain and India. Their term of office should be 10 years, with the privilege of renewal of same. No private practice is to be allowed except in the case of the Professors of Medicine, Surgery, Midwifery, and of the special subjects of Ophthalmology, Dentistry, Otology, etc.

The professors should draw a fixed salary, varying from Rs. 1,000 to 1,500 per month, determined according to qualification of the candidates and the subjects of professorship.

The pay of Assistant Professors should be from Rs. 500 to 1,000, and that of Demonstrators from Rs. 200 to 350.

Nothing should prevent a member of the teaching staff belonging to the grade of Assistant Professor or Demonstrator from being appointed Professor, fitness of candidates being in all cases judged by original work.

A principal should be appointed on Rs. 1,500 to 2,000, for renewable terms of 10 years each.

(*b*) As regards the schools of medicine, the Lecturers, Assistant Lecturers, and Demonstrators should be recruited by advertisement for terms of 10 years, the same being renewable.

The pay of Lecturers should be from Rs. 250 to 500 per month, and that of Assistant Lecturers and Demonstrators Rs. 250 to 250, private practice being not allowed.

The Superintendents of schools should be members of the teaching staff, and should be entitled to an additional allowance.

(II) *Sanitation.*—The Sanitary Commissioner should be the official head of this Department, and should form a Provident Board of Sanitation with two experts as members.

The Sanitary Commissioner, the Deputy Sanitary Commissioners, and the District Sanitary officers and Health officers of municipalities should be recruited by advertisement from amongst men with special qualifications.

The Sanitary Commissioner should be entitled to a pay of Rs. 1,500 to 2,000, and the Deputy Sanitary Commissioners to Rs. 750 to 1,000. The pay scale of the District officers and Health officers, who are to be appointed by the local bodies, should be fixed at Rs. 150 to 500. The term of service should in all cases be 15 years, being capable of extension.

(III) *Scientific Research in any Department.*—The officers should be recruited by advertisement, by the Department concerned, their scientific attainments being judged by original contribution. The scale of pay should be Rs. 750 to 1,500, appointments being made for renewable periods of 10 years each.

(IV) *Medical Relief.*—The District Civil Surgeons, the Junior District officers, and Sub-divisional Medical officers should all be recruited by advertisement by local bodies from amongst qualified independent practitioners. Their tenure of office should be 10 years, and should be renewable.

The pay of the District Civil Surgeons should be Rs. 500 to 1,000, and that of the other two grades Rs. 150 to 400, private practice being allowed.

The Junior District officers and Sub-divisional Medical officers should be eligible for District Civil Surgeoncies.

While recruitment of officers in this Department should be left in the hands of local bodies, the work of inspection and direction should be carried on by a director of medical administration, who should form a provincial board with two additional members.

The director of medical administration should be a non-Indian Medical Service man, and should be appointed for 10 years on a salary of Rs. 1,500 to 2,000, the term of office being renewable.

The Professors and Assistant Professors and Lecturers should be in charge of the hospitals attached to medical colleges and schools. As regards other Government hospitals in presidency towns, the Medical officers should be recruited by advertisement by the Board of Medical Administration on Rs. 1,000 to 1,500, the appointments being for 10 years.

(V) *Jails.*—District and Sub-divisional Medical officers should be in charge of local jails, for an extra allowance.

Superintendents of central jails should be recruited by advertisement, on Rs. 500 to 1,000 per month, the appointments being made for 10 years.

The Inspector-General of Jails should be appointed for 10 years on Rs. 1,500 to 2,000 per month.

NOTE.—All the officers in the various Departments enumerated above should be entitled to pension after 10 years' good service.

DR. NILRATAN SIRCAR called and examined.

57545. (*Chairman.*) The witness was an M.A. and M.D. of the Calcutta University, and a private practitioner in that city. He received his medical education in Calcutta, and had never been to England. He had not been in Government service, but was in the service of the Mayo Hospital for two years.

57546. He did not understand how the officers of the Indian Medical Service in Civil employ could form a war reserve, considering that the Civil Departments, colleges, schools, hospitals, and research laboratories, had been started and maintained by Government for the benefit of the public. He could not conceive what would happen if all those officers were drawn away for military purposes. The Government could not mean that the

whole of the Civil branch of the Indian Medical Service, or even a considerable portion of them, should form a reserve. Of the officers who were serving in the Civil Department in Bengal only four had been recalled to military duty since 1879. In the report of the Welby Commission a witness quoted General Hadden as saying that the so-called war reserve was only on paper and not a reality. In face, however, of the evidence that had been given to the Commission with regard to a large number of officers having been recalled from Civil employ for the North-West Frontier campaign and for the China Expedition, he was prepared to modify to some extent the remark that the reserve was found in practice to be illusory.

57547. He adhered to his statement that specialists in the chairs of the medical colleges were rare, and that teaching and research work suffered on account of frequent changes in the personnel of the professors. During the last ten years he could recall only Major Prain, Major Alcock, Major McKay, Colonel Rogers, and Colonel Maynard as being specialists. The first four were in the scientific and the last one in the professional line. Taking the last 25 years, he would add Dr. Cunningham, Dr. King, Sir Havelock Charles, and Dr. Warder. Nine specialists in 25 years in a college with 13 chairs formed too small a number. Of the other professors many had undoubtedly done excellent work, and he did not wish to say that they were unqualified, but very few of them were specialists. Even Sir Pardey Lukis, for whom he had the highest regard, and who was one of the best professors the Medical College ever had, was not a specialist.

57548. In order to obtain officers of higher distinction, and with a more specialised training, appointments should be made from a wider field than the 63 officers from whom selections were now ordinarily made in Bengal. This would not have much effect upon recruitment, because officers of the Indian Medical Service would have as good chances as outsiders. If there were men like Colonel Rogers or Sir Havelock Charles or Dr. Prain in the Service there would be no difficulty in securing appointments for them. Some of the officers now filling the professorial chairs were undoubtedly distinguished, but they had attained to distinction since their appointment to their chairs.

57549. It might be possible to obtain qualified private practitioners for some of the chairs from amongst the medical men in Calcutta, but not for all of them. There were some medical men in Calcutta, Indians as well as Europeans, who possessed high British qualifications—as, for instance, the M.D. (Lond.) degree or the F.R.C.S. of England, Edinburgh, or Dublin. There were men in practice in Calcutta who were as good as those in the chairs, but they had no chance of obtaining the posts. There was an Assistant Surgeon, an Indian, an M.D. of Calcutta and F.R.C.S. (England), and M.R.C.P. (Lond.), who headed the list in the last examination, and yet he was only an Assistant Surgeon drawing about Rs. 225 a month. There were four men possessing the F.R.C.S. of Edinburgh, and some M.D.'s of Calcutta. There were many others who had not such high academic qualifications but who were very good men.

57550. He did not see why the scientific chairs should be confined to medical men. In Calcutta there was a very good man, a D.Sc. of the University of Edinburgh, who would make a good Professor of Zoology, and there were others who had done research work, and won distinction in Chemistry. An outsider might be appointed to the chair of Botany, as one had already been appointed to the chair of Physics. In Ceylon, where there was no Service barrier, good men were obtained from outside. Castellani was a very good bacteriologist, who did not belong to the Indian Medical Service. The Government of the United Provinces had obtained a chemist, Dr. Hankin, who was also outside the Indian Medical Service.

57551. His own scheme for the general medical administration of the country was to break down the present Indian Medical Service, and to obtain private practitioners on contract terms by advertisement in England and India for each post. He attached little importance to the argument of the war reserve against this. It had been recommended by high military authorities that the two Army Services should be amalgamated, and if that were done the question would not arise. If, however, the Indian Medical Service were retained as a separate Military Service, a war reserve could be got by compelling district medical officers to undergo a military training for one month every year throughout their service. Bengal required about 75 officers to staff both the large centres of population and the remote districts, and they could be obtained by advertisements in India and in England. District Engineers were appointed on somewhat similar terms and for limited periods, and there was never any want of men. The appointments would be renewable if satisfaction was given.

57552. All officers under his scheme should be entitled to a pension after ten years' good service, but if any difficulty existed on financial grounds he would not insist upon that, but would have the usual provident fund. He had taken the idea of the pension from the Calcutta Improvement Trust, where, after a short service, a small pension was granted in order to make the Service attractive.

57553. If private medical colleges were aided by Government it would remove to some extent the complaints of the private practitioners. Anything that would afford private practitioners an opportunity to attain to a higher standard would also appreciably advance the interests of medical science and the medical profession. It would also be a move in the right direction to introduce private practitioners into Government hospitals in an honorary capacity.

57554. A Registration Act was needed in Bengal in the interests of the medical profession, but although he was in favour of an Act he saw certain difficulties in the way of supporting the Bengal Medical Bill as it was.

57555. (*Sir Murray Hammick.*) He was not aware of the enormous difficulty district boards had in obtaining engineers on contract terms, and the very unsatisfactory material they got. On the other hand, he believed that the system was working well.

57556. It would be possible to enlist Superintendents for central jails for periods of 10 years, but the desirability was open to question. Medical men should have medical charge of jails only. Considering the nature of the work, it would not be expensive to bring out a medical man for the charge of a central jail on Rs. 500 to Rs. 1,000 a month, with a pension after 10 years. Some of the Bengal jails were very unhealthy, particularly those in Eastern Bengal, consumption being very much prevalent among their inmates. Therefore it was necessary to have an exceptionally good man in each central jail. The terms might be modified according to local conditions. In healthy stations medical men of high position might not be required. He would not subject jail officers to one month's military training a year. Only the district medical officer should serve with the Military Department.

57557. (*Sir Valentine Chirol.*) The chair of Physiology was at present held by a young man whose qualifications were not known. The chair of Clinical Medicine was recently conferred upon Major McKay, who had done some very good work in physiology, but had not been in touch with clinical medicine for over 10 years. It might be said that physiology was a very good training ground for clinical medicine, but a man who had given up clinical medicine 10 years was not equipped to be a professor of that subject. Another gentleman who had been appointed Professor of Materia Medica and Therapeutics had no special training in pharmacology, and further, had not been in contact with any teaching work during nearly the whole of his career. Captain Lloyd occupied two chairs, that of Zoology and Botany, although the University wanted that there should be separate professors for those scientific subjects. He did not say that those gentlemen were incompetent, but they were not specialists or in any way particularly qualified for the chairs.

57558. He felt quite certain specialists in scientific subjects would come from England on salaries from Rs. 1,000 to Rs. 1,500 per month for a term of ten years. In the Presidency College, and in some of the universities in Colombo, and Japan, men came out for about the same remuneration. There was also a great likelihood of obtaining good men for the professorial chairs, as they would have, in addition to their salary, private practice in medicine, midwifery, surgery, etc. An efficient scientist would find vast unexplored fields in India in which to work, and would always have an excellent chance of being re-appointed after his 10 years.

57559. He strongly repudiated the suggestion that his real object was to make it extremely rare for any Englishmen to be recruited to the Service. There were some very good men, Englishmen and other Europeans, outside the service (Dr. Bentley, the malaria specialist, for instance), serving as Health Officers, etc., for salaries of Rs. 1,200 to Rs. 1,500.

57560. (*Mr. Abdur Rahim.*) He did not want the field of recruitment to professorial chairs to be confined to the Indian Medical Service. By widening the field, and obtaining men not only from the Indian Medical Service, but from the independent profession in England and in India, there would obviously be a better chance of obtaining men who were specially qualified for the chairs. No harm would be done to the members of the Indian Medical Service because they would be equally eligible with others. On the other hand, competition would be encouraged and a greater number of men would qualify for professorships in the Indian Medical Service itself. The chances of the Indian Medical Service would be better than the chances of outsiders. Owing to the present monopoly there was not the same incentive to special work as there would be under the scheme he had put forward, in which merit would be the sole test.

57561. By the word "specialist" he meant a professor who had given his whole life to the study of one subject, irrespective of any other consideration, and who, in the case of a professional subject, practised only in that subject. Amongst the professors in the Medical College at present he could only mention one who, under this definition, was a specialist.

57562. If distinguished specialists could not be obtained in England or in India, assistant professors should be appointed, who in course of time would qualify themselves for certain chairs. There should be three grades; demonstrators, assistant professors, and professors. At present there were three assistant professors, one in chemistry, one in physiology, and one in pathology, but none of them had got a chance to be appointed as professor.

57563. It would be an appreciable boon to the medical profession to have aided medical colleges, but this alone would not remove all the complaints, particularly those about the professorial appointments. In the Indian Medical Service professors there was a want of identification with the interests of the students which was striking. All the world over the pride of a professor was to be succeeded in his chair by one of his own pupils, but in India it was otherwise. None of the Indian Medical Service professors of the Medical Colleges would care to see one of his own students following him in his chair.

57564. There were frequent changes amongst the professors from one chair to another, especially in the chairs of materia medica, chemistry, botany, zoology and hygiene.

57565. In speaking of frequent transfers and the qualifications of Professors, the University Commission of 1902 had said: "We do not think it necessary to review the rules, which the Government has laid down, to the effect that only members of the Indian Medical Service should be appointed to be professors in certain chairs at the medical colleges which it maintains. The complaint that a professor is sometimes moved from one chair to another appears to us to have some foundation, though such transfers have not been common in recent years. We think it clear that no one who has not devoted special attention to a particular branch of medical study and displayed a special knowledge of it should be appointed to lecture in it, and that the idea that a medical officer selected to lecture in a particular subject either permanently or temporarily, should have any claim owing to his position in the Service to be transferred to another professorship which may fall vacant should be definitely discarded."

57566. With regard to the training of students in midwifery and gynæcology, he understood that in the Eden hospital there were on an average about 1,000 midwifery cases every year. Deducting 40 per cent. of the cases as being European ladies, who would object to be examined by Indian students, there remained 600 cases for 100 students. The cases were divided into three groups, one for Military students, one for nurses, and one for Indian students. But in a hospital which was attached to an educational institution like the Medical College, which was a part of the University, the interests of the University students should be supreme, and all other interests should be subordinated to the interests of the education of those students; and if the 600 cases were untilised for the purpose of training the Indian students there would be no difficulty at all. Most of the gynæcological cases were outdoor patients. There were at present certain difficulties which, if removed, would improve the attendances. One difficulty was that the operations in the Eden hospital were generally held at a time when the out-patients came for treatment, and patients would not wait and left the hospital. With proper management there was no reason why there should not be a large number of gynæcological cases. If the Medical College authorities started an external maternity institution in connection with the Eden hospital they would be meeting a real want in Calcutta. There might have been a considerable diminution in gynæcological cases owing to the large number of students examining them, but that was merely a question of management. It would be cruelty to submit one patient to 10 students for examination, but at the same time patients were more or less reasonable, and were prepared to submit when proper arrangements were made. In Calcutta the difficulties in that matter would be less than elsewhere.

57567. There were Indian practitioners in Calcutta who had very large midwifery and gynæcological practice, and nearly all of them had received their training in Calcutta. Students in his time had very good opportunities. The society had also changed. When he commenced private practice very few practitioners had an opportunity of examining women patients, but the difficulties were now disappearing, and one practitioner who received his training in Calcutta, had built up a splendid practice in gynæcology. Women doctors had become almost unnecessary now in many quarters. The training in medicine, surgery and midwifery, obtained in the Calcutta Medical College, was very good, and there was no reason why students should be compelled to take additional training in England.

57568. (*Mr. Madge.*) The independent practitioner in India had reached a sufficiently high standard to supply both district medical officers and professors, but it was not his desire that the private practitioner should be exclusively appointed. In some cases the Indian Medical Service professors had been very satisfactory. The success of a professor was not to be measured by the number of his students only, but also by what he added to the stock of knowledge of the profession. In Germany, it had been said by Professor Flexner "that medical education lags behind medical research," and that was the ideal which he himself had in mind. He was prepared to admit that some of the men now acting as professors were very competent.

57569. The control of the medical colleges should be transferred from the Inspector-General of Hospitals to the Director of Public Instruction acting with the help of a board of medical education. The Inspector-General of Civil Hospitals for

the time being should not be regarded as the highest authority on education. He had so many other things to do that it was impossible for him to devote much time to educational subjects. For education the Director of Public Instruction would be the best man, and in the professorial and scientific part of the work the board would help him. Further, there is the question of patronage in the matter of appointments and a board would be in a much better position than an individual officer. Authority was now vested in the Inspector-General of Civil Hospitals. His decision might be set aside by the Secretariat, but that was not a convenient arrangement.

57570. Military experience was not necessary for a professor, but men in district appointments might receive military training for a certain period each year, if the Indian Medical Service was retained as a military service. There might be an initial period of six months or a year, but one month per annum would be quite sufficient.

57571. Private practitioners would be quite capable of dealing with the administrative duties now performed by civil surgeons, and there would be no difficulty in obtaining men to do this work.

57572. (*Mr. Fisher.*) Indian students trained in Indian colleges, who had afterwards gone to England, considered that they had benefited very much by their visit. A good student would be very much improved by going over to England for further training and the improvement in the average student would be appreciable, if not very great. Students would have a good practical training in the British hospitals.

57573. He attached supreme importance to research qualifications, but a general capacity for teaching was also necessary. The three things necessary in a professor of a professorial subject were good teaching, treating, and research, and a man had to be good in all three. A man who was good in respect of treating and teaching might be a competent and effective professor, even if he was not an expert in research, but that was only in certain cases. The number of papers published by a professor on the subject of his chair was a most important test, but not the only one. He desired that medical students should have the opportunity of being trained under some of the highest minds.

57574. He was acquainted with the scientific memoirs of officers of the Medical and Sanitary Department, which was a collection not entirely written by the officers of the Indian Medical Service. The "Indian Medical Gazette" was also contributed to by outsiders. Under present circumstances independent practitioners were under a great disadvantage in connection with their contributions, as they had no hospitals and no laboratories in which to conduct research. The chief contributors to the scientific memoirs were men connected with the Indian Research Society and the laboratories and the bacteriological departments, and as these were staffed by Indian Medical Service men, naturally the bulk of the contributions came from them. But there were men outside the Service who were doing very good research work.

57575. (*Mr. Sly.*) He was well acquainted with the private medical schools and colleges of Calcutta and was connected with Belgatchia School as a member of the staff. Unfortunately, those colleges had no resources to permit of really satisfactory work being done. The standard of the college department was practically the same as the standard of the medical college, but on account of want of equipment there was considerable difficulty in attaining to it. In the five classes of the college department there were about sixty students.

57576. He was strongly of opinion that the students passing out of the private medical colleges should have the privilege of registration, although their standard was substantially below that of the Government medical colleges. Amongst the Bengal practitioners there were about forty-five with English qualifications, and three had had specialised training in London, one in physiology, one in diseases of the throat and larynx, and one in ophthalmology.

57577. He had not criticised Sir Pardey Lukis for holding the chair of medicine. He was the best professor of medicine he had ever come across and his academic qualifications were very high. What he had said was that Sir Pardey Lukis was not a specialist, but he had never said that the chair of medicine should be held by a specialist. It was certainly not essential that the holder of a chair of medicine should be a specialist.

57578. In the M.R.C.P. examination there was no order of merit. He had based his statement that an Indian gentleman, who had the M.R.C.P. degree, headed the list, on the belief that Sir Thomas Barlow had congratulated the gentleman in question verbally on having achieved that position.

57579. He desired the whole of the medical relief of districts to be handed over to local bodies, and that the Government service should cease. The local bodies should have entire control and should appoint their own medical staff. A scheme like that would advance medical relief in districts. Officers would be obtained by advertisement in India and in England, and he believed a good number of Englishmen would come to India at Rs.500 to Rs.1,000 with the possibility of private practice. If the income from private practice, plus salary, amounted to Rs. 1,000, very good men would be obtained.

57580. (*Sir Theodore Morison.*) A professorial specialist should confine himself to the treatment of cases in the branch of medicine in which he had post-graduated, and nobody but a specialist in that sense should be appointed to a professorial chair. Amongst the practitioners in Calcutta, official or independent, there was only one man who possessed that qualification.

57581. (*Lord Ronaldshay.*) The basis of his conclusion that qualified English medical men would come to India on the terms suggested was that, when the service of a health officer was required, a man could be obtained from England on a somewhat similar pay. There was Dr. Bentley, Alien Malaria Specialist, who was serving on a similar pay. Also on occasions of outbreak of plague there was no dearth of medical men from England. In Colombo there was a medical man of very high repute, who accepted service under such conditions as were proposed in the written statement.

57582. (*Lieutenant-Colonel W. J. Buchanan.*) The Royal Army Medical Corps had larger resources than were needed in peace time, and could come to the rescue of the Indian Army, if it wanted additional officers, in time of war. The amalgamation of the Royal Army Medical Corps and the Indian Medical Service would obviate any difficulty, and result in an enlarged Army Medical Corps.

57583. An Indian student, who owed his training to Sir Havelock Charles, had now succeeded him in the Chair of Anatomy, but that was an exception.

57584. Flexner's book on the advantages of research as a qualification for teaching appointments was based on the custom in Germany. A large number of points contained in that work were not insisted on in many of the public hospitals in London, though they were in some. He was prepared to admit that there were cases where most eminent research scholars had been absolutely hopeless lecturers and teachers. But that was not the rule.

57585. He would insist upon the same experience in research and teaching capacity for appointments to non-Government schools in Calcutta. If a man had no teaching experience he might commence as a demonstrator. In the school to which he was attached there was quite a number of young men teaching subjects as assistants, and they would gradually rise to the top. That was also the case in all colleges in the world, except the official Indian Medical College.

(The witness withdrew.)

Dr. Adrian Caddy, M.D., F.R.C.S., Calcutta.

Written Statement relating to the Medical Services.

57586. **(I) Method of Recruitment.**—While there is no fault to be found with the actual examination, it would be better if there were a joint examination for the Naval Medical Service, Indian Medical, Royal Army Medical Corps, and Colonial Services. This would give a greater variety of choice to intending candidates. The examination should be held at definite dates, not as at present, as candidates never know from month to month when an examination is impending. A joint examination is held by the Civil Services Commissioners for the various Civil Services.

A man holding superior qualifications such as the Fellowship of any of the Royal Colleges of Surgeons in Great Britain, or being a Doctor of Medicine of any University is handicapped in this examination by being older than the average candidate and so losing seniority when he joins the Service. This difficulty could be avoided by antedating the commissions of candidates holding the F.R.C.S. or M.D. degrees by a few months (say six months) or by letting them serve fewer years for pension. At present there is no incentive for a clever man to stay at his hospital as a house-surgeon or a house physician to continue learning his work and obtain an advanced degree, such as F.R.C.S., and then join the Indian Medical Service. In fact, it is a disadvantage to him if he does so, as by delaying in joining the Service he loses his seniority and possibly increased pension in future.

The present method of seconding newly joined Indian Medical Service men for one year when they have succeeded in obtaining a house surgeoncy at certain general hospitals is good, but too few can avail themselves of it.

57587. **(II) Systems of Training and Probation.**—The system of sending newly joined men at once to regimental employ is bad. The Indian Medical Service is primarily a Military Service; a man new to the country does not know the language or anything of Indian conditions, yet he may be put in medical charge of a regiment and forthwith ordered on service. Professionally he learns little in the regiment; in other words he rusts at the most receptive period of his life. It would be better if he were sent for one or two years as a house surgeon or resident medical officer to one of the various large hospitals in India. There he would learn the language and learn Indian conditions. He would release from their duties the various resident surgeons and physicians (so called) at these hospitals who could do more useful duty elsewhere. These men are senior Captains doing what is largely house surgeon's work.

At most large hospitals in India there is a visiting staff in addition, so it should not be necessary to have resident surgeons but have a system of house surgeons similar to what is customary at home. A young man after two years' resident appointment in India could then be sent to a regiment. He would be more mature, would know the language and would be much more useful in war time.

57588. **(IV) Conditions of Salary.**—Pay in the Indian Medical Service is ample, and although no doubt private practice is much less, still life is much more bearable, leave home more frequent, holidays to the hills more possible. Life is altogether easier and makes up for the lower reward.

57589. **(V) Conditions of Leave.**—The leave rules, in my opinion, should be revised. They were instituted in the days of sailing ships and conditions have changed immensely. With modern steamship facilities long periods of leave for 1½ years, two years, or 2½ years are unjustifiable. It is bad for the service, the man getting rusty and out of touch with it.

One may say there are no conditions of health which should require such long leave. The maximum period of home leave should be one year and inextensible except for illness. Every man should be compelled to take leave home once in four years for at least six or eight months, and not allowed to accumulate his leave. No man should get any leave to the hills or for sporting purposes which would interfere with his home leave.

Special study leave should be abolished; if a man studied at home and produced Certificates of Study he should get three-quarter pay; if he obtained an additional degree or diploma, such as D.P.H. or F.R.C.S., he should get full pay for the study period. Study never did a man on furlough any harm, and is obviously better than idleness and dissipation in the large cities at home.

The Indian Medical Service is entitled to plenty of leave; the difficulty being that officers on furlough go on half-pay. To the wealthy man this does not matter, but the poor man, who probably may want leave more urgently owing to the struggle for existence being more severe, cannot afford to take it owing to steamer fares being expensive; therefore he accumulates leave and then goes for a long period, which may mean 2 or 2½ years. For months before he goes he is an inefficient servant

57590. **(VII) Such limitation as may exist in the employment of non-Europeans.**—There is no objection to Indians entering the Indian Medical Service, but after three or four years in Military employ they should be transferred into the Civil Branch, and no senior Indians should hold any appointments on the Military side. Indian doctors generally come from non-fighting races, and hence would be generally unsuccessful in Senior Military employ. Indian Medical Service men are not so good professionally as Europeans, because they get fewer opportunities of learning than Europeans. There are no House Surgeoncies available for Indians in England, and there are very few available in India.

Without a House-Surgeonship in England it is very hard for a man to learn and see enough to obtain F.R.C.S. or M.D. degree. Give them similar facilities and their professional work is good, as is seen in Ceylon.

57591. **(VI) Conditions of Pension.**—Pensions in the Indian Medical Service are liberal. After 17 years a man can take his first pension, and after that it increases practically yearly, and he can retire when he likes. So he can retire at the earliest from 38 to 45 years of age. That so few men do so shows that the Service is popular, as at that age, with his pension, a man could set up in practice at home easily.

Pensions vary from £400 to £700 a year for from 20 to 30 years' service. Very few men at home can retire after 20 or 30 years' work, or will have saved any equivalent sum.

57592. **(III) Conditions of Service.**—It is a great blemish that first class Civil Surgeoncies and professional appointments are not always given to men holding superior degrees such as F.R.C.S. or M.D. Practically all hospitals at home of any size insist on these additional qualifications as a minimum, as their absence argues either lack of zeal or lack of ability.

As these degrees are not considered necessary for the higher appointments, there is no incentive for a senior man in the Service to keep himself up to date. With the leave available there should be no difficulty for men to obtain these extra qualifications at some period of their service.

I am not in favour of the wholesale opening of professional appointments to non-service men whether European or Indian. I give below a table showing the numbers of men practising in India who are on the British Medical Register.

Indian Medical Service	778
Royal Army Medical Corps	325
Total Service men	1,103
Non-Service European men	241
European women	128
Indians	220
Total non-Service men and women ...	589

If suitably qualified non-Service men were available, one or two hospital appointments might

perhaps be occasionally given in the Presidency cities and in this matter Europeans and Indians should be treated equally.

It should be understood that good non-Service men will not come forward for hospital appointments unless a reasonable salary be given. Indian hospitals and medical schools have not the prestige or the means of getting practice for their visiting staffs like hospitals in Great Britain. An honorary visiting staff is not likely to attract the best men. Taking Calcutta as an example, although there are many doctors, there are only three Europeans holding the qualifications of M.D. or F.R.C.S. among non-Service men, and there are about the same number among the Indians.

It would be unreasonable to give hospital appointments unless there were 20 or 30 men with superior qualifications to choose from.

In new countries the first professional appointments were given to men with home qualifications, as in Australia and in Cape Colony. For the present this should be done in India.

The standard of qualification in India is much lower than in England.

For scientifice appointments, such as the Ceneral Research Institute at Kasauli, the proposed Tropical School at Calcutta, the Bacteriological Laboratory at Parel, professors should always be recruited from home and paid similarly to High Court Judges with similar periods of service.

In the Indian Medical Service the conditions of service do not tend to make scientists, as at the most receptive period of their lives when men should be working under scientific leaders, Indian Medical Service men are doing routine work in regiments or holding junior Civil Surgeoncies. Research men cannot take up research late in life and hope to compare with home-trained men who have been worked at their speciality from the date of their qualification.

Although good work has been done and is being done, much better work could be done if there were three or four men of the standing of Fellows of the Royal Society in charge of the scientific institutes in India, practising research work.

Practically speaking, specialists do not exist in India. All men are in general practice except a few Sanitary Commissioners and men doing Pathological and Bacteriological work. The various men holding professorial appointments do not specialise, but do general practice. They are appointed late in life to these appointments, and do not hold them for more than a few years. Never long enough to develop a real knowledge of the speciality that they lecture in. In addition there is not enough private practice in any one branch to enable a man to specialise.

The Indian Medical Service is a powerful Service, and this tends to the development of vested interests, and also tends to abuses. There are numerous appointments in India, semi-Government in nature, which are always held by the Indian Medical Service and are never advertised in the Press, such as Medical Officerships of the various Port Trusts, Post and Telegraph Departments, the Pilotage Services, State Railways, and some hospitals. As these appointments are generally in the large cities, there is no reason why they should not be advertised in the Press and the best men appointed, whether Service or non-Service.

If the element of competition were introduced work would be much better done. At present the appointments are allotted to the various Civil Surgeons in the large cities, and work is often done in a perfunctory manner.

A powerful service tends to increasing the size and magnificence of the hospitals in the large cities, principally at the expense of the district dispensaries.

In 1911 I see from the Report of the Inspector-General of Civil Hospitals of Bengal, there were 1,824 beds available in the Calcutta General Hospitals; 25,890 in-patients were treated, 301,250 out-patients were attended.

In 1911 at the London Hospital, London, there were 922 beds; 16,884 in-patients and 233,555 out-patients received treatment. If Calcutta hospitals worked at the same pressure as the London Hospital they should treat 7,000 more in-patients and 160,000 out-patients in proportion to beds.

The Calcutta Hospital mortality in that year was 12.47 per cent., but the Presidency General Hospital mortality was only 5.11 per cent., showing that a large number of slight cases were admitted probably not really requiring in-patient treatment.

The Indian Medical Service have to attend free Government servants who are drawing a larger salary than Rs. 250 per month, visiting them when necessary at their homes or attending to them at their (the doctor's) consulting rooms. It is obvious that the sooner these patients can be removed from their homes to hospital the Civil Surgeon's work either ceases or is very much reduced.

Hence in all large cities have arisen paying wards in hospitals, such as Woodburn Ward, attached to the Presidency General Hospital, Calcutta, which have been constructed partly by voluntary contributions and partly at Government expense.

Quoting the example of the Woodburn Ward again, this is more in the nature of a private Nursing Home than a General Hospital, as it consists of 24 private rooms. It was constructed by the contributions of the Calcutta Mercantile community, assisted by a Government Grant, and is maintained partly by the contributions of the patients who have to pay a daily charge, by voluntary contributions, and the balance by Government Grant. Any European can go into this ward, no questions are asked. He may have a salary of Rs. 1,000 per month or more, yet there is no investigation as to his circumstances.

Although a patient pays something, still he is in receipt of charitable relief. The doctor attends him at Government expense, and the nursing and the general cost of the building is paid for by voluntary contributions and by Government.

The Government originally covenanted to give medical attendance to all Government servants, but did not covenant to give them nursing and hospital attendance in addition.

In these various paying wards in India a patient is not allowed to have his private practitioner to attend him, as is done in St. Thomas' Home, London.

It seems to me that this is an unfair competition by the Government with private Nursing Homes in India. Service patients, who could well afford Nursing Home fees, are sent to hospitals so as to avoid further attendance by their Service doctors. It is also an unfair competition for non-Service doctors in practice that there should be such facilities supplied by the Government to enable wealthy persons to use these hospitals. It frequently happens here in the hot weather in Calcutta that European assistants in firms drawing small salaries and recently out from home are unable to obtain hospital accommodation when ill owing to beds being occupied by wealthy patients.

In connection with the hospital appointments in India there are several appointments held by Service men in which the conditions of appointments are unsatisfactory, both to the general public and to the medical profession.

In England one may say that there is a universal rule if a doctor holds a whole-time resident appointment of any nature at a hospital, whether in a directing capacity or in a junior grade, he is never allowed to do any private practice, either of a consulting nature or general practice. The reason being that if he is responsible for the admission of patients to hospital, and he is allowed to do private practice, sooner or later his private patients will desire admission to the hospital that he is in charge of, and it would be against human nature if they did not get undue advantages.

In fact, the charitable hospital would tend to become the medical man's private Nursing Home, and many wealthy persons, unsuitable for charitable relief, would gain admission.

This has happened in several Institutions in India, such as the Presidency General Hospital and Medical College Hospital, Calcutta. Surgeons in charge of these Institutions have to do with the admission and discharge of patients, and are allowed private practice.

This practice is termed "consulting" practice, but it should be understood that this is not the same as consulting practice in England.

At Home a medical man in consulting practice deals with one speciality only, such as medicine, surgery, eye, or other work, and nothing else. Patients will be brought to him by other doctors or come by themselves and he attends them as often as necessary at his house or in a Nursing Home.

"Consulting" practice in India is not limited to any one speciality. It is "general practice," but the doctor is usually not allowed to go outside his house to see patients except in consultation with another medical man. Patients can attend him at his house without let or hindrance, and he can, and does, give advice on any branch of medicine or surgery.

Consequently what happens daily in the large cities is that a man consults the Surgeon Superintendents of these Hospitals at their houses, pays them fees, and then goes into hospital either into the free or paying wards, as he pleases, and on his recovery is at liberty to continue his visits to the Superintendents; in other words, the hospital and its paying wards become practically the private Nursing Homes of the Superintendents.

In parenthesis I may mention that the Presidency General Hospital, Calcutta, an Institution with 235 beds, in 1911 only treated 2,400 out-patients in the out-patient department.

As I have mentioned before, in India several of the large hospitals have paying wards attached to them under the control of these Superintendents. Patients cannot have their own doctor to attend them, as is done in St. Thomas' Home in London for instance. (St. Thomas' Home is a paying ward attached to St. Thomas' Hospital.)

Likewise there is no incentive for the Superintendents to bring in regulations to prevent wealthy persons from using hospitals, such as introducing a salary limit for the patients. In fact, the more wealthy the community that goes to the hospital the better it is for the private practice of the Medical Officer in charge.

I submit that this is unfair to the poorer public, whose necessity for hospital treatment is much greater than it is for the wealthy men. It is also an unfair competition for the medical profession.

It should be understood that persons in paying wards in these hospitals are still in receipt of charitable relief, as these wards are assisted by substantial Grants from the Government, in addition to the voluntary contributions.

57593. **(IX) Other points.**—It is a question whether abolition of the Regimental Hospital system and the substitution of the Station Hospital system would not tend to greater professional efficiency and zeal as has been the case in England with the Royal Army Medical Corps.

It is doubtful whether the universal system of free medical attendance for Government officers tends to efficiency. The element of competition is lacking.

"Contract" practice is very common among non-Service doctors; by "Contract" practice I mean where firms or individuals pay an annual retaining fee for medical attendance.

Efficiency is secured by the knowledge that the holder will lose the appointment if he does not work hard. "Contract" practice only exists, of course, in India among better class patients, being thus entirely different from "Contract" practice in England.

A Civil Surgeon has no fear of losing his appointment, and as a consequence a certain proportion of a non-Service man's practice is earned from dissatisfied Government officers.

A system which gave a doctor a small salary and allowed him to submit a bill to Government at definite intervals, the fees being based on the actual work done to Government servants would tend to much greater professional keenness. I believe that the National Insurance Act in England works on this basis in some parts of the country.

I see no reason now in India why the families of military men should be entitled to free medical attendance, a privilege which is not allowed to men in Civil employ.

Finally, I may say I am not in favour of any abolition of the Indian Medical Service or reduction in its numbers.

At present in India there is no Medical Act in force as in Great Britain, and the thing which keeps up the honour and prestige of the profession is strong *esprit de corps* which exists in the Service. This spirit in the Service is an excellent one, but is carried to extremes at times. I have but to quote the underwritten law of the Service in which a Service man will refuse to call in a non-Service man in consultation over his cases although being usually quite agreeable to be called in himself by the non-Service man.

One is against any further increase in strength in the Indian Medical Service as non-Service men should be able to fulfil all future requirements.

DR. ADRIAN CADDY called and examined.

57594. (*Chairman.*) Witness was a private practitioner in Calcutta, and had practised in that city for about ten years. He was an M.D. of London University, F.R.C.S. (Eng.), and D.P.H., conjoint board. He had never been in Government service. There were only about half-a-dozen Europeans altogether in private practice in Calcutta, three of whom held the qualifications of M.D. and F.R.C.S. There were no other Europeans with such degrees in other stations in Bengal. In the written statement he had slightly under-estimated the Indian private pratitioners. There were eight or nine who held the qualification of M.D. and F.R.C.S. There was only one F.R.C.S. (Eng.) in Calcutta, the others being either Irish or Edinburgh. There were no men holding M.D. (Lond.).

57595. He objected to the system by which newly joined members of the Indian Medical Service spent their early years in regimental employ. A man who had just qualified came to India, and was immediately sent to the Army, and practically speaking he ceased professional work for the time he was with the regiment. His actual medical work only occupied an hour or two a day at the most receptive period of his life. When a man joined the service he should be sent as House Surgeon or physician to some of the large hospitals in Calcutta, Bombay or Madras, for one or two years to learn the language, and to obtain medical experience under the leaders of the profession in India. At the end of that period he would return to his regiment a much more efficient officer. There could be no military objection to this. From the professional point of view a young officer should get his facilities for study at the beginning of his military service. A man worked very much better from the age of 22—24 than he did from 28—30.

57596. He recognised the necessity of a military reserve, and approved the present system of providing for it in its main principles. Indeed, but for that necessity, there would be no reason for having a civil side to the Indian Medical Service. The only value of military training to a civil officer was the experience it gave of administrative work.

57597. If the station hospital system was introduced a man might get almost as good a training as he would in a civil hospital, but in the latter he would obtain experience of female patients as well as male.

57598. Private practice on the part of the Indian Medical Service officer was probably not quite so good as formerly, but there was not more than a slight falling off, speaking of Calcutta as distinguished from Bengal. He would not agree with the statement that it had fallen off quite 60 per cent. The senior officers in Calcutta appeared to achieve a competence almost as fast as they did in the old days. That the present pay of the Service

was ample was proved by the fact that men still joined the Service, and that, when they had earned their pension after seventeen or eighteen years, they did not retire. An officer who had spent seventeen years in India could easily retire with his pension and his savings and purchase a practice in England, but men did not do that; they stayed as long as possible and earned their full pension. There were only three private practitioners in Calcutta who made a large income, and it would be rather difficult in such circumstances to say what that income was.

57599. He saw no objection to private practitioners being occasionally put on the staff of the Government hospitals, provided they were competent to undertake the work, but until Calcutta had twenty or thirty men holding the degree of M.D. or F.R.C.S., there would not be sufficient candidates to develop any such system. Occasionally a private practitioner might be appointed. A first-class European would not undertake any professional work in a Calcutta Hospital unless he was offered a salary. He himself was on the staff of an Indian hospital in the town, and received a salary of Rs. 250 a month for attending about an hour every day. If a private practitioner was attached to a Government hospital it would be necessary for him to give up at least two hours a day for five days a week, and a salary of Rs. 400 or Rs. 500 a month would have to be offered to induce him to do the work. In England the visiting staff attended hospital more than twice a week. At St. George's, where he was Sir William Bennett's House Surgeon, Sir William used to come every day. In the larger hospitals in London the physician or surgeon came from one to three in the afternoon, four or five days a week. At the Royal Free Hospital, Dr. Samuel West attended twice a week, but he was also on the staff of St. Bartholomew's and his assistant physician attended the hospital on the other days. A man could not do justice to his patients by only attending twice a week. If a surgeon operated twice a week he had to see his patients one or two days before operating upon them.

57600. If opportunities were offered to qualified Indians they would require some small salary, but considerably smaller than the salary of a European. There was not the same prestige attaching to hospital appointments in India as to appointments in England. Also there was a much greater loyalty on the part of medical students in England to their old hospital. A man would always send cases to the staff of his own hospital, and to fellow-students, with whom he had grown up. In India men did not grow up as fellow-students and there was not the same feeling of loyalty.

57601. If private practitioners were introduced into hospitals there was sure to be some friction at first. Private practitioners were interlopers, taking the bread out of the mouths of men in the Service, who would put every obstacle in the way at first, but he did not see why things should not quiet down in the course of a year or so. Exactly the same thing happened thirty years ago when his brother's partner came out as a private practitioner; all sorts of obstacles were put in his way. But in the course of time everything had become smoothed out, and now the private practitioners were very good friends with the Service.

57602. Arrangements could be made by which the private practitioner could do good work and enjoy the necessary independence without insuperable difficulty. He should not be subordinate to the hospital staff but equal with it. If an appointment was given in the Calcutta Medical College the private practitioner should be under the Principal in regard to discipline, but should be equal with regard to the staff. No European would accept any subordinate position. He would call upon the hospital staff for his assistants.

57603. He had been over one of the private medical schools at Belgachia. The hospital had about a hundred beds and 12,000 patients a year. An attempt was being made to teach five or six hundred students by means of the 12,000 patients, when at the outside it was only possible to deal with fifty or sixty students. In the Medical College there were four or five hundred students with 60,000 patients, and the work could be done just comfortably. From the point of view of the advance of medical science he would be glad to see the outside colleges receiving assistance from Government, provided their students went up for Government examinations. He was not in favour of starting any colleges of physicians and surgeons in India which had a lesser standard of qualification than the Government one, and that should be made a substantive condition in any financial assistance given. There was a vast number of different qualifications in India, and any multiplication of them would only lead to more confusion.

57604. If private colleges were brought into conformity with Government colleges, there would be, in the course of time, a substantial advance in medical science, as it would give the colleges the opportunity they were asking for of showing their metal and making a career on lines of equality with Government colleges.

57605. An opportunity should be given to outside practitioners along with the members of the Indian Medical Service to occupy professional chairs, but he had not yet seen any men outside the service who were competent to take such chairs. For instance, apart from any men in the Service, there were no biologists or physiologists up to the standard required. No opportunity had been given for such men to come forward as vacancies were not advertised in the public press.

57606. From the point of view of medical science he regarded financial assistance to outside colleges and opportunities to the outside faculty to gain experience in the Government Colleges as of the first importance.

57607. Study leave was being given to the Service as extra leave above furlough. At present a man was entitled to two months' furlough and one month's privilege leave, and sooner or later he got that leave though not always when he asked for it. A quarter of every year was ample enough for any man. The combination of study leave and ordinary leave took the officer away from duty for much too long a period. A year was quite sufficient for any officer; anything above that was detrimental to the Service. In the commercial community in Calcutta, men went to England for six or eight months after four years' service, and Bank employés were given a year's leave after five years' service. He did not agree that if a man worked hard at study leave for a year, he required at least six months more to recuperate.

57608. He approved of a Registration Act in Bengal, but did not think the present Registration Bill was severe enough, as registration was not compulsory under it, and an unregistered man suffered no particular disability.

57609 (*Lord Ronaldshay*) He did not see that appointing outside men to such post as the Central Research Institute, etc., would have any bad effect upon recruitment to the Indian Medical Service. The Royal Army Medical Corps had no professorial appointments, no large hospitals, and yet they were attracting more men than the Indian Medical Service. One suggestion was that for three or four appointments, such as the School of Tropical Medicine, the Central Research Institute, the Laboratory at Parel, etc., men should be specially obtained from England who had done research work. The effect of obtaining men like that would have a very stimulating influence on scientific work in the Service. That would not prevent an ambitious young man from entering the Indian Medical Service as it was only a question of two or three appointments in the whole of India. A man who joined the Service did not look twenty years ahead, when he might be a fellow of the Royal Society.

57610. The conditions of the Service in India did not tend to make scientists. For the last fifty or sixty years there had been 700 or 800 medical

men working in India, and although they had done excellent work, yet most of the important scientific discoveries had been made by men not in the Service. Sir Patrick Manson, working in China on Filaria, started the malaria theory. Yellow fever was investigated at Havana. Castellani and Bruce worked on the Sleeping Sickness Committee in Uganda. In the past, Indian Medical Service men, when they went in for research work, had rather tended to leave the Service, as, for instance, Sir Ronald Ross and Sir Almroth Wright. He did not suggest that the Service had not sufficient brains to carry out research work, but their work lay in other directions, and they had not the time for scientific research. During the last half-dozen years the research work that had been done by the Indian Medical Service was extremely good, but previous to that it was not so well done as in other countries. The improvement was due firstly to the influence of the Royal Army Medical Corps. A good deal of the work in India in diminishing the mortality amongst troops was started by the Royal Army Medical Corps, and as time had gone on there had been greater devotion to pathological and bacteriorological work by the Indian Medical Service and that was all to the good. The carrying out of his suggestion would not check that tendency. Professors of Pathology would always be required, and there would be vacancies for seconds-in-command in various institutions.

57611 Fellows of the Royal Society would only come out if well paid. They would have to receive something similar to the pay of a High Court Judge, who came out for about ten years Rs. 4,000 a month. At that rate of pay Fellows of the Royal Society, men of matured experience, forty years of age, would be prepared to work in India for about ten years. Scientific work in England was generally well paid. The people who made the money were medical practitioners in large private practice. Physiologists, pathologists, and bacteriologists had all the glory, but not much pecuniary reward.

57612 A Station hospital system was a station with one hospital to which all soldiers who fell sick went. Instead of a doctor being attached to each regiment the doctor was attached to the station, so that there were three or four men, seniors and juniors, working together in the hospital. Under the regimental hospital system each regiment had its separate hospital, with twenty or thirty beds, and during the healthy time of the year the hospital was practically empty. If one doctor required the opinion of another he had to go two or three miles to get it, and also to obtain assistance.

57613 The station hospital system was to be found in Calcutta, and all the Royal Army Medical Corps men except the staff surgeon in the Fort were at the hospital. The Lieutenant-Colonel was in the position of a visiting physician to a hospital at home, and could direct and advise his juniors. That was not enforced in the Indian Medical Service at present, where a junior man was working entirely alone. In the Indian Medical Service the doctor had to take the Colonel's orders through the Adjutant, and when a man became a Lieutenant-Colonel, he still had to take his orders through a junior officer, and he did exactly the same work whether he was a Lieutenant or Lieutenant-Colonel.

57614. (*Sir Theodore Morison.*) The Civil Surgeoncies in Ceylon were very largely held by natives of Ceylon or Eurasians. In that Island there were more house surgeoncies available for the Singalese. There was a Ceylon Medical College, and many students went to England for training, and when they returned went into Government service, and there seemed no difficulty in the way of their getting into Civil Surgeoncies or hospital appointments in Colombo. There were several men in the Colombo general hospital who were not Europeans, but professionally were quite as good. It showed the great advantage of giving private practitioners greater facilities for early training after qualification.

57615. (*Mr. Chaubal.*) At present he did not think many men would be obtained for professorships in Government Medical Colleges by advertisement, but there was no objection to the system being tried, except on the ground of expense. Professors of Physiology or Anatomy would not come out to Calcutta from England much under a salary of Rs. 2,000 or Rs. 3,000 a month. Some chairs would not require to be paid so highly on account of the private practice attached to them. Those chairs which had no private practice would have to be compensated by higher salaries.

57616. At present he did not think any advertisement would produce men capable of undertaking the work of Professors in a Medical College, excepting possibly the Chairs of Medicine, Surgery, Midwifery, and Gynæcology, which gave scope for private practice.

57617. It might be possible for districts boards to obtain men by advertising posts, but the salary would have to be quite Rs. 800 a month with a right to private practice. Tea companies employed a number of private practitioners, who generally received a bungalow and about Rs. 800 a month. A little private practice brought his salary up to Rs. 1,000 a month. Thost salaries might induce a practitioner with European qualifications to take up appointments under district boards. In remote places, where there was not much private practice, higher salaries would have to be given, or the appointments given to more junior men. He did not see why that method of recruitment should affect the Indian Medical Service.

57618. (*Mr. Sly.*) He did not suggest that all the present Resident Surgeons and Physicians in the hospitals should be abolished, and that young Indian Medical Service officers should be posted for training in their place. But some of the appointments should be abolished and young Indian Medical Service men placed in the position of House Surgeons. The Resident Assistant Surgeon might, for instance, be done away with, and he saw no objection to replacing him by a newly joined Indian Medical Service officer. In India the visiting staffs of hospitals gave much more attention to their hospitals than the staffs at home, the members of which came down for only two or two and a half hours every day. Consequently there was not the same necessity in the hospitals for the appointment of Assistant Surgeons or Assistant Physicians. Owing to the extra work done by the seniors the Resident Surgeons and Physicians might be reduced in number and the appointments given to junior Indian Medical Service men.

57619. In comparing the Calcutta and London hospitals he was putting all the Calcutta hospitals against one hospital in London. Of course one hospital would be worked more economically than a number of hospitals. The point was that the Calcutta hospitals were not worked at anything like the same pressure as hospitals in London. Immediately any pressure came upon the wards of a hospital, whether in England or India, the chronic cases were sent away, but there were no infirmaries or homes for incurables in India for them to go to as in England.

57620. In saying that certain resident appointments in the hospitals in Calcutta carried private practice with them he was referring to the Surgeon Superintendentship in the General Hospital and the Principalship of the Medical College. They were allowed private practice, although they had to do with the admission of patients into hospitals. Both lived on the premises. The Surgeon Superintendent of the Presidency Hospital was not allowed to go outside his house and see a case, except in consultation with another doctor, but any patient could go to his house and see him, and the visitor need not be introduced by a medical man. Similarly with the Principal of the Medical College; anyone could see him at his house, and he could be called outside in consultation, but was not allowed to visit a case by himself.

57621. Officers of hospitals were prohibited from taking fees from patients in the paying wards whilst in the hospital, but there was nothing to prevent the patient consulting the Superintendent or the Principal of the Medical College first at their houses and paying them fees, and then going into the hospital, and continuing their visits to the Superintendent or Principal when they came out of the hospital, paying fees again. Undoubtedly paying wards interfered with both the private practitioner and the Indian Medical Service officer, but it was of some advantage to the Indian Medical Service to have paying wards. Immediately a man became seriously ill he could be sent into one of the hospitals' paying wards, and the Civil Surgeon's connection with him for the time being ceased. If a patient did not go into the hospital he had to have a nurse, or go to a nursing home, and the Civil Surgeon attended every day to see him. The hospitals therefore very materially diminished the free work of Civil Surgeons, though they lost a little by private patients going in as well.

57622. (*Mr. Fisher.*) He did not suggest that all the members of the Bacteriological Department should be recruited by open competition. The juniors should be members of the Indian Medical Service, but the man in charge should be an expert brought out from England. A man joining the Indian Medical Service was attached to a regiment and then made a Civil Surgeon, and had no time to learn bacteriological work. For seven or eight years of his life he was wasting his time when the expert was studying his speciality. If a man took up bacteriological work after thirty he could never become a first class man. Three or four first class bacteriologists would be sufficient for India, and they would have to be paid as much as High Court Judges. They would have to be men of 40 or 45, and they would not come out under Rs. 3,000 or Rs. 4,000 a month, and a pension after ten years. Bacteriologists in England enjoyed nothing like the private practice enjoyed by surgeons or physicians.

57623. Although the throwing open of professorial posts at present would not attract any outside ability it ought to be done as a matter of principal so as to give everybody a chance. He did not think there were any particular chairs more than others which might be taken out of the cadre of the Indian Medical Service. In practice it would be necessary to pay the physiologist, bacteriologist and botanist higher salaries to make up for the loss of private practice. It was impossible to establish a distinction between scientific chairs and chairs more intimately connected with practice.

57624. (*Mr. Madge.*) The handicap from which men suffered who went up for the higher degrees, when joining the Service, would not be removed by raising the age. The later a man joined the Service the less opportunity he had of completing his 30 years' service to get his £700 pension. Fellows of the Royal College of Surgeons and Doctors of Medicine were generally men of 26 or 27, and had to come into the Service as juniors to their own juniors in hospital, and the result was to shut out from the Service men of high qualifications. The only possible way to give a man some little advantage for his extra qualifications was to antedate his service by six months.

57625. On every occasion he himself had been home on leave he had been prepared to sit down for two or three months and work, and he could not say his constitution had suffered.

57626. The standard for a particular degree in India was lower than the standard in England. The universal qualification in India was the L.M.S., and this was generally compared by service men with the L.S.A. in England, which was about the lowest registrable qualification. Yet the L.M.S. required even a lower standard of knowledge than the L.S.A. There could be no comparison between the M.B. (Calcutta) and M.B. (Lond). The latter was greatly superior to the former. The Calcutta Port Trust, the Posts and Telegraphs Department, and the Pilot Service never advertised when they had a vacancy for a medical man. The appointments at the Mayo Hospital and the Shambu Nath Pundit hospital were always filled by Indian Medical Service men. The Port Trust and the Pilot Service medical appointment were held by Indian Medical Service men.

57627. A private practitioner was not allowed to attend his paying patient in the paying wards of a General Hospital. At St. Thomas' Hospital, in London, a patient could have any private practitioner from the staff of any London Hospital, but in the paying wards in India it was always the Civil Surgeon of the station who attended the patient.

57628. (*Mr. Abdur Rahim.*) The lack of specialists in India was due to their inability to obtain experience from private practice. There was not enough work in Surgery in Calcutta for one practitioner to practice surgery only, and therefore he had to resort to general practice. The same applied to physicians and gynæcologists, who were all men doing general practice. If men were appointed as Demonstrators or Assistant professors it would cost a good deal during the years before they became Professors. In England a man who became a specialist had to reckon that for 10 years he would make nothing. At present specialists did not exist in India. There might be good men for the teaching of Chemistry or Zoology, but they were not medical men. No doubt it would be possible to fill some scientific chairs with local men.

57629. There was a little private practice in attending on the families of planters, which might bring in a hundred or two hundred rupees a month. In a large district like Patna there should be considerable room for private practice, but he did not suppose the Indian Medical Service would be prepared to give Patna to outside practitioners. The whole question of private practice depended on the time a man could stay in a place. If he only stayed two or three years he could not establish a practice, but if he stayed ten years, even in the most unpromising place, there would be always some private practice to be had. Whatever falling off there had been in private practice in Calcutta had been of a very slight nature.

57630. (*Sir Valentine Chirol.*) The suggestion that post of Sanitary Commissioner should be advertised for in England and in India was not worth seriously considering, as a man from England appointed to that post would be a rank failure.

57631. The chief reason for private practitioners not being able to confine their work to one subject was not so much due to the fact that the general appreciation of Western medical science was very imperfect, as to the fact that the general population was so poor that they could not afford to pay for specialists. Apart from poverty the majority of the population would prefer to be treated by Western doctors.

57632. He was in favour of a Registration Act, but could not say that it was very urgent. Doctors had practised in India for the last 150 years, and none of them had committed any very serious offences, and they had done very well without medical registration up to the present. It was a sound thing to have an Act, but there was no urgent necessity for it. The object of a Medical Registration Act was to debar persons using titles, which were registrable, and so hoodwinking the public into imagining that they had been through a proper course of training. The opposition to the measure was due to the fact that the Indians did not know what was going to happen to the men who had diplomas and degrees from unofficial colleges. The men of the College of Physicians of Calcutta would not be able to go on the register, and quite possibly in a little while their qualifications would be useless to them. It was not desirable that their qualifications should be maintained, but it was hard luck on a man who had spent three or four years in an unofficial college to be suddenly told that he could not be registered.

57633. (*Sir Murray Hammick.*) It would be a mistake to increase the pay of the Medical Service, and absolutely prohibit private practice, as it was through private pratice a man learned his profession. It would make an officer very one-sided if he only had the experience of jail or hospital work. It was not advisable to limit the consulting practice of an officer to the subject in which he was a specialist.

57634. (*Lieutenant-Colonel W. J. Buchanan.*) He had met men in England on study leave, and could not say he had noticed that their health had seriously deteriorated through their work.

57635. The two appointments which private practitioners thought should be advertised in the public Press were those now occupied by Colonel Bird in the Port Trust and Colonel Maynard in the Pilot Service.

(The witness withdrew.)

CAPTAIN L. B. SCOTT, I.M.S., Civil Surgeon, Sylhet, Assam.

Written Statement relating to the Indian Medical Service in Assam.

57636. **(I) Methods of Recruitment.**—No requirements peculiar to Assam.

57637. **(II) System of Training and Probation.**—No requirements peculiar to Assam.

57638. **(III) Conditions of Service.**—The Civil Medical Department of Assam is extremely unpopular in the Indian Medical Service. Probably Assam is the most unpopular province in India. I believe, at the present moment, the Director-General, Indian Medical Service, can get no officer to accept an appointment in Assam, and for this reason some posts remain vacant. The reasons for this are as follows:—

(*a*) The Civil Surgeoncies in Assam are all "poor." That is, they carry very few extra emoluments in the way of allowances and private practice.

(*b*) The cost of living in Assam is very high. It is probably the most expensive province in India (excluding Burma).

(*c*) Assam contains no large towns, no university and no well-equipped hospitals or laboratories. Hence there are no professorships or other specialist appointments in which distinction can be gained and the opportunities for research and other advanced professional work are very restricted.

(*d*) The Indian Medical Service officers who now form the Assam cadre have most of them been unwillingly forced into their present position. They all belonged to the old provinces of Bengal or Eastern Bengal and Assam before the partition and repartition. When, in 1912, Assam was sud denly made a separate province they became stranded there, through no fault of their own, but simply because, being, most of them, junior officers, they happened to be stationed in the Assam districts of Eastern Bngal and Assam at the time of the repartition.

For these four reasons most of us feel that our careers are ruined. We know that however high our attainments and qualifications, we can never hope to get a lucrative appointment. Married officers cannot even hope to cover their necessary expenses and leave a sufficient margin to educate their children. Through no fault of our own we shall be compelled to stagnate in this small province for the rest of our service with no possible hope of advancement or distinction. We had every reason to confidently expect something better than this when we entered the Indian Medical Service.

Most of these disabilities are peculiar to the Indian Medical Service and medical services in Assam. The province is not an unpopular one among the other Government services.

The remedies are as follows:—

(i) A special Assam allowance should be given to the medical services even if it is not granted to the other public services. The jail and other special local allowances of Indian Medical Service officers should be increased. (These points are referred to again under the heading "Conditions of salary.")

(ii) Facilities should be granted for transfer to some other province after a certain period of service in Assam.

57639. **(IV) Conditions of Salary.**—These are most unsatisfactory for the following reasons:—

(*a*) Assam is probably the most expensive province in India next to Burma. The ordinary living expenses of a married man are from Rs. 100 to Rs. 150 more per month than in the cheaper parts of India. It is barely possible for an Indian Medical Service officer to support his family on his pay and the small amount of private practice and allowances which he can pick up.

(*b*) The present pay of the Indian Medical Service was never intended to be a "whole-time" living wage. It was fixed at a time when it could be doubled or trebled by the extra income available from private practice. It was fully expected by those who fixed it that an officer would largely supplement it by private income, and would be permitted to occupy a considerable portion of his time in private practice. It was, in fact, intended to be a "part-time" salary. In a province like Assam the supplementary income has dwindled to a very small sum. The Indian Medical Service officer has to support himself on this "part-time" pay while giving practically the whole of his time and services to Government.

(*c*) The present anomalous rules under which an Indian Medical Service officer on entering "Civil employ" gets Rs. 50 less pay than he got as a regimental officer are a special hardship in Assam. The rule was probably made at a time when a Civil Surgeon's practice was worth much more than that of a regimental medical officer and occupied more of his time. Conditions have now changed, and in Assam, at any rate, a junior Civil Surgeon is never compensated for this loss of Rs. 50 in his pay.

It is not surprising that no Indian Medical Service officer will leave his regiment to come to Assam when he knows that he will get more work, less pay, and no compensations.

The following improvements in the conditions of salary are needed:—

(I) In addition to a general increase in the pay of the Indian Medical Service, which is being separately urged by the service as a whole, a special allowance of at least Rs. 100 should be granted for Assam to compensate for the high cost of living and the other unfavourable conditions (peculiar to the Indian Medical Service) of service in the province.

(II) Throughout India, but especially in Assam, a second-class Civil Surgeon should get the same pay as the permanent medical officer of a regiment. A first-class Civil Surgeon should get Rs. 100 more than a second-class, as at present.

(III) The special local allowances require to be raised to the following scale. More especially the jail allowances are wholly inadequate for the amount of work and responsibility connected with the superintendence of a jail. The jail allowances should be fixed irrespective of the jail population:—

	Proposed scale.	Present scale.
First-class district jail	Rs. 200	Rs. 50 to 150 according to jail population of the year before.
Second-class district jail...	150	
Third-class district jail ...	100	
Lunatic asylum	250	200
Medical school	250	200
Vaccine depot	100	50
Leper asylum	100	50
Military Police Battalion...	100	Nil

The absence of any allowance for the medical charge of a Military Police Battalion is a special complaint.

57640. **(V) Conditions of Leave.**—The leave rules are satisfactory, but owing to conditions described above a married officer often cannot afford to take the leave to which he is entitled or which his health requires.

Owing to an insufficient leave reserve, also, it often happens that an officer cannot get the leave to which he is entitled. An increase in the cadre to fill leave vacancies is necessary.

Owing to the distance of Assam from a seaport, the slowness of communications and the very long journey to Europe, it is suggested that Assam officers be allowed to count all leave out of India from Calcutta.

57641. *Addendum to the above.*—The Sanitary Service throughout India has serious complaints to put forward as to inadequacy of pay and poor conditions of service. The Deputy Sanitary Commissioner of Assam specially suffers from the dearness of living in Assam. He should be granted an Assam allowance as urged for the rest of the Medical Service.

Captain L. B. Scott called and examined.

57642. (*Chairman.*) The witness had 11½ years' service. He had not spent all his time in Assam. He had belonged to the Province of Eastern Bengal and Assam before the partition.

57643. There were 12 Indian Medical Service officers in the Assam Service, one of whom, the Inspector General, was an Indian.

57644. Assam was an unpopular Province, because there were no good Civil Surgeoncies in it. He could not give the actual figures, but possibly the best Civil Surgeoncy was worth no more than Rs. 200 a month. The worst one went down to nothing. One Civil Surgeon had informed him that he had made only Rs. 8 in the course of three years.

57645. The cost of a man's domestic expenses in Assam was very high; everything was dear. The cost of living was much higher in Assam than in Bengal. That was the case all through the Province, although it varied in different districts.

57646. There were no Professorships, or other specialist appointments in the Province. He did not think officers of his Service were eligible for appointments to the colleges, but he was not quite certain about the rules. It had never happened that an Assam officer had had an opportunity of filling one of those appointments.

57647. If the cadre was joined up to that of Bengal, it would to a large extent remove some of the present disabilities, and it would be welcomed by the Service, provided the conditions of the amalgamation were at all fair. Certain definite proposals had previously been made in that connection, and had been sent round to the officers of his Service for their opinion. One of the conditions was that they should go below every officer on the Bengal cadre who was senior in Military service. The unfairness of this proposal lay in the fact that several officers of the old Eastern Bengal and Assam cadre had already been taken into Bengal at the time of the repartition in April, 1912, and had been allowed to take their place according to their seniority on the Civil List; whereas it was now proposed that those officers who were left in Assam at the repartition, should be taken on to the Bengal list according to their seniority on the Army list. As a result, they would go below many of their colleagues of Eastern Bengal and Assam who were recently their juniors. That was a very serious disability. It was rather difficult to explain the state of affairs without reference to the Bengal Civil List, but it would mean that many of his colleagues would be degraded many years by the transfer under such conditions. He did not see how there could be any objection on the part of Bengal if they were placed in what they regarded as their proper places. A fair arrangement was quite possible. The proposed combined cadre would consist of the entire Eastern Bengal and Assam cadre *plus* a portion of the old Bengal cadre. A fair arrangement would be to take the Eastern Bengal and Assam cadre as it stood in March, 1912, and place the Bengal men in it according to their Military seniority in such a way that no Eastern Bengal and Assam man was superseded by a Bengal man who was his junior in the Army List.

57648. With regard to leave, some of the stations in the province were a considerable distance from Calcutta, and therefore the service put in the claim that officers in Assam should take their leave from the date of arrival in Calcutta.

57649. It was thought very necessary that every member of the Indian Medical Service should have a training in England, for various reasons, one being that the standard of education in England was much higher than in any of the medical schools in India. He agreed that such a rule might make a difficulty with regard to the recruitment of Indians. Another important reason was that Indians might learn the ethics of medical practice in England, which in India were almost non-existent. A man was unfortunately compelled to come into contact with a rather low standard of morals in the profession, owing to the large amount of unqualified practice, and unless he had high principles firmly implanted in him by seeing the state of affairs in England, he was liable to be influenced by the professional ethics in India.

57650. In the suggested scheme for an incremental scale of salary, the number of years service was made the basis of the calculation, and not the rank held by the officers. He was not present at the meeting at which the written statement was drawn up, that he thought that what was intended was that the pay should be according to rank, and that within the different ranks the length of service should be the criterion for promotion.

57651. Officers in the Service were under the impression that they did not get their full money's worth out of the family pension fund, and that if they put the same amount of money into an insurance company, they would be able to get better terms.

57652. He would like to see all professional appointments put on a common list.

57653. (*Sir Murray Hammick.*) In Assam there were 10 Civil Surgeoncies for Indian Medical Service officers. There was also a Joint Inspector-General of Civil Hospitals and Jails, who was an Indian Medical Service man, and one Deputy Sanitary Commissioner. There was no central jail, only district jails.

57654. The service would be a great deal better off by being joined to Bengal, in that professorships and lucrative Civil Surgeoncies would be open to it. It was true that the Inspector-General could at present nominate a man for a professorship, but he would not have an equal chance with a man serving in Bengal. The chief disability, however, from which the Service in Assam suffered, was the absence of private practice.

57655. (*Mr. Abdur Rahim.*) At one time private practice in Assam was very profitable indeed, tea garden practice in particular. Tea gardens now employed their own private medical officers. Nearly all the districts had a few tea gardens. Some had a very large number.

57656. (*Mr. Madge.*) It was difficult to explain the state of affairs with regard to transfers, but the Civil List was a different List to the Army List, and he and his colleagues had their position on the Civil List according to the order in which they came into Civil employ, and that was the order in which they were usually selected for promotion in Civil employment. That was the rule, under which they had so far lived, and if they were suddenly rearranged in the order of their Military seniority, it would mean that many of them in Assam would be degraded below a lot of men who were now their juniors on the Civil List, because they had come into Civil employ considerably later. Transfer should be made according to the old standing in the Civil List.

57657. (*Mr. Fisher.*) The most lucrative appointment open to the Indian Medical Service officer within the province of Assam was the Civil Surgeoncy of Tezpur where the total Government allowances amounted to Rs. 375. The next best was the Civil Surgeoncy of Dibrugarh, where the total allowances amounted to Rs. 250.

57658. Any number of the sanctioned allowances could be held together at one time, provided there were the actual posts carrying the allowances in one station, but as a matter of fact not more than two or three of them were ever held together.

57659. A man would spend on an average an hour's work a day in looking after a military police battalion.

57660. Allowances for such work were not granted in other provinces to Civil Surgeons, but to military medical officers. His colleagues claimed that an allowance for medical charge of a military police battalion should be granted to Civil Surgeons all over India, and that it was an extra charge corresponding with other extra charges, for which allowances were made.

57661. (*Mr. Sly.*) Possibly it was the fact that there were no police battalions in India outside Assam and Burma.

57662. When Assam was originally a separate Chief Commissionership, there was a combined cadre with Bengal. At the partition of Bengal in 1906 the new province of Eastern Bengal and Assam was made, and had a cadre of its own separate from Bengal. That was the first time there had been separate recruitment in the Indian Medical Service.

57663. Notwithstanding the fact that the period of military service for admission into Eastern Bengal and Assam was only about 3½ years, whereas for Bengal it was seven years or longer, it was reasonable, in his opinion, that the two sets of officers should be graded entirely according to the date of their entry into Civil employ. The Bengal Officer had good reasons for waiting eight or ten years for admission; he had better prospects in front of him; whereas the man who went into Eastern Bengal and Assam, after two or three years, had to make up his mind to put up with a poor Province, and he was under equal circumstances with the other man to start with. It was not the state of affairs that an Assam man, who had entered into a poor Province, now desired to get the benefit of entry into a rich province. On the contrary, a man who had had to wait seven or eight years in order to get into Bengal, was to be put under the disability of going into a poor province. Those who were now in Assam had got there against their own wills. At the time Eastern Bengal and Assam were re-partitioned, those men who happened to be in Assam stations were taken and formed into the Assam cadre without being able to choose. The fact did, however, remain, that in order to get into Eastern Bengal and Assam, an officer had had to wait only three years, whereas to get into Bengal seven years had been the period.

57664. The reason why there were no well-equipped hospitals in Assam was because there was no money available. The Government was too poor to equip them up to the standard to which they had risen in the richer provinces. There was also the fact that the towns were not large enough to furnish patients for any large hospitals.

57665. (*Mr. Chaubal.*) Some of the professorships were considered to be plum appointments in his Service, but they were not the only plum appointments. At present the men in Assam were nearly all junior men. Some of them would have expected, if they had been in any other Province, to have obtained professorial appointments. There was one Lieutenant-Colonel and three Majors on the cadre. Some were senior enough to occupy professorial appointments. Such appointments did not go by seniority, but by selection according to a man's qualifications, the degrees he might have, or the ability he might have shown, in the Service. In that case it would be a matter of indifference where a man was posted so far as those appointments were concerned; but a man had not the opportunity of displaying his capabilities in some Provinces, and of getting known to those who selected the professors. A man in Bengal, in Calcutta especially, had many opportunities, if he had ability, of showing it to those who had to make the selection, whereas in a distant Province a man had no good chance of coming to the fore and of becoming known, and therefore did not get the nomination.

57666. (*Sir Theodore Morison.*) Before the repartition of Eastern Bengal and Assam, there were three or four districts in which there was considerable private practice. In the others it was not very good, but it was generally better than in the Assam districts at present. In a small district in Eastern Bengal the monthly value of a private practice to the Civil Surgeon was about Rs. 100 a month. Dacca was a particularly lucrative appointment, ranging to anything from Rs. 3,000 to Rs. 5,000 a month, according to rumours. In most of the districts in Assam at present not more than Rs. 100 a month was made. Shillong was worth a little more, but on the other hand living was extremely expensive.

57667. (*Lieut.-Col. H. E. Banatvala.*) His colleagues would like to have their seniority in the joint cadre with Bengal dated from the date of entering or being made permanent in Civil employ. If the other proposal came into operation they would be the losers, because although they had been made permanent in the Civil list long before the Bengal men, they would go below them.

57668. There were several military police battalions in Assam.

57669. It was very difficult to get subscriptions from private people for hospitals in Assam, so that Government itself had had to do most of the equipment and upkeep and medical relief of the Province.

(The witness withdrew.)

Lieutenant C. R. W. Bancroft, I.S.M.D., Assam.

Written Statement relating to the Medical Service, being a Memorandum regarding the Military Assistant Surgeons Service in Assam.

57670. **(I) Methods of Recruitment.**—The present method of recruitment of Military Assistant Surgeons appears unsatisfactory.

Greater care should be exercised in the selection of suitable candidates of European descent for admission to this Service as the appointment carries with it warrant, and subsequently commissioned rank, and its members have to exercise authority over British soldiers.

Members of the Service who are drafted into Civil employ form a war reserve, and are "seconded" in the Military Department. They are subject to recall to Military duty on the outbreak of war as are officers of the Indian Medical Service in Civil.

Although all members of the Department when serving in its Military half have equal opportunities of electing for Civil employ, yet the actual selection for such employment goes neither by merit nor by seniority.

Junior men very often have entered the Civil side, years before their seniors were given such an opening, despite the fact that these latter, in most cases, had rendered good service to Government, and had been reported on continuously for the whole period of years that they had been appli-

cants for Civil employ. This leads to discontent among these men.

When they do enter Civil employ they find that, being but new-comers, they have to take places below their juniors who, having joined the Civil administrative service years earlier, take precedence of them. It has occurred that a man having almost twice the service in years of one of these fortunate juniors, but being months, weeks, and even days gazetted later in the Civil list, had to forego claims of advancement.

It would do away with heart-burnings brought about by such an irregular method of recruitment, also to improve methods of recruitment, if it were ruled that:—

(*a*) In the case of appointments reserved for fourth class Military Assistant Surgeons, selection for Civil employ should be restricted to those who show ability and zeal during their college career, and have passed out at the head of their batch.

(*b*) In the case of appointments made from the third class and upwards, while due consideration should be given to the claims of "first-passed" men, those of others, who, though they have not done so well in college but who may subsequently have improved themselves professionally, should be carefully considered.

(*c*) In the case of Civil Surgeoncies from amongst Military Assistant Surgeons holding Subordinate Civil appointments in the Service, a Civil Surgeon being a quasi-executive officer in addition to a professional expert, should be a man of experience. The latter can only be attained by a certain length of service. It is therefore suggested that no officer should be appointed to a Civil Surgeoncy with less than 12 years' service in the Department.

57671. **(II) System of Training and Probation.**—The standard of general education required for entrance into the Service should be raised to that required by the General Medical Council of Great Britain or its equivalent.

It is further suggested that the course of study be extended from four to five years, instead of four years as at present, to conform with the period of training in the United Kingdom and in India; that the diploma granted should be recognised by the General Medical Council; and that members desirous of obtaining British qualifications should be permitted to appear for these examinations, without having to pass a preliminary test.

The present system of training and probation is unsatisfactory. The four years' course in Medical College is a handicap which attaches to a man in his professional capacity for the rest of his life; the bulk of the profession, both inside and outside Government Service, look upon him either with pity or contempt. One section only very recently wanted to exclude our men from the register of qualified medical practitioners about to be brought about in Bombay, but fortunately the intervention of Government spared our men that shame. Despite this slur, our men in both Military and Civil branches, have continued to do good service to the public as well as to Government, even as they did in the past; and even have they been the recipients of awards from Government in the shape of a C.I.E. and a V.C. All this intolerance arises from the fact that our men have been permitted to practise medicine, although they have no University qualification, but merely a "diploma" from the Government. Thus we find ourselves, through no fault of our own, discarded by the profession. Again, we find that outside the precincts of India, this want of a University qualification confronts us, and actually does debar us us from practising a profession, in which many of us have spent a life-time. Many of our men, who have proceeded to England or to the Colonies from India either doing Service or on retirement, have found themselves in the anomalous position of being medical men in one part of the British Empire, and laymen in another. So to remove this disability under which we suffer, the plea of a five years' course, which formed one of the subjects of a memorial to the Secretary of State for India and submitted two years ago, should be granted; for by it only can we be accepted by our medical colleagues, and can we give Government more efficient service.

57672. **(III) Conditions of Service.**—It is pointed out that the designation "Subordinate," where applied to Military Assistant Surgeons in Civil employ, casts an undeserved slur on its members, inasmuch as no Government Department of similar standing is designated "Subordinate," nor is the appellation borne by any Department of the British or Indian Army. The elimination of the prefix "Subordinates," and the substitution of some such title as "Indian Medical Department," would not infringe on the rights, or hurt the susceptibilities of any other Medical Department in India, and would be of inestimable advantage to members of the Service, in that, when holding the appointment of Civil Surgeon of a district, or Superintendent of a Central or District Jail, we would no longer suffer as we do at present, an unmerited stigma in the eyes of other Services and of the public generally, by the inclusion of the word "Subordinate" in our designation; moreover, we submit that its inclusion in our title is incompatible with our official and local status. A Civil Surgeon is a first-class gazetted officer on the same social and official footing as other District Officers, Collectors, Police, Forests, Public Works Department, etc., and it appears to us that the prestige of such an officer is obviously jeopardised by branding him a "Subordinate."

(*b*) The period spent as Assistant to a Civil Surgeon, Deputy Superintendent of a Lunatic Asylum, and while holding an officiating Civil Surgeoncy, should count towards increment when confirmed as Civil Surgeon. It often happens that three to 10 years are spent in these responsible appointments before a member of the Service is confirmed as a Civil Surgeon, with the result that he seldom or never reaches the maximum salary of a Civil Surgeon. It will, I think, be recognised that this is a severe hardship and one which calls for a remedy.

(*c*) Military Assistant Surgeons who are Medical Officers of Railways, are not at present graded on a par with the superior staff of railways, and should be recognised as belonging to the superior staff and receive all the privileges on the Railways as such.

57673. **(IV) Conditions of Salary.**—These are at present unsatisfactory. Considering that all its members are specially trained men, the Department is the worst paid of all the Government of India's trained Services. Our allowances and pay, when in the Civil branch, being regulated on the miserable pay that our members in the Military half draw, are consequently inadequate, and compare most unfavourably with Civil Departments of a similar standing, as was pointed out in the memorial submitted to the Secretary of State for India, and referred to in question 2.

The rates of salary for Military Assistant Surgeons holding Civil Surgeoncies was fixed to our knowledge as far back as three decades ago. That the cost of living has considerably increased since, is an irrefutable fact. It is obvious then, that with the cost of living steadily increasing, it becomes the duty of employers to proportionately raise the salaries and emoluments of their employés, so as to enable them to cope with the changing conditions with a minimum of distress; a fact which has been fully and sympathetically recognised and acknowledged by the Government of India, who have been pleased to ameloriate the conditions of most of their employés by the granting of an increase of pay compatible with the times, and by the re-organisation of different Departments, such as, the Indian Medical Service, Public Works, Police, Opium, Forest, Telegraph, Survey of India, Customs, etc. All these re-organisations have in the main been based on the increased cost of living, an increase which raises the cost to nearly 100 per cent. of what it was when the existing rates of pay were fixed. In days gone by, our men held the Civil Surgeoncies of important and first class stations like Aimere, Nagpore, etc., where the field for private practice was extensive, without much competition from private practitioners, whereas the Civil Surgeoncies now held by men of our Department are only those of third and fourth class stations. It is a general belief that the rates of pay were originally fixed with the idea that Medical officers could materially enhance their income by private practice. This is now a negligible quantity, as what with the multifarious duties to be performed, *e.g.*, Medical administration, work of the district, Jail, Medico-legal and Police work, Sanitation, Vaccination, not to mention clerical, and to which I would add (speaking of Assam) emigration, and tea-garden inspections, the time left for engaging in private practice, and the opportunities for supplementing one's slender income in small out-of-the-way stations are non-existent. Moreover, consequent on the advent of private practitioners, such practice as may have existed, had been monopolised by them. As the local head and adviser on all matters, Sanitary and Medical, in the district, and for administrative purposes being ranked as, and granted the rights and prerogatives of first class officers, we have a position thrust on us which, not only in our own interests but in those of the Government we serve, places us under the necessity of living up to a standard which should be in keeping with such a status, and to achieve which, necessitates a much larger expenditure than is made possible on our present income. Hence, by endeavouring to live up to the standard incumbent on this position, we often court financial disaster in the shape of debt, or if otherwise endeavouring to live within our meagre means, we are inevitably exposed to social and official ostracism; so that no matter which course we pursue, our path is beset with difficulties, and our lot is in either case, an unenviable and humiliating one. It is, therefore, suggested that the rates of our pay may be made equivalent to those obtaining in the higher grades of the uncovenanted sister Civil Services, which would bring us into line and place us on our equality with them. In reform of this subject, the claims petitioned for in our memorial to the Secretary of State for India and referred to in question 2 are put forward for consideration.

Pay of members in Civil appointments where only allowances are drawn.

	Per mensem. Rs.
Fourth class Military Assistant Surgeon on appointment	125
Third class Military Assistant Surgeon after five years in fourth class	175
Second class Military Assistant Surgeon after five years in third class...	225
First (*b*) class Military Assistant after five years in second class	300
First (*a*) class Military Assistant after five years in first (*b*) class	350
Lieutenant	400
Captain	500
Major after twelve years' commissioned service	600

Pay of members in offices of Civil Surgeons.

Civil Surgeon, officiating or on first appointment	400
Rising by yearly increment of Rs. 25, in 16 years, to	800
Civil Surgeons after 16 years' service as such, rising by annual increment of Rs. 50, after 20 years' service ...	1,000

With regard to junior appointments, such as Assistant to the Civil Surgeon, Resident Medical Officer of a Hospital, Rs. 250 per mensem, with Rs. 50 house rent and Rs. 30 horse allowance.

Deputy Superintendents of Lunatic Asylums and Railway Medical Officers should receive on first appointment Rs. 250, with annual increment of Rs. 20, rising to a maximum of Rs. 550 in 15 years, with local allowances.

A larger percentage of Civil Surgeoncies should be reserved for Military Assistant Surgeons than those at present exist. When acting for an Indian Medical Service Civil Surgeon on a leave vacancy, half charge allowance should be allowed.

57674. **(V) Conditions of Leave.**—These are in the main satisfactory, but study leave, as applied for in the aforesaid memorial, would add to the efficiency of the Department.

Study leave should be allowed for two weeks in every year, up to 12 years, accumulating to six months, for post-graduate courses at approved centres and accelerated promotion as in the Indian Medical Service should be granted to those who qualify. Holidays are unknown in this Department, and we put in on average about 10 years more working days during our service than any other Department. We believe that the leave rules of the Superior Services, applicable to Europeans, are under revision, and pray that we may be included in the Services that would be benefited by these rules.

57675. **(VI) Conditions of Pension.**—These at present are unsatisfactory. Members of the Department, whether in Military or Civil employ, put in, as aforesaid, more days at work in the year than members of other Departments. This can be easily seen when it is realised that but for any privilege leave taken, a man's duty by reason of its nature, keeps him at work every day of the year (all holidays included), and as in many cases, privilege leave by reason of exigencies of the Service cannot be granted him, or in others when granted, cannot be availed of for personal or monetary reasons, it very often happens that a man has attended to his duties for the whole period of 365 days without absenting himself, and as this is the condition that obtains for all his serving years, it represents that a man in our Department, even assuming that he has taken all the leave he is entitled to, puts in more working days than men of other Departments, so that when totalled up, it amounts to some years, as aforesaid, averaging about ten years. Such being the state of affairs, it is only fair that men of our Department should be permitted to retire on full pension at an earlier period of service, than at present fixed, and would suggest 25 years as the period of service at which we can retire.

Again, for those who go on and serve until superannuation overtakes them in the commissioned grades of the Service, we find that it is a hardship that our pensions here are regulated by the time-scale of three years in the grade before a full pension can be claimed. Here we venture to suggest that we be admitted to equal privileges in this respect with the other Army Departments of the Government of India, *e.g.*, the Ordnance, Supply and Transport Corps, etc., and granted a full pension of the rank in which we retire, irrespective of the period of service put in in that rank. Pension should be granted according to the Civil Service regulations for members in Civil employ; not according to Military rules; the men claiming such pension will have done the greater part of their service in the Civil Department.

57676. **(VII) Such limitations as may exist in the employment of non-Europeans, and the working of the existing system of division of Services into Imperial and Provincial.**—Our Services being recruited from Europeans and Anglo-Indians, the Civil side forming a war reserve for service with British troops only, Indians are consequently not eligible. As we are an Imperial Department we have no comments to make between the system of division of service into Imperial and Provincial.

57677. **(VIII) Relation of the Service with the Indian Civil Service and other Services.**—The relations between our Department and the Indian Civil Service and other Services, have always been of a satisfactory nature, officially, professionally, and socially. During recent years when it was suggested by the Home Government that an Independent Medical Service should be established with the idea of throwing open most of the appointments at present held by officers of the Indian Medical Service and our Department to Indians, the feeling generally felt and expressed by those District Officers with whom we have been associated, was a hope against such a scheme becoming a *fait accompli*, as they were opposed to the idea of Indians treating them, their wives and children. Their contention, and perhaps not wholly without justification, being that Indians perhaps

holding the highest qualifications are not conversant with their mode of living, manners, and customs. It is the contention of most of the European District Officers, that at all headquarters stations, a qualified Civil Assistant Surgeon (Indian) is appointed to the charge of the local hospital, and his services are available for all Indian patients, they desire that Civil Surgeoncies already held by Europeans of the Indian Medical Service, and the Military Assistant Surgeon class, should not be reduced as they are of opinion that besides the question of medical attendance, the administrative work of the district and jail is more efficiently carried out by members of the Indian Medical, and Indian Subordinate Medical Services.

57678. **(IX) Any other points within the terms of reference to the Royal Commission not covered by the preceding heads.**—(*a*) The Service should be designated the "Indian Medical Department."

(*b*) All its members in Civil employ should be allowed first-class travelling allowance when travelling on duty.

(*c*) That we may be given a suitable diploma, which will be registrable qualification recognised by the General Medical Council of Great Britain, and would permit us to be recognised as medical practitioners at home; and with this diploma be permitted to appear for examinations for British qualifications under the same rules as are applicable to graduates of Indian Universities.

(*d*) That the provisions of Article 143 of the Civil Service Regulations reproduced here for easy reference:—

> "Military Assistant Surgeons, third or fourth class, in independent medical charge of Civil stations receive pay at the rate of Rs. 250 a month. When holding such charges in Burma they receive in addition a special local allowance of Rs. 50 a month."

which applies to members of our Service in Civil employ in Burma should be extended to those members of our Service who serve in Assam, where the cost of living is equally high, if not higher.

LIEUTENANT C. R. W. BANCROFT called and examined.

57679. (*Chairman.*) There were nine Military Assistant Surgeons in Assam. Three Civil Surgeoncies were set aside for their benefit.

He would sooner be on a separate cadre in Assam, and remain in Assam, than be combined with Bengal.

57680. He desired to withdraw the statement that selection for Civil employ was not made in a satisfactory manner. The present method of selection by the Director-General, Indian Medical Service, was satisfactory and desirable.

57681. His colleagues desired to have a qualification which would be recognised by the General Medical Council of Great Britain, and to be put on the same footing, as regards qualifications, as Civil Assistant Surgeons. He did not think that would restrict the area of recruitment.

57682. There was very considerable discontent in the Service with the present conditions of salary.

57683. Of the three Civil Surgeoncies he had himself held two, and he did not think the practice was worth Rs. 5 a month. The reason why private practice was so much below what it was in other provinces was because of the existence of small impoverished towns. There was no wealth in Assam.

57684. His colleagues asked for first-class travelling allowances when travelling on duty, but personally he received that as a Civil Surgeon and a commissioned officer. If, however, he was not a Civil Surgeon or a commissioned officer, he would not get it.

57685. His Service also asked that the period spent as an Assistant to a Civil Surgeon, as Deputy Superintendent, and as an officiating Civil Surgeon, should count towards increment when the holder was confirmed as Civil Surgeon.

57686. There were no Military Assistant Surgeons on the railways in Assam.

57687. (*Lord Ronaldshay.*) When a man was once appointed to a Province he invariably remained there the whole of his service, but he was liable to transfer to another province. It did not necessarily follow that because he was posted in Assam in the first instance he would continue there for the rest of his service.

57688. (*Sir Theodore Morison.*) An officer stood in that matter on exactly the same footing as members of the Indian Medical Service. The Indian Medical Service was an Imperial Service, but as a matter of practice, when a man once entered the Civil side, he did not usually get transferred from the particular Province to which he was first posted.

57689. The highest post a man in the Service could hope to rise to in Assam was a Civil Surgeoncy, and when once he was put into Assam he could not expect any better Civil Surgeoncy than those that were actually in the Province.

57690. Personally he was quite content with the Province of Assam, but he had special reasons for this.

57691. The Civil Surgeoncies in Assam, which were allotted to Military Assistant Surgeons, were nothing near as good as they were in other Provinces.

57692. (*Mr. Chaubal.*) There were no Civil Surgeoncies open to the Civil Assistant Surgeon class.

57693. (*Mr. Sly.*) His Service would like to be reorganised into a Warrant Officers' branch of the Indian Medical Service, provided the usual number of honorary commissions were granted as at present.

57694. If members of the Service were granted the registrable qualification they desired, they would need to posses a higher educational qualification to start with. He thought it was likely that the domiciled community in India would be able to provide sufficient candidates for the Service with that educational qualification, provided the pay and prospects of the Service were improved.

57695. The claim that service in the post of Assistant to the Civil Surgeon should rank towards service as Civil Surgeon was made more on monetary grounds than anything else. The officers' salaries were dependent upon quinquennial increcrements, and he thought it was really with the object of working up for those increments more than anything else that the suggestion was made.

57696. (*Mr. Fisher.*) The Civil Surgeoncies in Assam were divided between members of the Indian Medical Service and members of his own Service, so that if the recommendation that a larger percentage of Civil Surgeoncies should be reserved for Military Assistant Surgeons was carried out, there would naturally be fewer Civil Surgeoncies in the hands of the members of the Indian Medical Service. The medical administration would not suffer by that.

57697. When he proposed that study leave should be allowed for two weeks in every year, he did not mean to recommend that that study leave should be granted to every member of the Service unconditionally and as a matter of course. A man would have to produce proof that he had made proper use of the leave. He knew many members of his Service in Assam who were anxious to obtain study leave, and who would be able to profit by it. There was a widespread feeling that there should be more study leave granted. Personally he could go to Europe if he had study leave, but that did not apply to all his colleagues. They would have to have furlough pay plus a daily stipend—about 4s. a day. Under the present conditions it would be the case that study leave would have to be spent by some of his colleagues in India, owing to financial difficulties. It would really be for a post-graduate course at a large centre in India, but preferably in Europe.

57698. (*Mr. Madge.*) Appointments to Civil Surgeoncies from the subordinate department were usually made from House Surgeons who had had a preliminary course at a large hospital. There were instances where they had been made from ordinary Assistant Surgeons, but they were unusual.

57699. He desired to have the present four years course extended to five years. At present during a man's studentship he did not cover the same subjects in his four years that the University might cover in five. He might have attended the same course of studies, and so on, but the five years course was certainly a larger one.

57700. Although he personally felt satisfied with Assam, that was not the feeling of his colleagues.

57701. With regard to study leave, he did not think it should be taken in instalments, but continuously for six months.

57702. (*Mr. Abdur Rahim.*) He could not say why there was no Civil Assistant Surgeon at present in Assam, who was in charge of a Civil Surgeoncy. He did not think that Civil Assistant Surgeons ought to be excluded from such appointments.

57703. (*Lieut.-Col. H. E. Banatvala.*) If service as an assistant to the Civil Surgeon were counted as a period of duty as a Civil Surgeon, the effect would be to increase furlough pay. There was a very considerable difference between the Military and Civil furlough pay. A Military Assistant Surgeon was promoted to Civil Surgeon by selection from those who were in the Province.

(The witness withdrew.)

ASSISTANT SURGEON SHASHANKA MOHAN MUKHERJI, Civil Assistant Surgeon, Assam.

Written Statement relating to the Medical Services, being a Memorandum on the Civil Assistant Surgeons Service in Assam.

57704. **(I) Methods of Recruitment.**—As far as the Assistant Surgeons are concerned, the existing system of recruitment is generally satisfactory. The only suggestion I would like to make is that the Principal of the Medical College may be asked to nominate from the enlisted candidates; the order of merit in passing out the examination being taken into consideration, the candidates should only be recruited from Indian colleges; and one year's resident work in any medical college hospital should be required of the candidates before they are sent out. One Civil Surgeoncy should be reserved for the candidates directly from the college who have passed the M.D. examination, of course after a year's resident service without being enlisted as Assistant Surgeon.

57705. **(II) System of Training.**—As at present exists in the Medical College, Bengal, is good, but none should be admitted in the college who have not passed the I.A. or I.S.C. examination in any university. The course of study should be for five years, and during that period they should undergo a system of training in St. John's Ambulance and first aid to the injured, and also a course of drill.

Arrangements should be made to give facilities to candidates for one year's post-graduate study in any subject for which they may have special likings or have shown pre-eminence, and at the completion of the course they should be provided with a certificate of having undergone such a course.

57706. **(III) Conditions of Service.**—As existing at present leave much to be desired. The Assistant Surgeons should form a distinct Service as it originally did and not be included in the Subordinate Medical Service, or it may be made provincial.

The departmental examination, if at all insisted on, should be held half-yearly as it originally did, and should be held at an interval of five years instead of seven years. The candidates should be allowed to take up any number of subjects in each examination. The only necessary condition being that they must pass all their subjects in the course of five years. Those who are entirely employed in laboratory or in any tropical school, should be exempted from the general examination, but may be required to pass in their own special branches. Those of the Assistant Surgeons who hold the degree of M.D. should be exempted from periodical examination. Bond should be withdrawn, and instead the original declaration should be introduced with necessary modification.

No Assistant Surgeon should be kept in a bad station for more than one year unless he wishes to remain longer, and a special allowance should be given to those stations as in Bengal.

Transfers should be so arranged that every one may have his turn in a good station.

To render the service sufficiently attractive, some Civil Surgeoncies should be reserved, without any fixed station, for Assistant Surgeons, equal in number to those held by the Military Assistant Surgeon, of which one should be recruited as suggested above, and the rest recruited from the Assistant Surgeons of the senior grade in order of merit and efficiency. In exceptional cases the Local Administration at the instance of the Inspector-General may promote an Assistant Surgeon to a Civil Surgeoncy in consideration of his special meritorious services, who has rendered 14 years' service at least.

57707. **(IV) Condition of Salary.**—This has improved to a certain extent lately, but there is much to be desired. The Assistant Surgeons are classed as second class officers along with the Deputy Magistrates and Munsifs, and their salary should begin in the same scale, viz., Rs. 200 to begin with. The privilege of private practice is very nominal, and does not exist in many stations. The increment should be by time-scale as at present, Rs. 10 annually up to the 20th year, at the completion of which period an Assistant Surgeon will get Rs. 400, provided he passes his professional examinations. Then there should be two senior grades Rs. 450 and Rs. 500 as at present, to be selected from the Assistant Surgeons of the Rs. 400 grade in consideration of their seniority and merit.

The salary of the Assistant Surgeons who are promoted to the Civil Surgeoncy should range from Rs. 500 to Rs. 750, the maximum being attained in five years by an annual increment of Rs. 50.

The salary of those candidates of the medical college who directly enter as Civil Surgeons after getting his M.D. should begin with Rs. 350 to rise to Rs. 500 in ten years by an annual increment of Rs. 15, and then by annual increment of Rs. 50 up to Rs. 750 in five years.

57708. **(V) Conditions of Leave.**—In addition to the existing leaves, study leave should be allowed to Assistant Surgeons, which may be combined with other leave due, to a maximum of 12 months, such study leave to be limited to 12 months during the whole service. Five years' service will entitle an Assistant Surgeon to three months' study leave and thus may be cumulative up to six months. More facilities should be given to Assistant Surgeons to avail of their due privilege leave.

57709. **(VI) Conditions of Pension.**—Twenty-five years should be permissible instead of, as at present under a medical certificate.

57710. **(VIII) Relations to the Indian Civil Service and other Services.**—The Service should be entirely under the Medical Department. In the sub-divisions the Assistant Surgeons should be the Superintendent of sub-jail, the Sub-divisional Officer remaining the official visitor. The relation

being same as in the district headquarters with the Civil Surgeon and the District Officer.

57711. **(IX) Other points.**—Quarters should be provided for the Assistant Surgeons, and in subdivisions it may be free, in view that the Subdivisional Officer also gets free quarters, and also in district headquarters also where the Assistant Surgeon has to do resident's work.

Assistant Surgeons should be allowed to join a volunteer corps.

Candidates of purely Indian origin should be permitted to join the Military Assistant Surgeon class, if any prefer to do so, and be taken into the Military Service with Military ranks and allowances in cases of accidents in the field.

Facilities should be given to Assistant Surgeons to compete for the Indian Medical Service examination by relaxing the age-limit. If possible candidates from the Indian Medical Colleges may be allowed to compete for the Indian Medical Service examination in India, and the successful candidates sent to Europe for two years' compulsory course of training.

Assistant Surgeon SHASHANKA MOHAN MUKHERJI called and examined.

57712. (*Chairman.*) Witness occupied the position of teacher in the Dibrugarh Medical School.

57713. There were 31 Civil Assistant Surgeons in Assam, but they were allowed no Civil Surgeoncies. He did not know why this was so. His service claimed two Civil Surgeoncies, and two posts equivalent to Civil Surgeoncies, which would mean putting the cadre on the same lines as that of Burma.

57714. The majority of his colleagues were of the opinion that the Departmental examination should be abolished altogether, and that in its place a post-graduate course with study leave should be established.

57715. A Civil Assistant Surgeon should not be kept in a bad station for more than one year, unless he desired to remain longer. That was rather a short period for a small province, and that difficulty had been seen by the Service. It might be got over by a man having to serve two years in a bad station, one year in each grade, so that the transfer would be made in two years instead of one. Almost all the sub-divisions in Assam were bad and unhealthy stations. The average number of years that an officer now remained in a station was three years.

57716. There was very little private practice in Assam. The majority of his service would like to be on a joint cadre with Bengal. They would have to go down in the scale of the grade, but they would expect to get more practice in Bengal, and better stations. They would be prepared to sacrifice their places on the list to a certain extent by going on an amalgamated cadre with Bengal.

57717. One year's resident work in any medical college would suffice to train a man to undertake charge of a Civil Surgeoncy.

57718. (*Sir Theodore Morison.*) There were four officers who were Assamese by birth in the Service in Assam.

57719. Part of the reason why most of his colleagues desire to be joined up with the cadre of Bengal was that they were Bengalis and their prospects were better there; but the Assamese members of the Service also had the same wish.

57720. (*Mr. Sly.*) No Civil Assistant Surgeons were employed by local bodies in Assam, but one or two were employed under big zemindars. There were no Civil Assistant Surgeons on the tea gardens.

57721. Free quarters were provided in Assam for Assistant Surgeons only in some of those places where they had to attend to police cases, and to stop in the hospital compound. No other Civil Assistant Surgeons had quarters.

57722. (*Mr. Fisher.*) He taught midwifery and anatomy at the Medical School. He learnt those subjects in the Calcutta Medical College. His pupils consisted of hillmen, Bengalis and Assamese. Of those three classes, the Bengalis did the best, but some of the Assamese were excellent men. About 33 per cent. of the students that became annually qualified were Assamese. In a comparatively short time Assam would be able to furnish its own Sub-Assistant Surgeons.

57723. (*Mr. Madge.*) He had officiated as Civil Surgeon on several occasions, and it was from that source that he derived a knowledge of the duties of that post.

57724. (*Sir Murray Hammick.*) None of his colleagues liked the bond, as they considered it absolutely unnecessary. None of the other Provincial Services had it. They object to the stigma which attached to the bond.

57725. (*Lieut.-Col. H. E. Banatvala.*) The effect of his suggestion that two Civil Surgeoncies should be thrown open to Civil Assistant Surgeons would be either that there would be two Indian Medical Service officers less or two Military Assistant Surgeons less.

57726. He thought administrative charge of hospital work in a ward would give a man who had an M.D. degree in India, the necessary training for the Civil Surgeoncy of a district.

(The witness withdrew.)

At Madras, Thursday, 5th February, 1914.

PRESENT:

THE RIGHT HON. THE LORD ISLINGTON, G.C.M.G., D.S.O. (*Chairman*).

THE EARL OF RONALDSHAY, M.P.
SIR MURRAY HAMMICK, K.C.S.I., C.I.E.
SIR THEODORE MORISON, K.C.I.E.
SIR VALENTINE CHIROL.
MAHADEV BHASKAR CHAUBAL, Esq., C.S.I.
ABDUR RAHIM, Esq.
WALTER CULLEY MADGE, Esq., C.I.E.
FRANK GEORGE SLY, Esq., C.S.I.
HERBERT ALBERT LAURENS FISHER, Esq.

And the following Assistant Commissioners:—

LIEUTENANT-COLONEL G. G. GIFFARD, C.S.I., I.M.S., Principal, Medical College, Madras.
A. P. FERNANDEZ, Esq., V.H.A.S., Civil Surgeon, Rajahmundry.

M. S. D. BUTLER, Esq., C.V.O., C.I.E. (*Joint Secretary*).

SURGEON-GENERAL W. B. BANNERMAN, C.S.I., M.D., D.Sc., I.M.S., Surgeon-General with the Government of Madras, called and examined.*

57727. (*Chairman.*) Witness had occupied his present position for 2½ years. He had 29½ years' service. He had not served the whole of his time in Madras.

57728. There were five Indians in the Indian Medical Service in Civil employ in the Presidency, all holding posts as District Medical and Sanitary Officers. None of them had obtained any specialist qualification or any higher degree. They possessed merely the ordinary qualification.

57729. The period of six years which it took an officer in Military employ to get into Civil employ, was not too long. An energetic man in Military employ had many opportunities of keeping up his professional knowledge; he could always assist the Civil Surgeon, in the station where he was, with operations, and so on, and on the Frontier nearly all Military Medical Officers were also Civil Surgeons. It was the general practice for officers in Military employ to take part in Civil hospital work. It would be practicable to make that compulsory for all officers, but it would be better to leave it to the man's own initiative, as in that way an idea could be formed as to who were the energetic men and who were not.

57730. He did not think transfer to Civil employ would be accelerated to any extent by the introduction of station hospitals. It would not make more posts in the Civil Department. He agreed that, if the attractions on the Military side were increased, fewer men would want Civil employment, and, to that extent, the movement from the Military to the Civil would be slackened. He did not know whether the establishment of station hospitals would necessitate any increase in the Military cadre, as that was a matter which did not come under his observation.

57731. There should be one general list for promotion for the whole of India for members of the sanitary, and other small specialist branches of the Indian Medical Service. But each Province should be allowed to choose its own men to begin with, and all should not be appointed from the north of India. It was impossible for anyone at Simla or Delhi to tell the qualifications of men all over India and Burma. He did not think that, human nature being what it was, the enforcement of his proviso would lead to strictly provincial promotion. There was an example in the Madras Presidency of an Inspector-General of Prisons being obtained from another Province.

57732. The practice in Madras was for the Local Government to appoint their own medical professors. He was quite willing to apply to the Government of India for a man, if no suitable officer was available locally, but would not open out the appointments to the whole of India, or let them vest in the Government of India in communication with the Local Government concerned. The Local Government should have the last voice in the appointment.

57733. Every professor now occupying a chair in the Presidency had adequately specialised in the particular branch in which he was teaching, as would be seen from the statement which he put in.†

57734. There were many points in favour of the amalgamation of the Sanitary and Bacteriological Departments. It would bring the laboratories, and the application of laboratory work together. A man might wish to investigate some particular epidemic, and he could be sent out as Deputy Sanitary Commissioner to investigate it. When he had collected his material in the field he could go back to his laboratory, and work it up, so that there would be an interchange between the laboratory man, and the man in the field, which would be a good thing. There were some officers in the laboratories who would not be good in the field, and there were other good men in the field who would not be suitable for the laboratories, and it would have to be left to the head of the Sanitary Department to dispose of his staff as he considered best. Interchange between the two branches should only be carried out with the greatest possible discretion.

57735. He was not in favour of the suggestion made by certain private practitioners that there should be no Service at all, but that all medical work should be performed by duly qualified individuals recruited for short periods on contracts. In a service men could be moved from one place to another. If an officer was not suitable for the Military, he could be removed to Civil, and *vice versâ*. With a Service like the Indian Medical Service a suitable place could be found for every man. A round man in a square hole could be taken out and put into a round hole. If an unsuitable man was brought out on a contract, it would be very difficult to get rid of him before his contract was ended. That had been the experience in India on several occasions. It was also through a service that it could be ensured that all districts, however unpopular, were properly staffed.

57736. There were no private colleges in Madras. He did not favour the employment of senior private practitioners as Honorary Surgeons in the large Government hospitals; in fact he had reported to Government against it. His objections were that the private practitioner in Madras was, as a rule, a very badly educated man. There were only 14 men in Madras with English qualifications, none of whom were in the least on a par with the officers in the hospitals. Another point was that some of the ordinary private practitioners were individuals who had endeavoured to get into Government Service, but who had been defeated at the examination by the Assistant Surgeons who were at present in the Government Service. The latter were acting as Assistant Surgeons in the hospitals, and if the men whom they had defeated were brought

* This witness did not submit a written statement.

† *Vide* Appendix XXVIII.

in over their heads, friction would arise. He had, however, put forward a scheme to Government to bring in young graduates as Residents in the hospital, so that they might be six months as Resident Physicians and six months as Resident Surgeons. At the end of that time they would have the chance either of entering Government Service or of setting up in private practice for themselves. From amongst those who set up in private practice some could continue to attach themselves to the hospitals, and, by helping to teach in the wards, clinically, and so on, would develop into a very good type of medical man. The hospitals could absorb as Residents the whole number of young graduates passing out every year.

57737. On the whole the training given at the Madras Medical College was not as good as could be obtained in England. There was a want of special departments, and there was not a sufficient staff. Again, in Madras there were no hospitals for nervous diseases or infectious diseases, or any intitutions for epileptics. If the staff of the Madras College was contrasted with that of St. Bartholomew's, it would be found that there were 76 teachers in the latter institution, and only 22 in the former. Another point was that the out-patients' departments in England were very much more developed than in India. The out-patient teaching in England was extremely good, and formed one of the most valuable parts of a student's training, whereas, out in India, owing to the lack of staff, it was not so good. On the whole, therefore, the training in India did not come up to the training given in England.

57738. The Service was greatly hampered with regard to the question of leave. There were on the cadre of the Madras Service forty-five appointments, and nine more were allowed as a leave reserve. There used to be eleven such appointments, but about eighteen months ago they were cut down to nine owing to a change in the method of calculating the number. Nine had been found in practice to be insufficient. Even if the former number of eleven was reverted to, it was doubtful whether it would be possible to grant all the leave which had been earned. The introduction of study leave had upset all the old calculations. For example, when a man went home on a year's furlough, another man could not go away until he came back, but if at the end of the year he obtained six months' study leave, he was no longer on the furlough list, and another man could, in theory, take leave. That, however, left the Service in Madras one short, and leave had to be refused. When the study leave scheme was originated, the cadre ought to have been increased to meet it, but the matter was apparently overlooked.

57739. Military Assistant Surgeons ought to undergo the same course as Civil Assistant Surgeons, but the difficulty with the former was that their general education was poor, and they could not pass the required preliminary examination. If the standard of preliminary education was raised in order that such men might obtain a registrable degree, it would affect recruitment to the Department, at all events at first.

57740. The word "subordinate" should be omitted from the designation of the Indian Subordinate Medical Department. The term "Madras Medical Service" might be used.

57741. The Civil Assistant Surgeon was a Provincial Service Officer, and was recognised as such. He would be in favour of increasing the pay of the top grades in that Service. They ought to rise to Rs. 1,000 or Rs. 1,200, and the senior men should be put in charge of Civil Surgeoncies. He desired, however, to make it clear that a Civil Surgeon in Madras did not mean the same as a Civil Surgeon in Northern India. The Civil Surgeon in Madras was a man who had a hospital to look after, but no administrative work, whereas a Civil Surgeon in the north meant what was known in Madras as a District Medical and Sanitary officer; that was to say, he was in charge of a whole district, which might have twenty or thirty hospitals and dispensaries in it.

57742. The reason why such posts as Senior Assistant-Surgeon, General Hospital, Deputy Superintendent of the Lunatic Asylum, and Senior Assistant Professor in the Medical College, had been reserved for Military Assistant Surgeons was that they required the exercise of disciplinary power. Military Assistant Surgeons had been trained for years in the hospitals for British troops under Royal Army Medical Corps officers, and knew what discipline was. They were thus much more suited for those posts than officers who had not gone through that training. If there was a Civil Assistant Surgeon who could exercise discipline, there would be on objection to his occupying any one of the positions.

57743. He would agree to the abolition of the periodical departmental examinations, and to the substitution in their place of study leave, or a post-graduate course, provided that these both led up to an examination. Such a scheme would be an improvement on the present system.

57744. If Indian Medical Service officers were given sufficient increase of pay, they might accept the liability to attend the families of entitled officers free of charge, but he had not thought over the matter, and would like to put in a considered opinion.* Any such scheme would have to embrace all the Services, and not only the Indian Civil Service.

* *The witness subsequently put in the following note* :—

The proposal to increase the pay of all Indian Medical Service officers by a certain percentage on condition that they attend free of charge all non-entitled families—viz., the wives and children of all Government officers of gazetted rank—if adopted, would have the effect of increasing equally the pay of all Indian Medical Service officers, but throwing the additional work on some medical officers only; for example, the officers of special departments such as Sanitary, Bacteriological, Jails, etc., would receive the pay, but no additional work would fall upon them, since they are not engaged in the ordinary practice of their profession.

2. If such a scheme comes into force, presumably the families of Government servants will be entitled to the free medical attendance of—

(*a*) the Medical Officers in whose district they are residing and to whose medical services the head of the family is entitled, or

(*b*) any Indian Medical Service officer whom they may select.

3. The practical effect of such a scheme in the City of Madras, for example, will be to proportionately increase the pay of the 22 Indian Medical Service officers holding various appointments and residing in, or with headquarters at Madras, whilst the additional work will be thrown upon four Medical Officers only. The reason of this is as follows :—

The City of Madras is divided into four districts. Each district is in charge of a medical officer termed the District Surgeon, part of whose duty it is to attend all Government servants residing within his district (but in addition to this the surgeon of the district has numerous other duties, such as charge of a hospital or wards, professorship at the Medical College, etc.). Under the new scheme the families of Government servants will be entitled to the free attendance of the surgeon in whose district they reside, and this additional work will fall on four medical officers only (as a matter of fact the work will practically fall upon two men only, the surgeons of third and fourth districts, as there are scarcely any gazetted officers resident in the first and second districts), who will of course be unable to cope with it. On the other hand, if the families of Government servants become entitled to the services of any Indian Medical Service officer they may select, the practical result of this will be that almost all the families will seek the attendance of—

the Superintendent, Government Maternity Hospital;
the first Physician, General Hospital;
the first Surgeon, General Hospital;

according to the nature of their indisposition, and so again the work will fall upon about three only of a total of 22 officers.

4. It is not, however, in the Presidency cities alone that the scheme will be unsatisfactory: it will also affect most detrimentally the Civil Surgeons in charge of hill stations such as Ootacamund and Coonoor in this Presidency. The Civil Surgeons in charge of these hill stations receive the lowest pay which they can receive in Civil employ, although the stations are expensive to live in; but they supplement their income by private practice, nine-tenths of which is derived from the wives and families of Government servants whose families are spending the hot weather on the hills. If these families become entitled to free medical attendance, the Civil Surgeon will lose nine-tenths of his income from private practice, but will only draw additional pay on the same scale as a medical officer of similar rank in charge of a second-class district, whose work will be but very slightly increased.

5. In addition to the above reasons gratuitous medical attention in all cases is a mistake, because it results in the medical attendance not being appreciated and being frequently abused, as the following facts which have been reported to me will illustrate :—

1. A lady, the wife of a military officer, and therefore entitled to free medical attendance, was compelled to change her residence, with the result that she was obliged to live outside the district of the medical officer who had previously attended her. On changing houses she asked if she would still be entitled to the free medical attendance of the same officer, because, as she said to that officer, "if I have to pay you each time I certainly shall not call you in to see baby and me nearly so frequently as I have been doing."

2. A lady, also the wife of a military officer and therefore entitled to free medical attendance, desired that the Surgeon of the district in which she was residing should invariably visit her twice a week, even though she was not ill, as she might require his services. Needless to say when she was ill the surgeon's services were requisitioned two or three times a day, and sometimes at night too, and in fact far more frequently than they would have been required had the patient not been entitled to free medical attendance.

6. The feeling between officers of the Indian Medical Service and officers of other departments of Government is so cordial that I think it would be very difficult to find instances in which Indian Medical Service officers have charged fees for medical attendance upon the families of Government servants, which the officials cannot well afford to pay. The tendency in mufassal stations is not to charge at all for medical attendance upon the families of the other Government servants in the station unless the latter are considerably better off than the medical officer, and I think the Service as a whole would regret this privilege being taken away from its members.

For the above reasons I consider a scheme of increase of pay based upon the principle that the increase is granted on the condition that the families of Government servants shall receive free medical attendance will of necessity be unsatisfactory.

57745. (*Lord Ronaldshay.*) Indian Medical Service officers who joined the Sanitary Department had to possess a diploma in public health. Some of them possessed it long before they joined the Department, and others took it prior to entering.

57746. A deputy Sanitary Commissioner in the Madras Presidency had to inspect towns, and ascertain the origin and cause of epidemics in them. He also undertook chemical analyses, and inspected vaccination. His duties were by no means merely administrative or advisory.

57747. (*Sir Theodore Morison.*) Under his scheme for admitting young graduates to the Government hospitals, a young man, who was going out subsequently into private practice, would undertake tutorial work in such subjects as auscultation and percussion, bandaging, the use of a stethescope, and so on. He would also become a sort of non-official assistant to the various professors and assistant professors. He would stay on in that capacity until his own private practice grew to such an extent that he could not find time to attend the hospital.

57748. County hospitals in Scotland were staffed by honorary Physicians and Surgeons selected from practitioners in the town who had specialised. Ordinary general practitioners were not appointed. London hospitals, which had no colleges attached, took men who had specialised in their subjects. They never took ordinary general practitioners on to the staff.

57749. Military Assistant Surgeons could not obtain a registrable qualification unless their preliminary education was improved, and he could suggest no means by which it could be so improved, unless the Government were to give scholarships, which would be an expensive matter.

57750. (*Mr. Chaubal.*) He could not say what was the total number of Indian Medical Service officers in Civil employ when he first entered the Civil Department. There had been an increase since then.

57751. Men who desired to enter Civil employ were put on a register, and selected in order of priority of application. It was within the power of Local Governments to refuse any man sent to them. There had been instances of men being sent back against their will.

57752. At present there were four men on study leave, in addition to the nine men on furlough, allowed to be absent by the rules.

57753. It was a gross misstatement to say that there were only certain posts in which men had opportunities of specialising, and that such posts were not given to the Indian members of the Indian Medical Service. Sir Ronald Ross got his opportunities for malarial investigation while he was in Military employ, and Major Liston also distinguished himself first while in Military employ. There was absolutely no obstacle put in the way of any one in the Indian Medical Service undertaking original work while in Military or Civil employment. An energetic man made his own opportunities.

57754. (*Mr. Sly.*) The official system of communication between the Surgeon-General and the Government was not satisfactory in Madras. He agreed with what was said about this in the corporate written statement* put in by the Indian Medical Service officers of the Presidency.

57755. It was a fact that senior officers in Civil employ did revert to Military duty. He could not give the exact figures, but the number was very small. Such men were put upon a selected list, from which they reverted by seniority. Such a system was detrimental to the Civil medical work of the Indian Medical Service only in the sense that senior officers of experience were withdrawn from Civil employ.

57756. Of the fourteen private practitioners in Madras with English qualifications, only three had taken specialist degrees, one the M.D. of Edinburgh, one (a retired Indian Medical Service man) the F.R.C.S. of London, and the third F.R.C.S. of Edinburgh.

57757. He had collected statistics to show that in the Madras Presidency the value of private practice had increased, and he agreed with the Director-General that it had fallen by 63 per cent. over the whole of India. Whether it had fallen off more than that in Madras alone he could not say.

57758. Professors in the Medical College were all allowed to practice privately, with the exception of the Professor of Chemistry. The senior Medical Officer was allowed only consulting practice. The rest were allowed general practice. The term "consulting practice" had been a matter of controversy between the authorities of the college and the Government for some time, and it had not yet been finally settled.

57759. (*Mr. Fisher.*) Officers of the Indian Medical Service formed a reserve for the European army employed in India, and not only for the Indian army. He did not know whether the size of the Service was calculated on the figures for the Indian army, or on those for the European army also.

57760. There were four central jails in charge of Indian Medical Service men, and two which were not. One advantage in employing an Indian Medical Service officer was that he could do the work both of the Superintendent and of the Medical Officer. As a medical man he was in a far better position to see to the health of the

* Please see Major Miller's written statement (paragraph 57793).

prisoners if he lived amongst them constantly, than if he merely went for an hour in the morning every day. An Indian Medical Service officer, when he entered the Jail Department, went through a course of training in one of the big jails under a man who was already trained.

57761. Personally he thought the promotion examinations which Civil Assistant Surgeons had to undergo were extremely valuable, because many of the men in the Department were inclined to get slack. They were sent away to lonely hospitals up country, and had no intercourse with men who would keep them up to the mark, and if they had not the incentive of an examination at the end of seven years' he was afraid many of them would be apt to get slack. It was not difficult for a man of mature age to pass a written examination, as the questions were made as practical as possible, and were questions which he should be able to answer if he was well up in his work. It would be a definite loss if such examinations were abandoned, unless the scheme for post-graduate training or study leave leading up to an examination already referred to were to be substituted.

57762. The entrance examination for the Indian Medical Service should be made as practical as possible. He had no definite complaints to make of the examination as it was at present.

57763. (*Mr. Madge.*) He could not say whether there was any truth in the report which appeared in the Indian newspapers in Northern India two years ago to the effect that owing to the falling off in the attractions of the service, fewer candidates had come forward than there were vacancies advertised, and the standard for admission into the service therefore had to be lowered. There were fewer candidates going up now for the Indian Medical Service than there used to be. For instance, when he himself went up there were five vacancies, and thirty applicants, whereas at present there were only two or three more applicants than there were vacancies.

57764. There had never been any difficulty experienced in securing qualified persons for the Indian Medical Colleges. The introduction of outsiders was quite unnecessary.

57765. Sufficient facilities for specialising in India existed, provided men took advantage of them.

57766. He was quite of the opinion that Western medical science would gain ground in India if more women doctors were enlisted into the Service. There was plenty of room for such ladies in India.

57767. There were not very many domiciled Europeans or Anglo-Indians in the Madras Provincial Service. There used to be more than at the present time. The reason of the decline was the want of preliminary education. If the prospects of the Service were bettered, a better class of men would be attracted to the Service. The present members of the domicile community had discharged their duties fairly well.

57768. He was not aware of any movement on the part of some lady doctors in Madras to capture all medical appointments for imported ladies, as distinct from locally educated ladies.

57769. (*Mr. Abdur Rahim.*) There were two or three institutions in Madras where medical research work was carried on, for instance the Guindy Institute, and the various laboratories in connection with the Medical College. Indians were employed in those institutions. They were not members of the Indian Medical Service but were subordinates. There was no objection whatever to the employment of Indian members of the Indian Medical Service in those institutions. The best man was chosen, whether he was an Indian or not.

57770. His scheme for admitting young graduates into Government Hospitals did not exclude the possibility of the appointment of Senior Honorary Physicians and Surgeons in independent charge of certain beds. His proposal might lead to that, but it was not his suggestion at present.

57771. Some Indians from the Madras School had gone to England and got into the Indian Medical Service within a year or two of their arrival there; some within a few months.

57772. There were 78 independent practitioners qualified in Western medicine in the Madras Presidency, and 41 in Madras itself, of which latter six were Europeans. There was also a large number of retired medical men who had not registrable qualifications. He had no information as to how many practitioners there were in Madras who competed successfully with Indian Medical Service officers.

57773. He did not agree with Dr. Nair's statement that there were men in Madras who could safely be entrusted with wards in the Madras hospitals.

57774. (*Sir Valentine Chirol.*) There would be no difficulty in recruiting from England men of distinction for chairs in India, except that they would have to be paid very high salaries, with a pension on retirement.

57775. There had always been available at all times in the Indian Medical Service men who could confidently be recommended for any chair that happened to be vacant.

57776. In his opinion there would be great harm done in supplementing the Service by the employment of outsiders. It would interfere seriously with the recruitment of the Service.

57777. (*Sir Murray Hammick.*) He did not know why certain senior officers in Civil employ had to be returned to the Military at the termination of their careers. Possibly it was to enable them to get an extra pension. There was a great deal to be said against such a system.

57778. (*Lieut.-Col. Giffard.*) If the Bacteriological and Sanitary Departments were not amalgamated there would be a divorce between the laboratory man and the field man, such as was already found between the clinician and the laboratory man. It was an advantage to have the two branches interchangeable, instead of keeping them apart.

57779. If individual appointments were created in place of a Service organisation there would always be trouble arising through sick vacancies, and it would also be impossible to staff unhealthy and dangerous districts.

57780. If Honorary Surgeons were appointed from amongst the general practitioners of the towns, they would probably be able to attend only two or three times a week, although the teaching at the hospital had of necessity to go on every day.

57781. Men of sufficiently high preliminary education were not attracted to the Military Assistant Surgeonships simply because the pay in the Department was too low. Young Eurasian boys found much better employment for their particular academic qualifications in other walks of life. If the pay was raised this difficulty would be overcome.

57782. One reason why senior medical officers were sometimes required to revert to Military duty was that, about 25 years ago, a Commission cut down five administrative appointments on the Civil side carrying an extra pension for senior men.

57783. (*Mr. Fernandez.*) He saw no objection to the proposal that all Civil Assistant Surgeons should be gazetted officers.

57784. Civil Assistant Surgeons educated themselves at their own expense. He had no objection to the abolition of the present bond system as an experiment.

57785. He should certainly encourage study leave for Civil Assistant Surgeons, in order to enable them to take special courses of study.

(The witness withdrew.)

MAJOR A. MILLER, I.M.S., Chemical Examiner to the Government of Madras.

Written Statement relating to the Medical Services, being the corporate views of the Officers of the Indian Medical Service in Civil employ in the Madras Presidency.

57786. **(I) Methods of Recruitment.**—(*a*) Present method of recruitment by a competitive examination in England is satisfactory.

(*b*) The Entrance Examination should be as practicable as possible, stress being laid on the practical rather than the theoretical side of the work.

(*c*) Candidates from India should be required to have spent at least three years in a British Medical School.

(*d*) It is a very necessary part of the education of "Indian" medical students who desire to serve in the Indian Medical Service that they should learn enough of English ways, manners and customs to enable them to live, without discomfort, in the society of British officers. Methods of sanitation and modes of living, hospital treatment and dietary, are absolutely different in Europe and in India. Three years is not too long a period in which to become thoroughly acquainted with such matters.

(*e*) Special hospitals for fevers and nervous diseases are as yet non-existent in India, but in Europe are considered very important for students' clinical instruction.

(*f*) As Europe is the home of Western medicine, the whole tone and atmosphere of a British Medical School is better, higher and more stimulating than that in an Indian Medical College. In addition to the above great advantage of a British School, the staff of teachers in a British School is very much more numerous, whilst success in teaching (both by precept and by example) forms in a British School the avenue by which all great medical men climb to fame. In short, British Schools are far more efficient than Indian Medical Colleges. Habits of truthfulness, sense of duty, reliability, and etiquette are more easily, more certainly and more soundly acquired in a British School than in an Indian Medical College.

57787. **(II) Systems of Training and Probation.**—(*a*) The present preliminary training at Aldershot and Millbank should be retained.

(*b*) On arrival in India all officers should be sent to the Presidency town of the Province to which they have been allotted; they should be posted to the teaching hospitals in these towns for the study of tropical disease. A knowledge of Hindustani may simultaneously be acquired from the competent Munshis to be found in all large towns. During this period instruction in Station Hospital management and in the hygiene of British troops (now given to medical officers on arrival in India) can also be arranged for, as there is always a Station Hospital in the Presidency town.

Pay during this period of training should be the same as that of officiating charge of a regiment plus Presidency house rent.

(*c*) Larger facilities should be afforded to Medical officers for taking up resident appointments (*i.e.*, House Surgons and House Physicians) in approved hospitals in Europe, before proceeding to India. The existing rules are sufficient if carried out.

57788. **(III) Conditions of Service.**—(*a*) The conditions of Service should be such that the officers are contented, otherwise recruitment will suffer. It is necessary to emphasise this fact as, under the present excellent study-leave rules, there are numbers of Indian Medical Service Officers working in every Medical School in Britain, and the conditions of service in India thus become very well known to students and junior medical men.

Appointment of Director of Medical Services, Army Headquarters.—It is desirable 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, the same rule should apply as in the case of the other members of the Army Headquarters Staff.

The Director-General, Indian Medical Service.—The Director-General, Indian Medical Service, should be selected from amongst the officers of the Bengal, Madras, and Bombay Services, and not, as at present, only from the Bengal Service.

Private practice.—It has always been the great attraction of the Indian Medical Service that facilities are afforded for practice among the Civil population in addition to experience acquired in Military life. It is therefore essential that these facilities should be preserved and that no new restrictions be imposed, provided always that Government work is performed to the satisfaction of the Head of the Department and of Government.

Transfers.—Owing to the exigencies of the Service transfers from one district to another are unavoidable. The expense of these moves is considerable. Under the present rules a double first-class fare is the largest sum that an officer is entitled to draw. The majority of Medical Officers are married, and thus the whole cost of moving children, servants, house and household effects falls on the officer, who is thereby largely out of pocket every time he is moved "in the interests of Government."

Reasonable cost of transfer should be provided by Government.

57789. **(IV) Conditions of Salary.**—(*a*) Owing to the fact that the rupee purchases in India only two-thirds of what it would purchase 15 years ago, the pay of the whole Service should be raised by 33 per cent. if an officer's financial position is to remain as it was, and, in other words, if the attractions of the Service are not to fall away by 33 per cent.

Decrease of pay.—The pay of Indian Medical Service Officers was fixed on the assumption that they could considerably augment it by private practice, "*vide* paragraph 44 of the Report of the Commission on the Indian Medical Service, dated Calcutta, the 7th March, 1866." This is the reason why the Civil Surgeon draws Rs. 50 less than a Medical Officer in medical charge of a regiment. The possibility of increasing his income by private practice has largely diminished owing to—

Causes of diminution of private practice.—(*1*) Increase of official work (especially Administrative and Sanitary duties) in the districts and the increase of work required, both in quantity and quality, in the teaching centres.

(*2*) The inevitable and desirable increase in the number of well-educated indigenous medical men produced by the Medical Schools under the teaching of Indian Medical Service Professors.

(*3*) The ruling of Madras Government in G.O. No. 271, Public, dated 4th September, 1908, prohibiting "the making of any distinction between out-patients who are really or apparently poor and out-patients who are really or apparently rich" and the practice of the Madras Government in permitting the admission to the Officers' Quarters (*i.e.*, special paying wards), of the General Hospital, Madras, of both male and female patients *who are not* Government servants and their treatment whilst in those wards, at very cheap rates, by Indian Medical Service Officers (the fees being credited to Government). The effect of this ruling and practice is to diminish private practice by bringing into the State Hospitals for free treatment patients who are well able to afford treatment in their own homes.

(*4*) As under the new Factory Act medical inspection of factories has been abandoned, the considerable allowances formerly drawn for that duty have ceased.

(*b*) *Pay of Civil Surgeon.*—Second-class Civil Surgeoncies, involving more responsibility and hard work than the charge of a regiment, should be paid at a higher rate and not a lower one. It must be remembered also that many Indian Medical

Service Officers in medical charge of regiments draw a specialist allowance of Rs. 60 per mensem; such an officer coming into Civil employ and placed in charge of a second-class district, actually loses Rs. 110 per month.

The pay of a second-class district should be at least Rs. 50 per month greater than that of the medical charge of an Indian Regiment, and not Rs. 50 less as at present.

"Acting allowances" whereby officers have to perform (on considerably less pay) the same duties as the permanent incumbent, should be abolished and the full pay of the appointment given to the "acting" officer in both the Military and Civil Services.

(*c*) *Asylums.*—The Superintendent of the Central Lunatic Asylum in Madras lectures on mental diseases to the students of the Madras Medical College. A special teaching allowance of Rs. 200 per mensem should, therefore, be granted, in addition to the present consolidated pay.

(*d*) *Jails.*—The allowance for medical charge of a Central Jail (Rs. 100) is quite inadequate considering the responsible and irksome nature of the duties involved. This allowance, small as it is, is gradually lost to the District Medical Officer owing to the increased employment of Medical Superintendents in the Jail Department.

No allowance is granted for the medical charge of a District Jail, and it is considered very necessary that an allowance should be made, as the Medical Officer has much the same work and responsibilities in a District Jail as in a Central Jail, the only difference being the smaller numbers of subordinate staff and prisoners to be dealt with.

Proposed scale.—The scale of allowances should be Rs. 300 per mensem for a Central Jail, Rs. 200 per mensem for a large District Jail, and Rs. 100 per mensem for a small District Jail.

(*e*) *Port Health Officers.*—Port Health Officers should draw a fixed allowance, as their duties are extremely important, and will become more so with the opening of the Panama Canal. At present a Port Health Officer draws no allowance for Port duties with the exception, that, should he have to inspect vessels in bad weather or on Sundays and holidays, he is granted one-thirtieth of his monthly pay for each such day of inspection.

57790. **(V) Conditions of Leave.**—(*a*) *Furlough.*—Conditions of leave as laid down in the Civil Service Regulations would be adequate, provided the whole amount allowed could be taken during an officer's service. In present circumstances, this is the exception, not the rule.

Till about the middle of 1911 the practice was to allow long leave to 11 officers out of the 56 on the Madras Medical Establishment, in accordance with the one-fifth limit laid down in Article 309, Civil Service Regulations, for officers in the Civil Department.

As the result of a recent decision of Government the number of officers proceeding on leave has been restricted to one-fifth of *cadre posts*. Those officers who are *acting* in Civil appointments are not counted. This decision reduces the number of officers who may be counted to the number of cadre appointments, *viz.*, 45. Under Article 302, Civil Service Regulations, the maximum amount of furlough that may be taken by an officer is six years, but if only nine officers out of about 56 may be absent on leave at one time, the amount of leave allowed by Civil Service Regulations cannot be taken.

Should an officer not be able to take the full period of furlough to which he is entitled, he should be allowed to take half the period actually earned at privilege leave rates.

(*b*) *Closure of leave.*—On many occasions during the past 20 years leave has been entirely closed to Indian Medical Service Officers for long periods between April, 1895, and January, 1901, on account of *war*, *famine*, and *plague*. The leave thus stopped is lost owing to the lack of officers to act in furlough vacancies, and so fulfil the conditions of Articles 308, 309, and 310, Civil Service Regulations.

(*c*) *Casual leave.*—As Indian Medical Service officers work on Sundays and holidays, the amount of casual leave permissible under Article 316, Civil Medical Code, is too small, and some additional compensation should be allowed. The Surgeon-General should be empowered to give casual leave to his officers up to a maximum of 15 days at any time without reference to Government.

57791. **(VI) Conditions of Pension.**—(*a*) No remarks.

(*b*) *Insufficiency of Family Pension Fund.*—The pensions awarded to widows and children under the Family Pension Fund are very inadequate; they do not afford a bare subsistence under present conditions. 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 destitue, but should be in such financial circumstances as to assure their education and upbringing in the same station of life as their father occupied. Considering that few officers have private means, and that the majority cannot possibly save much, 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. In the case of daughters who have become widows, they should be again eligible for the pension toward 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. Many officers, without being in possession of accurate actuarial knowledge, consider that many insurance offices would give better terms, and that the whole question of the Indian Family Pension Fund should be investigated.

57792. **(VII) Such limitations as may exist in the employment of non-Europeans, and the working of the existing system of division of Services into Imperial and Provincial.**—There are no limitations at present, but the proportion of non-Europeans admitted should be very small for the following reasons:—

(*a*) That many Indians who obtain commissions in the Indian Medical Service belong to the non-martial races of India, from which races Sepoys are very sparingly enlisted, and in some cases not at all. For example, Parsis, Malayalees, etc.

(*b*) The combatant native officer, who is sometimes of better family, and higher caste, than the Indian Commissioned Medical Officer, considers himself unfairly treated, in that he has no Army rank and is not admitted to the British Officers' mess, as is the Indian Commissioned Medical Officer.

(*c*) Difficulties always arise, both in peace time and especially in time of war, when it becomes necessary to place the medical charge of European troops in the hands of non-European Medical Officers.

(*d*) Both in the Army and in the Civil Services the wives of European officers strongly object to treatment by non-European medical men, especially in cases of obstetrics and gynæcology.

(*e*) The Indian Medical Service is well known throughout the world as having furnished famous men in all branches of medical and scientific work, and although for many years the Service has been open to Indians, the roll of famous names contains no Indian one.

(*f*) The Indian Medical Service Officers in civil employ form a medical war reserve for the Army, both European and Indian, and may be called upon at any moment to take the field with troops. In fact, it cannot be disputed that the Civil side of the Indian Medical Service forms the finest medical war reserve in the world. The officers have all had Military training with troops, and many have seen active service. It is important that no officer should be found in the Indian Medical Service who would naturally shrink from active service, or whom it would be considered inadvisable to send on active service.

(*g*) That the level of teaching in the medical schools of India is high, is shown by the large

numbers of Indian-trained students who take British qualification without further teaching. In Madras the professorial staff has been entirely European, and in our opinion, if its standard is to be maintained, it is absolutely necessary that it should remain so.

Provincial Service.—There is at present no real Provincial Service.

If a Provincial Service is to be started (and there is admittedly ample room for one), extra posts must be created, so as to leave intact the present appointments for the employment of the War reserve, *i.e.*, Civil side of the Indian Medical Service. No attempt should be made to provide appointments for a Provincial Service by cutting down those now held by the Indian Medical Service Officers. As the number of Indian Medical Officers in the Madras Presidency is, approximately one to one million of the population, it is evident that there is ample room for the creation of such extra posts.

57793. **(VIII) Relation of the Service with the Indian Civil Service and other Services.**—(*a*) The Surgeon-General should be a Secretary to Government, and the Personal Assistant to the Surgeon-General an Under-Secretary to Government in the Medical and Sanitary Departments, both being paid as such. Under present conditions, the Surgeon-General, who is the head of the Medical Department, advises Government as to medical questions and gives reasons for his opinions. These are transmitted to Government through the Secretariat, and are there criticised by non-medical men. Unless the Government chooses to ask any further questions of the Surgeon-General, the matter is settled, and orders are passed. No opportunity is given to the Surgeon-General of supporting or refuting the opinions expressed by the Secretariat. The Surgeon-General is in fact in the position of a debater who moves a motion in a debating society, but who is not entitled to hear the debate, or to reply, but to whom the results of the debate are communicated as a Government Order.

The Government occasionally consults the Surgeon-General (by unofficial reference) on the different points raised by the Secretaries and others, through whose hands the files pass in the Secretariat, but this is not the routine procedure. If he were a Secretary to Government all files would come through his office. The Medical Department is just as technical as the Public Works Department, which is represented by two Secretaries to Government, each with an Under-Secretary. The arrangement proposed would facilitate work, and relieve the Chief Secretary from a burden which is daily increasing.

(*b*) *Increased powers of District Medical Officers.*—The District Medical and Sanitary Officer of a district should, in the interests of discipline and efficiency, have complete control over medical subordinates, including vaccinators, as regards transfers from one station to another within the district. The present system by which transfers of medical subordinates can only be carried out with the sanction of the President, District Board, tends to lower the status of the District Medical and Sanitary Officer in the eyes of his subordinates, who are aware that the District Medical and Sanitary Officer has no real power over them. The provincialisation of all District Headquarter Hospitals should be the first step in the direction of this very necessary reform.

(*c*) *Confidential Reports.*—At the end of every year each Indian Medical Service Officer is reported on confidentially by the Surgeon-General; this report is sent to the Local Government, which adds its own remarks. The report is then forwarded to the Director-General, Indian Medical Service, who files it for reference until the question of selecting the officer for promotion arises. When the time of selection comes, these confidential records are scrutinised, first by the Director-General, Indian Medical Service, and then by the Government of India, and are used in forming a judgment on the suitability or otherwise for promotion of the officer in question. It will be seen, therefore, that it is of the utmost importance that the remarks of the Surgeon-General and of the Local Government should be absolutely self-explanatory and clear, because, when this scrutiny occurs, the officers responsible for these remarks and reports may have long since left the country, and thus no explanation of an ambiguous remark is available. Should an unfavourable remark be entered in these confidential reports, it is laid down in regulations that the remark shall be communicated to the officer concerned, either verbally or in writing, but there is nothing which compels the Government to give reasons for their opinions should the officer reported on consider them unjust. It is important, therefore, that no remark contained in these reports should be of an ambiguous nature, so that the officer concerned may be sure in what way he has transgressed and be able to correct his fault and prefer an appeal, should he wish to do so.

In all matters which affect the professional conduct or qualifications of a Medical Officer, it should not be open to any lay authority to override or disregard the Surgeon-General's opinion. Should such a lay authority be dissatisfied with the Surgeon-General's opinion, the matter should be referred to the Director-General of the Indian Medical Service, whose decision should be final.

57794. **(IX) Any other points within the terms of reference to the Royal Commission not covered by the preceding heads.**—(*a*) *Private practice*—

One of the attractions of the Indian Medical Service is that private practice is available for those who desire it. The keenest men of the Service naturally gravitate to posts in which they can exercise this right; it has always been the case that the most capable surgeons, physicians, and research workers have been found in the ranks of the Civil side of the Indian Medical Service. It is obviously to the advantage of Government to preserve the attractions of the Civil branch of the Service. It has always been understood that private practice was one of the *rights* of the Indian Medical Service, this right being founded on the East India Company's Act of 1772 (13 Geo. 3, c. 63).

"24. And.....from and after the first day of August one thousand seven hundred and seventy-four no person holding or exercising any Civil or Military office under the Crown or the said United Company in the East Indies, shall accept, receive or take, directly or indirectly, by himself or any other person or persons on his behalf, or for his use or benefit, of and from any of the Indian Princes or powers, or their ministers or agents (or any of the natives of Asia) any present, gift, donation, gratuity or reward, pecuniary or otherwise, upon any account or on any pretence whatsoever; or any promise or engagement or any present, gift, donation, gratuity or reward .....

"25. Provided always.....that nothing herein contained shall extend or be construed to extend to prohibit or prevent any person or persons who shall carry on or exercise the profession of a counsellor of law, a physician or a surgeon, or being a chaplain, from accepting, taking or receiving any fees, gratuity or rewards in the way of their profession."

The Secretary of State still uses the following words in his Memorandum regarding the position of officers appointed to His Majesty's Indian Medical Service—

"Medical Officers are not debarred from taking private practice so long as it does not interfere with their proper duties."

It is likewise a fact that this opportunity of private practice has always been held out as an inducement to join the Indian Medical Service, and in the Memorandum issued by the India Office to intending candidates for the Service, this fact is mentioned. Needless interference with the rights of private practice or any of the privileges of the Service at once becomes known among the students of the Medical Schools in Great Britain and Ireland and affects recruitment for the Service.

(*b*) *Official residences.*—Owing to the fact that Indian gentlemen have greatly improved their conditions of living and approximated them to European standards, a great demand for superior house accommodation has arisen in all towns, with the natural result that house-rent has gone up, and houses formerly available for European Govern-

ment servants are now occupied by wealthy Indians. The consequence is that Government officials transferred from station to station frequently find it difficult or impossible to obtain suitable house accommodation for themselves and their families. Government have built residences for their servants in many places, but the rules under which these houses are provided are not equable for the following reason:—

The houses are erected with reference to the average salary of the class of officers who will usually occupy them. This rule applies excellently in the case of Judges and District Collectors whose pay ranges from Rs. 2,000 to 3,000, and from Rs. 1,800 to 2,500, respectively, but it does not work properly in the case of a graded Service like the Indian Medical Service, where the medical charge of a district may be held by a Captain, Major, or Lieutenant-Colonel. For some districts Rs. 1,250 (the maximum pay of an unselected Lieutenant-Colonel holding a Second-class Civil Surgency) has been fixed as the basis for calculating the outlay admissible on houses, but in others only Rs. 850, the pay of a Major of three years' standing, has been allowed. It is obvious that a Major's house may not be suitable for the accommodation of a Colonel and his family.

If a district is provided with a bungalow fit only for a junior officer, it will be impossible to send a senior officer to that district. This will lead to administrative difficulties of an unnecessary kind.

The obvious remedy is to provide accommodation suited to the requirements of the most senior officer eligible for such a post, as all officers provided with Government houses pay up to 10 per cent. of their income as rent.

MAJOR A. MILLER called and examined.

57795. (*Chairman.*) Witness had 17½ years' service. He had served in five districts in Civil employ, was for five years in Military employment, and was then appointed to the chemical department.

57796. At present candidates from India only spent a few months in a British medical school. The proposal that they should spend at least three years in such an institution might, to a certain extent, have a deterrent effect on Indians competing, but it would certainly do an immense amount of good. It was undoubtedly the fact that medical colleges in India were not as efficient as those in England.

57797. If there was any large increase in the number of Indian Medical Service officers it would affect not only the recruiting of the Indian Medical Service, but also that of all the other European services.

57798. The whole atmosphere and training of an English medical school was a great deal better than that of an Indian school; the staff was more numerous, and the different departments were more developed. The out-patient department was practically non-existent in India; there was no staff for it. At the same time, so far as it went, the level of teaching in the Indian medical schools was high, although inadequate in certain branches. For instance, an Indian student could gain no experience of midwifery in India.

57799. Another point was that the relations between senior and junior students was much better in English hospitals than in Indian.

57800. The average time, six years, which an officer spent in Military employ before entering Civil employ in Madras was not too long. Any officer keen on his work would keep it up.

57801. A regimental officer when first joining a Civil Surgeoncy was in a position to perform the duties without any actual training. He had been used to administration in his own hospital. There was no necessity to place such an officer under a Civil Surgeon for some months, but on first coming out to India he should enter a Presidency Civil Hospital before joining his regiment. At present an officer on arriving in India generally went straight to the Royal Army Medical Corps station hospital, where the practice was very limited, specially for junior officers.

57802. Witness had been requested to oppose strongly the proposals that appointments to the medical colleges and the Imperial Departments should be made directly by the Government of India or by the Director-General. In the first place, such a suggestion was exactly opposed to the proposals of the Decentralisation Commission; secondly, taking the Madras Medical College as an example, the result would be that its officers would all come from the north, simply because the Director-General would only appoint those men whom he knew. The outcome would be that the Madras Presidency would become a sort of penal settlement for Indian Medical Service officers, just like the Madras Army was in the old days. That would apply equally to all places remote from Simla. Then, judging from the results of education in the Madras Medical College, the proposed change was not at all necessary. There was an examination held by the Director-General for the Military Assistant Surgeons for the whole of India. They were drawn from Bombay, Calcutta, and Madras. It was the only examination in which the teaching of the different colleges could be compared, and he desired to point out that in 1912 pupils of the Madras Medical College filled the first 11 places, and that in 1913 they filled the first five places. It was quite evident, therefore, that the teaching in Madras had not suffered under the present system. Another point was that the majority of medical officers looked forward to filling the higher appointments, and if such positions were all centred in Simla, and if officers well knew that they would not be appointed, there would be a general deterioration in large portions of the Indian Medical Service. The only way really to maintain the efficiency of the Service as a whole was to let each province appoint its own men, with discretion to ask for outsiders if suitable men were not obtainable locally. Again, under the suggested scheme, officers would be practically removed from provincial control, although the hospitals and departments, which they were working, would be supported by provincial funds. Finally, the administrative medical officers would become comparative nonentities.

57803. The same objections would obtain in regard to the jails and the sanitary department.

57804. He held the same views as the previous witness with reference to outside practitioners practising in hospitals. He favoured the proposal that medical graduates should be admitted to the hospitals as House Physicians and House Surgeons.

57805. He suggested an increase in salary of one-third for officers of the Indian Medical Service.

57806. He would not care to say whether, if officers were given an increase of pay, they would be prepared to attend the families of entitled officers free. It might make no difference in the case of one officer, and a very large difference in the case of another officer.

57807. The leave reserve was inadequate.

57808. (*Sir Murray Hammick.*) It was not customary at once to post all officers, on entering Civil employ, to a general hospital; only in some instances was that the practice.

57809. (*Mr. Abdur Rahim.*) He had no personal experience of the work of Indians who had entered the Service after a very short residence in England. His objection was based on his knowledge of medical training in India and in England.

57810. There were sufficiently well-equipped hospitals in India for midwifery cases, but the personal cases could not be obtained. In England students personally conducted midwifery cases outside the hospital, under supervision. For cases in the hospital the staff was responsible, and in cases outside the student was personally responsible. They received a preliminary training in the wards, and then went and attended cases outside.

57811. (*Mr. Madge.*) Every Indian wishing to enter the Service had to obtain a nomination from the Director-General that he was in every way suitable, whether he had been trained in India or in England.

57812. An officer coming into Civil employ, and being placed in charge of a second-class district, actually lost Rs. 110 a month. It was true an officer could refuse to be so moved, but many men were more keen on their profession than on the Military side of the Service, and preferred to sacrifice the amount in order to have the benefit of larger practice.

57813. (*Mr. Fisher.*) He had no opportunity of keeping up his chemistry while in Military employ, except in so far as he had plenty of time.

57814. While in Civil employ he acted as Assistant to Colonel van Geyzel, and spent two years at King's College in England. He obtained his degree of F.I.C. before he permanently became professor.

57815. He had heard of no objection on the part of the rank and file of the Indian Army to being treated by an Indian medical officer on the ground that he was not of a martial family.

57816. (*Mr. Sly.*) He could not refer the Commission to any rule which laid down that the Director-General should be selected from the Bengal Service. He was speaking by the book. There was a remark somewhere by the Director-General that it would be open when the General List matured.

57817. The Millbank and Aldershot courses should be maintained, irrespective of what was done in India.

57818. (*Lord Ronaldshay.*) The allowance given for the inspection of factories varied according to the district. In most instances it would be a small amount.

57819. District headquarter hospitals should be put under the control of Government and be made provincial, so that they would come under the district medical officer.

57820. (*Lieut.-Col. Giffard.*) He had heard a rumour that none of the last batch of candidates would have been successful if the standard of admission had not been lowered. He did not know where the rumour had originated.

57821. It was undoubtedly one of the great advantages of training in a large centre like London or Glasgow that a medical student was not confined to one medical school, but had the opportunity of visiting many schools and hospitals, and thus received a much better education than could be obtained in a provincial school like that of Madras or Calcutta.

57822. It was the feeling of the Service that if station hospitals were inaugurated, junior medical men in regimental employ would gain in experience more than they did under the present system of being scattered about in regiments. At present such officers hardly dared to carry out operations on account of defective equipment, but they would be placed in a much better position in that respect in a station hospital.

57823. When the Service said that medical officers on first coming out should go to the big Civil hospitals in presidency towns, it was simply reverting to a practice which had been given up on account of economy 20 years ago.

57824. The Service suggested that district headquarter hospitals should be taken away from the district boards and municipalities, because district boards hardly ever found sufficient money for the work, and also because, under the present system, the district medical officer was under the collector instead of under the Surgeon-General.

57825. He knew of several instances of officers who had refused leave on account of not being able to afford it.

57826. There were several reasons for the discontent which at present prevailed with reference to the family pension fund. In the first place, there was a general impression that the actuarial figures were not correct. Secondly, officers were limited as to the amount they were allowed to contribute. It was not a real insurance fund. Thirdly, if an officer's wife died, everything he had put in for her was lost, and if he married a second time he had to start all over again. Fourthly, the results were very poor. A widow of a junior officer would only receive £40 a year. Fifthly, there was no provision for a lump sum on retirement. Another point was the pension for sons, which stopped at age 21. Unmarried officers receive no return at all. Again, no balance sheet was published. The report of one actuary had said that the management expenses were enormous—something like 25 per cent. There had been a controversy in the Press on the matter in 1907, as a result of which the contributions were suddenly reduced by about 25 per cent.

57827. (*Sir Theodore Morison.*) He was not aware that there had recently been an examination into the fund, the outcome of which was to show that the results were considerably better for officers than would be obtainable from an insurance company.

57828. (*Mr. Fernandez.*) With reference to the proposal to provincialise district headquarter hospitals, he had no objection to including hospitals held by Civil Surgeons.

(The witness withdrew.)

MAJOR M. N. CHAUDHURI, I.M.S., District Medical Officer, Guntur, Madras.

Written Statement relating to the Medical Services.

57829. **(I) Method of Recruitment.**—The present method of recruitment by the competitive examination in England with an English qualification is essential for general efficiency as the study of diseases there is varied and more up-to-date. The training in England is also good for the formation of character.

57830. **(II) System of Training and Probation.**—A medical student in modern times has to put in five years' course before he is able to qualify himself as a doctor. It has now become a universal rule to undergo two years' post-graduate training in recognised hospitals or universities before competing for the Indian Medical Service Examination. If this rule be made compulsory for those who intend appearing for the Civil Branch of the Indian Medical Service it will not be necessary for them to undergo any other training except that which he has to do after he passes the competitive examination. Now that the Service rules allow an officer to take study leave, he can utilise any period of his service to go to England and specialise in any particular branch. After an officer has put in two years in the Military Branch, he may be posted to the Civil Department and according to his aptitude posted either to the Educational Branch, the Research Branch, the Civil Branch, the Sanitary Branch or to the Jail Department. An officer on joining any one of these branches may be on probation in these respective branches for a period of six months to learn the work of the department and also one of the vernacular languages for passing the lower standard examination to enable him to be popular in the discharge of his duties.

57831. **(III) Conditions of Service.**—Conditions of the Service are not as favourable as it appears to the outside public. A Civil Surgeon (District Medical and Sanitary officer) in the Madras Presidency has his work cut out for him and it takes him nearly eight hours a day to enable him to get through his ordinary jail, hospital and other administrative duties. Touring alone takes him out of headquarters for four months in a year. He cannot therefore command anything but a consulting practice. The medical practice is out-

stations is absolutely nil. If he gets any case at all, it is one of those where the chances of recovery are none, as people are not educated and readily resort to the quacks for medical aid. An officer may get a few surgical cases where European method of treatment has been worked up and appreciated. The Surgical practice also largely depends upon the qualifications of Assistant Surgeons and private practitioners of the locality. If the latter are qualified enough to tackle surgical cases, an Indian Medical Service officer in the Civil Branch has hardly any chance of getting anything worth speaking of. Besides, free treatment is given in the Public Head Quarters Hospitals, and persons in position resort to them as no charge is made for such treatment. This practice is not only unfair to the Indian Medical Service officer, but it is also unfair to the growing private Medical practitioners. It is well known that, however skilful a doctor may be, he must first of all gain the confidence of the people. He should know their constitution, their wants, their language, their idiosyncracies and also their superstitions. In order to do this, a Medical officer should at least be in charge of a Civil station for three years and if he is able to popularise European method of treatment and put down quackery, he may be allowed to stay on and not transferred unless it is on promotion. In the Civil branch as it stands, there are no prospects of obtaining higher appointments as there are only four such. These are the appointments of:—Surgeon-General, Inspector-General of Prisons, Sanitary Commissioner and Surgeon to His Excellency the Governor. His Excellency the Governor has now the option of selecting his own Medical officer and may bring one from other Province; hence it is a loss to the officers serving in the Madras Presidency. It is therefore necessary to develop the Civil branch of the Indian Medical Service by provincialising the whole of the Medical Department and relieving the Surgeon-General of his multifarious duties by creating three Deputy Surgeon-Generals, one for the Eastern, one for the Southern, and one for the Western Districts of the Madras Presidency. The Surgeon-General will then be the administrative head of the Civil Branch, Research Branch, and the Teaching Branch, and will also be the Dean of the faculty of Medicine. He will also be an adviser to the State regarding the improvements of these branches. The Deputy Surgeon-General should be an Inspecting officer and should inspect all the important Hospitals and as many minor institutions as possible, to familiarise himself with the working of the varous institutions under his control and to bring up and equip these institutions to an up to date standard. He should deal with all the routine papers of each group, such as sick and invaliding certificates Medical indents, and other periodical returns and deal with transfers of all Sub-Assistant Surgeons under him. He will also recommend Civil Assistant Surgeons for higher appointments in the Provincial Medical Department. One of these officers (Deputy Surgeon-Generals) may be selected by the Government to be the Surgeon-General with the Government of Madras. A rule may also be made that an Indian Medical Service officer of eight years standing in the Civil Department should not be transferred to the Military branch unless in case of unusual emergency. The selection of Deputy Surgeon-Generals may be from officers of the Civil branch of 17 years standing.

At present there are no Police Surgeons in Madras Presidency and one may be specially appointed to deal with Police cases, etc.

The Sanitary Branch should consist of the following officers:—

(*i*) Sanitary Commissioner. He should have a personal assistant to do the routine work of the Department when he goes out on tours of inspection.

(*ii*) There should be three Deputy Sanitary Commissioners for Eastern, Southern, and Western Districts.

57832. **(IV) Conditions of Salary.**—Indian Medical Service is the most badly paid Service in comparison to the other Services in the Civil Branch. The officers of the Indian Medical Service enter the Service rather late in life, very few before 25, and most of them after 25. The course of training is the most expensive of all. They are generally married men and the conditions of living, etc., in a Civil station being expensive, they can hardly manage to make both ends meet. When they attain 12 years' Service their pay is only Rs. 750, which is very low in comparison to the Indian Civil Service, the Indian Police, and the Public Works Department. I therefore propose the following time scale of pay:—

1	Rs.	400	Annual increments of Rs. 50 from the commencement of the service.
2	,,	450	
3	,,	500	
4	,,	550	
5	,,	600	
6	,,	650	
7	,,	700	
8	,,	750	To be promoted to the grades of Captain and Major on the completion of three and ten years' service respectively.
9	,,	800	
10	,,	850	
11	,,	900	
12	,,	950	
13	,,	1000	
14	,,	1050	
15	,,	1100	
16	,,	1150	
17	,,	1200	On the completion of 17 years' service an Officer may be promoted to the grade of Lieut.-Colonel.
18	,,	1250	
19	,,	1300	
20	,,	1350	

If the above time scale of pay is approved, exchange compensation allowance may be discontinued.

The pay of the Deputy Surgeon-Generals, of which there should be two grades, may be from Rs. 1,600 to Rs. 2,000 by annual increments of Rs. 100.

The jail, presidency, local and study leave allowances may be allowed to remain as they are at present.

The rates of travelling allowance on transfer may be fixed at double first class, three third class for servants and two waggons free for household effects.

As touring in the interior of districts is increasing in the interests of village sanitation; prevention of epidemics, selection of sites for public buildings, wells, etc. Tentage and horse allowance may be granted.

The pay of the Education Branch may be left to the Surgeon-General for revision in consultation with officers now in charge.

The scale of pay, etc., for Sanitary and Jail branches has been recently revised and does not require any further alteration.

Classification of districts into first and second classes is not made for any other branch of the Civil Service and the reason for such distinction is not quite apparent in the case of Indian Medical Service.

57833. **(V) Conditions of Leave.**—The present regulations require the consideration of the Commission as they do not satisfy the officers in any of the Branches of the Civil Service. Privilege leave may be allowed to accumulate to six months instead of losing the same at the end of three years. According to the present rules, an officer does not want to take one month's privilege leave at the end of each year, as he is mostly stationed far away from the hills and the time that he can spend there is very short for health purposes. Three months privilege leave is also no good to an officer who wants to recoup his health. Madras is hot for nearly nine months in the year and when an officer takes three months' leave he has to come back to the hot plains and loses all the benefit that he derives from the change in about ten days. It is therefore necessary to take at least six months' leave if condition of pay allows him to go to the best climate whether in India or out of India for the improvement of health. He cannot take furlough, as furlough does not become due for a number of years, and also as the furlough pay is calculated at half of the average salary of the last three years. It is for this reason that I suggest that an officer may be allowed to save his privilege leave to a maximum of six months. If the above be not allowed, furlough pay may be raised to two-thirds of the average salary of the last three years, or an officer may be allowed to have the option of taking half his furlough on full pay and the same may be allowed to be taken during any part of an officer's service.

57834. **(VI) Conditions of Pension.**—Conditions of pension may kindly be revised as 30 years of service to gain full pensions is too long, especially for this Service, as an officer enters the Service rather late in life and has to work even during holidays, which amount to more than six years during the course of 30 years' service.

£225 may be given to an officer who is retired on medical certificate after 12 years' service and £300 after 15 years.

On completion of 15 years' service, pension of £40 for each completed year of service may be sanctioned to earn the pension of £700 at the end of 25 years' service.

The option of retiring from the Service may be allowed to remain as it is now, *i.e.*, on the completion of 17 years' service.

57835. **(VII) Such limitations as may exist in the employment of non-Europeans and the working of the existing system of division of Services into Imperial and Provincial.**—I am afraid I do not know what information is exactly wanted by the Royal Commission under the above heading, but I offer a few remarks with reference to the Memorandum submitted from Madras.

No limitations exist in the employment of Non-Europeans, and no apparent difficulty has arisen in the working of the existing system as there is no properly organised Provincial Service.

I well remember reading some time ago in one of the English papers of the backward Provinces in India, the arguments now urged against our recruitment into the Indian Medical Service, but I hardly thought they deserved consideration. I am, however, surprised to find them held up against us in Madras, as our relations with the European members of the Service have seemed perfectly cordial up to now.

It is urged in all quarters that the problem of maintaining administrative efficiency of the present time depends largely upon the inclusion of Indians of high character and attainments in the Public Service. However, the idea of sole monopoly on the part of the European members of the Service is a curious one. We may just pass on, as we are aware that suggestions like these can never be seriously taken up.

(*a*) It is well known that the men who enlist in regiments are invariably of a lower order and illiterate, and that the majority of those who rise to the position of combatant officers, rise from the ranks of the seven-rupee-wallas, and it is strange that comparisons should be made between those uneducated men and Indian commissioned medical officers of His Majesty's Service.

It may be that some of the Indian commissioned medical officers belong to the so-called non-martial races of India; but there is nothing on record to show that they have not discharged the duties of the State at all times with valour, devotion and honour.

(*b*) If British officers think the Indian combatant officers are eligible they could easily make them members of their messes. I think they will only add to, rather than take away from our dignity and superiority.

(*c*) I have not heard of any difficulties arising, in peace as well as in war, by placing non-European medical officers in charge of European troops nor have they been specified in the Memorandum.

(*d*) I have no intention of saying much more, but as regards the question of English ladies and Indian medical men, all I can say is that during my 14 years' service, my services have never been rejected on account of my nationality.

(*e*) Regarding the statement that the Indian Medical Service has been open to Indians for several years and that no Indian member of the Indian Medical Service has made a name in the scientific world, I respectfully submit that no research work for the advancement of any particular branch of medical science can be carried out unless a man devotes his life time to it. It has been admitted that no Indians have yet been appointed to any of the institutions where they can work up and make a name in the scientific world, and if facilities are now opened up, to both Indians and Europeans, it is quite within the range of possibility that the former would contribute more to scientific literature than they have hitherto been able to do.

We are, however, thankful to note that we have also been included with our European colleagues in the finest war reserve for our keenness of work and professional and administrative abilities.

The appointment of Civil Assistant Surgeons should be by competitive examination. They should start on Rs. 200 and rise up to Rs. 650 by annual increment of Rs. 18 till 25 years' service is completed.

Higher appointments should also be thrown open to the Civil Assistant Surgeons as they are done in other services.

57836. **(VIII) Relations of the Services with the Indian Civil Service and other Services.**—Cordial relations exist with Indian Civil Service and other services.

57837. **(IX) Any other points within the terms of reference to the Royal Commission not covered by the preceding heads.**—The formation of a teaching body is essential and the officers appointed to the staff of such a body should be, as far as possible, permanent officers, and should devote their whole time to one particular subject. Their places when vacant should be filled up by their competent assistants. For each professor there should be two clinical assistants, one of them to be an Indian Medical Service officer and the other an Indian with English qualifications of approved merit. Selected officers should be appointed to the Research Branch, and their emoluments made liberal as their work entails a good deal of personal risk.

For the teaching staff, additions and improvements are necessary to the General Hospital, Madras. Departments for the advancement of tropical diseases and original work may also be opened. As the teaching staff will not be always available to meet the demands of the public, special surgical and medical wards may be thrown open for some of the officers of the department and for private practitioners who would also hold clinics for the benefit of the students. The Senior Physician of the Teaching Staff should be appointed Principal of the College and also have the administrative charge of the whole medical institution.

Scholarships may be given to selected students of the Indian Universities to go to Europe for a period of three years to obtain a qualification and to do some original or other work which will qualify him for a better appointment in the Civil branch or in the Teaching Staff.

MAJOR M. N. CHAUDHURI called and examined.

57838. (*Chairman.*) Witness had been in the Service fourteen years and six months, and now occupied the position of District Medical Officer.

57839. There were five Indian members in the Service in Madras, three of whom had all their medical training in England, and two of whom had had a two years post-graduate course before competing for the examination. Amongst the candidates who went up in this year there were about a dozen who had had a two years or more post-graduate course, some of them having had four. He was in favour of those competing in England

taking a three years' course in that country, where, after having graduated in India, they could obtain a better training.

57840. A smaller number of Indians, as compared with Europeans, applied for Civil employ. This was probably due to the fact that regiments were mostly stationed in healthy places, and also to the belief amongst Indians that they would not get good appointments if they entered the Civil Department.

57841. The fact that a much larger number of European members of the Service possessed special qualifications than the Indian members might be explained on the ground that Indians who went to Europe were not financially well off, and therefore could not stay sufficiently long in that country to qualify themselves for higher degrees. If a three years' course were imposed, possibly more would obtain higher qualifications.

57842. No complaints had been made by Indians about the stations to which they were appointed, as, being Govermant servants, they could not well complain, but if merit were taken into consideration he thought they were quite competent to hold better appointments than they held at present. A University qualification was no proof that the holder was the best doctor, as it was only practice that made a competent medical man.

57843. Two years in Military employ were quite sufficient for a man to learn his Military duties, and he himself entered Civil employ after two years, together with three Europeans. He regarded the two years in Military employ as having been profitable as a training for Civil medical practice. He had been himself in the Southern Shan States, at a very feverish place, with something like 250 to 270 fever cases in the hospital every day from the middle of May to the middle of October, so that he had had a fair experience of certain kinds of fevers before coming into Civil employ.

57844. There was no place in the Presidency at present where officers could receive training in Civil medical work during Military employ except in Bangalore. There were station hospitals in Madras, but not properly equipped. Probationers should come to the hospitals in the Presidency towns for six months at the beginning of their Military service before joining their regiments, and then be sent to their posts.

57845. His suggestion that scholarships should be given to select students of Indian universities to enable them to go to Europe for a three years' course to qualify themselves for better appointments in the Civil Department or in the teaching staff did not mean that certain Chairs should be removed from the Indian Medical Service officers and thrown open to men outside the Service. The scholarship holders, being Government scholars, should compete for the Service examination, and if they failed to get in, preference should be given to them in filling Provincial appointments on their return to India.

57846. He suggested the provincialisation of the whole of the Medical Department. At present, the larger hospitals belonged to the municipalities, and received contributions from the district boards, as they took in patients from all parts of the districts. The local boards also maintained a certain number of medical institutions, and the District Medical Officer had hardly any controlling power over them. His proposal was that all these institutions should be placed under the entire control of the District Medical Officer. In most places the headquarters hospitals were very badly equipped, and district officials and their families could not obtain the desired treatment except by going to Madras. The local boards had not sufficient funds. If the headquarters hospitals became Government institutions they could be brought up to modern standards and properly equipped, and every facility could be given for the treatment of all classes of the community.

57847. The other higher appointments he desired to see thrown open to the Civil Assistant Surgeons were certain Civil Surgeoncies which might be created in the Presidency. There were only five now, and there were many important places where Civil Surgeoncies might be established. Civil Assistant Surgeons were continually holding acting appointments as District Medical Officers, and two districts had been absolutely thrown open to them.

57848. (*Mr. Chaubal.*) His impression was that the successful candidates in the Indian Medical Service examination studied, as a rule, in England for about two years before competing.

57849. The recruitment of Professors to the Medical Colleges from outside the Indian Medical Service would take away from the prestige of the Service. In the Indian Medical Service there were a number of eminent men quite able to discharge the duties as efficiently as practitioners from outside.

57850. Apart from hospitals at headquarters, there were others in the mufussil in charge of Government subordinate medical officers lent to local bodies. The District Medical Officer or Surgeon-General had no control over them; the control being in the hands of the taluka and district boards. The municipal chairman could not transfer one man from one municipality to another, but he could transfer from one hospital to another in the same municipality. The medical officers had no control over such transfers, but they could recommend transfers. The District Medical Officer also inspected the hospitals and could report upon them. So long as these officers were attached to the local fund and municipal institutions, the Surgeon-General had nothing to do with them. At present his duties consisted in countersigning leave certificates and invalid certificates, and in considering any punishment that might be given to subordinates. That work he wished to see transferred to the District Medical Officers. The advantage to the community so far as medical relief was concerned would be that if a medical subordinate was not doing his duty properly he could be removed and replaced by a better man. There had been in districts instances where the District Medical Officers had recommended transfers and those recommendations had not been accepted.

57851. (*Mr. Sly.*) Recruitment to the Indian Medical Service should be confined wholly to men who had also had their medical education in Great Britain. He would not allow men who had passed through a medical course in Madras to go up for the Indian Medical Service examination without an English qualification.

57852. During the absence of the District Medical Officer on tour the main hospital was in charge of the Assistant Surgeon at headquarters. The Assistant had sole charge of the medical work, but could not sign travelling allowance, contingent and pay bills.

57853. There were a certain number of first and of second class districts. He himself had not been posted to a first class district. A District Medical Officer going to a first class district received Rs. 50 extra, and if there was a jail, a jail allowance. He did not mean to suggest that there had been anything wrong with regard to the promotion of Indians. His was a graded service, and he had had his grade pay up to the present. Their only grievance was with regard to the posting. They were neither appointed to the colleges, nor were they given lucrative posts in the Presidency towns or other first class places.

57854. There was a good deal of feeling outside the Service that the Indian Medical Service officers were not competent, but that was largely due to the fact that men in general practice did not come much into contact with the Indian Medical Service officers, and therefore he had suggested that if certain wards in big hospitals were thrown open to private practitioners they would be able to associate with the Service officers, and both officers and private practitioners would be able to work together for the advancement of the medical profession in India. The system was not adaptable to the ordinary district headquarters hospitals as they were too small, but it should be tried in the larger towns.

57855. (*Mr. Fisher.*) There was no truth in the complaint that the Civil Assistant Surgeons were not allowed to gain experience in the performance of operations as far as the districts were concerned. He had known Civil Assistant Surgeons who had done many major operations, and had acquired all the experience necessary. Some Civil Assistant Surgeons, however, would not attempt important operations, but would send for the District Medical Officer.

57856. (*Mr. Madge.*) A man should be qualified before he underwent a post-graduate training. It would be quite possible for a graduate to go to England for three years and obtain his medical qualification, and afterwards take a post-graduate course for two years, without exceeding the age limit for entering the Service, because a good student ought to finish his medical studies by 22 or 23.

57857. There were men in the Indian Medical Service who were quite capable of holding their own as professors with men from any other country in the world, and they could be obtained much more cheaply than qualified professors from outside.

57858. He suggested higher appointments for Civil Assistant Surgeons, but would not increase the number of districts. At present there were five districts in the presidency, where Civil Assistant Surgeons were employed as district medical and sanitary officers, and he would therefore create fifteen other Civil Surgeoncies in the presidency, thus making twenty. There were a number of municipalities, where Civil Assistant Surgeons could be put in, with ample scope for work, and could be called Civil Surgeons but without being given the actual charge of districts.

57859. (*Mr. Abdur Rahim.*) He would lay it down as a condition that before a man appeared at the examination he must have undergone a two or three years' course in England, because the method of teaching in England was quite different from the methods in India. For competition purposes Indian students needed a training in England before they competed for the Indian Medical Service, and if they qualified themselves before the examination they would be better fitted to compete. Modern medical science was advancing every day, and it would be a great advantage to a candidate to have had a European training, and a man who had had a European training had a higher standard of medical knowledge than men trained in India. He admitted there were eminent practitioners in India, for instance in Bengal, who had never been to England, but they were exceptions.

57860. If facilities were given to Indians they would do quite as good work in the scientific world as men of any other race, and the Indians who entered the Service would be equal to the European doctors of the Indian Medical Service. The facilities he had asked for in his written statement were admission to the colleges and appointments to the presidency towns and other first class places. Indians were quite competent to do the work as their European colleagues well knew. No Indian member of the Indian Medical Service had been posted to any first class districts, except two some years ago.

57861. It was rather difficult to create opportunities for research work, as it could not be done at odd moments, but required systematic attention from morning till night for years together. Research work was carried on in the laboratories in Madras, and it was necessary that opportunities should be given to capable Indian officers to work in those laboratories.

57862. He had not heard of objections from the Military point of view to the employment of a larger number of Indians in the Service. For two years he was attached to a Sikh and Pathan regiment in Burma, and had been always looked upon as an officer who could render very valuable service.

57863. Many Indians in the Service had served on expeditions and he instanced the case of his own father-in-law, who had served in the Burma War, his brother-in-law with the Tibetan Expedition, and Lieutenant-Colonel Mitter in Tirah. So far as he knew there had been no objection on the part of officers to serve.

57864. (*Lieut.-Col. Giffard.*) Comparatively few Indians in the Service asked for transfer to the Civil Department, because Military stations were generally situated in more healthy districts.

57865. It cost very little for an Indian student to obtain an M.D. of the Madras University, and to some extent it might be said that medical education in India was itself a scholarship, but the educational standard was higher in England, and students, who after qualifying in India went to Europe, would improve their prospects and improve themselves in every way.

57866. He did not mean that it was always necessary that men engaged in research should be attached to an institution. He had in mind not only bacteriological work but research work in particular branches of surgery and medicine. Several Indian Officers had done very good work in that way, and if Indian members were given opportunities to improve their work in surgery and medicine they would prove themselves worthy of the Service.

57867. His idea of provincialising all the headquarter hospitals was to have the whole Service on a similar footing to the Public Works Department. The municipalities would contribute towards the hospitals, but not control them.

57868. If the professorships were thrown open he did not think better men would be obtained, and it would prove much more expensive than the present system. The Indian Medical Service had not failed to supply satisfactorily all the professors necessary. The removal of the posts of professor from the Service would affect recruitment.

57869. (*Mr. Fernandez.*) District Medical Officers' appointments were now given to Civil Assistant Surgeons.

57870. The remark in the written statement as to an officer touring for four months in the year was not meant to imply that he was away for four months running from his headquarters, but that he spent four months throughout the year in touring. He might go out for about ten days at a time. If he went out for four months at one time he could not possibly do his work satisfactorily.

57871. One of the advantages of provincialising headquarter institutions would be to expedite indents and sundry other things, and also to facilitate putting up quarters for the officials and their families. At present there was absolutely nothing, and when an officer or a member of his family was taken ill the patient had to be sent away.

57872. In certain cases some Civil Assistant Surgeons preferred the major operations to be performed by the District Medical Officer. Old and experienced men often performed the operations themselves, but some Civil Assistant Surgeons always sought the help of the doctor of the district.

(The witness withdrew.)

CAPTAIN A. W. J. LYNSDALE, I.S.M.D., Assistant Professor, Madras Medical College.

Written Statement relating to the Medical Services, being the corporate views of the Military Assistant Surgeons in Civil employ in the Madras Presidency.

57873. **(I) Methods of Recruitment.**—At present a candidate for the Indian Subordinate Medical Department must pass throught a Medical College in India, entrance to which is by competitive examination, but no University test is required. In the absence of any University qualification the General Medical Council of the British Isles will not admit such candidates to the English University

examinations for Medical Degrees. We would, therefore, urge that entrance to the Indian Medical Colleges should be made equal to some Indian University qualification, which would be accepted by the General Council of the British Isles. This qualification might be of a standard equivalent to the Cambridge Local Senior and High School, and if necessary some special tests of such a nature might be introduced in the Indian Universities, for the benefit of candidates desiring to enter the Department. In these circumstances a candidate in the Indian Medical Colleges who desires, at any stage of his training, to proceed to a British University, will have no difficulty in being allowed to appear at the examination for that degree.

Greater care should be exercised in the selection of suitable candidates of European descent for admission to this Service, as the appointment carries with it warrant rank, and members of the Service have to exercise authority over British soldiers. The method of recruitment is at present unsatisfactory. Although all members of the Department, when serving in its Military half, have equal opportunities of electing for Civil employ, yet the actual selection for such employment goes neither by merit nor by seniority. Junior men very often have entered the Civil side, years before their seniors were given such an opening, despite the fact that these latter in most cases had rendered good service to Government, and had been favourably reported on continuously for the whole period of years that they had been applicants for Civil employ. This leads to discontent amongst these men. When they do enter Civil employ, they find that being but new-comers, they have to take places below their juniors who, having joined the Civil Administrative Service years earlier, take precedence to them. It has occurred that a man, having almost twice the service in years of one of these fortunate juniors, but being months, weeks, or even days gazetted later in the Civil List, had to forego claims for advancement.

It would do away with heartburnings brought about by such an irregular method of recruitment, if it were ruled that no member of the Department be permitted to elect for Civil employ until he has completed five years' service in the Military half. He may then, having elected for Civil employ, have his name entered on the roster kept at headquarters for this purpose. This roster should be strictly adhered to, and, provided men on it have been reported on favourably, and other things being equal, appointments in Civil should be given from this list in order of seniority.

57874. **(II) System of Training and Probation.**—That the course of study now prescribed (four years) be raised to one of five years. This would assimilate the period of training to that required in England, would result in better training and would make it possible for a student desirous of an English qualification to sit for such qualification without having to pass a preliminary examination in England. In short, the change suggested would distinctly benefit both the Government and the more aspiring of its officers.

That on completion of the period of three years' compulsory service the candidate receive a diploma recognisable by the General Medical Council of Great Britain as a qualification for appearance at the examination for British Medical degrees.

That all Military Assistant Surgeons in Civil employ be permitted to attend post-graduate courses of lectures and sit for examination subsequently, obtaining the diploma if they are successful; at present this is not encouraged. The possession, for instance, of a Diploma of Public Health, would give an officer opportunities of obtaining any special posts that may exist, or may hereafter be created in the Sanitary Department.

57875. **(III) Conditions of Service.**—These are at present regulated by the various administrative heads of the Department, and are quite satisfactory.

57876. **(IV) Conditions of Salary.**—These are at present very unsatisfactory; considering that all its members are specially trained men, the Department is the worst paid of the Government of India's trained Services. Our allowances and pay, when in the Civil branch, being regulated on the miserable pay that our members in its Military half draw, are consequently inadequate, and compare very unfavourably with Civil Departments of a similar standing, as was pointed out in the memorial submitted to the Secretary of State for India about two years ago.

In reform of this subject, the claims petitioned for in the above memorial are put forward for consideration:—

Pay of members in Civil appointments, when only allowances are drawn.

	Pay per mensem. Rs.
Fourth class Military Assistant Surgeon on appointment	125
Third class Military Assistant Surgeon after five years in fourth class ...	175
Second class Military Assistant Surgeon after five years in third class	225
First class Military Assistant Surgeon after five years in second class ...	300
Lieutenant	400
Captain	500
Captain after 12 years' commissioned service	600

Pay of members in offices of Civil Surgeons.

	per mensem. Rs.
Civil Surgeon on first appointment ...	400
,, after 4 years ...	500
,, ,, 8 ,, ...	600
,, ,, 12 ,, ...	700
,, ,, 16 ,, ...	800
,, ,, 20 ,, ...	1,000

A larger percentage of Civil Surgeoncies should be reserved for Military Assistant Surgeons than at present exists. There should be an allowance for Jails and charge of Military Police, whether a detachment or battalion. When acting for an Indian Medical Service Civil Surgeon in a leave vacancy, half charge allowance should be drawn.

57877. **(V) Conditions of Leave.**—These are in the main satisfactory, but study leave, as applied for in the aforesaid memorial, would add to the efficiency of the Department. Study leave should be allowed for two weeks in every year up to 12 years, accumulating to six months for post-graduate courses at approved centres, and accelerated promotion as in the Indian Medical Service should be granted to those who qualify.

57878. **(VI) Conditions of Pensions.**—These are at present unsatisfactory. Members of the Department, whether in Military or Civil employ, but in more days at work in the year than members of other Departments. This can be easily seen when it is realised that but for any privilege leave taken, a man's duty by reason of its nature keeps him at work every day of the year (all holidays included), and as, in many cases, privilege leave by reason of exigencies of the Service cannot be granted him, or in others, where granted, cannot be availed of for personal or monetary reasons, it very often happens that a man has attended to his duties for the whole period of 365 days without absenting himself, and as this is the condition that obtains for all his serving years, it represents that a man in our Department, even assuming that he has taken all the leave he is entitled to, puts in more working days than men in other Departments, so that when totalled up it amounts to some years. Such being the state of affairs, it is only fair that men in our Department should be permitted to retire on full pension at an earlier period of service than at present fixed, and would suggest 21 years as the period of service at which we can retire. Again for those who go on and serve till superannuation overtakes them in the Commissioned grades of the Service, we find it a hardship that our pensions here are regulated by the time-scale of three years in the grades before a full pension can be claimed. Here we venture to suggest that we be admitted to equal privileges in this respect with the other Army Departments of the Government of India, *i.e.*, the Ordnance Department, Supply and Transport Corps, etc., and

granted a full pension of the rank in which we retire, irrespective of the period of service in that rank.

Pension should be granted at the rate of half Civil scale of pay on retirement after 21 years' service, on similar conditions to those granted to Covenanted Medical officers.

57879. **(IX) Other points within the terms of reference not covered by the preceding.**—That the matter of recognition of Government Diplomas and qualifying certificates be brought not only to the notice of Government in view of any legislation that may be contemplated for the regulation of private medical practice, but also to the notice of the General Medical Council of the British Isles. Such recognition should be made retrospective, ten years' practice being held to entitle the candidate to go before a Selection Board consisting of the Inspector-General of Civil Hospitals, Inspector-General of Prisons, Sanitary Commissioner and two other senior officers of the Indian Medical Service, who will declare the suitability or otherwise of the candidate for recognition by the Government or by the General Medical Council. This will remove the apprehension at present felt that officers of the Department are in danger of not being recognised as properly qualified medical practitioners. It is believed that all Local Administrations in India will support this suggestion as Military Assistant Surgeons are serving Local Governments in varying numbers as Civil Surgeons and in other posts of trust and responsibility, requiring qualifications in no way inferior to some recognised by the General Medical Council. This difficulty which is apprehended was recently unpleasantly emphasised when a congress of medical practitioners in Bombay resolved that Military Assistant Surgeons be excluded from the register of qualified medical men in in India. Fortunately the Government of Bombay vetoed the proposal. This question of recognition by the General Medical Council is considered to be one of vital importance and Military Assistant Surgeons would be most grateful of strong representation being made to the governing medical body in the British Isles.

That during recent years no encouragement has been given to Military Assistant Surgeons to proceed to the British Isles to qualify, while other communities in India have received encouragement, as, for instance, by the grant of Technical Scholarships. Under the present conditions of pay and furlough allowances it is impossible for an officer to proceed to England with a view to obtain a medical degree. Improvements in these respects, supplemented if possible by special pecuniary assistance to selected officers, would render possible the acquisition of an English Degree, and officers of the Department could then obtain in some measure a share of the posts held by the Indian Medical Service, just as the provincial branches of the Indian Civil Services are allowed some share in the Imperial appointments.

Designation.—That the Department be called "The Indian Medical Department." The term "Subordinate" in the present title is considered derogatory and is not used to designate officers of similar standing in the other locally recruited Services of India.

General.—The question of provision of free quarters to all Military Assistant Surgeons in Civil employ needs consideration. At present free quarters are provided to all grades when in Civil employ at Calcutta, but at Bombay only those in the Warrant grade are so supplied at a rental of Rs. 60 per mensem, the Commissioned men having to find their own houses and pay any difference of rent if required. At Madras no rule is laid down, but if, in the opinion of the Superintending Officer, Military Assistant Surgeons should reside near their hospitals, special sanction is applied for to Government for an enhanced rate of rent and sums more than double and even treble the amount of compensation allowed have been paid for very junior Assistant Surgeons, the provision of a suitable house being so very difficult. Consequently to those whose residence near to their work is not considered necessary, as at the General Hospital, Medical College, etc., great hardship is experienced in having to meet the extra amount of rent from their salaries. It, therefore, Military Assistant Surgeons in Civil employ could be provided with free quarters in the same manner as those in Military employ it would remove a great and growing hardship.

CAPTAIN A. W. J. LYNSDALE called and examined.

57880. (*Chairman.*) Witness represented the Indian Subordinate Medical Department and had been 32½ years in the Service. He was at present Assistant Professor of Materia Medica in the Medical College and assistant to the Principal of the Medical College. He had spent 21 years in Military employ, and was transferred to the Medical College in 1910.

57881. At present there were two Civil Surgeoncies for Military Assistant Surgeons.

57881A. One of the main points he desired to bring before the Commission was that the preliminary qualification of Military Assistant Surgeons should be raised to a standard which would be accepted by the General Medical Council. If the preliminary test were raised to the F.A. or Intermediate in Arts, there would be a difficulty in obtaining recruits, and therefore the examination should be the Cambridge Local Senior, which was accepted by the General Medical Council. In the case of the Intermediate in Arts the age of the Civil students seeking admission to the college was 20, by which time most of the boys of the community would have left school and secured employment in the Cable Telegraph or other better paid Departments. They would not be induced to continue their education unless the Service was made more attractive, as those who had passed the F.A. had not joined the Indian Subordinate Medical Department. The Senior Cambridge Local was accepted by the Madras Medical College for the admission of Civil students to the M.B., C.M. degree, and had admitted men from Ceylon who had passed only this test. There were no schools in Madras teaching up to the Senior Cambridge Local but only to the high school standard. At Bangalore the Senior Cambridge Local was being introduced. Some people considered that the Senior Cambridge Local was equal to the Intermediate in Arts, while others thought it above the Madras Matriculation but below the Intermediate. The General Medical Council accepted it.

57882. Great care should be taken in the selection of candidates. At present men came with certificates saying that they were pure Europeans, both on the paternal and maternal side, but one look at the applicant proved that that was not true.

57883. He also desired to see the title of subordinate removed and the department termed "The Indian Medical Department."

57884. In appointment to the Civil side there had been instances of junior men passing over the heads of seniors, and one such case was that of a student who had recently passed out and been appointed straight away to the Walker Hospital at Simla. He was junior to the man in front of him who had been a very good student in the College. Officers had to state whether they desired to join the Civil Department or remain in the Military, but when a vacancy occurred a junior, either through influence or good luck, would be transferred to the Civil, while a senior had to remain in the Military. He admitted that if an officer did not apply for Civil employment until he had been in the Service for some time, another who applied immediately might rightly be put over his head. It would remove all grievances if a roster were kept and transfers made upon it.

57885. He laid stress on the necessity for study

leave on the same terms as existed in the Indian Medical Service at present.

57886. He also put forward a claim for free quarters and explained that free quarters were supplied to officers in Military, but not to those in Civil, employ.

57887. At present he was on his Military rate of salary plus an allowance for acting as an assistant professor at the Medical College.

57888. (*Sir Murray Hammick.*) Some medical subordinates had entered Civil employ at 45 years of age, while others had got in at 30 years of age. It was not every medical subordinate who applied for Civil employ, and the men who did apply did not appear to come in by seniority. If a Civil appointment fell vacant in a station a subordinate who happened to be there at the time would most probably step into it, because the others would know nothing about it.

57889. Once a man entered the Civil Department he remained there, and was only sent back as a matter of punishment. Men who came in temporarily would be sent back to make room for a senior, but if permanently transferred would remain.

57890. (*Mr. Madge.*) The creation of a larger number of Civil Surgeoncies for Military Assistant Surgeons would do away with a very serious grievance. As to where they should be created was a matter for the Surgeon-General. There were at present eight superior appointments, six of which were given to Civil Assistant Surgeons and two to Military Assistant Surgeons, and he desired to see a fairer division as between the Military and the Civil.

57891. (*Lord Ronaldshay.*) Military Assistant Surgeons ranking as honorary Captains in Military employ were allowed 3,780 square feet of house accommodation. He was entitled as a Captain to five living rooms, one hall, two dressing rooms and verandahs free, and his complaint was that he did not get free quarters in the Civil Department and was therefore losing Rs. 150 a month by his transfer from Government House where free furnished quarters were provided. When it came to a question of compensation for inferior quarters, the Government would take as a guide the valuation of the building in the one case and amount of space in another.

57892. (*Lieut.-Col. Giffard.*) The Service should be recruited from young men who had passed the Cambridge Local Senior, which was an examinations that admitted a medical student in England. If entry to the Service was open only to men who had passed the Madras Intermediate, no recruits would be obtained at all. The great difficulty was the age limit. The men were taken so young that they were not able to finish their school education. One solution of the difficulty would be to raise the age, and if recruits could not be obtained in that way scholarships should be offered.

57893. An honorary commissioned officer in the Medical Department had to serve three years before he could obtain the maximum pension due to a commissioned officer. That did not obtain in other branches of the army.

57894. When an officer was in Military employ if no house accommodation was available, the Military Works Department had to find quarters, but on the Civil side no free quarters were provided, and therefore transfer from Military to Civil employ meant a loss equal to the value of house-rent.

(The witness withdrew.)

At Madras, Friday, 6th February, 1914.

PRESENT:

THE RIGHT HON. THE LORD ISLINGTON, G.C.M.G., D.S.O. (*Chairman*).

THE EARL OF RONALDSHAY, M.P.
SIR MURRAY HAMMICK, K.C.S.I., C.I.E.
SIR THEODORE MORISON, K.C.I.E.
SIR VALENTINE CHIROL.
MAHADEV BHASKAR CHAUBAL, Esq., C.S.I.
ABDUR RAHIM, Esq.
WALTER CULLEY MADGE, Esq., C.I.E.
FRANK GEORGE SLY, Esq., C.S.I.
HERBERT ALBERT LAURENS FISHER, Esq.

And the following Assistant Commissioners:—

LIEUTENANT-COLONEL G. G. GIFFARD, C.S.I., I.M.S., Principal, Medical College, Madras.
A. P. FERNANDEZ, Esq., V.H.A.S., Civil Surgeon, Rajahmundry.

M. S. D. BUTLER, Esq., C.V.O., C.I.E. (*Joint Secretary*).

DR. T. M. NAIR, M.D. (Edin.), Madras.

Written Statement relating to the Medical Services.

57895. (*1*) In my opinion, the Medical Service in India at present is constituted entirely on wrong principles. The system of drafting Military officers into Civil employment during times of peace may be suitable for periods immediately following the conquest and Military occupation of a country. But when Civil Government has been well-established and the country is progressing peacefully towards civilised conditions, the semi-Military management of such peaceful Departments as those of Medical Relief and Sanitation is entirely out of place. In my written statement of my views on the Indian Civil Service, I mentioned that I was opposed to the employment of Military officers in places which ought to be filled by members of the Indian Civil Service. I have now to say that I am opposed to the employment of medical men belonging to the Military Services for doing the duties of Civil medical men. Both the Military and the Civil Medical Services are likely to suffer by the arrangement. Here we have officers of the Indian Medical Service deputed to Civil duties for 15 or 20 years, and when they have acquired valuable experience are compulsorily transferred back to Military em-

ployment to do the duties of principal medical officer or some such other duties. The Civil Medical Department thus loses the services of the most experienced men, and the Military Medical Department gets back in high places men whose qualifications for such posts are that they have been in Civil employment sufficiently long to forget the little Military training that they had.

(2) *Professorships in the Medical Colleges.*—The greatest drawback to the present system is manifest in the Medical Colleges in India. The professors of these colleges are now entirely recruited from the ranks of the Indian Medical Service. They are not even retained as professors of subjects which they were first asked to teach, but are shifted about from professorial chair to professorial chair, and from professorships to District Medical Officerships with a rapidity which is most bewildering. To acquire the necessary amount of proficiency in any branch of the medical sciences to enable a man to discharge the duties of a professor in a modern Medical College is a work of many years. And once such experience has been gained and such proficiency acquired by any man, to take him away from the teaching of that particular branch and make him do the duties unconnected with his speciality is absolute waste of good material. No medical man can become a competent teacher in a Medical College at very short notice, and yet, that is precisely what many are asked to be in all the Medical Colleges in India. Very few members of the Indian Medical Service, to my knowledge, have ever specialised in any branch of the medical sciences with a view to qualify themselves to become professors in the Indian Medical Colleges. Of course, anyone who is appointed to a professorship will try his best to do justice to the place which he occupies. But even that best in men who have not been specially trained for the work may not be much, and institutions which are run on such haphazard methods are not likely to be as efficient as universities and other teaching institutions in Europe where the work of teaching is entrusted to trained and experienced teachers who have made the subject which they teach their life-study. I am therefore of opinion that the recruitment of professors for the Medical Colleges should be from among trained experts wherever they are available. It is not a question of the nationality of the professor, but it is a question of whether he is competent to teach the subject or not. I would suggest that for some years to come, at all events, professors of the Medical Colleges in India should be selected by the Secretary of State for India in consultation with some capable, professional body like the General Medical Council in England, or the Royal College of Physicians in London, or the Royal College of Surgeons in England. Such professors, when selected, must hold the appointment for the full term of their service. The professors in the scientific subjects, such as anatomy and physiology, ought not to be allowed any private practice. Professors on subjects like medicine and surgery may be allowed consulting practice and may also hold honorary appointments in the State hospitals as Physicians, Surgeons, etc. These professors ought to be handsomely paid, say from Rs. 750 rising up to Rs. 2,000. Their leave, pension, and other rules may be those of the professors in other Government colleges. The point that is to be insisted upon is that each professor is to be professor in his subject during the whole time he is a professor.

(3) *Sanitary Department.*—I now come to consider the work of sanitation in India. Here again, the work of sanitation in India is mainly in the hands of the members of the Indian Medical Service, although the large majority of them have never had any special training to equip them for sanitary work. I believe it is a rule in England that the Medical Officer of a County or Borough with a population of more than 50,000 must have a special qualification in Public Health. No such rule is enforced in India, and the only qualification that most of the medical men who do sanitary duties can show is the qualification of belonging to the Indian Medical Service. Sanitary duties can only be discharged satisfactorily by medical men who have received special training in Public Health work, and sanitary duties can only be efficiently supervised when they are decentralised. I would therefore suggest that sanitary duties should be left entirely to the Municipalities and District Boards. Each Municipality and District Board should have a Medical Officer of Health with a special qualification in Public Health, except in the case of local bodies whose jurisdiction extends over less than 50,000 inhabitants; in whose case a qualified medical man, without a special qualification in Public Health, may be appointed as a Medical Officer of Health. I would suggest that the recruitment of their own Medical Officer of Health may be left to each local body, under the control and guidance of Government. Each Local Government ought to have directly under it one, two, or three or more sanitary experts, who would supervise, control and advise the Medical Officers of Health of the various local bodies. Their function ought to be more to advise than to order about and harass the Medical Officers of Health. The pay of these Medical Officers of Health ought to range from Rs. 250 to Rs. 1,500 according to the importance and population of the local body under whom they are appointed. Their leave, pension, and other allowances may follow the Civil Service Regulations.

(4) *Medical Relief.*—Then there remains the consideration of finding medical men to man the various charitable institutions where the poor and indigent sick are to be given medical relief. In a highly civilised country this duty will be discharged by the members of the medical profession gratuitously. The experience which they gain in the hospital work and the professional standing they acquire as members of the medical staff of a large hospital will be sufficient incentive for them to come forward to accept honorary positions on the staffs of hospitals. In this country we have not advanced sufficiently far, nor have we a sufficient number of private medical men to manage all the hospitals in the country. Yet in the words of Lord Morley, "the time has now arrived when no further increase of the Civil side of the Indian Medical Service can be allowed, and when a strong effort should be made to reduce it by gradually extending the employment of Civil medical practitioners recruited in India. When it is found impossible to obtain a man from outside the Indian Medical Service to fill a particular new Civil appointment, or one which has not previously been so filled, I will not object for the present to that Service being drawn upon; but the vacancy so caused must be filled from outside it, *i.e.*, no appointment must be made in succession which would involve an addition to the cadre of the Indian Medical Service."

I have myself no doubt in my mind that in penning this dispatch, Lord Morley meant that private Civil medical practitioners in India should be given opportunities of serving as honorary medical officers on the staff of hospitals in this country. I do not think that His Lordship could have meant that private men should be appointed as paid medical officers, for that would have just the opposite result of what His Lordship wanted, namely, the encouragement of the independent medical profession. If the members of the independent medical profession are to be given salaried Government appointments they would all very soon become dependent and there would be no independent profession left at all. I therefore think that Lord Morley meant that honorary medical men on the staff of hospitals should be encouraged as is the practice in England.

It will be a very long time before sufficient number of competent and qualified men are available to fill all the appointments on the staff of the hospitals in this country in an honorary capacity. Thus, even after the introduction of the system of honorary Surgeons and Physicians, a large number of paid medical officers will be required, particularly in those parts of the country where the private practice available is not tempting enough for medical men to settle down in those districts.

Therefore, a paid Medical Service will still be necessary. I would, however, have a Service which is purely Civil and which is not semi-Military. I am afraid that the time has not come for doing away with the distinction of an Imperial and a Provincial Service. By those terms I mean a Service recruited in England and a Service recruited in India. Perhaps the time will come when our Medical Colleges are organised on a high standard of efficiency and we are able to get as good medical men trained in India as in any other country. But for the reasons I have stated in dealing with the professorships in the Medical Colleges, at present, students cannot get as thorough a training in India as they can in Europe. Hence the necessity, for some time at least, to have one branch of the Service recruited in England. I would recruit a certain number of medical men in England for service in the Civil Medical Department in India from among qualified and registered medical men in the United Kingdom who can produce evidence of having worked for at least two years in a recognised hospital in the United Kingdom. I would lay great stress on the latter proviso, as it is to the British training and not to the British diploma alone that I attach great importance. I would also recruit another branch of the Service in India from among the qualified medical men in India or Great Britain. I would pay European recruited men a salary ranging from Rs. 500 to Rs. 1,800 and I would pay the Indian recruited men a salary ranging from Rs. 250 to Rs. 800 (the same as the Deputy Collectors). But I would lay considerable stress on one point. Salaried officers of Government ought not to be permitted to take up private practice. To pay a handsome salary to a medical man and to let him loose on the general public to practise as a private practitioner as well, is not quite fair. It is fostering unfair competition and this has been one of the main causes in keeping down the independent practitioner in India. A rule which obtains in some of the British Colonies, such as the Federated Malay States, is not a bad one. It is, that medical officers, after two or three years' experience in the country, are allowed the option of drawing their full pay or of taking private practice. I would suggest the introduction of some such rule for the paid medical officers in this country. At the end of the first three years of their service they must be given the option of drawing their pay, according to the scale I have already mentioned, or drawing one-fourth the pay according to that scale, with liberty to take private practice. It follows, as a necessary consequence of this rule, that the officers who have given up their full pay and are privileged to take private practice should be posted to localities which are populous and where private practice is available. In the Subordinate branch of the Service also there are Military Assistant Surgeons introduced into Civil employ. I would have them also sent back to the Military so that the Civil Medical Service will be so in name and in reality.

In all that I have said above I intend to place no restriction on the recruitment of either Europeans or Indians. For the professorships in the Medical College, or Sanitary appointments, or the Medical Services to be recruited in England or India, the best candidates available, be they Europeans or Indians, ought to be preferred. Race distinctions may enter into the consideration of selections for appointments like those of the Indian Civil Service, but science is cosmopolitan, and I hope that no such distinctions will be introduced in the recruitment of medical men. I am asked to state my views on the relations of the Medical Service with the Indian Civil Service or other Services. All that I have to say is that I hope that those relationships will be friendly. I don't think that the Indian Civil Service or any other Service should have any administrative control over medical men. The Government will have a high-placed Government official, a medical man, who will be the administrative head of the Medical Services and who will transact official business directly with the Government.

I think I have given in broad outline my views on the Medical Service. I have not gone fully into the details, and those I shall be glad to supply to the Commission, orally.

Dr. T. M. Nair called and examined.

57896. (*Chairman.*) Witness was a private practitioner in Madras. He was an M.D. of Edinburgh, and had filled various public positions. He had been 17 or 18 years in practice.

57897. He regarded a medical service as essential, at any rate for some years to come. Without a Service the more remote parts of the country could not be staffed. But it should be a purely Civil Service, of which one portion should be recruited in England, and be paid higher, and the other in India, and be paid lower. The Civil Medical Service should not be treated as a war reserve. The war reserve in India should be on exactly the same footing as it was in England, where there was no war reserve of Medical men serving on the various hospitals, or in any other Medical appointments. A war reserve was no doubt necessary, but it should be maintained separately on its own merits. This could be managed more cheaply and more efficiently than by the present methods by having a purely Military Service, which would serve the Indian Army, in the same way as the Royal Army Medical Corps in England served the English Army. In addition to that, in time of war there might be a call for volunteers from amongst the Civil medical population. Such men would rally to the call with enthusiasm. A good many civilian practitioners, who had never previously undergone any military training, went to South Africa for the Boer war and served with efficiency. He agreed, however, that there was a large nucleus of trained men in that campaign.

57898. He laid stress on the importance of admitting senior private practitioners to the visiting staffs of the hospitals. He would also be in favour of the proposal, put before the Commission, of allowing young medical graduates to attend as house surgeons and house physicians. He would have private practitioners as honorary men in all grades, as house surgeons, assistant surgeons and full surgeons. There might be some difficulty, if such men were put over the heads of Government officers, already in the hospital, who had beaten them in the examination for Government service, but if sufficient care were exercised this need not arise. Every man who volunteered for such Service need not necessarily be accepted. Some responsible authority would select the men. It was not a fact that the private practitioners now in Madras, in the majority of instances had tried to get into the Government Service, and had failed.

57899. There were no private medical colleges or hospitals in the Presidency. If such were instituted in the future, it would advance medical science generally, and also help the profession if they were aided by the State, and in such case the State should impose strict conditions to secure efficiency. The difficulty, however, was to get private agencies to start such institutions.

57900. He laid stress on a training in England for at least two years, for all medical officers who were to hold high appointments in India. He would apply that rule to whatever scheme was in practice. Indians, in particular, who had passed a more or less theoretical examination, should have a couple of years' practical training in British hospitals. That would be an improvement on the present system, and would not deter Indians from coming into the Service.

57901. He was dissatisfied with the present arrangement by which professors were drawn from the Indian Medical Service. He would like to see advertisements issued in Europe and in India, so

that men, who had had long experience, could be appointed. If a sufficient salary were offered, suitable men would come forward. He would be prepared to pay such men up to Rs. 2,000 a month as a maximum. He had in mind men of mature age, who had been occupying eminent positions in the medical world in England, and who had been teaching for some years as the senior assistants of the most distinguished professors. Such men would be an appreciable improvement on the present officers for the simple reason that they had devoted their attention to the teaching of a particular branch of study for a number of years. Under the present conditions in India professors changed their chairs something like seven or eight times in ten years, and therefore could not be expected to become as efficient.

57902. The present professors in the various chairs in India were inferior to the teachers in English institutions. He would not say that their qualifications were appreciably inferior to those of the senior assistants, whom he was anxious to bring out, but the latter excelled in teaching experience. However much a man specialised, he could not be an equally good professor in half a dozen different subjects, and that was what men were expected to be in the Madras college. If it were the case that an Indian Medical Service officer remained in one chair all his life, it would be quite a different matter, but under existing conditions there was very little chance of that being the case. The professor of anatomy had been changed about eight times within the last ten years, and the professor of biology about six or seven times during the same period. He had not analysed the changes to find out if they were due to temporary vacancies on account of illness or short leave or not. Under his own scheme, if a professor fell ill, a change of tenure would, no doubt, occur, but he would provide for a capable assistant to occupy the place. He regarded it as important that there should be an assistant to each of the professors with this object.

57903. Under his scheme professors would be appointed for a prescribed number of years. No doubt, if a gentleman appointed was found unsuitable for his position, great difficulty would be experienced in getting rid of him, but that was a difficulty which affected every teaching institution. This trouble was avoided of course under the present system, but this advantage was too dearly purchased at the price of giving a practical monopoly to the Indian Medical Service.

57904. In the majority of instances officers in charge of sanitary work had no special qualifications. No doubt it was a condition that all members of the Sanitary Department should possess a diploma of Public Health, but in the Madras Presidency the District Medical Officer was also *ex-officio* a sanitary officer, and he was referring to those gentlemen. He had no complaint to make about the qualifications of the officers of the new Sanitary Department, which in the Bombay Presidency at the present time consisted of only three officers.

57905. (*Sir Murray Hammick.*) Under his proposed scheme there would be a complete set of medical officers in charge of all municipalities as public health officers, doing nothing else but public health work, and they would be subsidised by the Government of India. He would have alongside of them a complete set of medical officers in charge of all the hospitals in the districts, and having nothing to do with sanitation or vaccination, and they also would be subsidised by the Government. Such a system would not, he believed, increase largely the expense of the Medical Department.

57906. His scheme for bringing professors out from England assumed that each one of them would have an efficient assistant. There was no reason why Indian Medical Service professors should not have qualified assistants working under them, and if this were introduced, it would get over the transfer difficulty, but it would not do away with the objection that, if there was a better man for the position outside the Indian Medical Service, he would not be appointed. He did not wish to exclude Indian Medical Service men from being appointed, but only to get the best available officers.

57907. If the Director-General said that he could not find a sufficient war reserve from Civil practitioners for the South African campaign, all he could say was that that gentleman did not look in the right quarter. Witness himself had volunteered during the Boer war, and was told that his services were not required. If private practitioners were not looked for, they would not of course be found.

57908. (*Sir Valentine Chirol.*) Although the starting of independent medical colleges was desirable, under present conditions it could not be carried out without State aid, and even with State aid there was very little chance of such institutions being founded. He did not agree that that in itself showed a certain immaturity in the social conditions in India in regard to public recognition of the importance of medicine. That was inherent in the conditions of India. There were a good many facilities for starting private institutions in England which did not obtain in India. Everybody in India seemed to look to Government for initiating new schemes. This being so it was no doubt arguable that conditions in India could not be expected to be as favourable to independent practice as those in England, where the intervention of the State was not required. At the same time the policy of the State was to encourage private practitioners, and hence his suggestions. He was simply following up the suggestion put forward by the Secretary of State himself. All he asked was that the mixing up of Civil and Military should be done away with as far as possible. He did not suggest an alteration of the State Service. Merely that a Civil Medical Service recruited and controlled by the State, should take the place of the Military Service.

57909. (*Mr. Abdur Rahim.*) He had never heard of any circular being sent round to Madras practitioners enquiring if any of them would volunteer for war service if necessary. It would be quite possible to get a number of Indian practitioners to answer such a call.

57910. With regard to the professors, he did not attach so much value to degrees as to teaching experience. The mere passing of an examination was no test. Practical experience was what was required. A man's capacity for teaching in any subject could not be judged by his degree. He would not object to the recruitment of properly qualified men from England, if they were found to be necessary, but he would insist upon such men keeping to their chairs throughout their official careers.

57911. A number of qualified men in India could be obtained to serve as assistant professors, and ultimately as professors, who would turn out the same amount of good work as was being done under the existing system. In the event of vacancies on account of furlough or sickness, such assistant professors would be able to fill the place of the absent professors for the time being.

57912. There had been assistant professors in the Service ever since its inauguration. They were chiefly Indian qualified men. Some of them had served 24 years as assistants. They were not members of the Indian Medical Service and therefore could not become professors. Only in the case of the midwifery hospital was there an assistant who was a member of the Indian Medical Service. At present assistant professors filled leave vacancies, but they were never called professors, nor did they draw the salaries of professors.

57913. Assuming the present system of competitive examination remained, he would still debar Indians, who had not been to England for two years, from entering. By appointing men who had not undergone that period of training, the Indian element in the Service had been degraded.

A post-graduate course for three years would meet his objection. It did not matter where an Indian underwent training, so long as he did undergo it before joining his appointment in India.

57914. (*Mr. Madge.*) The class of men who chose the medical profession at the present time were, as a whole, ready to volunteer for Military Service.

57915. The conditions of the Indian Medical Service did not prevent the production of specialists of world-wide renown.

57916. Then now coming into the Provincial Medical Service from Indian colleges were fairly efficient for the duties which were expected of them. The majority were utilised as Assistant Surgeons under supervision. In some places they were given independent charges.

57917. (*Mr. Fisher.*) There was little prospect of private practice in a great many parts of the mufassil. More and more practitioners were going out into the mufassil every year, but the number was not large considering the population. He therefore still contemplated a considerable Government Civil Service for the purpose of providing for the needs of the mufassil. Such a Service would partly be recruited in India and partly in England. He desired a superior post of the Service to be recruited from men with European qualifications, after at least two years' residence in England. Even supposing all the professional chairs were excluded from the Service, a sufficiently able set of men would be tempted to come to India to serve the needs of the mufassil districts properly. He did not believe for one moment that every man who entered the Indian Medical Service did so with the idea of becoming a professor. The large proportion must know they had no chance.

57918. As he would have the jails controlled by the ordinary Government Department of Jails, the only thing which would attract medical practitioners, with English qualification, to serve their whole time in mufassil districts, where they would obtain no private practice, would be the pay. He had proposed in his written statement a scale of pay for such a Service.

57919. He agreed that the reason why the Indian Medical Service had hitherto had a great number of very highly distinguished men, was because it was a Service with a considerable number of prizes, but the ordinary man who entered the Indian Medical Service had very little chance of attaining to those prizes, and that was the class of man he would recruit for duty in the mufassil districts. He agreed a good many young men, in the illusion of their youth, aspired to higher things, but a good many of them were very soon disillusioned, and yet worked on.

57920. (*Mr. Sly*) The number of men in Madras possessing English qualifications would form a very small proportion of those required for the war reserve. Out of the number, some would be unsuitable, and some unwilling to form a war reserve, but the balance would be as large as the present Indian Medical Service in Madras. There were about 400 medical graduates in the Madras University, of which at least 60 would be suitable and willing to serve.

57921. He could not say what was the number of reversions of senior men in Civil employ to Military towards the end of their career. He was not concerned with the number. If Government took some the inefficients from the Civil to the Military, he would be only too thankful. It was most objectionable to have men like Lt.-Col. Giffard taken away at the most useful part of their Service, even although there were good men coming on to take their places.

57922. He did not agree that the stopping of private practice by the Medical Service would be bad from a professional point of view. Indian Medical Service officers had their hospitals, where they obtained a tremendous amount of practice not only amongst the poor but amongst the rich. He did not wish to stop their private practice amongst Europeans, nor would he demur to their attending non-official Europeans, but such individuals usually went to the hospitals and obtained treatment gratis. The State Service shold also be allowed to attend Indian officials and their families.

57923. The statement supplied to the Commission might possibly show that the average years Service of the permanent incumbents of chairs in the Medical College of Madras was six and a half years in each professorial capacity, but averages were of no value. If one man remained in a chair a very long time and half a dozen other men had been constantly moved about, it was very unsatisfactory for medical education, although for averages it might work out all right.

57924. (*Mr. Chaubal.*) To a certain extent private practice had dwindled, because there were now more private practitioners than formerly.

57925. Indian Medical Service officers never had much practice amongst the class of people treated by Indian private practitioners, so that the existence of those Indian private practitioners could not be said to have materially affected the earnings of Indian Medical Service men. If private practice had diminished it must be in the class of people amongst whom at one time that practice obtained. He did not know the cause of the falling off. Perhaps a better class of Indian practitioner was now competing with Indian Medical Service officers.

57926. Witness went to England to study because he had an idea that the instruction there was better than in India. There were instances of Indian graduates going in large numbers to study medicine in Europe, intending to do nothing else but set up as private practitioners in India, because the instruction imparted by professors in Indian colleges was considered by them not to be satisfactory. Such men had no idea of entering the Indian Medical Service.

57927. In order to attract the best Indian medical men to the Indian Medical Service the prospects of the Indian in the Service should be improved.

57298. About 17 years ago he applied to the general hospital for permission to attend, in an honorary capacity, throat and ear patients. He obtained permission. At the end of two months he applied to the Government to have his position formally recognised as that of an honorary surgeon. The reply came back to the effect that while Government had no objection to his doing work at the hospital, there were very grave objections to his position being formally recognised. He thereupon resigned. He next agitated to have honorary physicians and surgeons appointed in two of the smaller hospitals in Madras, and Government agreed, but they framed the rules in such a way that the honorary surgeon, if he performed an operation in the hospital, was likely to be called upon to attend on the patient at any time, whereas when the regular hospital staff operated there was always a resident man available.

57929. (*Sir Theodore Morison.*) The reason why the best class of Indians studying in Europe did not enter the Indian Medical Service was because they thought they were not likely to obtain any of the prize posts.

57930. If the health officer was under the municipality or district board, the tendency would not be for such bodies to say that they did not want to receive proposals for very large outlays on sanitation, and to hint to their officers that his position would be very much better if he did not bring forward any schemes. They might reject a scheme, but they would not go to the extent of asking their officer not to put forward suggestions. He could not accept it as a fact that municipalities as a class were averse to spending money on sanitation. They were keen on sanitation, and if they were not there was a machinery to make them so.

57931. (*Lieut.-Col. Giffard.*) He was not in a position to accept or to deny that there were as rapid changes in the tenures of chairs in London as in India. He accepted Lieut.-Col. Giffard's authority the statement that the professor of medicine in Guy's had been changed three times in 16 years; in the Middlesex Hospital five times in 11 years; in Bartholomew's five times in five years, and at St. Mary's four times in 14 years. In the same spirit he accepted as correct that the professor of surgery had been changed in Guy's five times in 20 years; in the Middlesex Hospital five times in 15 years; in St. Bartholomew's six times in five years, and in St. Mary's five times in 14 years.

57932. Witness accepted the statements put forward by Col. Giffard that the Army had invented the science of sanitation, and had instituted courses at Netley and Millbank long before it was taken up in hospitals. He also accepted that the Army was far in advance of the teaching in the subject given in the medical schools. Every Army officer had to undergo a course of instruction in sanitary science, and the universities recognised that course as being three-quarters of the way towards the D.P.H. Most of the military men who came into Civil employ had performed about six years' sanitary work.

(The witness withdrew.)

MAJOR W. A. JUSTICE, I.M.S., Sanitary Commissioner, Madras Presidency.

Written Statement relating to the Medical Services, being a Note on the Sanitary Service in the Madras Presidency.

57933. (*1*) There is at present no Sanitary Department in this Presidency. For this reason I am unable to reply seriatim from practical experience to the several queries of the Public Service Commission. Any so-called Sanitary Service at present consists of the Sanitary Commissioner, the Deputy Sanitary Commissioner, and the District Medical and Sanitary Officers. These latter officers, however, have so much medical and administrative work to do that they have little time to devote to sanitation outside the headquarters station. The nucleus of a Sanitary Service exists in a well-trained handful of Sanitary Inspectors under local municipal control, and two Health Officers in Ootacamund and Madura appointed and controlled locally, with 85 Deputy Inspectors of Vaccination under provincial control.

(*2*) According to a recent G.O. No. 457 L., dated 14th March, 1913, Government mean to increase the staff by the appointment of two additional Deputy Sanitary Commissioners with the object of supervising the vaccination and sanitary work of municipalities and District Boards. Without the aid of an executive staff, however, little good will result.

(*3*) My predecessors in office and their deputies have toured this province from time to time and have made recommendations for improvement of sanitation which have in the majority of instances been merely recorded owing to lack of funds. The present surplus and liberality of Government have caused the municipal councils to frame schemes on the suggestions of my predecessors. The imperfect manner and immature way in which these schemes reach me result in the majority of instances in their being sent back for reconsideration, with an outline of the way in which they should be executed. Now had they had an officer on the spot to advise them as to how schemes should be drawn up to expend the grants made by Government, many municipal councils who are now suffering disappointment would have been in a position to bring forward a scheme which would have been rendered possible by the grant. The organisation of such a Service should be the first step in combating the existing backward conditions of the country. In this connection I would invite attention to a note by one of my predecessors in office, Colonel King, Indian Medical Service, recorded in G.O. No. 886 L., dated 19th August, 1905—*vide* extract marked (i).

(*4*) My proposals for organising such a Service are briefly these:—

(*a*) Sanitary Commissioner to be the head of the Department.

(*b*) Three or more Deputies to be placed in charge of circles into which the presidency can be divided.

(*c*) A personal assistant to the Sanitary Commissioner for the performance of office work. This man had better be an Indian Medical Service Officer or one of the Deputy Sanitary Commissioners.

(*d*) District Medical and Sanitary Officers to be completely relieved of sanitary work.

(*e*) Appointment of District Health Officers to be made for charge of whole districts—sanitation and vaccination (first class Health Officers to be selected for these posts).

(*f*) Special Health Officers for charge of municipal and big towns for sanitation and vaccination (second class Health Officers to be selected for these posts).

(*g*) Sanitary Inspectors to be appointed for sanitary duties for municipal and rural areas.

(*h*) Deputy Inspectors of Vaccination for vaccination work.

(*i*) Sanitary Commissioner and his personal assistant as well as one Deputy Sanitary Commissioner to be Indian Medical Service Officers.

(*j*) Other Deputy Sanitary Commissioners to be recruited as ordered in G.O. No. 457 L., dated 14th March, 1913—*vide* extract marked (ii).

(*k*) All the Deputy Sanitary Commissioners should be Government servants eligible for leave and pension under Civil Service Regulations.

(*l*) First class and second class officers should be recruited in accordance with G.O. No. 457 L., dated 14th March, 1913—*vide* extract marked (iii).

(*m*) First class Health Officers may become Deputy Sanitary Commissioners if qualified.

(*n*) Second class Health Officers may become first class Health Officers if qualified.

(*5*) I cannot see why the creation of a Special Provincial Sanitary Service would be alien to the system of municipal administration in the Presidency, having regard to the existing organisation of Educational and Medical Services which are on the same footing as Sanitary Services—*vide* extract marked (iv).

(*6*) According to G.O. No. 457 L., dated 14th March, 1913, Government undertake to bear 75 per cent. of the total charges connected with the proposed Health Officers' scheme and if necessary even the whole charge. While so, the creation of a Provincial Sanitary Service will not involve much additional expenditure. The additional charges will probably be under leave allowances and pensionary charges which items may be disregarded in view of the importance attached to the Sanitary administration of the Presidency.

(*7*) Minor details such as number of appointments, etc., may be worked out later.

57933A. *ANNEXURE* (*I*).

Paragraphs 1-11 *of Colonel King's letter, dated* 17*th April,* 1905, *No.* 895-*S., printed in G.O. No.* 886 *L., dated* 19*th August,* 1905.

(*1*) Before any rules that could prove useful can be evolved it is essential that it should be definitely stated under whom any organisation that is to be created is to be placed. As my tenure of this office can be but short, I trust that what I am about to urge may be regarded as free of all personal bias; it matters to me personally nothing as to who possesses the power in this matter. But if the advance of sanitation is the object of the new expenditure, I hold very definite views which I venture to lay before Government, though I have but faint hopes that they will be accepted.

(*2*) I hold that Sanitary Assistants to the District Medical and Sanitary Officers should be subordinates of the Sanitary Commissioner, if they are to correctly fulfil the functions for which they are intended. For this purpose they *ought*, of course, to be paid from Provincial funds, and if it is at all possible that this should be done, I think it should be. If it is right to charge Deputy Inspectors of Vaccination to Provincial funds so

also is it to charge for what should be another component part of the sanitary establishment.

But, as such a charge is not likely to be accepted I see no reason why the possibility of creating a correct organisation should be wrecked on the solitary question of the legal position of the President, District Board, because he is required to provide the salaries. I see no necessity to rule that the Sanitary Assistant be *solely* the subordinate of the President, District Board, as held in paragraph 11 of G.O. No. 1479 L., dated 23rd November, 1904.

(*3*) The only two Sanitary Assistants who have yet been enrolled (in Tanjore and in Madura) are on the cadre of Assistant Surgeons, and as such are Provincial servants and will derive their pensions from Provincial funds. I was not informed how or when they were appointed; but, so far as I can ascertain, this was effected by the Presidents of the District Boards concerned. It seems to me they can possess no right to appoint Provincial servants even if they pay them whilst in their employ. It would therefore not seem essential that all provincial control should be withdrawn from them.

(*4*) The case of Deputy Inspectors of Vaccination was up to G.O. No. 486* Financial, dated 1st August, 1904, exactly analogous. They were Provincial servants appointed by the Sanitary Commissioner, on behalf of Government, and were lent to and paid by District Boards, but their pensions were chargeable to Provincial funds; and when it was not possible to show they were in employ by any District Board they would have been chargeable solely to Provincial funds. Notwithstanding this mixed method, this office held a certain amount of control over them. Thus, no privilege leave could be given without the Sanitary Commissioner's concurrence, and no other form of leave could be given except by him. Transfers from district to district were made solely by him, and, although under G.O. No. 1219 L., dated 5th July, 1898, the courtesy of consulting the President, District Board, was required, transfer could have been effected. Again, in the matter of punishment, an appeal from local action could be made to Government through the Sanitary Commissioner, and that officer could of his own accord require a president of the District Board, to say action even when there was no appeal from the subordinate concerned, until he placed the matter before Government. The method of these subordinates' work was controlled by direct orders from this office, in addition to any orders they might receive locally, and the President, District Board, was not consulted before their issue. It seems to me that even if the provision of Sanitary Assistants from Provincial funds be put aside as impracticable, there is no reason why the late analogy as to Deputy inspectors of Vaccination should not be applied in this case also.

(*5*) In holding that the Sanitary Assistants should be the subordinates of the Sanitary Commissioner, it would be a mistake to believe I ignore the position of the President of the District Board. On the opposite, I think a correct organisation should quite definitely recognise the position of the body which administers the sanitary clauses of the Act in the areas concerned, irrespective of the fact that the rural areas of this country are not administered in a manner that can yet make their sanitary care safely independent of the President of the District Board in his function of Collector. It might be asked, granting all I have said so far, why I think it would be advisable that the Sanitary Assistants should be subject, in any way, to the Sanitary Commissioner: are not presidents of district boards fully fitted to undertake such work without interference, etc., etc? Now, in the first place, I think this question should be answered in the Scotch manner by my asking another—why should the Sanitary Commissioner be ignored—why *restrained* from making his presence felt? Is there any particular reason to think the public interests would be subserved thereby? He is supposed to be appointed in the interests of sanitation, and is instructed and restricted by Government as to the direction in which advance should be made; granting that he be very fallible *under such restrictions*, he should not be particularly mischievous. But the real answer to the question is simply this: there are 21 districts, and there are consequently 21 officers whose opinions on the necessity of pushing this or that matter of sanitation may not coincide in special instances, whilst there may be at least five amongst them who consider the whole subject of sanitation absolutely inapplicable to the condition of the country. The five dissenters will not unfortunately stop in one district and stay sanitary advance there only, but periodically they are liable to be transferred to other charges, when they may disseminate heterodox doctrines and fail to continue their predecessors' efforts. This is because they are human beings who have undergone particular methods of mental training, and possess certain idiosyncrasies. To look to the efforts of one individual for *continuity* of advance, in so far as giving the leading ideas of a sanitary campaign, is, I think therefore, sound policy. Moreover, I do not think that the necessity for one particular person being looked to as the individual whose duty it is to press specific official interests occurs solely in connection with sanitation. Were it otherwise, all official organisation could well cease with the district as a unit. There are officers who are appointed to press special interests who are not district officers in the revenue, forest, police, salt and abkari and other departments. In short, where there are many cooks it is recognised that the only way to secure unity of endeavour is to appoint one person whose special duty, if not to issue orders, it should be at least to advise, and whose position should be made sufficiently certain to prevent that advice being lightly ignored.

(*6*) If then, as a compromise in reference to mode of payment, it is necessary that, whilst being subject to the Sanitary Commissioner, Sanitary Assistants should also be subject to the President, District Board is it desirable that they should have a third master in the form of the District Medical and Sanitary Officer? I think there are strong reasons why the Sanitary Assistant should be kept in touch with the District Medical and Sanitary Officer, and should be so ruled that he shall give him every respect so that there should be no *imperium in imperio*, but I consider it would be an absolute evil to make him directly subordinate, even, as would occur in a large number of cases, by delegation of power by the President, District Board. For this opinion, I have reasons. I hold that if any other system be pursued it is not difficult to perceive that the new Sanitary Assistants whatver may be their functions at *first*, will ultimately be of no use whatsoever *sanitarily*. Not one Sanitary Assistant, but half a dozen may be given to each District Medical and Sanitary officer, and exactly the same result will occur. They will disappear as did Pharaoh's serpents.

(7) To understand this statement, I have to explain that it by no means follows that because an officer is a Medical man he may really care two straws about that branch of his science known as Preventive medicine. On the opposite, all medical officers have good reason for recognising it as a branch that brings no grist to the wheel; many deem it unduly troublesome, whilst there are others who, having once taken interest in it, have had that feeling killed by the apathy with which their endeavours have been received by local authorities. It is safe to say that the majority would have far greater pride and pleasure in performing a successful "resection" than in witnessing a villager drawing uncontaminated water from a spot where, but for the missionary efforts of sanitation, the local authorities would have still permitted the partaking of pathogenic microbes *ad libitum*. Under these circumstances, it will be understood that it takes but little encouragement for the average District Medical *and Sanitary* Officer to become wholeheartedly a District *Medical* officer only, and to find that his delight is not in the improvement of sanitation but solely in the number of operations he himself performs, and the number of hospitals and

* G.O. No. 953 L., dated 9th August, 1904.

dispensaries he persuades local authorities is essential in his district.

8. As an example of what I think will occur in the present case, and why I think the Sanitary Assistants will disappear as fast as provided, I would refer to the history of the present Assistants to the District Medical and Sanitary Officer. They were brought into existence as a result of the representations of Surgeon-General Cornish, and it stands to reason that that distinguished sanitarian did not forget sanitary interests. The Inspector-General of Jails of the period had opposed the idea that District Medical and Sanitary Officers (then Civil Surgeons or District Surgeons) should tour in their districts, and thus imperil the criminal population. A compromise was then secured by the appointment of Assistant Surgeons who should hold charge of headquarters, whilst the District Surgeon should make frequent tours in his district—*vide* G.O. No. 391, Public, dated 22nd February, 1883. Under this arrangement as originally put in force, District Medical Officers exercised their own judgment as to what part of their districts required their medical and sanitary care, and, to the best of my belief, whilst they did sanitary work that was steadily increasing, and were afforded excellent opportunities of finding major operations to be sent to headquarters and performing useful operations at rural dispensaries, there was no complaint as to the evil effects of their absence from headquarters. Thus the scheme worked successfully until January, 1895, when a new and strong Inspector-General of Jails was able to persuade a newly joined Surgeon-General that the interests of the criminal population at headquarters should be again paramount. This was more readily accomplished as the Surgeon-General's sympathies were largely with medical, and especially with surgical work. Then, under cover of G.O. No. 57, Public, dated 24th January, 1895, orders were issued by the Surgeon-General that have never yet lost influence upon the Medical Department, although I believe under G.O. No. 541, Public, dated 11th May, 1897, they have been withdrawn. Under these departmental rules, it was required that an officer should never be absent for more than ten days from his headquarters, and, necessarily, in accordance with the Government Order referred to, all *sanitary inspection became limited to unions.* Before leaving headquarters he had to report to the Surgeon-General and forward a programme for approval. From that moment (*vide* also the enclosure to my letter No. 329-S., dated 18th February, 1895, respectfully protesting against this order) all sanitary inspection has steadily fallen off, as shown by the fact that in the four years previous to the issue of the Government Order, the average total number of inspection reports annually received from District Medical and Sanitary Officers was 936, and in the ten years subsequent to it 431; and yet Government has paid to fulfil the intentions of G.O. No. 391, Public, dated 22nd February, 1883, the sum of about 12 lakhs, during this period, to free the former District Surgeons for district work. What then has happened in respect of the Assistants, whose original *raison d'être* was that they were *to hold charge in the absence of the District Surgeons to enable them to push sanitation*, is that they have been detailed to work at headquarters and have relieved the District Surgeon of a certain amount of irksome medical work, chiefly in connection with out-patients; and, for the rest, the Assistant Surgeons very naturally devote themselves to private practice—the absence of which, in the present day, is a cause of discontent with the commissioned officers of the Indian Medical Service. In short, I foretold correctly, and I do not think it was a difficult task to do so, what would be the fate of Assistant Surgeons and sanitary interests in the presence of G.O. No. 57, Public, dated 24th January, 1895. I consider the present pay of Assistant Surgeons largely represents waste, and that the sanitary interests that were intended to be subserved by G.O. No. 391, Public, dated 22nd February, 1883, have not been subserved.

(*9*) I now state that just as the present Assistant Surgeon has become a mere Medical Assistant to the District Medical and Sanitary Officer in medical functions *in* his headquarters, so also the new Sanitary Assistant slowly but surely will become a new *Medical* Assistant out of headquarters, and his sanitary value will be practically *nil*.

(*10*) It is not difficult to see how this would come about. The President of the District Board, or failing him a member of the District Board, will quickly realise that it would be an excellent thing to give the Sanitary Assistant medical equipment, so that when he visits villages he should be able to afford medical aid: it would be such a simple matter for both duties to be undertaken at the same time. The District Medical Officer will realise from the programme for the month that his Sanitary Assistant will be close to a Local Fund Dispensary, in an area provided with abominable roads. The bright idea will seize him of requiring the Assistant Surgeon to inspect this disagreeably situated dispensary; when in doubt as to time at his disposal at headquarters, it will also be quite a natural action for him to require inspection of a dispensary, where even good roads are at his disposal. Such easy little beginnings will suffice to secure the end I state; and, for the second time in the history of this Presidency, an effort to secure a reasonable amount of attention to sanitation in rural areas at the hands of either the District Surgeon or an Assistant Surgeon will have become abortive, for the simple reason that the two subjects cannot secure equal attention—one or other must suffer at the expense of the other. District Surgeons will again to all intents and purposes become Civil Surgeons.

(*11*) I think, therefore, it is of prime importance to so form the organisation that the Sanitary Assistants shall really serve the function for which they are destined, and I believe if this cannot be done by forming a complete Health Service under the Sanitary Commissioner, as the circumstance of the age demands, then the next best course, as I have suggested above, is to make Sanitary Assistants occupy in regard to discipline under him the same position as was up to recently held by Deputy Inspectors of Vaccination. This mixture of functions, which seems to me unavoidable, has a precedent not only, as already stated, in the case of Deputy Inspectors of Vaccination, but also in the broad matters of appointment and discipline with rules in force with the Local Government Board of England (which means, in the Sanitary Department, the Medical Officer of Health to the Local Government Board—the prototype of the Sanitary Commissioner) as to the Medical Officers of Health of English local authorities. Thus, in the order of the Local Government Board, dated 8th December, 1891, after enumerating the duties of a Medical Officer of Health of a district, which are clearly framed so that professional control shall be with the Local Government Board, it is finally stated, "in matters not specifically provided for in this order, he shall observe and execute any instructions issued by us and the lawful orders and directions of the sanitary authority applicable to his office." The method of payment of Medical Officers of Health of District is very mixed. In certain cases, a County Council or the Local Government Board pays part of the salary, at others the local sanitary authority pays it entirely; *but the power of the Local Government Board remains paramount.* On these grounds, I think the designation given in G.O. No. 1770 M., dated 13th October, 1904, to the Assistant Surgeons to be engaged on sanitary work is undesirable. The original term proposed by the Government of India was "District Health Officers," and beyond the fact that the Commissioned Medical Officer in charge of a district is already its "Sanitary" or Health Officer, there seems no reason to change the term. However, if the policy I have laid down above is to be followed, it would not do to allow it to be thought that the new subordinate is to be monopolised by the District Medical Officer, by his receiving the term of "Sanitary Assistant *to* the District Medical and Sanitary Officer." The requirements of the proposed organisation would be better met by the

term "District Assistant Sanitary Officer," which would contrast correctly with the position of the District Sanitary Officer, who, in so far as his sanitary functions are concerned, is responsible to the Sanitary Commissioner.

57933B. *ANNEXURE (II).*

Paragraph 4 (*b*) *of Government of India Resolution and paragraphs* 2 *and* 3 *G.O., No.* 457 *L., dated* 14*th March,* 1913.

4 (*b*) The appointments of Deputy Sanitary Commissioners will no longer be reserved for officers of the Indian Medical Service and Indians possessing the necessary qualifications will be eligible for these posts. The selection of candidates for Deputy Sanitary Commissionerships, whether officers of the Indian Medical Service or not, will remain with Local Government 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.

2. With reference to paragraph 4 of the resolution of the Government of India read above His Excellency the Governor in Council is pleased to direct that both the additional posts of Deputy Sanitary Commissioner now created shall ordinarily be filled by duly qualified candidates outside the ranks of the Indian Medical Service.

3. Orders will issue in the Public Department with regard to the nomination of the two new Deputy Sanitary Commissioners. If the appointment of Deputy Sanitary Commissioner is filled from the Indian Medical Service the selection will be restricted to candidates who have served for at least one year as a District Medical and Sanitary Officer. The officer selected will have the option of reverting from the Sanitary Department at his own request within the first two years of his employment therein, but subject to that qualification he will be expected to serve in it continuously and will not be allowed to use his sanitary appointment as a route to ordinary Civil employ; service in the Sanitary Department will be no bar to the selection of suitable officers for employment in the administrative grades.

57933C. *ANNEXURE (III).*

Paragraph 7 (*a*) *of Government of India Resolution and paragraph* 5 *of G.O. No.* 457 *L., dated* 14*th March,* 1913.

7 (*a*) The weakness of the executive establishment of the Service, and the inadequacy of the staff of trained officers of health, is a defect which has been prominently brought to the notice of the Government of India, the remedy for which is a necessary preliminary to any substantial improvement of sanitation. The Presidency towns and a few of the larger cities have such officers; but as a rule the Civil Surgeon is the only health officer of the towns in a district. It is difficult for him to give sufficient attention to the sanitary requirements of the headquarters town; it is impossible for him to make more than an occasional inspection of other towns. The scheme now sanctioned provides for the appointment of health officers of the first class for larger municipalities and of the second class for the smaller towns in accordance with detailed proposals received from the Local Governments. A health officer of the first class will be required to have a registrable medical qualification and a British diploma in public health. The necessity for a British diploma will, however, be only temporary as the Government of India trust that it may be possible to remove the second restriction as soon as arrangement can be made in India which will enable Indians trained in this country to become health officers of the first class. For health officers of the second class the main qualifications will be a good general education, supplemented by a course of training in public health approved by the Local Government. A salary of Rs. 300—20—500 is considered suitable for officers of the first class (with higher pay in exceptional cases) and of Rs. 150—10—300 for officers of the second class. The Government of India leave it to Local Government to determine in the case of both classes whether a Provincial Service should be constituted or whether the appointment should be local, but they consider that grants-in-aid by Local Governments should be made only on conditions which will ensure that qualified men are appointed, and that they will have reasonable security of tenure. They also consider that the necessary power should be vested in Local Governments to require a municipality to appoint a health officer and to veto the appointment of an unfit person.

5. The qualifications proposed for health officers of the first class are specified in paragraph 7 of the resolution. Failing fully qualified applicants these posts may be thrown open to persons holding the Madras University degree of Licentiate in Sanitary Science. Second class health officers will be required to possess a medical degree of not less professional value than the Licentiate in Medicine and Surgery of the same University and also to have undergone an approved course of practical training in sanitary work of not less than three months' duration.

57933D. *ANNEXURE (IV).*

Paragraph 8 *of G.O. No.* 457 *L., dated* 14*th March,* 1913.

8. The Government of India will be addressed in regard to an annual assignment to Provincial funds equivalent to—

(*a*) The entire cost of the additional Deputy Sanitary Commissioners calculated on the scale of pay proposed for incumbents not belonging to the Indian Medical Service, and

(*b*) Half the cost of the proposed 12 first class and 19 second class health officers.

The Government will be prepared themselves to contribute from Provincial funds a moiety of the remaining cost. In other words, municipal councils will be charged with only 25 per cent. of the pay of health officers in their employ; and if in any case special circumstances exist which justify further assistance from Provincial funds, the propriety of additional grants will receive consideration.

MAJOR W. A. JUSTICE called and examined.

57934. (*Chairman.*) Witness had been in his present appointment for two years. He was adviser to Government on sanitary matters. He had also administrative control of the King Institute, Guindy. He was Secretary of the Malaria Board, and inspected municipalities and reported to Government. To aid him in that work he had two Deputy Sanitary Commissioners. One was an Indian Medical Service man, and the other an Indian gentleman.

57935. He held the Diploma of D.P.H. of Cambridge, and before joining the Sanitary Branch of the Service was at the British Institute of Preventive Medicine, now the Lister Institute, and also with the Medical Officer of Health of Clerkenwell. He was selected to come to India on plague duty, and had been for four years District Plague Health Officer in Calcutta. He then joined the Indian Medical Service. He had also served in Bombay.

57936. For the next generation the cadre of his Service would be a small one, but with the appointment of Health officers, first and second class, and District Health officers, a reasonably sized Provincial Service might be formed under the Local Government. He would prefer not to enlarge the field for promotion by having an all-Indian list, which would be all very well for men from the north of India, who would find their way to Madras, but not for the Madras men, who were unlikely to get a better appointment in the north. Moreover any such arrangement would offend against provincial autonomy. The local Government liked to choose their own men, and should only be asked to go outside if their own men were not up to the required standard. He laid more stress on this than on the language question. He did not regard it as essential that the Sanitary Commissioner should know the language of the country in which he was serving, as his work was all done in English.

57937. He did not agree with the proposal that the Sanitary and the Bacteriological Departments should be amalgamated, at any rate in the Madras presidency. A man, who was good at research might not be any good as a Sanitary Commissioner, and *vice versâ*.

57938. (*Lord Ronaldshay.*) It might be an advantage to a bacteriologist to serve for some period as a Deputy Sanitary Commissioner with a view to the investigation of epidemic diseases in the field. His objection to the amalgamation of the two branches was that a bad bacteriologist might be sent into the Sanitary Department, and it would be difficult to get rid of him. It did not follow, of course, that, if a man were not a good research officer, he would be a bad sanitary officer, but it followed less that he would be a good one.

57939. (*Sir Theodore Morison.*) A Deputy Sanitary Commissioner was trained in bacteriology to a certain extent, and also did research work in his own laboratory. He did no research work on tour.

57940. When a Deputy Sanitary Commissioner inspected a town or municipality, he submitted reports to the witness, who scrutinised them. He also reported on the schemes which municipalities put forward in order to obtain a sanitation grant. A fairly good idea of what a man was worth could be formed by the way in which he discharged those duties, and also on the amount of work he got through.

57941. A Deputy Sanitary Commissioner had also to investigate epidemics, trace their origin, and suggest measures. He also inspected vaccination work. The investigation of epidemics did not call for a high standard of scientific knowledge. Any student of bacteriology could undertake the work. There was nothing in the duties of a Deputy Sanitary Commissioner which fitted him specially for bacteriological work.

57942. (*Mr. Chaubal.*) The syllabus for the Bachelor of Sanitary Science degree was very similar to that of the D.P.H. examination. All the appointments under his suggested scheme could efficiently be filled by men who took either of those degrees.

57943. (*Mr. Sly.*) With the appointment of Public Health Officers in districts and municipalities the work of the Deputy Sanitary Commissioner would be on an entirely different level and on a higher plane. At present, local bodies prepared their sanitation schemes so badly that the Deputy Sanitary Commissioner had to lay out schemes of his own.

57944. There were no special Plague Officers in Madras. There were two special Malaria Officers working under the Malaria Board. The Sanitary Commissioner was the secretary.

57945. (*Mr. Madge.*) Research furnished an experience from which valuable suggestions for field work were obtained. In the course of his field work a man found further spheres in which he could prosecute research with advantage both to himself and to the Service. Consequently, although the two branches of the Service should not be amalgamated, occasional interchanges of suitable men would be advantageous.

57946. (*Lieut.-Col. Giffard.*) Officers of the Sanitary Department and the Deputy Sanitary Commissioners had quite the same training as bacteriologists. The splitting up of a Service like the Indian Medical Service into watertight compartments was not a good thing. It was possible that such a system might lead to a divorce between field sanitation and laboratory experts and researchers, just in the same way as it was leading to a divorce between clinicians and laboratory men.

57947. (*Chairman.*) The work of a Sanitary Commissioner was quite different from that of a research officer. The former was a purely administrative officer, though he had sufficient knowledge to apply the information which was brought to him by the latter. Now and again a Sanitary Commissioner might make an important discovery, but if there was a constant interchange between the two types of officers, there would be a risk of irrevocably damaging both. Another danger was that the Sanitary Commissioner might become so much of a research man that he would do no administrative work. In a word it was useful for a Sanitary Commissioner to have research knowledge, and the more he could collect the better, but his actual functions were quite different from those of a research officer. Witness's opinion was that there should be power to exchange officers between the Sanitary and Bacteriological Departments in special cases.

(The witness withdrew.)

LIEUTENANT-COLONEL R. J. MACNAMARA, M.D., I.M.S., Inspector-General of Prisons, Madras Presidency.

Written Statement relating to the Medical Services, being a Memorandum on the Jail Department.

57948. **(I) Methods of Recruitment.**—(*a*) For Indian Medical Service officers the present methods are on the whole satisfactory. (*b*) For non-medical officers, the bringing in of untried men from other Departments or from private life is resented. The few gazetted appointments should, with rare exceptions, be given to subordinates in the Jail Department, as a reward for good work, and an encouragement to young men of the requisite education, physique and social standing to join the subordinate ranks.

No man who has had no experience of jail work, whether he be a commissioned medical officer or not, should be put in charge of a jail, till he has undergone training in a Central Jail, so as to get initiated into the routine and acquire some knowledge of the vernacular, in case he does not already possess it.

As to the recruitment of subordinates it would be well to divide them into two classes, viz., (*a*) one lot to be recruited as deputy jailors, with a high standard of physique, education and social standing. From this class jailors and Superintendents of special District Jails should be promoted. (*b*) A clerical establishment who would always remain as clerks, with rare exceptions. From these should be exacted a high standard of education, especially in account-keeping and general office work. The same physique and power to manage men need not be demanded as in the case of deputy jailors. The Inspector-General should be given power to promote a limited number of men of the warder establishment into the clerical staff, on condition that they are, in his opinion, fitted to do the clerical work, and as a reward for good service in the warder force.

57949. **(II) System of Training and Probation.**—All hands should be put through a period

of training, say, three to six months, according to the nature of the duties, and warders, jailors and deputy jailors should become efficient in drill. A reserve of men of all classes should be provided, not alone to allow training to take place, but to fill temporary vacancies caused by leave and sickness. No subordinate should be made permanent in the Department till he has served at least a year and his services may be dispensed with at the end of that time or before, if he shows signs of being inefficient or is likely to prove unsuitable. Certain Central Jails should be set apart as training centres.

57950. **(III) Conditions of Service.**—Indian Medical Service Officers should take seniority according to the date of joining the Jail Department and not according to rank or length of service. This would encourage officers to join early.

Work should be made lighter for all officers, especially subordinates, whose hours are much too long. This could be met by strengthening the establishments all round and reducing the work.

A Superintendent who receives house-rent in lieu of free quarters should receive a sufficient sum for the purpose.

An officer should not be out of pocket owing to a transfer; now he frequently is.

An Indian Medical Service Officer should be allowed two years to pass the vernacular test.

57951. **(IV) Conditions of Salary.**—The pay of all ranks is inadequate considering the work required of them, and it is suggested that it should be raised to the same level or even higher than corresponding positions in the Police Department, owing to the more onerous and exacting nature of the duties, and so as to attract a suitable class of men. The following might be regarded as the minimum pay for each rank:—

	Rs.
A warder of the lowest grade	10
An assistant jailor of the lowest grade ...	40
A deputy jailor	100
A jailor of the lowest grade...	150
A Superintendent of a District Jail ...	400
A Superintendent of a second-class Central Jail	500
A Superintendent of a first-class Central Jail	750

A Medical Officer in medical charge of a District Jail should receive an allowance of Rs. 100 a month, and of a Central Jail, Rs. 150.

The scale of allowances for Medical Officers performing the duties of Superintendent, as well as the medical work, of a district jail should be increased to a minimum of Rs. 150.

An Indian Medical Service Officer in full-time charge of a central jail should be better paid than he is. The subject is dealt with in the memorandum submitted by members of the Indian Medical Service.

Promotion from grade to grade should be given after a fixed number of years' service, and not be dependent on vacancies, and the system of incremental pay should be abolished in all ranks below that of a deputy jailor.

57952. **(V) Conditions of Leave.**—The leave of jail officials should be more liberal than that of the other Services, as they have to work on Sundays and holidays. Casual leave (limited to 15 days in a year) might be allowed to be taken in whole or in part, but the total absence at one time should not exceed 15 days, including gazetted holidays.

Privilege leave should be allowed to accumulate up to six months.

The amount of furlough earnable may be cut down to half and given with full pay. Furlough on full pay should count for pension.

57953. **(VI) Conditions of Pension.**—A pension equal to half the pay drawn at the time of retirement should be granted after 25 years' full pay service and after 20 years on medical certificate.

Officers drawing incremental pay are at times unable to qualify for full pension, as they may reach the age of 55 long before they attain the maximum pay. To draw the full pension of their rank under the present rules, they have to serve three years on the maximum pay. This seems rather hard.

57954. **(VII) Such limitations as may exist in the employment of non-Europeans and the working of the existing system of division of Services into Imperial and Provincial.**—All appointments in the subordinate staff, including those of Deputy Jailor, from which grade officers of proved merit are eventually promoted to the grade of jailor and District Jail Superintendents, should be thrown open to Europeans, Anglo-Indians and non-Europeans alike. An exception might be made in the case of the Penitentiary where European prisoners are confined and here the jailor and deputy jailor should be Europeans or Anglo-Indians.

As all are subjects of the same Empire and presumably on the same footing, it does not seem well to introduce distinctions of race or colour. Let the best men go ahead if they have all the qualifications necessary for promotion, such as intelligence, energy and force of character and are, generally speaking, capable of filling the appointments that may fall vacant.

57955. **(VIII) Relations of the Service with the Indian Civil Service and other Services.**—It is generally felt that the Jail Department is subjected to more interference from outside than is desirable. It would work better if it had a more independent existence and was managed entirely by the Inspector-General under the orders of Government.

57956. **(IX) Any other points.**—It is considered a grievance that the restrictions imposed by Articles 119 and 140, Civil Service Regulations, should apply to jail officers (jailors and assistant jailors). It is suggested that the proviso to the latter article may be extended to this class of officers also.

LIEUT.-COL. R. J. MACNAMARA called and examined.

57957. (*Chairman.*) Witness had held his present position for more than seven years. He was previously Inspector-General of Prisons in the Punjab.

57958. Indian Medical Service officers were liable to transfer to any part of India. They could be so transferred by the Government of India, and at any stage of their career, but in practice were moved only when they were very junior. To this extent he favoured an Imperial organisation, but he would not interfere with the discretion of the Local Government to appoint their own Inspector-General. If they had no local man who was suitable they could apply to the Government of India, as had been done in his own case.

57959. Certain superintendents of jails were non-medical men. Some were promoted subordinates who had been jailors, and others had been recruited direct from various other services. On the whole, the system of recruiting from the Indian Medical Service was best, as men recruited from outside, after years of service elsewhere, had no experience.

57960. When non-Indian Medical Service officers were appointed, they were not necessarily medical officers. In such cases the District Medical and Sanitary Officer of the district discharged the medical work connected with the jail. Practically speaking, such an arrangement did not lead to any trouble. The appointment of an Indian Medical Service officer resulted in economy, because he combined the two functions. The appointment of Military Assistant Surgeons to be superintendents would have the same advantage, and might be tried in the case of the smaller jails.

57961. He was not satisfied with the training which officers actually obtained before they were

put in charge of jails. A good training was prescribed, but owing to the shortage of officers in the cadre was not in practice given.

57962. An Indian Medical Service officer should take seniority according to the date of his joining the Department, and not according to rank or length of service. There was a difference of opinion on that matter. What was really wanted was that an officer should come into Jail Service early in life, and remain in it. He would like to see a man come in after three or four years' service. There were many instances where men had come in much later than that, and there were also too many cases in which officers reverted.

57963. There was not much difficulty in giving leave to officers of the Department. A small leave reserve, however, was necessary.

57964. (*Sir Murray Hammick.*) There were objections to members of the Jail Service being put on an all-India list. Language was one great difficulty. It was necessary for a superintendent to have a colloquial knowledge of the local language.

57965. During the last seven or eight years there had been many changes in the medical officers who had been appointed to jail posts. The reason was that there was some second-class Central Jails in the Madras Presidency, the pay of which was not so good as that of the first-class jails. Other Provinces had only first-class jails.

57966. The bigger Central Jails which had been in the hands of Non-medical Superintendents had not been so satisfactorily managed from the medical standpoint, as the jails which had been in charge of Medical Officers. The medical arrangements had suffered, in some cases greatly, from the absence of a full-time Medical Officer in charge.

57967. Members of the subordinate Service, who started on small pay, were never likely to turn out to be suitable men to place in charge of a Central Jail.

57968. There were five District Jails under the charge of the Department, three of which were under the supervision of separate Jail Superintendents. Two were in charge of the District Medical and Sanitary Officer.

57969. The three District Jails were held by men who had been jailors, and they were doing their work quite satisfactorily. He thought men from the subordinate Jail Department could always be found to hold such jails.

57970. On the whole it was better to have all the first-class Central Jails manned by Indian Medical Service officers rather than by outsiders. There would be some difficulty in manning second-class Central Jails by Indian Medical Service officers owing to the inadequacy of the pay.

57971. He would not favour a system under which Government gave a certain number of Superintendentships of Central Jails to men seconded from the police after a certain number of years service. He did not see why the few appointments, suitable for men in the Jail Service, should be taken away from them.

57972. (*Sir Valentine Chirol*): An Indian Medical Service man appointed to a Superintendentship of a jail had no special qualifications for the post beyond his military training, and his medical knowledge, and knowledge of hygiene. He applied, and if appointed was put under training. A new man had a good deal of detail to learn before he was fully efficient.

57973. (*Mr. Madge*): Jail charges were not very popular with the Indian Medical Service in the Madras Presidency, for the reason that there were some second-class Central Jails, the pay of which was not sufficient.

57974. He was quite against any system by which a District Magistrate might be left free to elect one of his own subordinates to take charge of the jail without pay.

57975. (*Mr. Fisher*): The training to which a Jail Officer was submitted consisted of two parts. First of all he had to learn the routine of jail management, and, secondly, the vernacular. An officer was never sent to Europe to study prison administration there, but sometimes went of his own accord. He would be in favour of an arrangement by which officers would be given facilities to study European prison management.

57976. (*Mr. Sly*): During the last decade there had been a very marked improvement in the health of prisoners in jails. He would not like to say that that synchronised with the employment of Indian Medical Service Officers as Superintendents of Jails. There was not much to choose now between jails in charge of medical and of non-medical men in the matter of health. A great advantage in having a Medical Officer in charge of a jail was that he was always present, and could see to matters at any moment.

57977. (*Mr. Chaubal*): The outside interference with the Jail Department, of which he complained, had not been very considerable. All criticisms, made by Magistraes or other visitors, were seen by the Inspector-General, and sometimes went on to the Government.

57978. (*Mr. Fernandez*): Civil Assistant Surgeons, and Civil Surgeons acting as Medical Officers and Medical Superintendents of District and Central Jails, had discharged their duties satisfactorily. He would recommend the throwing open of some jail appointments to those officers who possessed an aptitude, and were otherwise fully qualified for the work.

(The witness withdrew.)

DR. M. VIJAYA RAGHAVALU, Madras.

Written Statement relating to the Medical Services, being a Memorandum on the Civil Medical Service, drawn up by the Madras Medical Graduates' Association.

57979. **(I) Method of Recruitment.**—There shall be three departments:—

(i) The Civil Medical Department.

(ii) The Sanitary Department (including Vaccination and Preventive Medicine).

(iii) The Medical Educational Department.

The Medical and Sanitary Services shall be divided into (*a*) Imperial, (*b*) Provincial, and (*c*) Local services. The Medical Educational service shall consist of (*a*) Professors and (*b*) Assistant Professors.

(i) (*a*) Entrance into the Imperial Medical Service shall be by open competition, to be held simultaneously in India and England. Candidates must be British or Indian medical graduates, not over 30 years of age. The board of examiners shall be composed of Europeans and Indians.

(i) (*b*) Entrance into the Provincial Medical Service shall be by open competition, to be held in India. Candidates must be British or Indian qualified men, not over 30 years of age.

(i) (*c*) Entrance into the local service shall be by competition or nomination, or both.

(ii) Candidates seeking to enter the sanitary department shall be recruited as above and they shall hold special qualifications in sanitary science.

(iii) (*a*) The professorial chairs in the medical educational department shall be filled by public advertisement in the United Kingdom and India.

(iii) (*b*) The Assistant Professors shall also be similarly recruited.

57980. **(III) Conditions of Service.**—*Vide* under other General Remarks (paragraph 57982).

57981. **(IV) Conditions of Salary.**—Salaries should be such as to attract the best men

available in Europe and India for the Educational Department.

The scale of pay for the subordinate services should be suitably enhanced.

57982. **(IX) Other remarks.**—The points of view adopted in this memorandum are three in number:

(i) Due recognition of merit.

(ii) Prevention of undue strain on the finances of the Government.

(iii) Creation of avenues to afford suitable appointments to duly qualified Indians.

Viewed from the above standpoints, the following four principles are suggested for reforming the medical service in India:—

(I) *To confine the Indian Medical Service to Military Service and to create a new Medical Service for Civil purposes for—*

1. The conditions that determined the employment of the Indian Medical Service officers in civil medical service have ceased to exist. At the outset, the Medical Department—superior and inferior—consisted exclusively of military men. Subsequently, only a subordinate civil medical service was created, but all the superior posts in the medical colleges and in the civil medical service, including those newly created from time to time, continue to be in the hands of the Indian Medical Service men, though in other departments which started likewise, the military men have been replaced by civilians, *e.g.*, the Civil Engineering.

2. The Indian Medical Service men in civil employ do not seem to be reserve men. The increase in their number in civil employ has been determined solely by civil exigencies but not by military demands.

3. It is not desirable to make a civil work depend on military conditions.

4. It is not desirable that Indian Medical Service men without special educational and sanitary qualifications should be made to hold professorial and sanitary appointments.

5. The present recruitment for the Indian Medical Service keeps away the best young medical men available in the United Kingdom and India, for it is essentially a military service. Moreover, the fact that the examination is held in London keeps out the best Indian medical graduates, who cannot as a rule afford the expenses.

(II) *The Development of an Independent Medical Profession.*

Independent medical practitioners have to compete with the quack on the one hand and the Government servant on the other, the latter having a salary of his own, can afford to accept very low fees. This State-aided competition hits the independent practitioner very hard, and the growth of an independent medical profession in India will depend largely on the degree of discouragement given to such unfair competition. Government servants must be debarred from general practice and only allowed consultant practice. Such a step can at all events be tried in the Presidency towns as a tentative measure, a special city allowance being given, if necessary, by way of compensation.

As the Indian medical graduate can only start in service on a very low pay (Rs. 100), the better stamp of men set up in independent practice in preference to service. Many an Indian youth takes up law rather than medicine, as through it the door is open to the highest appointments in the State, whereas in medicine they could never aspire even to the lower appointments in the higher branch of medical service. In order, therefore, to attract a larger number of the better class of men and thus foster the development of an independent medical profession in India, it is incumbent on the State to give more encouragement by throwing open to the practitioner a certain percentage of appointmens in the superior branch of the Medical Service. Some of the appointments of Physicians and Surgeons in the Madras General and Special Hospitals may also in our opinion be made from the independent medical profession.

In the practice of their profession, the class of independent medical practitioners are greatly handicapped by having no access to any of the City Hospitals. It is our contention that hospital practice not only gives greater facility and opportunity for professional improvement, but also raises the status of the practitioner in the eye of the public. We therefore suggest that a certain number of leading pracitioners may be associated as Honorary Physicians and Surgeons in all the Presidency Hospitals. They should be given absolutely equal rank and status with their Government colleagues on the staff.

(III) *To Dissociate the Sanitary Service from the Medical Service.*

The importance of sanitation is being already recognised by Government at the present day. The overcrowding in Indian cities, the growth of towns, and the ignorance of the masses about sanitary requirements—all tend to emphasize the need for a separate sanitary service.

(IV) *Medical Aid for Women.*

We are of opinion that the time has arrived in India for special Women's hospitals to be run by women doctors, with due regard to the sentiments of different classes of women in this country.

57983. In conclusion, the Madras Medical Graduates' Association commend to the attention of the Royal Commission the following suggestions:—

(*1*) That the competitive examination for the superior Indian Civil Medical Service be held simultaneously in England and in India.

(*2*) That the Professorial chairs be occupied only by experts.

(*3*) That sanitary service be dissociated from medical Service.

(*4*) That the scale of pay for the subordinate Service be suitably enhanced.

(*5*) That the development and growth of an independent medical profession in India be fostered not only by diminution of State-aided competition, but also by all possible state encouragement.

Dr. M. Vijaya Raghavalu called and examined.

57984. (*Chairman*): Witness was a private practitioner in Madras, and had practised 14 years in India. He was a B.A. in Arts and an M.B. and C.M. in Medicine, and had obtained both degrees at the Madras University. He had no British qualification and had never been to England. He came before the Commission to represent the Madras Medical Graduates' Association. There were about 30 members in the Association, all of whom were graduates, either of an Indian or a British University. There were four of five graduates of a British University.

57985. He admitted the necessity of maintaining the service organisation, but would alter the present system, and instead of a Military would have a Civil Medical Service. This would involve a separate organisation for the war reserve, the details of which should be worked out by the Military authorities on a new basis. There would not be any difficulty over this, but he had no suggestions to offer as to how it should be done, and had not considered what the extra cost would be. He did not object to a war reserve, but objected to the reserve being taken into Civil Medical Service especially on such a vast scale as to monopolise the whole civil medical service. This was no doubt an important factor, but it would fall on the Military department. In times of peace there was no necessity for reserve men in civil employ.

57986. Professorial chairs should be filled after advertisement in the United Kingdom and in India, and not through the service. The present professors were not men who had been specially trained for educational work. They were men

who were utilised by the Government for training a subordinate class of officer for military and civil employ.

57987. It was desirable that senior private practitioners should be admitted to the visiting staffs of the hospitals. He also approved of the suggestion for utilising the services of young graduates. Private practitioners should be allowed access to the hospitals in the first ten years of their practice. Any qualified medical man should also be admitted.

57988. (*Lord Ronaldshay.*) Under his proposal the military reserve in times of peace would be kept in the regiments. They could be posted for extra duty in the hospitals, and the military hospital work could be divided amongst them. It would not matter whether that was an expensive system or not.

57989. (*Mr. Fisher.*) The time had arrived when special women's hospitals, to be run by women doctors, should be established by Government in India. There was a demand on the part of the Indian population for such a service.

57990. (*Lieut.-Col Giffard.*) He could not suggest any way of getting over the difficulty of holding simultaneous examinations in England and India, due to the difference of time in the two countries.*

57991. If Honorary Surgeons were put on an equal footing with the superior staff of the Government hospitals, in some cases they would be almost on a par with the heads of Civil Assistant Surgeons, who had beaten them in the Civil Surgeons' Examination. But because a man had failed in trying to enter Government Service, he should not be debarred from improving himself and gaining experience and knowledge.

57992. His contention that men in the Sanitary Department should hold special qualifications in sanitary science would have practically excluded Indians in the past, as only three of them had taken the Bachelor of Sanitary Science Degree of the Madras University in the last 20 years. There would, however, be more in the future if better prospects were held out. He meant by sanitary qualification, a qualification coupled with experience in the work.

57993. (*Mr. Chaubal.*) The three graduates in sanitary science referred to were now holding subordinate appointments as Assistant Sanitary Officers on Rs. 200 or Rs. 250.

(The witness withdrew.)

M.R.Ry. Rao Sahib C. B. Rama Rao Avargal, M.D., Civil Surgeon, Tellicherry, Madras.

Written Statement relating to the Medical Services.

57994. **(I) Method of Recruitment.**—The Indian Medical Service was instituted at a time when there were practically no qualified medical men in India, and it was then necessary to man the whole Civil Medical Department by officers lent from the Military except in the Subordinate grades of the Service. About 50 years have passed away since the Indian Medical Colleges were founded, and during this period thousands of qualified men and hundreds of distinguished graduates have gone forth from them. Several hundreds of Indians have also gone abroad and taken European diplomas and degrees in medicine. In spite of all this progress, all the higher posts* in the Medical Department carrying a pay of Rs. 500 and upwards still continue to be filled by the members of the Indian Medical Service which is primarily and essentially a Military Service. The examination for its recruitment which is held in England attracts but few Indians on account of the expense, the uncertainty of success and the trials of a long course of professional education extending over five or more years in a foreign country. The imperial considerations which necessitate the holding of the open competition for the I.C.S. in England do not hold good in the case of the Medical profession in which political considerations ought to play no part. The justification urged in favour of the system of keeping the whole of the higher posts in the Civil Medical Department in the hands of the Indian Medical Service is that it serves the purpose of a war reserve. But the necessity for a Military reserve should not be allowed to cause detriment to the Civil element, and its utter exclusion from all the important posts in the Civil Medical Service. The expansion of England has been so vast and many-sided, colonies and contonments have grown apace in all directions, and means of communication have become so many and so much more rapid that a war-reserve is not a matter of the same prime necessity now that it once was. And even if it were so there are hundreds of Indian Medical men who, in the event of war or other emergency, would at a moment's notice be found willing and competent to take charge of Station and Regimental Hospitals in India so as to set the Indian Medical Service officers free for their legitimate sphere of duty.

In the healing of the sick, in the carrying of medical relief to the poor and the illiterate, and in the spread of Sanitation among the rural tracts, an intimate knowledge of the people and their customs and prejudices is necessary, and an Indian is naturally better fitted to minister to the wants of his countrymen than those who have not such intimate knowledge of the conditions of the country or permanent and abiding interests in it. Again it is a fact not often remembered that the Indian Medical Service officers are only lent to the Civil administration, and are liable to be transferred to the Military Department at any moment. There is another evil arising out of this mixing up of Services. Some of the Indian Medical Service officers by the fact of their long detention on the Civil side lose touch with the Military spirit, and not infrequently become unfitted for Military work, and when an emergency arises they are not much fitter for Military work than Civilians. On others it has quite the opposite effect. Cases are not unknown where an Indian Medical Service officer some years after entering the Civil side acquires a prejudice or takes a dislike to the Civil administration. He can then perform only the minimum amount of official work required of him, taking no active interest in the people and being ever on the look-out for retransfer to the Military. Another important aspect of the question is how this monopoly of Indian Medical Service affects the medical profession in India as a whole. The Indian Medical Service officers, as soon as they become Senior Lieutenant Colonels, and have acquired special knowledge and experience in Civil Hospitals, are drafted back to the Military side, and all the skill and experience gained by them in Civil Hospitals is lost to the people. In all advanced and civilised countries the older professional men after retiring from active work serve the useful purpose of acting as Consultants. But in India these very experienced officers being Europeans or anglicised gentlemen leave the country, and the junior members of the profession have none left worthy to be called in for consultation in cases of grave or complicated illness. And there is no chance of the indigenous practitioner ever acquiring that special knowledge and skill required of a consultant because Indian Medical men are kept out of the large special hospitals where alone facilities for acquiring such proficiency exist. And no respectable body of professionally efficient and independent Medical men can spring up in India so long as the larger State hospitals and the

* The only exception is the Uncovenanted Surgeon of Negapatam, who under old rules is drawing Rs. 700 per month, which grade will be abolished on the retirement of the present incumbent.

* The witness subsequently wrote as follows:—

"It might be got over by having separate sets of papers or by having only one set and holding only one examination a day as at 10 a.m. in London and 3.30 p.m. in India."

Government Maternity and Ophthalmic hospitals are closed to them.

It is time therefore that the Government instituted separate Civil Medical Service for India with pay, prospects, and status similar to those of the Indian Medical Service. The Indian Medical Service would then be a purely Military Service apart from or amalgamated with the Royal Army Medical Corps. While the entrance to the Military Service must continue as hitherto to be regulated by competition held in England, there is no reason why the Civil Medical Service should not be altogether recruited in India by a competitive examination open to all natural-born subjects of British India and of the Native States. Any objection that may be raised to the training of the recruits in India may be met by requiring the successful candidates to undergo a further training in one of the great teaching hospitals in Great Britain for a period of two years. During this probation the successful candidates might be required, if Indians, to acquaint themselves with Western manners and customs; and, if Europeans, to study tropical diseases and Indian History on the social side. All successful candidates should also be required to specialise in some one or other of the branches of Medicine.

At present Indian Medical Service officers without any special training are often appointed as professors in medical colleges, and the instruction given by them cannot be expected to be of a very high order. Since the Medical colleges and schools have now been taken away from the control of the Director of Public Instruction and placed entirely under the Surgeon-General the selection of professors and other members of the teaching staff has become a question of more than ordinary importance. The Surgeon-General naturally thinks of the men in his own Department and private medical men, however high their qualification may be, have practically no chance of being selected. Thirty years ago two chairs in the Madras Medical College were filled by non-Indian Medical Service men, and were open to graduates of Indian colleges despite their their lack of English training, but now in spite of the progress made during this long period not only have no new chairs been thrown open to local medical men, but the two originally reserved for them have been appropriated by Indian Medical Service officers.

57995. **(III) Conditions of Service.**—All the higher posts in the Civil Medical Department should form one common Service for the whole of India, and it may be called "The Indian Civil Medical Service." But successful candidates may be allowed to select their provinces somewhat in the same manner as is done in regard to the Indian Civil Service. The sanitary appointments requiring special training might be constituted a separate Service. If a war reserve is insisted on, 30 per cent. of the posts in the new Indian Civil Medical Service may be reserved to be ordinarily filled up by members of the Indian Medical Service. At least 50 per cent. of the posts should be recruited by open competition held in India. The remaining 20 per cent. may be left open to those already in Service to enable men of exceptional abilities to rise from the ranks of Assistant Surgeons. There will be no need, under this scheme, for a separate Provincial Service which in the departments where it exists has a tendency to create invidious distinctions.

The grade of Sub-Assistant Surgeon must remain for some years to come, at least until the country is sufficiently advanced to have one common and high standard of qualification. And till then each Local Board and Municipality may be allowed to train its own Sub-Assistant Surgeons, the Government providing only the teaching staff. Provision should also be made by examination or otherwise to promote the more promising members of this class who have taken a degree or a University diploma to the grade of Assistant Surgeon. The social status of a Sub-Assistant Surgeon is much higher than his pay indicates. And it is a great hardship for a Sub-Assistant Surgeon from Malabar, for instance, to be transferred to a Telugu District; moreover, the travelling allowance granted to men of this class is scarcely adequate.

57996. **(IV) Conditions of Salary.**—This brings me to the question of salaries. The salaries now given were determined half a century ago when the majority of the medical men received their education at the expense of Government, when living was phenomenally cheap, and private practice was more lucrative for the Government medical man than it is at present. Almost every large town has now its own supply of qualified medical practitioners, and if the Government Medical Officer is to maitnain his status he must be better paid. Also the salaries of Civil Surgeons must have some relation to those of Indian Civil Service Officers. The starting pay may be Rs. 500 rising by gradual increments on a time scale to Rs. 1,500. The pay of special appointments such as that of the Surgeon-General, Principal of the Medical College, should be the same as that of the Heads of other departments of Government Service discharging similar functions. I would propose in particular that the Principal and 50 per cent. of the Professors of the Government Medical Colleges should be recruited by selection from the teaching staff of the great European Schools of Medicine. Their appointments should be tenable for not more than five to ten years each, and the pay should be sufficiently high to attract the very best men.

When the pay of the Government posts is raised the incumbents may be prevented from having private practice, consultation at home alone being allowed. This will give a wider and better scope for the exercise of the skill of private practitioners.

A large number of Honorary Surgeons and Physicians must be appointed to afford room for private practitioners to gain experience. This will curtail the number of paid appointments on the Government establishment. For instance, the second Physician, the second and third Surgeons of the Madras General Hospital, and the Assistant Superintendent of the Government Maternity and Ophthalmic Hospitals may be Honorary officers. Each district headquarter hospital may also be required to have at least one Honorary Officer on its staff.

57997. **(V) Conditions of Leave.**—Conditions of leave should be more liberal than those allowed for other departments since medical officers have to work on Sundays and other holidays. They should for the same reason be allowed 40 days' privilege leave for each year, and "six months" furlough for every five years' service. The study leave which is now the monopoly of the Indian Medical Service should be extended to all grades of the Medical Service as the necessity of keeping up-to-date in the ever-growing medical knowledge is all the greater in the case of officers in the lower grades whose help is generally first sought by the suffering public.

57998. **(VI) Conditions of Pension.**—Considering the risks that medical men are exposed to, and the impairment of health which is generally induced by the irregular hours inseparable from the nature of their work it is not too much to ask that they should be eligible for pension after 25 years of Service without medical certificate, or after 20 years with medical certificate.

57999. **(VII) Such limitations as may exist in the employment of non-Europeans.**—The Medical Department being a scientific one considerations of race should be out of place, and the interests of the country and the Service will be best secured by selecting candidates entirely on their merits irrespective of the class or community to which they may belong.

58000. **(VIII) Relations of the Service to the Indian Civil Service.**—Medical Officers being members of a liberal profession and possessing technical knowledge, their relation to the members of the Indian Civil Service should be on a footing of equality, and they should be regarded rather as the advisers than as the subordinates of the Revenue heads of districts.

RAO SAHIB C. B. RAMA RAO called and examined.

58001. (*Chairman.*) Witness represented the civil assistant surgeons of Madras, and had occupied the position of civil surgeon of Tellicherry for nearly two years. He had had thirty-two years' service. He objected to the term "subordinate" as applied to civil assistant surgeons, and also to the bond system, which did not obtain in any other service, and for which there was no necessity now that so many graduates were passing out year by year.

58002. The departmental examinations should also be abolished, and be replaced by a system of study leave courses. Each officer should, however, furnish proof that he had used his study leave profitably.

58003. Better training should be given at the commencement of an officer's career in the medical institutions. The teaching now given there was capable of improvement. In every other faculty, engineering, law, etc., Indians were on the professorial staff. The medical colleges were the sole exception. Unless the Indian element was brought in no sympathy could exist between teacher and student. At present professors did not understand the students, and little things were misunderstood and sometimes magnified. There was not a single Indian at present on the professorial side of the college or on the college council, and the principal had no opportunities of consulting Indians and obtaining their views on college matters. There were many Indians already qualified, and if one or two Chairs were thrown open to them no doubt many more would fit themselves for the position. It was no use now for any one to take the trouble of going to Europe, and to spend thousands of rupees to specially qualify in a subject, when there was no opening for him when he returned.

58004. For the higher grades of the Indian Medical Service, officers should have had an English training, which could be given to them after entering the Service, when they could be sent to Europe for two years to study European methods. That was an essential condition for men occupying superior posts.

58005. At present Civil Assistant Surgeons could not command the respect due to their position on account of their comparatively low pay. This was fixed at a time when a good deal of private practice was available. There were now, however, so many private practitioners in the towns, that the Government officers had very little private practice left. The country had not developed sufficiently to dispense with the services of paid medical officers, and to maintain their prestige they would have to receive high pay. In ordinary life in India it was on his style of living that a man was judged. Private practice had considerably diminished, and what little was left was shared by a larger number of practitioners.

58006 Better arrangements should be made for leave. At present officers worked on Saturdays, Sundays, and holidays, and had practically no vacation throughout the year. Very often they could not obtain privilege leave although eligible for it. As compared with officers of other Departments they were very badly treated. They were unable to enjoy leave, not only because they could not afford to take it, but because they could not be spared.

58007. He did not think the scheme put forward in his written statement amounted to the abolition of the Indian Medical Service. At present it was too large for a war reserve, and he proposed retaining only 30 per cent. of the present strength. For the 32 years he had been in the Service he had watched public affairs very carefully, and had found there had been only two occasions when Indian Medical Service officers in civil employ had been called out for military duties, and on those occasions only a small percentage was taken away. There was a large number of civil and retired medical men available now to take charge of local hospitals on any occasion when Indian Medical Service men were called out. On economical grounds it was much cheaper to utilise local talent than to import from outside. From the Civil Medical List he found that the cost of the Indian Medical Service officers in the Madras Presidency was somewhere about Rs. 1,000 a head, while for the Assistant Surgeons it was only Rs. 185, and with the Civil Apothecaries, who were practically Assistant Surgeons, the amount would be much smaller. Amongst the Assistant Surgeons there were men who had as good qualifications as the officers of the Indian Medical Service, and more men would come in provided higher posts were thrown open to them.

58008. (*Sir Murray Hammick.*) Independent medical men, by which he meant both Indians, born and bred in India, having permanent interests in the country, and also European officers who were likely to settle down in India after retiring, were kept out of the large and special hospitals. Assistant Surgeons and private practitioners were given no opportunities of practising operative surgery in the hospitals, and they should be given a few wards to look after in all large stations. They should attend once a day, and the routine work should be done by the House Surgeon. At Tellicherry, his own station, although there were private practitioners the best men would not come in, because they were afraid there would be too many government restrictions. There was no Assistant Surgeon in the hospital at Tellicherry, but there were some Sub-assistant Surgeons. The hospital contained about 50 beds.

58009. It was important for a Civil Surgeon or a District Medical and Sanitary officer to go to England, but this was not necessary for men occupying lower positions. An Assistant Surgeon after seven years' service, might, however, be sent to England for two years. A year had been sufficient in his own case, because he had already had 20 years' service in India before he went.

58010. The complaint that Assistant Surgeons in hospitals were not allowed to do operations was a real one, and some ruling ought to be made with regard to it. At present it was left to the whim of the District Medical and Sanitary officer. In the general hospital a rule exists that the admissions on one day should be for the Senior Surgeon, on the next day for the second Surgeon, and on the third day for the third Surgeon; and in the mufassil also certain days of the week might be set apart for the Indian Medical Service officer and certain other days of the week for the Assistant Surgeon.

58011. The Indian Medical Service officer could be present to help the Assistant Surgeon, but he should not be allowed to operate himself on the days set apart for the Assistant Surgeon, even if the Assistant Surgeon did not appear to him to be up to his work.

58012. (*Mr. Madge.*) The two years, which Assistants should pass in a hospital in the mufassil, would be a probationary period under a superior officer. They could be told off to the large hospitals in the Presidency, such as those in Madras, Madura, Salem, and Tanjore. At present an Assistant was placed in responsible charge without probation. He did not mean that more charges should be created, because, although the junior men would be doing their regular work, they would not be in independent charge.

58013. If advertised for it would be possible to fill the posts of professors, or if not immediately they would be obtained in a short time. At present they did not know when and what posts were vacant. In Mysore there were men equal to any Indian Medical Service officer. They had never been to England, and yet they were doing exactly the same work, both as surgeons and physicians as well as scientists. There was no absolute necessity for men to go to England, but a good man would become a better one by going. If the Government would only issue a notification that from the year 1916 two professorships would be open to natives of India who qualified themselves for them a number of the very best men would be available, as those who were now in Great Britain would take to specialisation.

58014. The general qualification of the Military Assistant Surgeons, when they entered the Service, was below that of the Civil Assistant Sur-

geons. A five years' course for them would not correct that defect, unless a better type of men was obtained. At present the men were not even matriculated, but generally lower secondary school men. A certain minimum mental equipment was necessary for a man to take advantage of scientific teaching, and that would be secured if a university degree was made obligatory.

58015. No doubt the higher military authorities could judge best what military reserve was necessary, but the facts showed that, whenever the reserve was called out, the number was very small, and there was no justification in keeping up the large reserve now in existence. He did not charge the higher authorities with having kept up a superfluous military reserve. In his opinion it was not a military question at all, but a matter of common sense.

58016. (*Mr. Fisher.*) He had a long list of Indian gentlemen who had abandoned Government Service, some of them having been the best graduates of their time. Assistant Surgeons had left the Service because they were dissatisfied with the conditions, and could do better in private practice. There was no reflection whatever on the competence of the men. Some of them were gold medallists.

58017. The work of the various medical institutions had increased so much of late that Government officers could find no time for private practice, especially if they were conscientious and hard-working men.

58018. (*Mr. Chaubal.*) During the twenty years he had acted as Assistant Professor he had lectured in three subjects—hygiene, medicine, and physiology. For one session he acted as the chief in chemical physiology. The complaint in the Service was that Assistant Professors were denied professorships, however able they might be. It was easy to believe that an Assistant Professor of some years' standing who knew his subject well must be an expert in that subject, and therefore he should be promoted to the Professorial Chair. There was also a complaint that Assistant Professors were not properly paid. At present they received their salary as Assistant Surgeons plus Rs. 100. An Assistant Surgeon could only rise from Rs. 100 to Rs. 200, and the recommendation was that the salaries should begin at Rs. 250 and go up to Rs. 1,000, with no distinction between Assistant Professors and Professors. The range of the Assistant Professor's salary might be from Rs. 250 to Rs. 700. At present there were fourteen Assistant Professors in the Medical College, three of whom had acted for over fifteen years, and had qualified themselves to become Professors, but they had never even temporarily been allowed to act as Professors.

58019. He went to Europe with the intention of resigning the Service and settling down as a private practitioner, but, unfortunately, he could not do so as he lost his money by the collapse of his bankers.

58020. There were several special hospitals in Madras—an ophthalmic hospital, a maternity, a venereal, and a leper, and Assistant Surgeons were employed in those hospitals, under Indian Medical Service men. It was a universal complaint that Assistant Surgeons always remained Assistants, however skilful they might become. Some of them had been serving for a large number of years in the hospitals.

58021. At present there were five Civil Surgeoncies, all of which were open to Assistant Surgeons. The term Civil Surgeoncy had not the same meaning in the Madras presidency as in the North of India. A Civil Surgeon in Madras was in charge of an important hospital, and the highest salary was Rs. 500, except for one man, who came in under the old regulations and drew Rs. 700.

58022. Two new districts had been made and earmarked for men promoted from the Assistant Surgeon's grade. No extra allowances were attached to them, and they were much smaller stations than others. He had no complaint to make with regard to those stations, but there was a complaint in the Service that posts were not given to Indians in stations in which men were likely to enjoy much private practice.

58023. (*Sir Theodore Morison.*) The Civil Surgeon was in charge of a hospital, and acted as Chief Medical Officer of the station. A Civil Surgeon, who also had charge of a district, would be called a District Medical and Sanitary Officer. The hospital at headquarters was always under the District Medical and Sanitary Officer, and not the Civil Surgeon. If there were two large towns in one district, the second would be under a Civil Surgeon if it was an important station; otherwise it would be under an Assistant Surgeon. There was no distinction between an Assistant Surgeon and a Civil Surgeon except in the matter of pay; but the Civil Surgeon had more powers in the way of giving certificates, granting leave, and so on.

58024. The education of an Assistant Surgeon cost him about Rs. 10 a month in fees, and this bore a very small proportion to the expense of the upkeep of the Medical College.

58025. (*Lieut.-Colonel Giffard.*) It would not be possible to get immediately a sufficient number of qualified Indians to occupy all the Professorial Chairs, but a large number could be obtained in course of time. Some existed even now, many of very high qualifications. At present many Indians had not taken the high qualifications necessary because they saw no prospects before them. In the profession of law a man might become a High Court Judge, if he proved capable, but in the medical profession he lived and died as an Assistant Surgeon.

58026. His statement that there were thousands of qualified men and hundreds of distinguished graduates who had gone forth from the Medical College was perfectly accurate and was based on the Government registers. It was no exaggeration to say that there were hundreds of distinguished graduates.

58027. He did not wish to exclude entirely the European element from the Civil Medical Service, but desired that all races in India should be represented, including Europeans who remained in India. Thirty per cent. should be brought from Europe.

58028. There had not been many changes of importance in the college since he left it four years ago.

58029. He was looking forward to the day when the grade of Sub-Assistant Surgeon would cease to exist, but until then the local boards and the municipalities should be allowed to train their Sub-Assistant Surgeons in the present schools, Government providing only the teaching staff. The failure of the only district medical school that had been established was due to a mistake in the method of working. He did not want a municipal or district board to start a school. The Government schools should continue, but the students should not be paid by the Government, but by the municipalities or the local boards.

58030. He did not think there would be friction if private practitioners were admitted to State hospitals, provided they were treated properly. When it was proposed to give a private practitioner access to his own hospital, he had written, on the 26th November, 1913, to the Surgeon-General to the effect that it would be impossible for the Civil Surgeon to get on with the private practitioner in the out-patient room, but this opinion was based on the particular case of an individual who was causing trouble, and was not meant to be a general conclusion drawn from experience.

58031. (*Mr. Fernandez.*) A District Medical and Sanitary Officer had under him an Assistant Surgeon and a number of Sub-Assistant Surgeons, whereas a Civil Surgeon had no Assistant Surgeon under him. The Assistant Surgeon under the District Medical and Sanitary Officer performed surgical operations when called upon to do so, but in some districts the Assistant Surgeon was relegated to the out-patient department, and given no chance of performing operations. It would be an improvement if an Assistant Surgeon was on the staff of every Civil Surgeoncy.

(The witness withdrew.)

At Bombay, Friday, 13th February, 1914.

PRESENT:

THE RIGHT HON. THE LORD ISLINGTON, G.C.M.G., D.S.O. (*Chairman*).

THE EARL OF RONALDSHAY, M.P.
SIR MURRAY HAMMICK, K.C.S.I., C.I.E.
SIR THEODORE MORISON, K.C.I.E.
SIR VALENTINE CHIROL.
MAHADEV BHASKAR CHAUBAL, Esq., C.S.I.
ABDUR RAHIM, Esq.
GOPAL KRISHNA GOKHALE, Esq., C.I.E.
WALTER CULLEY MADGE, Esq., C.I.E.
FRANK GEORGE SLY, Esq., C.S.I.
HERBERT ALBERT LAURENS FISHER, Esq.

And the following Assistant Commissioners:—

LIEUTENANT-COLONEL C. T. HUDSON, I.M.S., Civil Surgeon, Dharwar.
CAPTAIN H. A. LAFOND, I.S.M.D., Governor's Staff, Bombay.
D. E. KOTHAWALA, Esq., Civil Surgeon, Broach.

M. S. D. BUTLER, Esq., C.V.O., C.I.E. (*Joint Secretary*).

CAPTAIN J. E. B. MACQUEEN, I.S.M.D., House Surgeon, Gokuldas Tejpal Hospital, Bombay.

Written Statement relating to the Medical Services, being a corporate representation of members of the Indian Subordinate Medical Department (Civil side) serving in the Bombay Presidency.

58032. **(I) Methods of Recruitment.**—By the present rules for admission of candidates it is provided that they must be of European or Eurasian parentage, Eurasian being taken to mean that one of the parents or grandparents of the candidate was of pure European extraction. It is regretted, however, that by a lax application of the rules the class of men admitted to the Department has been steadily deteriorating for some time past, with the consequence that the Service suffers (*a*) in connection with the duties demanded of it in hospitals for British troops, (*b*) in its social aspects, (*c*) in *esprit-de-corps*. Stringent application of the rules should therefore be adopted.

58033. **(II) System of Training and Probation.**—The standard of education required for entrance to the Service should be raised to that required by the General Medical Council, or its equivalent.

The course of study prescribed should be extended from four to five years to conform with the period obtaining in the United Kingdom and in India, and that on completion of study a diploma recognisable by the General Medical Council, and certificates showing the course taken and the number of lectures attended in each be granted. This granting of certificates would facilitate the prosecution of professional studies abroad.

58034. **(III) Conditions of Service.**—The present designation, viz., Indian Subordinate Medical Department, casts an undeserved slur on its members, inasmuch as no Government Department of similar standing is designated "Subordinate," nor is the word "Subordinate" borne by any department of the British or Indian Army. The elimination of the word "Subordinate" and the substitution of some such title as the Indian Medical Department or the Indian Army Medical Department would not infringe the rights or hurt the susceptibilities of any other Medical Department in India, and would be of inestimable advantage, in that when, for example, appointed to independent medical charge of a station or district, they would no longer suffer, as they do at present, an unmerited stigma in the eyes of other departments and the public generally by the inclusion of the word "Subordinate" in their designation. Moreover, as is often the case, when appointed to the Civil Surgeoncy of a district, or when promoted to commissioned rank, the inclusion of the word "Subordinate" in the title is incompatible with either their official or social status, as they find that it detracts considerably from their prestige by being taken by the public as the hall mark of inferiority, which, in the case of a Civil Surgeon or of an officer bearing His Majesty's commission, is derogatory, both to His Majesty's officers and their self-respect.

Would therefore crave and beg for the removal of a word so obnoxious as "Subordinate" from their designation.

58035. **(IV) Conditions of Salary.**—The present rates of pay and allowances in the Service were sanctioned about 20 years ago, and although the cost of living all over India has increased 50 per cent. within the last 10 or 15 years, no change commensurate with the times has been made. This fact has been recognised by the Government of India, who have been pleased to ameliorate the condition of most of their employees by granting them an increase of pay compatible with the times and by re-organisation of the different departments, as instanced by the recent increase of pay of the Secretariat Staff at Simla and the re-organisation of the Provincial Services in Burma and elsewhere. The rate of pay and allowances of the Medical Department will not bear comparison with those of any other Indian Military or Civil Department of similar footing, as will be obvious on reference to the comparative tables annexed hereto.

It will be noticed that in no case is the salary of the highest grade of officers in any of these departments less than Rs. 500 per mensem, though in some instances it is considerably more, whereas in the Medical Service the highest grade is entitled to Rs. 400 per mensem. It is respectfully suggested that a reform in the pay along the lines indicated in the manner following will in a measure ameliorate the conditions:—

	Rs.
Fourth class Assistant Surgeons on first appointment	125
Third class after five years in the fourth class	175
Second class after five years in third class, and after passing the departmental examination	225
First class after five years in second class	300
,, (after three years, first class)	350
Lieutenant	400
Captain	500

It is also necessary to increase the salary of Civil Surgeons, who may belong to the Indian Subordinate Medical Department.

As Civil Surgeon he is the head of all medical and sanitary matters in the district, and as such he is expected to maintain an official and social status commensurate with his office, which necessitates a very much larger expenditure than is made possible by his present income. A revised scale of pay as below is respectfully suggested:—

	Rs.
Civil Surgeon on first appointment ...	400
,, ,, after 4 years	500
,, ,, after 8 years	600
,, ,, after 12 years	700
,, ,, after 16 years	800
,, ,, after 20 years	1,000

58036. **(V) Conditions of Leave.**—Satisfactory, but it would be a great boon if study leave as enjoyed by the officers of the Indian Medical Service was granted to the members of the Indian Subordinate Medical Department, as it is of vital importance to the efficient performance of their duties that they should be up-to-date in their methods and keep abreast of the times in their profession.

58037. **(VI) Conditions of Pension.**—Full pension should be allowed on the attainment of the rank of Captain as in the Ordnance, Supply and Transport and other Military Departments, instead of serving three years in that grade as they at present have to do.

58038. **(VII) Limitations in the employment of non-Europeans.**—Replied to in paragraph 58032 as regards employment of non-Europeans.

58039. **(VIII) Relations of the Service with the Indian Civil Service and other Services.**—The relations between our Department and the Indian Civil Service and other Services have always been of a friendly and satisfactory nature, officially, professionally and socially.

TABLE I.

Ordnance, Supply and Transport and Barrack Departments.	Pay.	Ordnance (Soldier Mechanics).	Pay.	Survey.	Pay.	I. S. M. D.	Pay.
	Rs.		Rs.		Rs.		Rs.
Staff Sergeant	120—125	1st year	112	Sub-Assistant Superintendent.	120—160	Assistant Surgeon, 4th Class.	85
Sub-Conductor	140	2nd, 3rd, 4th years ...	152—8	Sub-Assistant Superintendent, 2nd Grade.	160—200	,, 3rd Class.	110
Conductor	160—180	5th, 6th, 7th years ...	177—8	Sub-Assistant Superintendent, 1st Grade.	200—250	,, 2nd Class.	150
Lieutenant (A. C.) ...	300	8th, 9th, 10th years ...	202—8	Extra Assistant Superintendent, 6th Grade.	300	,, 1st Class.	200
,, (D. C.) ...	400	11th, 12th, 13th years...	227—8	Extra Assistant Superintendent, 5th Grade.	350	Lieutenant and Senior Assistant Surgeon.	300
Captain (C.)	500	14 years and after ...	242—8	Extra Assistant Superintendent, 4th Grade.	400	Captain and Senior Assistant Surgeon.	400
N.B.—Most Staff Sergeants are in receipt of some charge allowance in addition to their pay.				Extra Assistant Superintendent, 3rd Grade.	450	No 4th Class, and very few 3rd Class Assistant Surgeons draw subcharge, or allowances of any kind.	
				Extra AssistantSuperintendent, 2nd Grade.	500		
				Extra Assistant Superintendent, 1st Grade.	550		
				Extra Deputy Superintendent, 2nd Grade.	650		
				Extra Deputy Superintendent, 1st Grade.	800		

TABLE II.

Police.	Pay.	Forest.	Pay.	Postal.	Pay.	Land Records.	Pay.	I. S. M. D.	Pay.
	Rs.		Rs.		Rs.		Rs.		Rs.
Inspector, 4th Grade	150	Ranger, 3rd Grade...	150	Inspector, 3rd Grade	80	Assistant Superintendent, 2nd Grade.	150 to 200	Assistant Surgeon, 4th Class.	85
,, 3rd Grade	175	,, 2nd Grade	175	,, 2nd Grade	100	Assistant Superintendent, 1st Grade.	250	Assistant Surgeon, 3rd Class.	110
,, 2nd Grade	200	Extra Assistant Conservator, 4th Grade	200	,, 1st Grade	160	Superintendent, 6th Grade.	300	Assistant Surgeon, 2nd Class.	150
,, 1st Grade	250	Extra Assistant Conservator, 3rd Grade	250	Assistant Superintendent.	150 to 200	Superintendent, 5th Grade.	400	Assistant Surgeon, 1st Class.	200
Deputy Superintendent, 4th Grade.	250	Extra Assistant Conservator, 2nd Grade	300	Superintendent, Post Office, 5th Grade.	265	Superintendent, 4th Grade.	500	Lieutenant and Senior Assistant Surgeon.	300
Deputy Superintendent, 3rd Grade.	300	Extra Assistant Conservator, 1st Grade	350	Superintendent, Post Office, 4th Grade.	315	Superintendent, 3rd Grade.	600	Captain and Senior Assistant Surgeon.	400
Deputy Superintendent, 2nd Grade.	400	Extra Deputy Conservator, 4th Grade	450	Superintendent, Post Office, 3rd Grade.	365 to 465	Superintendent, 2nd Grade.	700		
Deputy Superintendent, 1st Grade.	500	Extra Deputy Conservator, 3rd Grade	500	Superintendent, Post Office, 2nd Grade.	465 to 565	Superintendent, 1st Grade.	800		
		Extra Deputy Conservator, 2nd Grade	550	Superintendent, Post Office, 1st Grade.	565 to 665	Assistant Director ...	1,000		
		Extra Deputy Conservator, 1st Grade	600						

TABLE III.

Table showing a comparison between Pay of Military Works Services and Indian Subordinate Medical Department.

Military Works Services.				I. S. M. D.
Grades.	Grade pay.	Staff pay.	Nett pay.	Rising by promotion to	Grade pay consolidated.
	Rs. a. p.	Rs. a. p.	Rs. a. p.	Rs. a. p.	Rs
Sergeant at 3 shillings a day.	67 8 0	85 0 0	152 8 0	250 0 0	4th Class Assistant Surgeon 85
Sub-Conductor	85 0 0	100 0 0	185 0 0	400 0 0	3rd Class Assistant Surgeon 110
Conductor	100 0 0	100 0 0	200 0 0	400 0 0	2nd Class Assistant Surgeon 150
Assistant Commissary ...	180 0 0	100 0 0	280 9 0	430 0 0	1st Class Assistant Surgeon 200
Deputy Commissary ...	225 0 0	100 0 0	325 0 0	475 0 0	Senior Assistant Surgeon and Lieutenant ... 300
Commissary	300 0 0	100 0 0	400 0 0	550 0 0	Senior Assistant Surgeon and Captain ... 400

CAPTAIN J. E. B. MACQUEEN, called and examined.

58040. (*Chairman.*) Witness had held his present position for five years. He had 29 years' service, of which he had spent five in the Military branch.

58041. None of the 26 Military Assistant Surgeons in Civil employ in the Presidency held registrable qualifications. They should be placed on an equal footing with those of the Civil Assistants. It would depend on the salary what effect that would have on recruitment. If the pay was increased men would be attracted to the Service, and if it was not, they would not come forward.

58042. There were not many instances in the Bombay Presidency of junior men having been transferred to Civil employ over the heads of their seniors.

58043. His colleagues asked for the same terms of study leave as the Indian Medical Service received. If study leave were granted, it would not necessitate any change in the leave reserve, because many officers would not be able to afford to take such leave.

58044. He asked for full pension on the attainment of the rank of captain, because this was given in certain other Military Departments, such as the commissariat and the ordnance. The present regulation for a Military Assistant Surgeon was that he could not obtain the full pension of a Captain until he had served three years as a Captain.

58045. (*Lord Ronaldshay.*) There was at present a lax application of the rules for recruitment. Most of the present Military Assistant Surgeons were either Indian Christians or Goanese. The present rules limiting recruitment to Europeans and Anglo-Indians should be strictly enforced. If the principal of the college had the power he would be able to select suitable candidates.

58046. (*Mr. Chaubal.*) There were three Civil Surgeoncies open to the 26 members of his Service, and there were three open to the 54 Civil Assistant Surgeons.

58047. It was not a grievance in the Service that officers were not posted to other Civil Surgeoncies than the present three, which were much the same as the Civil Surgeoncies of the Civil Assistant Surgecns. There were more house surgeoncies in Bombay hospitals open the Military Assistant Surgeons than to the Civil Assistant Surgeons. He thought the reason for that was that Military men could better exercise discipline over the junior Assistant Surgeons.

58048. (*Mr. Madge.*) Many boys of the Presidency went up for the School Final. They entered other Departments of the Government Service. They would be attracted to the witness's Service if the prospects and conditions were better.

58049. It would not be suitable designation for the Service to be termed the Bengal, Bombay and Madras Services.

58050. (*Mr. Abdur Rahim.*) There was no fixed period of Service after which a man was transferred to Civil employ. The house surgeoncies were considered prize posts, but not the Civil Surgeoncies. It was to encourage men, who were exceptionally well qualified, that Civil appointments were given.

58051. The larger proportion of the officers in his Department were kept in the Military Department, but there was no difficulty with regard to their getting sufficient experience.

58052. (*Lieut.-Colonel Hudson.*) The particular reason for the rule that only Europeans or Anglo-Indians should be admitted into the Department was that non-Europeans were not so capable of maintaining discipline amongst British troops as Europeans or Anglo-Indians.

58053. (*Captain Lafond.*) Good men would be attracted to the Department if sufficient salaries were offered to them.

58654. (*Mr. Kothawala.*) He was aware that formerly the Military Assistant Surgeon Service was not exclusively European or Anglo-Indian. Parsis and Hindus were admitted. He was not aware of any difficulty which had arisen in war Service or in station hospitals by the inclusion of such men.

58055. He did consider that if the prospects were bettered the Service could be recruited in the open market from Anglo-Indians and Europeans in place of the present expensive method.

(The witness withdrew.)

SURGEON-GENERAL R. W. S. LYONS, M.D., Surgeon-General with the Government of Bombay.

Written Statement relating to the Medical Services, being three memoranda on (I) *the Indian Medical Service;* (II) *the Indian Subordinate Medical Department (Civil side); and* (III) *Civil Assistant Surgeons.*

(I) MEMORANDUM ON THE INDIAN MEDICAL SERVICE.

58056. **(I) Methods of Recruitment.**—The present methods are only partially satisfactory. I think a board of selection should be instituted, before which all candidates should appear before being admitted to the entrance examination. The board should have the power to award marks for general fitness for service in India, which should be counted with those gained in the axamination itself. They should also have the power to pronounce obviously unsuitable persons to be unfit to compete further. A board composed of retired Indian Medical Service officers in London would not be difficult to arrange, and, I think, their work would be beneficial. They know Indian conditions well, and can judge whether any candidate is likely to suit those conditions or not. The relations between Civil Surgeons and Indians are peculiarly intimate in many ways, and it is of great importance that the right class of man should be selected. The fact that a man can pass an examination in professional subjects with credit does not insure that he is equally fitted for Civil duties in India.

The entrance examination itself should be made as practical as possible, and all practical work should be highly marked in comparison with paper work. It should not be possible for a man to take a high place on his knowledge of book work only.

58057. **(II) Systems of Training and Probation.**—No alteration required at home. Men on arrival in India should first be attached to one of the large Presidency hospitals, until they have passed the language test, and then go to Military duty. They should receive full pay of rank during this period and house-rent allowance while at Presidency.

58058. **(III) Conditions of Service.**—Conditions in Military Service unsatisfactory owing to lack of facilities for professional work. The station hospital system with improved hospitals and properly fitted laboratories should be provided. Officers in senior ranks should be more independent and hold more responsible positions with adequate allowances. Conditions of service should be placed on a par with those of Royal Army Medical Corps.

58059. **(IV) Conditions of Salary.**—The salary of the ordinary Civil Surgeon is inadequate for his position and the work which he has to do. Some stations have allowances for extra charges, others have not, and in the latter the salary is barely sufficient for a man to live upon, if he is without encumbrances. For the married man with a family the conditions are almost impossible. Everywhere, private practice has passed into the hands of the local private practitioner, and Civil Surgeons get only what little there may be among European residents. Their private work consists of consult-

ing and operating practice only, and this is not sufficient in most places to add at all materially to their incomes. Every Civil Surgeon should receive a charge allowance for the Civil hospital, and this should vary according to the number of beds, but should in no case be less than Rs. 100 a month, and should be in addition to the emoluments he now draws.

Permission for Civil Surgeons to admit their private patients into the Civil hospital for operation or treatment and to receive 75 per cent. of the fees paid by them would in some stations be of considerable help A proposal to this effect has already been submitted by me to the Local Government.

The pay of most posts in the Presidency towns is insufficient for an officer to live upon. This should be rectified and all officers made independent of private practice. Officers officiating in these appointments should draw the same salary as if they were permanent occupants of them.

58060. **(V) Conditions of Leave.**—In Civil employment the leave reserve is not sufficiently large. This leads to administrative difficulties and prevents men from taking leave as frequently as it is desirable that they should do. I consider that, except in special circumstances, leave should not be granted for a longer period than 12 months. The question of accelerated promotion from the rank of Captain to that of Major, which necessitates a long period of study leave at home, has, in the majority of instances, operated adversely. Officers usually come to Civil after about five or six years' service at present, and if they wish to qualify for accelerated promotion, it means that they must have about two years' leave before their promotion becomes due. Anything less than this means that they have no time at home in which to recover from their residence in India and the hard course of study which they have to go through, lasting often for a year or more at home, and so return to India having received little benefit so far as their health is concerned from their leave. The conditions for accelerated promotion have improved somewhat of late, but I think that exceptional work in India itself should, under suitable restrictions, be sufficient to qualify for it without forcing a man to go home. Leave allowances require improvement. Many men cannot afford to go home on leave. Speaking from personal experience, I can say that such has been my own case, and I have been able to take less than four years' leave in over 32 years' service, and on two occasions I had to borrow money to enable me to return to India. I think leave should be given for shorter periods, on better allowances, and more frequently.

58061. **(VI) Conditions of Pension.**—I consider the conditions of pension are satisfactory, but think that some means should be devised by which officers could subscribe at voluntary increased rates to the Family Pension Fund and so insure a pension for their widows upon which it would be possible for them to live. I believe many officers would avail themselves of the opportunity to do so.

58062. **(VII) Such limitations as may exist in the employment of non-Europeans, and the working of the existing system of division of Services into Imperial and Provincial.**—There are practically no limitations placed on the employment of non-Europeans. Any Indian who can obtain a vacancy at the competitive examination, if physically fit, may be admitted to the Service. I think there should be a limit, Firstly, because I consider the maintenance of a prepondering European element essential to insure the efficiency of the Service, and secondly, because I consider that the Europeans in other Government services in this country are entitled for themselves and their wives and families to the services of a European Medical Officer.

The present system of detailing Indian Medical Service officers for Civil employment is not satisfactory from the point of view of the Local Government, which has no choice, but is obliged to take whoever may be sent. It should be made easier than it is at present to return an officer who may not be in all ways suitable for Civil employment.

58063. **(VIII) Relations of the Service with the Indian Civil Service and other Services.**—The relations of the Service generally with the Indian Civil Service and other Services are very good.

58064. I am in general agreement with Surgeon-General Stevenson's memorandum. The points in which I do not entirely agree are:—

58065. **(I) Method of Recruitment.**—I am averse to any method of selecting candidates which could give rise to a suspicion of favouritism. I would prefer the present system of competitive examination, provided that the Service is restored to its old popularity by withdrawing the order for its gradual extinction, by improving the pay in proportion to the increased cost of living and the loss of private practice and by increasing the leave reserve so as to enable officers to obtain the leave due to them. If this were done, I believe competition would become as keen as it was 30 years ago and would be the best method for selecting the best graduates, British and Indian.

58066. **(IV) Conditions of Salary.**—I consider that such increase as may be made to the Medical officer's pay should form part of his consolidated pay and not an allowance. An allowance must be dropped when leave on full pay is granted, and this will often prevent an officer from applying for privilege leave, which is intended to give a month's well-earned rest after a year's continuous work.

58067 **(VII) Such limitations as may exist in the employment of non-Europeans.**—Provided the conditions of service are such that a high standard of qualification is maintained among the successful candidates, I am averse to any limitation of the number of non-Europeans employed. I believe that if the inducements offered are sufficient to attract the best men, British and Indian, the relative proportions will adjust themselves. I consider that only the best men should be admitted into the Medical Service of a country in which Western Medical science is as yet only in its infancy.

58068. This memorandum is placed before the Public Services Commission in this form at the request of the Government of Bombay, who consider it very desirable that Surgeon-General Stevenson, who was in charge of the Medical Department for the last five years, should record his views in regard to the Services under his control and leave them to his successor for such use as he might choose to make.

R. W. S. LYONS, M.D.,
Colonel, I.M.S.,
Acting Surgeon-General with the Government of Bombay.

(II) Memorandum on the Indian Subordinate Medical Department, Civil Side (Military Assistant Surgeons).

58069. **(I) Methods of Recruitment.**—The present method of recruitment is satisfactory. The rules regarding parentage should be strictly enforced.

The standard of preliminary education should be raised, the examination being made the Matriculation Examination of an Indian university or the School Final Examination. It would be necessary to raise the age limit to 18-20 years.

58070. **(II) Systems of Training and Probation.**—The length of the course of study should be raised from four to five years. The examination should be the same as for the Civil Medical students preparing for the university degrees and, if possible, the same standard of examination should be maintained.

58071. **(III) Conditions of Service.**—The present designation—Indian Subordinate Medical Department—is not I consider, a good one. It is resented by the members of the Service, all of whom may aspire to honorary commissioned rank. It might well be altered, the Service being made a part of the Indian Medical Service, its officers having honorary commissioned or warrant rank, as the case may be.

58072. **(IV) Conditions of Salary.**—The pay, exclusive of allowances — Rs. 85 rising to Rs. 200 (with Rs. 300 and Rs. 400 in the senior grades of Lieutenant and Captain)—fixed 30 years ago, is inadequate to-day owing to the increased cost of living, loss of private practice and the more exacting nature of the duties they now perform. I consider the salaries would require to be raised and consolidated as follows:—

		Rs.
Fourth class,	1— 5 years	125
Third ,,	6—10 ,, ...	175
Second ,,	11—15 ,, ...	225
First ,,	16—20 ,, ...	300

With Rs. 400 and Rs. 500 in the grades of Lieutenant and Captain.

Civil Surgeons selected from this service are also inadequately paid, starting on Rs 350 and rising to Rs. 700. They should, I consider, commence on Rs. 500 and rise to Rs. 800.

They should also be given honorary commissioned rank on appointment as Civil Surgeon in order to place them on a proper footing socially.

58073. **(V) Conditions of Leave.**—The conditions of leave are on the whole satisfactory, but facilities for study leave should be provided.

58074. **(VI) Conditions of Pension.**—Full pensions should be given on the attainment of the rank of captain, as is done in the Ordnance, Supply and Transport and other Military Departments.

58075. **(VII) Such limitations as may exist in the employment of non-Europeans, and the working of the existing system of division of Services into Imperial and Provincial.**—Non-Europeans are not eligible under the present rules. They would be most unsuitable, as during the military portion of their service they would have to deal entirely with British soldiers.

58076. **(VIII) Relations of the Service with the Indian Civil Service and other Services.**—The relations with other Services are, as a rule, satisfactory.

(III) Memorandum by the Surgeon-General with the Government of Bombay on the Provincial Subordinate Medical Department (Civil Assistant Surgeons).

58077. **(I) Methods of Recruitment.**—At present, Civil Assistant Surgeons are selected from graduates of the Grant Medical College holding the L.M. and S. diploma. This diploma will be replaced by the M.B., B.S. degrees after the year 1915. Thereafter, candidates should be selected from among the holders of this degree or the Membership of the College of Physicians and Surgeons, Bombay.

58078. **(II) Systems of Training and Probation.**—No additional training should be required except in special Departments, such as the Bacteriological, Chemical Analysers or the Sanitary Department.

First appointments should continue to be made on probation for one year, as at present.

58079. **(III) Conditions of Service.**—The present designation of Assistant Surgeons is not, I consider, a good one. A more suitable designation would be the Bombay Medical Service, its members being referred to as Dr. or Mr. A. B., as the case may be, of the Bombay Medical Service.

When these officers are promoted to be Civil Surgeons, they should be graded for precedence with the other district officers—Executive Engineers, District Superintendents of Police, etc.. At present the Civil Surgeon of a district has no precedence as such. If he is an officer of the Indian Medical Service he takes precedence according to his Military rank.

58080. **(IV) Conditions of Salary.**—I do not consider the present pay of these officers sufficient.

I consider the present salaries are insufficient and compare most unfavourably with those of officers of a similar class in all the other Government Departments. Including charge allowance, they rise from Rs. 120 in the third class to Rs. 250 in the first class, with a senior grade of Rs. 300.

Their pay should be consolidated and in accordance with the following scale:—

	Rs.
3rd Class, 1 to 7 years	200
2nd Class, 8 to 14 years...	275
1st Class, 15 to 21 years	300
Senior, 2nd Class...	400
Senior, 1st Class	500

Promotion to the first grade might be accelerated by a period of six months by obtaining a higher degree or a special qualification. Promotion to the senior grades should be, as at present, by selection.

When these officers are promoted to be Civil Surgeons their pay should begin at Rs. 500 and rise to Rs. 800 by increments of Rs. 60 yearly.

58081. **(V) Conditions of Leave.**—Furlough and leave should be granted as in other Government Services, and study leave on the same conditions as for the Indian Medical Service officers.

58082. **(VII) Such limitations as may exist in the employment of non-Europeans and the working of the existing system of division of Services into Imperial and Provincial.**—There are no limitations to the employment of non-Europeans in this Service.

The Service is entirely Provincial.

Surgeon-General R. W. S. Lyons, called and examined.

58083. (*Chairman.*) Witness had submitted as his written statement the views of Surgeon-General Stevenson, the former Surgeon-General. He had had 31 years' Service. His Civil career had been confined to Bombay.

58084. He did not agree with Surgeon-General Stevenson's suggestion that the number of Indians admitted into the Service by open competition should be restricted. But Indian recruits to the Service should have done a two years' course at a Medical College in England. If such a condition were imposed, it might have a deterrent effect on the recruitment of Indians, but it would not be very serious.

58085. The present period of from six to six and a half years for an officer to get from Military to Civil employ was not too long. During that time an officer had facilities for improving his professional knowledge. Many officers passed the X-ray course, and also underwent a course of bacteriological work. Whether they did or not was at their own option, and it was not necessary to make any change in this respect. At the same time it would be advisable that every opportunity should be given to all officers of gaining both medical and surgical experience, and he would strongly approve of any plan, which would make the access of officers to Civil hospitals during their Military period more systematic.

58086. The development of the station hospital system would also increase a man's responsibility. At present an Indian Medical Service officer was confined to a regiment, and his responsibility was the same the day he entered the regiment as it was after 10 years' Service. In a station hospital an officer would go on from one responsibility to another, eventually getting to the control of the establishment.

58087. It would also be an advantage if an officer, on coming into Civil employ, had a period of training with an experienced Civil Surgeon prior to his taking up responsible work. Speaking for himself, the part of his duties he had found most difficult as a young man was the accounts and office work. It would be a specially good thing if an officer were given experience in those subjects.

58088. Professorial appointments in Bombay were made at present by the Bombay Government, and this was the best arrangement. Within a few years there would be an all-Indian list for the Indian Medical Service, but even so it would be necessary to make local appointments from

local men. A Governor could not compare a man in his own province with one in another, and the Government of India would be without the local knowledge to make a selection. If, however, a province could not provide a suitable man, the local Government should ask the Government of India for an officer. Such an arrangement would harmonise the existing difficulties.

58089. He put in two statements*, one to show the qualifications, etc., of all the professors who had taught in the Grant Medical College, and the other to exhibit the teaching experience of the present professors prior to their appointments. The present professors were fully qualified for their work. Most of them had the highest English qualifications they could hold.

58090. It would be almost impossible to persuade a man from a London hospital who had had long teaching experience to come out to India. For example, at the time witness was at the London hospital, Sir Frederick Treves was surgeon doing minor work, but he had a very considerable practice which he would never have left to come to India, and that would always be the case. A man of eminence would not come out for a short term contract of, say, 10 years, even on Rs. 4,000 a month as he would have to rebuild his practice on his return home. The work such a man had done in India would not be of much avail to him in England. In fact it would be against him, because he would have no chance of being appointed to a hospital. He would not be known, and the hospital authorities would give preference to a man whom they did know. Provided the professors selected had full qualifications in the subjects they were asked to teach, that was as much as could be expected, and as much as was required.

58091. The criticism levelled against the professors that they were changed too often was justified only in the case of the Chair of Materia Medica. The following figures shewed that the different Chairs in the Grant Medical College had experienced relatively few changes. Thus the Chair of Medicine had been changed after eight, six and nine years; of Surgery after nine, ten and eight; of Midwifery after nine and 19; of Ophthalmology after 23 and 12; of Pathology after 12; of Anatomy after ten and eight; of Physiology after 13; and of Chemistry after 19. Materia medica was the one weak spot in the list. Moreover, many of the so-called changes were not changes at all in any invidious sense, but rather cases of orderly development as between kindred branches of teaching. There could, for example, be no objection, if, when the Professor of Medicine went on leave, the Professor of Pathology filled the vacancy. In fact such an arrangement was desirable. But there should always be an assistant in training who could be prepared to fall into line behind the minor professor, who had been moved up on the strength of his experience. This ensured amongst other things that the professors of the major Chairs were men of ripe teaching experience.

58092. In Bombay there was a College of Physicians and surgeons which acted as an examining body, and which was independent of the University. Any school or hospital could teach for its examination. It was hoped that within a few years some such step would be taken in connection with the King Edward Seventh's Memorial Hospital. If this were done an outlet for private practitioners would be secured.

58093. Private practitioners were not employed in the big Government hospitals in Bombay. In those institutions the senior medical officer was responsible for the welfare of every patient, and if he had to hand his duties over to anyone under him his position would become intolerable. There were, however, six honorary physicians and surgeons, and six honorary assistant physicians and surgeons, private practitioners, in the J.J. Hospital who had charge of wards and out-patients, and who were doing ordinary hospital work. This system had been adopted with a view of giving the graduates of the Medical College a suitable training such as they had no other opportunity of getting. It was working smoothly and no difficulties had arisen. The men were under the control of the senior medical officer of the hospital. If other facilities for private practitioners were needed it would be best to start more hospitals. Bombay had not half enough hospitals at present. The King Edward Seventh Hospital and other new hospitals should be staffed by private practitioners. There was already one non-State-aided hospital, the Parsi General Hospital, which was staffed by private practitioners.

58094. The Registration Act was working extremely well. It was an improvement which had been welcomed by the practitioners themselves.

58095. There were over 400 Indians with registrable qualifications in private practice in Bombay. There were only three non-official Europeans with a large private practice, and a certain number of Anglo-Indians. Of the 400 Indian practitioners nine were Fellows of the Royal College of Surgeons and six M.D.'s of London.

58096. The training given at the Bombay Medical College was very good. The teaching in midwifery was very much better in Bombay than in Calcutta or Lahore. The students were required to attend 20 midwifery cases each.

58097. At present 25 per cent. of the officers were on leave, and the percentage allowed was 20. The leave reserve should be 25 per cent.

58098. He would like to see the District Jails removed from the control of the Civil Surgeons altogether. They took up a great deal of a man's time, and were exceedingly badly paid. The Jail Department should make its own arrangements for medical attendance. His jail work tied a Civil Surgeon down to hours which it was very difficult for him to work to. Releases had to take place before 10 o'clock in the day, and at that time the Civil Surgeon ought to be operating in his hospital. The subordinate branches of the Medical Service could undertake the medical supervision of jails equally well, and with less inconvenience.

58099. If the Indian Medical Service officers had their pay increased he thought they would be prepared to attend to the families of entitled officers free of charge.

58100. The Civil Assistant Surgeon's pay should be substantially raised. He was very underpaid at the present time.

58101. There was no reason why certain posts in the hospitals which were now occupied by Military Assistants should not be open to Civil Assistants. The only thing was that Military Assistant Surgeons had been trained in hospital work before they went on to the Civil side, and consequently were prepared to do it, and to do it well from the start.

58102. There was a system in Bombay by which certain specified districts of a less responsible character were allotted to the Civil Assistant Surgeons who were promoted to be Civil Surgeons. There would be no serious objection if this arrangement were given up and if Civil Assistant Surgeons were made eligible for all the districts, provided that they were appointed only to those which they were fitted to manage.

58103. (*Sir Murray Hammick.*) The system under which senior Indian Medical Service officers were taken away towards the end of their service to hold positions on the Military side was not objectionable. During his 31 years' service witness had not known of a case where a senior professor of a college had been so transferred.

58104. It was a fact that professors in a London medical school were changed as frequently as they were in an Indian Medical College.

58105. Although the Bombay Medical College could teach up to a high standard, an officer should still go to England for two years' training. In England he would meet with new diseases, and become more self-confident. The medical student in England was not coached up in the same way as a medical student was in India. He had to see and learn for himself.

* Appendices XXIX. and XXX.

58106. (*Sir Valentine Chirol.*) The Civil Surgeoncies now held by Civil Assistant Surgeons were less responsible than those held by Indian Medical Service officers. In principle he would have no objection to admitting Assistant Surgeons to the more important posts, but it was doubtful whether they would be equal to the larger responsibilities involved. Moreover, the Civil Surgeoncies to be held by Civil Assistant Surgeons had to be so arranged that they would be on the line of rail, so that if a European officer had his wife ill, he could get a European Civil Surgeon from elsewhere to attend her if necessary.

58107. (*Mr. Abdur Rahim.*) He would not consent to the suggestion that there should be honorary physicians and surgeons in independent charge of wards in the general hospital. He did not see how such an arrangement could be carried out in a hospital staffed with Government officers. It would, however, be possible to staff a hospital throughout with an honorary staff, and he hoped to see that carried out in the King Edward Seventh Hospital. Any one of the present hospitals could be so staffed, considering the number of private practitioners there were available, if the Government staff was withdrawn.

58108. If the need for medical education and medical relief grew there was no reason why the men who were required as assistant professors, should have to undergo Military training or be in Military service; but a course of Military training would improve them.

58109. (*Mr. Fisher.*) Half of the 12 graduates who were being given hospital experience held junior appointments and half senior. They could do one year in each capacity either in the junior or in the senior, and they could extend that year to a second year if they so desired. Similar arrangements existed in other hospitals in the presidency and were found satisfactory. Such hospital experience, however, should not lead up to a Civil Surgeoncy. The Civil Surgeoncies were given to men who had worked in the Government dispensaries for several years and whose work was well known. It was essential to have experience of men who were going to be put in such responsible positions.

58110. If the proposal that every Indian competing for the Service in London should have two years' experience at an English hospital were made obligatory, it would be right to offer a certain number of scholarships every year to Indians.

58111. The promotion examination for Civil Assistant Surgeons should not be entirely abolished but something better should be inaugurated. He would much rather an Assistant Surgeon took a fellowship of the Bombay College of Surgeons and Physicians. He would then be excused the examination for good and all. The examination was held on practical lines and did not require any special book knowledge. It was not a hardship.

58112. The suggestion that during the summer when Military work slackened, officers in Military employ should be drafted into Civil hospitals to act during vacancies, was an excellent one.

58113. All the ten minor professorships and lectureships in the Bombay College with the exception of three were held by Indians. The salaries attached to those posts were adequate. The best available Indian talent was obtained for those positions.

58114. The arrangement by which the Professor of Physiology and Histology also held the Chair of Hygiene, worked very well in practice.

58115. The major chairs in the Bombay College were similar to the major chairs in England and the same applied to the minor chairs.

58116. He would not object if salaries in the Indian Medical Service were brought more or less on to a level with those in the Indian Civil Service, and if private practice was then entirely forbidden.

58117. (*Mr. Sly.*) The Indian Medical Service officers in Civil employ were intended as a war reserve for the Indian Army only.

58118. Some Indian Medical Service officers had been called back from Civil to Military duty for war purposes in almost every frontier expedition.

58119. The Parsi hospital was not the only private hospital in Bombay. Dr. Massina had his own private hospital but it was only partly open to the public. Those were the only two hospitals at which private practitioners had the opportunity of doing hospital work. The Parsi hospital was restricted exclusively to Parsi practitioners.

58120. The maximum of two years, during which the young practitioners were allowed hospital practice in Government hospitals, was not likely to be extended. If it were it would debar the more recently passed out students from any post graduate work. Also one man could not be favoured over another without injustice being done.

58121. It was not the case that Indian Medical Service officers, employed as professors in Bombay, were so overburdened with private practice that they had not sufficient time to do their educational work satisfactorily.

58122. Formerly the Government Service of Civil Assistant Surgeons attracted the best of the graduates of the Medical College, but at present it did not because such men could make more money by starting as independent private practitioners.

58123. (*Mr. Chaubal.*) He did not know of any instances of persons having been appointed as honorary Surgeons or Physicians in the Grant Medical College, and who for some reason or other, after a few days' experience, had given up those appointments. Dr. Massina had been in the hospital for several years. The work performed at the Grant Medical College was quite on the same level as that done in England. He could not say whether that was the opinion of those who had for some years studied at the Grant Medical College and then gone to England, and who had thus had experience of both systems of training and instruction; he could only judge from what its own men had done.

58124. The reason of the difference between the salaries of the professor of anatomy and of the other professors was that the former gentleman was debarred from private practice. Indians did exceedingly well in private practice; it was only Europeans who had very little private practice.

58125. The reason why he wanted the professorial chairs to be entirely confined to the Indian Medical Service was that he was afraid that no suitable outsider would come in on the same pay. If someone else were willing to come in he would have no objection to throwing open the posts, provided they were widely advertised.

58126. (*Sir Theodore Morison.*) His first recommendation for restoring the popularity of the Indian Medical Service was to withdraw the order of Lord Morley for its gradual reduction. It was the existence of that despatch which was keeping men from English schools from coming into the service. He could not say what were the most recent orders on the subject.

58127. (*Lord Ronaldshay.*) The value of the attendance on families of Government officials could be taken as almost negligible.

58128. For a Military Assistant Surgeon to obtain a qualification registrable in Great Britain it would be necessary for him to obtain a University degree or the diploma of the College of Surgeons and Physicians of Bombay, which was registrable degree in England and accepted by the General Medical Council. The College gave three diplomas, first a licentiate, which was not registrable, and membership and fellowship both of which were registrable.

58129. Present recruits to the Military Assistant Surgeon class were not getting the diploma of the Bombay College. In order to do so they would have to go through a special examination and would have to undergo a longer course. The present four years' course would be increased to five and the preliminary education would have to be higher. It would have to be a matriculation examination test and one year at an Arts University before entry to the Medical College. They would have to pass through a course equivalent to a University

course. It would depend on the pay whether, if such a course was made essential, the field of recruitment would be reduced. Members of the domiciled community would find no difficulty in going through a course of that kind; in fact they would be quite keen on it.

58130. There would be a strong objection raised on the part of some sections of the public if Indian Medical Service officers were prevented from indulging in private practice. The public valued the privilege of being able to consult an Indian Medical Service officer if they so desired.

58131. (*Lieut.-Colonel Hudson.*) He agreed with General Stevenson in saying that the examination for entrance to the Indian Medical Service should be made more practical and he submitted that the present marking should be altered to the following:—

	Papers.	Clinical.	Oral.	Operations.	Total.
Medicine	300	600	300	...	1,200
Surgery	300	350	250	300	1,200
Anatomy	350	...	250	...	600
Pathology and Bacteriology	300	...	300	...	600
Midwifery, and diseases of women and children	350	...	550	...	900
Materia Medica	350	...	250	...	600

58132. As a general principle he would reduce the value of the paper work and increase the value of the clinical and oral work.

58133. He considered the three necessary requisites for increasing the popularity of the Service were (1) that the order for the gradual extinction of its Civil side should be abolished, (2) improvement of pay, and (3) improvement of leave.

58134. At present accelerated promotion was given to an officer for going to England and passing an examination there. There was no reason why the Indian Medical Service man in India who had done particularly good work should not get accelerated promotion instead of having to take leave and go to England in order to obtain it, but it would be difficult to formulate rules on the point.

58135. The present system of detailing Indian Medical Service officers for Civil employ was not satisfactory as it stood. He did not think that because a man had his name on a roster he should be sent to do Civil work. If a man's confidential reports showed that he was exceedingly good at medicine and surgery he should be given the appointment. That was the one case in which he would allow a preference.

58136. The condition of recruitment to the Indian Medical Service was not so satisfactory as in former days. When he himself entered, the competition was 5 to 1, whereas now it was less than 2 to 1.

58137. A Civil Surgeon's Government duties had so increased within the last few years that he had no time for taking up private practice.

58138. (*Mr. Kothawala.*) Witness considered his proposed scale of pay was more appropriate than that put forward on behalf of the Civil Assistant Surgeons, and he considered it would attract a good class of man to the Service.

58139. The present pay of Civil Surgeoncies held by Civil Assistant Surgeons was not sufficient, and should be raised.

58140. It would be desirable if a Civil Assistant Surgeon could pass his first years of probation in a large hospital, instead of being sent out immediately to a dispensary.

58141. No Civil Assistant Surgeon had been deputed to attend lectures in X-rays or bacteriology.

58142. There was no difference between the work and responsibility of an Indian Medical Service Civil Surgeon and a Provincial Civil Surgeon, but the status of the latter was low and witness considered that a hardship.

58143. Indian Assistant Surgeons in a European station hospital dealing with soldiers would be at a great disadvantage. If the former practice of employing Indians in such positions had worked satisfactorily it would not have been abolished.

(The witness withdrew.)

LIEUTENANT-COLONEL J. B. SMITH, I.M.S., Civil Surgeon, Poona, Bombay.

Written Statement relating to the Medical Services.*

INDIAN MEDICAL SERVICE.

58144. **(I) Methods of Recruitment.**—The present method is by open competitive examination held in London. This is the most suitable method of obtaining officers for the Service. At this examination all candidates have an equal opportunity, and if more Indians are not in the Service, it must be because the Europeans, who succeed, are better men than the Indians who fail.

If Western medicine is to succeed in India, it is essential that, for many years at least, there should be in the Service of Government a considerable number of officers of Western origin and trained in Western methods.

It is not unusual for an Indian, having an Indian diploma, to go to England and having, after a short course of study, obtained a British qualification, to enter the Indian Medical Service. Such a man is really not trained in a European school and should not come out to India in a grade superior to the ordinary graduate of an Indian University. It should be essential for entry to the Indian Medical Service that each candidate should have had his entire training in a European school. Only in this way can he be regarded as the equal of his European fellow officer. Recognising that under present conditions a European training is much more a matter of money than of brains and capacity generally, I would suggest that yearly the Government of India should give scholarships for men proposing to go through a complete course of medical training in Europe. This would ensure that the man of moderate means, or even the poor man, should have a chance of entry into the Indian Medical Service. Such scholars would probably invariably compete for the Indian Medical Service. Any that failed would not be stranded. His British qualification would be very valuable to him starting in India.

58145. **(II) Systems of Training and Probation.**—Every successful candidate for the Indian Medical Service should be required to be House Surgeon for six months and House Physician for six months at a hospital of repute, and during this period he should receive pay at the same rate as while attending the Royal Army Medical College—at present officers may be seconded to hold such appointments but receive no pay while doing so. The holding of these appointments is recommended with a view to make officers more efficient members of the Service, and the expense therefore should fall on the State.

It is also greatly to be desired that every Indian Medical Service officer should pass through a course of instruction at the London School of Tropical Medicine, after he has gone through his course at the Royal Army Medical College.

"No officer however employed can draw more than the grade pay of his rank until he has passed the examination in Hindustani."

This is a particularly unfair regulation. Of all the officers who join Indian Services perhaps the only one who is efficient from the day he lands is the medical officer, yet he is the only one penalised. Men in the other Services are given a reasonable time in which to pass the language examination, and if they do not then pass it, their pay is cut until they do. In the other services the young officer is, as a rule, sent to a station where he can remain

* The witness also put in a separate representation from the officers of the Indian Medical Service on duty in the City of Bombay. *Vide* Appendix XXXI.

until he passes his language examination. The young Indian Medical Service officer is attached to a station hospital where he has little opportunity of speaking the vernacular or is sent to same station where he cannot get a teacher or—which is a proof of his efficiency—he may even be sent on service. The results from this rule are entirely bad. The penalising of the officer simply leads him to study the language merely with the view of passing the examination as quickly as possible in order to draw his full pay. The result is, that many Indian Medical Service officers never learn the language properly as a spoken tongue.

Officers of the Indian Army have to pass the higher standard examination in Hindustani; the same should be required from Indian Medical Service officers.

Officers in Civil employ should also receive encouragement to pass in the chief local vernacular of their district.

58146. **(III) Conditions of Service.**—*Promotion.*—The paucity of administrative appointments for senior Indian Medical Service officers affects the attractiveness of the Service.

For 775 officers of the Indian Medical Service there are the following administrative appointments carrying extra pensions—1 Director-General; 3 Surgeons-General; 16 Colonels; or a total of 20, that is, one administrative officer to every 38·75 officers.

For the Royal Army Medical Corps with 327 officers on the Indian roster, there are, including the Director-General, Medical Services—3 Surgeons-General; 9 Colonels; or a total of 12 in all, that is one administrative officer to every 27·2 officers.

An officer, therefore, entering the Indian Medical Service has roughly only one chance of promotion to every one and a half chances the Royal Army Medical Corps officer has. At present Indian Medical Service officers cannot expect promotion to Colonel before 28 years' service.

In the lower ranks, that is up to Lieut.-Colonel, promotion in the Indian Medical Service is by length of service—after that, by selection. The ordinary rules of the Service require an officer, who has not been promoted to Colonel, to retire on his 55th birthday; if promoted, he may remain on until he is 60, or in the case of the Director-General, 62 years of age.

The Home Army regulations provide for the retirement of Colonels, Royal Army Medical Corps, at 57 years. It is illogical to presume that an officer whose whole service has been done in India is on the average physically and mentally more fit to carry on his duties to 60 years of age than an officer of the Royal Army Medical Corps, who may have done a considerable portion of his Service in a temperate climate. Indeed, one might argue that if a Home Service officer should properly go at 57 years of age, an Indian Service officer should go earlier. The heads of all Civil Departments of Government are retired at 55 years, unless for some special reason an extension is given. There is no ground in reason why a medical officer should be efficient between 55 and 60 years when, say, a Revenue Commissioner is not.

It would be better for the Service, and for the officers themselves, if the almost universal rule in India of retirement at 55 years of age were enforced. The officers who prove the best administrators now would prove still better if they had started younger, and the extra pension for administrative rank, which now is practically a reward for extended service, would then be a reward for merit. When an officer reaches 30 years' service, he considers whether it will pay him to do another five years for an addition of £250 to his pension. It would be quite a different matter, if at 25 years' service, he contemplated retirement at 30 years' service on £950 instead of on £700.

The flow of promotion would be increased by the adoption of the regulation of the British Army, which limits the tour of a Colonel, Royal Army Medical Corps, to four instead of the five years which is the rule in the Indian Medical Service. The Colonels of the Royal Army Medical Corps in India do only a four years' tour.

Similar arguments would apply to Surgeons-General.

Were the 57 year (55?) rule introduced for the Indian Medical Service, officers would get promotion earlier and with a four years' tour the number who would get promotion would be increased.

I would, however, lay emphasis on the necessity of a four years' tour, if the age limit is to be 57 years, and still more, if 55 years.

The office of Director of the Medical Services of the Army in India is one, which in theory is tenable by officers of either the Royal Army Medical Corps or Indian Medical Service, but in practice is confined to officers of the Royal Army Medical Corps, though the Indian Medical Service is essentially a Military Service.

It is an anomaly that no member of the specially Indian Service is ever head of the medical organisation of the Indian Army. This disability lowers the prestige of the Indian Medical Service in both its branches, Civil and Military, and affects the Civil branch more directly by the denial of an administrative appointment to the Service generally.

(*2*) *Director-General, Indian Medical Service.*—The officers of the old Bombay and Madras Medical Establishments are at a disadvantage, when compared with those of the Bengal Establishment. Be they never so brilliant professionally and never so able administratively, they are excluded from the Director-Generalcy of their Service. In days gone by, each Presidency—Bengal, Madras and Bombay had its own Surgeon-General. Subsequently, the Surgeon-General of the Bengal Presidency became Surgeon-General with the Government of India and later Director-General. Now that another Surgeon-Generalcy is to be given to the Bengal Establishment (*i.e.*, that of Bengal proper) it would be but just to throw open the Director-Generalcy to the three Presidencies. Eventually this disability will disappear automatically, for all officers appointed in and after 1897 are borne on one list.

Not only is the Director-Generalcy confined to officers of the Bengal Establishment, but all except one of the Indian Medical Service appointments with the Government of India itself are held by officers on the Bengal Establishment.

(*3*) *Absence of administrative appointments on the Civil side.*—The Civil Medical Department of the Indian Medical Service—not including the Sanitary Department or Jails—have not so many well paid appointments, administrative and other, for senior officers as have the other Civil Departments of Government.

Officers of the Civil Medical Department cannot look forward, as do those of other Civil Departments, to a period when, while no doubt their responsibilities are much greater, their actual work is lightened. In the Indian Civil Service, if Collectors are reckoned (as they should be) as administrative officers, there is one administrative officer to every five Bombay Indian Civil Service officers. In the Public Works Department (Bombay) there is one administrative officer for every 13 officers, and in the Police (Bombay) there is one to every 15 officers. In the Civil Medical Department there is one administrative officer to 48 officers.*

(*4*) *Honours.*—The officers of the Service, but most especially those engaged in the practice of their profession as physicians and surgeons, feel that in the distribution of honours they receive less appreciation for work done than do other Services, for example the Indian Civil Service.* Yet who will deny that the Indian Medical Service contains officers as hardworking and zealous as are in any Indian service? Not only so, but the Service has always had brilliant men who have made world-wide reputations for themselves and for the corps to which they belong. Vandyke Carter's work in connection with relapsing fever is still remembered. Ronald Ross has revolutionised the knowledge of malaria, and has received honours from learned societies and foreign nations, but his name

* *Vide* Annexure 3.

does not appear in any of the Indian orders. Freyer and Keegan did much to put lithalopaxy on a sound basis. Elliot of Madras and Smith of Amritsar have made their hospital schools, to which European and American Surgeons are willing to come to learn. The "Times" recently referred to Elliot as having devised the greatest advance ever made in the treatment of glaucoma. There are other names that might be mentioned.

There is, however, another aspect of the case—the unevenness of the distribution of honours in the Indian Medical Service itself. Writing in 1899 the "Times of India," a lay paper, said: "We contend that the Medical Service in so far as its work is purely medical and surgical is consistently passed over." That remains substantially true to this day. Men, who in other branches of the public Service would receive a major distinction, are in the physicians' and surgeons' branch of the Indian Medical Service awarded one of the minor decorations—a Kaiser-i-Hind medal or a V.H.S. I append a list* of men now in the Service, who have received honours. It speaks for itself.

To some men honours, as such, mean much, to others little. But in a Service where promotion to the higher appointments (*i.e.*, to selected list. Colonel and Surgeon-General) is "by selection for ability and merit" the distribution of honours is a matter of importance to all.

Entry into Civil employment.—An officer must do a minimum of two years' Military Service before he can enter the Civil Medical Department. In practice he does much longer. Officers who wish for Civil employ send in their names to the Director-General, and they are placed on a roster which determines their order of entry into Civil employ. This leads to anomalies. It would be a great improvement if, when each officer had completed his two years' Service, he were required to say whether he wished for Civil employment or not. Each officer would then be offered a Civil appointment in the order in which he entered the Service. Any officer refusing Civil employment in the first instance and electing afterwards to enter it should, as now, enter at the bottom of the roster.

58147. **(IV) Conditions of Salary.**—The pay of the Indian Medical Service, translated into English currency and viewed from the standpoint of English salaries, may appear ample, perhaps even generous. That standpoint, however, ignores the vast difference there is to Europeans between the cost of living in India and in Europe. In judging of Indian pay the comparison must be made, not with salaries in England, but with the rates of pay of other Indian Services.

(*a*) The Service with which the Indian Medical Service can most justly be compared is the Indian Civil Service. Both in mental capacity and in responsibility of its work, the Indian Medical Service is akin to the Indian Civil Service. For both Services recruitment is by means of a severe competitive examination, and if the Indian Medical Service does not get quite the flower of the Medical Schools at home, neither does the Indian Civil Service get the best of the general schools. Officers of the Indian Medical Service enter after a long and expensive training—at their own expense—a training much longer and much more severe than that undergone by members of any other Service, Civil or Military, in India. Moreover, the Indian Medical Service has always been compared with the Indian Civil Service. It is a tradition that originally the pay of the Indian Medical Service was fixed in such a way that, together with private practice (then large and lucrative), it was equal to the pay of the Indian Civil Service.

And for the statement that an appointment to the Indian Medical Service was regarded in days gone by as equal to one in the Indian Civil Service, we have the high authority of Lord Dalhousie. In a despatch to the Court of Directors of the East Indian Company (February, 1856) he writes, "I remember that when 20 years ago I asked for a medical appointment from one of the Directors, I was told it was as difficult to obtain an appointment in the Medical Service as in the Civil Service, and in point of fact it was only obtained for me on that occasion by an exchange." He then goes on to recommend to the Directors of the East India Company that in each Presidency there should be a Director-General for the Indian Medical Service and that the pay of that officer should be Rs. 3,500 per mensem. Under the Director-General of Bengal he proposed, owing to the size of the province, that there should be two Inspectors-General, each drawing Rs. 2,500 per mensem. In 1856—the date of the minute—the rupee was worth a very great deal more than it is to-day. It will be noted that the pay proposed for the Director-General is that of a first grade Revenue Commissioner, and that for the Inspector-General nearly Rs. 200 more than that of a senior Collector. From this it is obvious that Lord Dalhousie intended the heads of the Indian Medical Service to be paid at rates similar to those given to senior members of the Civil Service. One may reasonably infer that this would not have been the case, if the general run of the emoluments of the Indian Medical Service had not been comparable to those of the Indian Civil Service.

(*3*) When one now compares the official emoluments of the Indian Medical Service with those of the Indian Civil Service one sees they are pitched at a very much lower level. The following table, showing the average monthly emoluments of the Indian Civil Service and the Indian Medical Service, has been made out from a recent Bombay Civil list:—

Years of service.	Indian Civil Service.			Indian Medical Service.			Difference in favour of I. C. S.	Emoluments of I. M. S. expressed as percentage of emoluments of I. M. C.
	Pay and acting allowance.	Local allowance.	Total.	Pay and active allowance.	Local allowance.	Total.		
	Rs.	Rs.	Rs.	Rs.	Rs.	Rs.	Rs.	
2—12	828	44	877	715	46	761	116	86
12—18	1,618	48	1,666	932	103	1,035	631	62
18—23	2,285	6	2,291	1,300	125	1,425	866	62
23—31	3,388	66	3,354	1,543	150	1,693	1,661	50
Over 31	4,444	...	4,444	2,500	...	2,500	1,944	56

The "years of Service" correspond to the grouping of the Indian Civil Service in the Civil list except that, as no Indian Medical Service officer under two years' Service can enter the Civil Medical Department, Indian Civil Service officers under two years' Service have been excluded. In both cases all allowances, other than travelling and tentage, are included, but local allowances are few in the case of the Indian Civil Service and many in that of the Indian Medical Service.

(*4*) Salary given by means of "local allowance" is very unsatisfactory for—(*a*) exchange compensation is not payable on it; (*b*) it is not carried into privilege leave; (*c*) it is not included in the calculation for furlough pay.

(*5*) The head of the Civil Medical Department—the Surgeon-General—receives Rs. 2,500 per month. This is the same as a first class District and Sessions Judge; it is a shade higher than that of a senior collector of a district (Rs. 2,325). It

* *Vide* Annexure I.

is on a much lower level than that of a Revenue Commissioner (Rs. 3,000—3,500) and lower than that of the head of the Police (Rs. 2,500—3,000) or the two Secretaries to Government in the Public Works Department (Rs. 2,750 plus 250 local allowance). Yet surely it will be admitted that his responsibilities in relation to public health are as great as those of these officers in regard to the general administration.

In the same way the Sanitary Commissioner (salary Rs. 1,500—1,800) is paid less than a junior Collector (Rs. 1,800), the Commissioner of Police, Bombay (Rs. 1,800), and the Deputy Inspector-General of Police (Rs. 1,800), yet one would imagine his duties are quite as important as those of any of these officers.

(*6*) In the lower ranks of the Service there are some great anomalies. The work of a Civil Surgeon is much heavier and more responsible than that of a Regimental Surgeon, yet the second class Civil Surgeon, throughout his service, gets Rs. 50 per month less pay than his regimental brother of equal length of service. This leads to rather startling results. Thus the Civil Surgeon of Karáchi, the headquarters of Sind, a large trading centre and an important port, draws Rs. 50 less than he would do if he were in charge of an Indian Infantry Regiment. Again, the Civil Surgeon of Belgaum, the headquarters of the Southern Division, with a hospital of over 100 beds, also draws Rs. 50 less than if he did the very much lighter duty of a regiment.

(*7*) The monthly rate of pay of a Civil Surgeon is graduated according to service, as under:—

	First Class.	Second Class.
	Rs.	Rs.
Lieutenant	550	450
Captain	600	500
After 5 years' service	650	550
After 7 years' service	700	600
After 10 years' service	750	650
Major	850	750
After 3 years' service as such	950	850
Lieutenant-Colonel	1,300	1,200
After 25 years' service	1,350	1,250
Lieutenant-Colonel specially selected for increased pay	1,450	1,350

(*8*) It must be one of the rarest of events for an officer under the rank of a Major to be a first class Civil Surgeon, so the rates of pay scheduled as first class for officers under that rank may be disregarded. The Civil Surgeon usually begins as a Captain on Rs. 500 and rises by periodical increments of Rs. 50 until he is a Major of three years' service, when he gets an increment of Rs. 100. On becoming a Lieutenant-Colonel he gains an increment of Rs. 350, and after five years' service as such (*i.e.*, after 25 years' total service) he gets another Rs. 50 per month! That is the last increment he can be certain of, for promotions to be a first class Civil Surgeon and on to "the selected list" are by selection.

(*9*) *Private Practice.*—The private practice of Civil Surgeons in this Presidency is much less than it used to be and is still steadily diminishing. There have been many influences at work causing this diminution of private practice both among Indians and Europeans. The number of private patients available has been diminished, and the amount of leisure which medical officers have for practice, is decreased. Among the causes which lessen the number of private patients available the following may be noted:—

(*a*) Perhaps the chief is the advent in every headquarters station of the medical graduates of the Indian universities. Their coming has converted the general practice of Civil Surgeons among the Indian population into consulting practice, and they have absorbed all the minor surgery. This change was inevitable, and, no matter how hard it may hit the Civil Surgeon and other European medical men seeking practice in this country, it is a change which is desirable in the interests of the community at large. The people of the country are getting medical aid which is increasingly efficient and which is not too costly.

(*b*) The appointment of an honorary staff to some of the Government hospitals will undoubtedly in time considerably curtail such consulting practice among Indians as still remains. These Indian graduates, selected, of course, for their ability, will remain permanently in the station, and will acquire the prestige which attaches to a hospital appointment.

(*c*) In some stations there are retired Indian officers of the Indian Medical Service who take a share of the Indian consulting practice.

(*d*) The missionaries, too, have cut deeply into private practice. In a recent article in the "International Review of Missions," Dr. Wanless, of Miraj, points out that while 23 years ago there were not more than 60 medical missionaries, there are now 335. As there are only 208 Civil Surgeons in India, and only about 223 Indian Medical Service officers in Civil employ who practise medicine and surgery, it is obvious how much these missionary doctors must interfere with the private practice of the Government medical officer. They have annexed in the stations, in which they are placed, part of the general and consulting practice among Europeans and Indians which formerly went to Civil Surgeons. These missionaries are fixtures, as a rule, while Civil Surgeons move according to the exigencies of the Service.

(*e*) Mission Hospitals attract to themselves much of the operative work among well-to-do people, Indian and European, which would otherwise go to Civil Surgeons or to the surgeons at the Presidency Hospitals.

(*f*) The increasing comfort of Government hospitals has attracted to their wards Europeans and Indians who formerly would have been treated in their own houses. Almost every European who expects a long illness or needs an operation enters hospital as a matter of course.

(*g*) It used formerly to be the rule that if entitled persons, *e.g.*, Military officers and their families, not having claim on the Civil Surgeon for ordinary attendance, obtained his services in consultation (whether at their own request or at that of their appointed attendant), they were liable to the usual consultation fee. Now their appointed medical attendant is entitled to the services of the Civil Surgeon (or other Civil medical officer) in consultation free of charge. And as the ordinary attendant will very naturally choose the course of least resistance he will summon the Civil Surgeon if the patient or his friends desire it. Thus, what formerly was private practice is now official work, still further reducing the time available for private practice.

(*h*) Preventive medicine has undoubtedly lessened the incidence of disease among Europeans. Typhoid fever and malaria, for instance, which formerly caused much illness, now hardly count at all in the class of Europeans among whom Civil Surgeons practise.

(*i*) The desire for small families has extended to Europeans in India, with the result that there are considerably fewer confinements among the wives of Civil officers and fewer children who might be possible patients for the Civil medical officer.

(*10*) The time available to Civil Surgeons for

private practice is greatly diminished, and even if there were private practice as of old the Civil Surgeon would not have the time to overtake it.

(*11*) Government make larger and larger demands on the time of Civil Surgeons, sometimes officially, sometimes non-officially, leaving with each demand less and less time for private practice. The official work of Civil Surgeons has been very considerably increased of late years. Most hospitals have grown, either in work only or both in work and in size. The management of the district dispensaries has been handed over to Civil Surgeons in comparatively recent years, and the only corresponding increase in staff has been a clerk. Dispensaries, of course, in other parts of India, form part of the work of Civil Surgeons, but it is to be remembered that each Civil Surgeon in those parts has as assistant an Assistant Surgeon. This is not the case in the Bombay Presidency, and the charge of dispensaries is a distinct and often heavy addition to work and lessens the leisure time available.

In stations where there are jails the Civil Surgeon finds that the claim made on his time by the Jail Department is an increasing one.

(*12*) Apart altogether from the duties which are definitely official, there are others which are not official but which are imposed on Civil Surgeons by official pressure, if one may use the expression. The Civil Surgeon is generally a member of the local municipality and is expected to attend its meetings, and, if asked, to serve on its committees. If there is a branch of the Dufferin fund in his station he is expected to help with its administration, and, if necessary, lend his professional services free. Civil Surgeons are expected to interest themselves in any hospitals of a charitable nature in the headquarters' station. I may illustrate what I mean by the latest addition to the unpaid work of Civil Surgeons—the St. John's Ambulance Association. The Joint Secretary to the Government of India in the Department of Education referring to "School and College Hygiene" (20th April, 1913) says:—"It seems probable, however, that some kind of inspecting and instructing agency will have to be found to carry out the examinations of pupils and of school buildings, the training of teachers (including elementary teachers) with a view to rendering them capable of giving practical instruction and in higher institutions such as colleges and high schools the instructions of classes of pupils. It may be taken for granted that Civil Surgeons and Assistant Surgeons will be prevented by their already onerous duties from undertaking this work, save as a special matter in their leisure hours. If, however, they were working in the capacity of representatives of the local branches of the association (the St. John's Ambulance Association), they would be much more likely to undertake any extra work in this direction." The suggestion is that Civil Surgeons should give up some of their already scanty leisure—the only time they have for private practice—to doing additional work for Government which admittedly it would be unreasonable to saddle them with as part of their official duties without extra remuneration. Nominally voluntary, it is yet practically compulsory.

(*13*) I do not wish to be taken as thinking that these semi-official duties should not be undertaken by Civil Surgeons, but I do suggest that they very seriously interfere with the carrying on of private practice. And if the pay of Civil medical officers is still to be fixed at a lower rate than that of officers of Government of equal ability and education in other Departments because of the assumption that Civil Surgeons still derive an income from private practice, then it is reasonable to contend that Government should not overburden Civil medical officers not only with official but with semi-official work, which leaves little time for private practice and none at all for the amenities of life. On the contrary, it is much more advantageous to the community in general that the Civil Surgeon should be in the forefront of everything concerning the health of the people in his district than that he should be consultant for a few of the more wealthy people in that district.

It is both just and reasonable to contend that the private practice of any medical officer is his private concern and should be disregarded in assessing his pay. In the first place, Government cannot guarantee any private practice whatever, as it should do, if it intends that his services should, in part, be so paid. In fact, so far from guaranteeing practice, Government debar medical officers from seeing private patients in any State Hospital.

In the second place, private practice must by the rules of Government be so done by medical officers as not to "interfere with their proper duties." Having performed all such duties as Government require of him the rest of the time of a medical officer is, as in the case of all other officers of Government, his own for such pursuits as he may fancy. If Government are unwilling to pay for the whole time of their medical officers it should at least leave them reasonable leisure for practice and recreation.

(*14*) There is another aspect of the case that needs consideration. Private practice, such as it is, varies so much in different stations, that the emoluments of Civil Surgeons are very variable and not really in proportion to the official work. The result is that medical officers of equal rank and of equal professional competence are often very unequally paid. The real remedy for this state of affairs, and the one which the writer believes must come eventually, is to pay the Civil medical officer a full day's wage for a full day's work, Government absorbing to itself any fees resulting from attendance on private patients. All local allowances should be abolished, and the Civil medical officer's pay should cover all the duties that Government may require of him. His pay should be similar to that of an Indian Civil Service officer of the same length of service. Thus a medical officer coming into Civil employ would no longer be the sport of chance, but would know for certain what emoluments he would receive. This system of uniform pay would be better for the State. The movements of medical officers would no longer be hampered by the "local allowance" and private practice available at this or that station. It would also diminish the number of transfers of medical officers. It would render it possible often to place the more competent officers in the poorer stations, where the independent medical practitioner is unable to earn a livelihood.

The Government of India is pledged to encourage the local independent practitioner, and the best encouragement is not the grant of one or two Civil Surgeoncies but the withdrawal from its own officers of any personal inducement to seek private practice and thus compete with the independent practitioners.

(*15*) *Indian Medical Service officers in Bombay City.*—The Indian Medical Service officers in Bombay City comprise:—

(*a*) Those on the medical staff of the Jamsetji Jeejeebhoy Hospital and professors of the Grant Medical College.

(*b*) The superior medical staff of St. George's and Gokaldas Tejpal Hospitals.

(*c*) The Presidency Surgeons.

(*d*) The officers at the Bombay Becteriological Laboratory, Parel.

(*e*) The officers in the Chemical Analysers' and Mint Departments.

(*16*) In the case of Civil Surgeons the shrinkage of income from private practice is a serious enough matter, but it is not the acute question for them, which it is for junior Indian Medical Service men in Bombay City. In Bombay City it is for years a question with the junior Indian Medical Service officer whether he will be able, by using his savings or trading on his credit, to keep himself going until practice begins to come in in sufficient amount to redress the excess of expenditure over income; and after he has established himself in practice it often takes years to rehabilitate himself financially for the loss incurred in his earlier years.

(*17*) The pay of professorial appointments at the Grant Medical College is as follows:—

	Rs. per mensem.
Lieutenant	750
Captain	800
Captain (after 5 years' service)	850
,, ,, 7 ,, ...	900
,, ,, 10 ,, ...	950
Major	1,050
,, (after 3 years)	1,150
Lieut.-Colonel	1,500
,, (after 25 years' service ...	1,550
,, (selected for increased pay)	1,650

The pay of an "acting" appointment is about Rs. 150 less.

(*18*) The cost of living in Bombay is very high. From several sources, independent of one another, the writer has ascertained that a married Indian Medical Service officer, connected with the Grant Medical College cannot live on less than a sum, which has been put as between Rs. 1,200 and Rs. 1,600 a month, and on the lower figure only with rigid economy. Of course this estimate is based on living in a house or flat of one's own. It is not denied that by living in an hotel the cost may be kept lower, possibly considerably lower, but there could hardly be any greater condemnation of the conditions of service than that men could only live on the pay of their appointments by giving up all thoughts of maintaining a "home." No Indian Medical Service officer as permanent incumbent receives as pay Rs. 1,200 per mensem, until he becomes a Lieut.-Colonel, *i.e.*, at about 45 years of age. It follows therefore that in the earlier years of service in Bombay the permanent incumbent of a professorial post (and still more so the "acting" substitute) receives less pay than it takes him to live.

(*19*) It may be said that the men in the junior appointments in large hospitals in London and the United Kingdom do not receive any income at all. This, no doubt, is true, but the cases are not really comparable. One of the reasons in fact which brings men of ability into the Service is the desire to avoid a struggle of that kind. Had they been willing to face these financial difficulties they would have preferred to have done so in the United Kingdom where the cost of living is less and the prizes to those who succeed are very much greater than ever fall to the lot of any of the staff of the Grant Medical College. The junior member of the staff of the Jamsetji Jeejeebhoy Hospital in Bombay has none of the means of adding to his income that the junior of a hospital staff has in the United Kingdom. He receives no share of the fees paid by medical students, he cannot conduct coaching classes and his opportunities of engaging in literary work of a paying kind are very limited, if indeed, they are existent at all. Moreover, little, socially, is expected of a junior member of a medical staff in the United Kingdom. He can live in a house suited to his means, and he need not keep a motor. In Bombay, exclusive of the expenses of hospitality, there is practically only one scale of living for a European of the Covenanted Services, whether he be a Member of Council or a junior member of the hospital staff.

(*20*) In the earlier years of service the members of the junior staff of the Jamsetji Jeejeebhoy Hospital, whether medical or surgical, need not expect much, if indeed, any practice, and though nominally specialists they have to take what they can get, medical, surgical or obstetric, European or Indian, general or consultant. Some years ago, apparently in ignorance of the facts, Government withdrew the allowance for dearness of house rent which is made to all other Government servants, from those medical officers who are allowed private practice. House rent has gone up in recent years. It will be clear that the position of a junior member of the Indian Medical Service at the Grant Medical College is one of exceeding difficulty financially. Married men are therefore very shy about the acceptance of these appointments. For them it is a great gamble. If they live and succeed they make a very moderate fortune. If in the earlier years they have to go on sick leave they are almost ruined; if they die, their families are left badly off.

(*21*) It may be contended with truth that the financial embarrassment of the junior members of the Indian Medical Service interferes very seriously with efficiency. It is bad for the recruiting of the service that appointments, which ought to be among the most coveted in the Service, are so insufficiently paid that the holders of them cannot live on the pay and private practice accruing. It is bad for the hospital, and indeed for the profession generally, that the junior staff does not, indeed cannot, specialise each in his own Department. It is bad for the medical school to have teachers whose thoughts are diverted from the subjects they have to teach to the more urgent one, to them of how to balance expenditure with income. It is bad for the men themselves, in that constant anxiety as to ways and means takes the heart out of them. Were the professors not only encouraged, but compelled (which presumes an adequate income) each to confine himself to his own special subject, much of the present complaint among the independent profession of medicine against Indian Medical Service professors would disappear. A specialist (so called) who does general practice, cannot demand that confidence that a pure specialist does.

(*22*) The case of the senior Indian Medical Officers is better, but there is reason to believe that incomes from private practice are for them smaller than they used to be, while for seniors as for juniors the cost of living has increased. The income from private practice, made by a very successful man in Bombay, does not compare with the incomes made by leading members of the profession in the United Kingdom. Sir James Paget's income ran to over £10,000 a year (Rs. 12,500 per mensem). And in more recent years (so the writer has been informed) some eminent Surgeons make as much as £20,000 a year (*i.e.*, Rs. 25,000 per mensem).

(*23*) It would be reasonable to expect that the incomes of the leading physicians and surgeons in one of the largest cities in the Empire, with nearly one million inhabitants, should approximate to those of men of similar standing in the profession in the United Kingdom.

(*24*) Two officers of the Indian Medical Service, connected with hospitals in Bombay, are confined to consulting practice only and debarred from ordinary private practice—the Principal of the Grant Medical College and the Surgeon Superintendent of St. George's Hospital, Bombay. The former receives as Lieut.-Colonel Rs. 1,650, being Rs. 150 more than his pay as a professor. The Surgeon Superintendent of St. George's, as a Lieut.-Colonel, receives Rs. 1,800 plus Rs. 250 for house rent. In Calcutta, the officer occupying the position of Principal of the Calcutta Medical College receives compensation for being debarred from general practice and also gets, the writer understands, a free house. In effect, the Principal of the Grant Medical College receives Rs. 150 per mensem (*a*) to compensate him for the extra duties and responsibilities as head of a large medical school—duties which diminish the time available for private practice and (*b*) to compensate him for loss of right to general practice.

(*25*) Recently, the Professors of Medicine, Surgery and Pediatrics in the medical school of the John Hopkins University of America have been given such salaries (about £2,000 per annum or Rs. 2,500 per mensem) as will make it unnecessary for them to engage in practice for the sake of a livelihood. While unrestricted as to seeing private patients, any professional fees for such service will go to the hospital or university to further teaching and research.*

(*26*) It is suggested that it would be an advantage if such a scheme were adopted in Bombay, but the incomes would, if good men were to be attracted, have to include, as all pay to Europeans in India should, compensation for exile, for severance from family, for the risks and climate unpleasantnesses of life in the tropics. It should be based therefore on the pay of the Indian Civilians of similar length of service resident in Bombay. In the introduction

* "British Medical Journal," 8th November, 1913.

of such an arrangement, justice demands that the vested rights of present incumbents to continue on the terms they entered would have to be respected. They have had to endure the hardships of the earlier years, and they should not therefore be debarred from what rewards they may hope to gain in the later years

(*27*) The Surgeon to the Gokaldas Tejpal Hospital is paid at the same rate as the medical staff at the Jamsetji Jeejeebhoy Hospital, and what has been said about them largely applies to him also. He is not at present connected with teaching of students, but his being so is one of the possibilities of the future. Any alteration of the pay of the staff of the Grant Medical College would also necessitate a reconsideration of the pay of the Surgeon Superintendent and Resident Surgeon of St. George's Hospital.

(*28*) The Presidency Surgeons, two in number, receive pay at the same rate as 1st class Civil Surgeons in the mofussil, and they are not allowed Presidency house rent allowance. Unless they get a good deal of private practice, their position is very difficult indeed. Granted the cost of living in Bombay to be Rs. 1,600 per mensem, no Presidency Surgeon would, at any period of his service, be able to live on his pay alone.

(*29*) The Bacteriological Department, the Chemical Analysers' Department and the Mint are special Departments. The officers in them are equally affected with others by the high cost of living in a Presidency town.

(*30*) There is one reform, which is urgently needed —that is, that every man serving in Bombay City should, whether substantive or acting, receive the full pay of the appointment he holds. It affects but few men (but them very heavily) and would cost comparatively little. It could be brought into operation with but little delay.

(*31*) It is an anomaly that in some provinces Civil medical officers are, I understand, allowed to charge fees to well-to-do patients for consultations at or operations performed in hospitals maintained by the State, while under other local Governments they are not so allowed. No comparison therefore as regards private practice in different parts of India is fair, which does not take note of this difference.

(*32*) In the Bombay Presidency prior to 1903 medical officers were definitely allowed by the Dispensary rules to take fees from the well-to-do for operations performed in hospital and they were allowed some latitude about seeing private patients. Taking fees for operations was definitely stopped by Government Resolution No. 6206 of 26th November, 1908, General Department, and consultations at hospitals with private patients by Government Resolution No. 3995 of 21st July, 1905, General Department.* The rule should be identical throughout India, otherwise an injustice is done to officers who work in provinces where the restrictions are greatest.

(*33*) There has been continual heart-burning for years over the Government of India rules regarding attendance on Native Chiefs. These rules do not affect the majority of Civil Surgeons as regards their personal practice, but the existence of such rules at all, and especially when published to the world, are generally regarded as a slur on the honour and dignity of the service. It is not incumbent on a Ruling Chief, or an Indian of position as defined in the rules, to employ a medical officer of Government at all. He may employ an independent practitioner, European or Indian. The independent practitioner may demand and receive a fee, which may be greater than that allowed to a Government medical officer of greater age, experience and standing. The fee allowed, where the mdical officer has to leave his station, may be reasonable for a visit or consultation, but may be entirely inadequate for "a confinement or surgical operation." When the medical officer has not to leave his station, "he may accept fees equal in amount to those current in similar circumstances in the profession in the United Kingdom." Every other class of work done by Europeans in India is paid for at a higher rate than at home, why should there be any exception in the case of a Surgeon? The rules are unnecessary. Economic considerations will always keep Physician and Surgeon's fees at a reasonable limit. Besides being unnecessary, they are humiliating to the whole Service.

(*34*) *Sind allowance.*—An anomaly in connection with pay lies in the fact that while in certain parts of Sind an allowance of Rs. 100 per month is made to officers in other Departments of Government—Indian Civil Service, Public Works Department and Police—it is not allowed to Civil medical officers. If it is reasonable to grant it to one set of officers, it is only fair to grant it to all.

58148. **(V) Conditions of Leave.**—Leave to a temperate climate at periodical intervals is essential to the Europeans serving in the tropics. He needs it for the maintenance of his health on which depends to a great extent his mental and bodily activity This, together with the fact that no European would accept service in India involving 30 years' exile and severance from his home and friends, and in the later years of his service, from his wife and children also, was no doubt the primary reason for the establishment of the leave rules.

But apart from questions of health and exile it is essential, if the Government of India is to be Western in its ideals—as it is—that all the Europeans who serve in the higher grades should make periodical visits to Europe if they are to remain in touch with the ever advancing wave of Western thought. It is necessary also—perhaps it is saying the same thing in another way—in order that they may avoid that tendency to orientalization of ideas which follows prolonged and unbroken residence in India.

(*2*) The foregoing considerations apply to all Europeans resident in India For medical men, there is, in addition, this important reason for frequent visits to Eurpoe, that it is only in this way that they can, as conditions now are, keep themselves abreast of medical progress In India the medical man is, as a rule, more or less isolated from the men of his own profession. Outside the large stations, he has few opportunities of exchanging ideas with other medical men, and he has seldom any chance, as have medical men at home, of comparing his methods with those of his fellows. It may be urged that men may keep themselves abreast of the times by reading. To this, there is the reply that medical men in India (outside the Presidency towns) have access to no libraries, and the only books and journals they see are those they procure for themselves. But, apart from this, their duties are often so onerous and the inertia caused by residence in India is so great that, when their day's work is over, they have no energy left for reading heavy medical literature. Much good work has, no doubt, been done in India, but the fact remains that the conditions of life there are inimical to the pursuits of the student.

(*3*) For these reasons it is a matter of the utmost importance to the State that its medical officers should be encouraged to pay as frequent visits to Europe as possible. Such visits need not be prolonged, but they should be at comparatively short intervals.

(*4*) The maximum leave an Imperial Medical Service officer can enjoy may be tabulated thus:—

	Years.
Study leave	1
Leave on urgent private affairs ...	0.5
Furlough	5.6
Privilege leave	1.86
Total ...	8.96

That is 8 years 11½ months

(*5*) The salary granted to officers on privilege leave is full pay remitted at the market rate of exchange. The salary on furlough is half Indian pay calculated on the average of the three years preceding furlough and exchanged at 1s. 6d. per rupee.

(*6*) Under the rules, furlough pay is subject to a minimum of £500 and to a maximum of £1,000 a year and is also subject to the condition that an officer's furlough pay at home shall not exceed his pay while in India. These are the rules that apply to officers in the Indian Civil Service and to military officers transferred permanently to Civil employment. Thus, theoretically the lowest pay an officer in permanent Civil employ can draw is £500 a year, but in practice this is not the case. Seldom does an officer of the Indian Medical Service get permanently into Civil employment until he has done four to eight years' service, and he only begins to earn furlough under Civil rules from the date of his permanent entry into Civil employment. This is a very great hardship because it is largely a matter of chance when an officer gets a permanent appointment. It would be but just if an officer were allowed to count service for furlough under Civil rules from the date he first begins to perform Civil duties. Once an officer "officiates" in the Civil Medical Department he seldom goes back to Military, and it is a practical certainty that in time he will get a permanent Civil appointment. He is, therefore, to all intents and purposes a Civil officer from the day on which he begins to "officiate" in the Civil department.

(*7*) Excluding the administrative officers of the rank of Colonel and Surgeon-General, who are entitled to only eight months each in a five years' tour of office, there is only one officer in the Civil Medical Department, the Sanitary Commissioner with the Government of India, who can ever reach the maximum furlough allowance of £1,000 a year.

(*8*) Half pay at 1s. 6d. the rupee does not equal £500 a year until the officer is drawing Rs. 1,111 per month.

(*9*) The scales of furlough pay may conveniently be shown in tabular form:—

	Years of service when officer begins to draw over £500 a year furlough pay.	Maximum furlough pay he can attain to.
		£ s.
2nd Class Civil Surgeon... ...	22·23	607 10
1st Class Civil Surgeon	21·38	652 10
Professor in Medical College ...	16·83	742 10
Deputy Sanitary Commissioner	20·09	720 0
Officers, Bacteriological Department	16·83	720 0
Officers, Alienist Department ...		697 10
Officer in Charge 2nd Class Jail	21·38	652 10
" . " 1st Class Jail	20·52	697 10

This is allowing only for normal promotion. In the case of officers getting accelerated promotion of six months the figures have to be reduced ·5 in each case.

(*10*) Thus the rules which, with their minimum of £500 and maximum of £1,000 appear so generous are not really very favourable, the minimum furlough pay of an officer in Civil employ may be as low as £250 a year (*i.e.*, his military furlough pay) while the maximum for a second class Civil Surgeon is £607 10s. and for a first class Civil Surgeon £652 10s.

(*11*) It is usually supposed that the furlough rules and allowances of the Indian Medical Service officers in Civil employ are more favourable than those of Indian Medical Service officers in Military employ. This is not so in reality. In the first place an officer in Military employ can take furlough at any time he can be spared, while an officer in Civil employ cannot get it until he has done eight years' service in India. Owing to the rule about officiating service in Civil employ not counting towards the earning of Civil rates of furlough pay, it often happens that an officer in Civil employ may have to take his first furlough on Military pay, being thus subject to the disabilities both of the Civil and of the Military furlough rules and reaping but little of the advantages of either. At the end of 14 years the furlough pay of the Military medical officer is £450 a year, while that of the Civil Surgeon is still £500. From the end of the 19th year of service the medical officer in Military employ is in a much more favourable position than most of his brothers in Civil employ, for his furlough allowance is then £600 a year rising at the end of the 24th year to £700 a year—a figure which is probably but seldom touched by any executive medical officer in the Civil Department. When all is totalled up at the end of service, it will be seen that the officer in Military employ has had considerably the best of it as regards furlough pay.

To make the comparison fair, however, it should be stated that the officer in Civil employ can prefix privilege leave up to three months to any amount of furlough, while the officer in Military employ can only take it when the total amount taken at a time does not exceed eight months. But on the other hand officers in Military employment have many and great advantages in connection with leave, which officers in Civil employ do not enjoy.

It has been shown above that an officer may earn a total of 8·96 years' leave—furlough, privilege leave, study leave and leave on urgent private affairs. But by the most ingenious management he could, even with every circumstance favourable, seldom or never take so much.

(*12*) The rules of the Service, which only admit of a certain number of officers being on leave at the same time, the exigencies of the State (stoppage of leave for State emergencies—war, famine, plague) and often an officer's own private convenience will frequently prevent him taking his leave as it falls due. Moreover the cost of steamship fares and the inadequate rate of furlough allowance operate as a great deterrent to an officer taking as much leave as is due to him and compel him to take his leave in large amounts at one time rather than in smaller amounts at more frequent intervals. It is certain that a large amount of leave at long intervals is good neither for the individual nor for the State. During the long inter-leave period the man is liable to get "stale" and out of touch with progress in Europe—while during a furlough of two years he gets out of touch with his work in India.

(*13*) It would be to the advantage, both of the medical officer and of the State, if the amount of leave nominally allowed were diminished and the furlough pay proportionately increased, so that an officer could take his leave more often and in shorter periods than at present. It might be so arranged that each officer of the Civil Medical Department should be allowed six years on the full pay of a second class Civil Surgeon.

This may appear rather a revolutionary proposal, but it can be shown that it could be carried out with little, if any, expense to Government over the nominal cost of the present arrangement.

(*14*) As already shown, an officer can earn and is allowed under present rules.—5·6 years' furlough. 1·0 year's study leave. 0·5 year on urgent private affairs, or 7·1 years in all.

This leave is on half-pay converted at 1s. 6d. per rupee.

Now 7·1 years' half-pay is the equivalent in cost to Government of 3·55 years on full pay. And 3·55 years' full pay converted at 1s. 6d. to the rupee (the privileged rate) is equivalent to 3·76 years' full pay plus compensation allowance (at 6¼ per cent.), converted at 1s. 4d., the current rate of exchange. Add to these 3·76 years on full pay, the 1·86 years on full pay plus compensation allowance, permitted as privilege leave, and we find that the cost of the present amount of leave permissible is equivalent to that of 5·62 years on full pay with compensation allowance. So abolishing furlough, leave on urgent private affairs, study leave and privilege leave as such, it would be possible, at no greater cost than is contemplated at present, to

* Fees for operations, except such minor ones as tooth-drawing, should be the subject of private arrangement between the patient and the surgical practitioner.—Government Resolution No. 2870 of 21st September, 1897, General Department.

allow each officer 5·62 years' leave on the full pay of his appointment.

(*15*) It would be reasonable to ask that the amount of leave to be allowed should be six full years for the following considerations:—

(*a*) At present on the occasions where the £500 rule comes into force Government pays more than the actual half-pay.

(*b*) The lodging allowances made during study leave could be abolished—the officer being on full pay.

(*c*) As the additional pay given to Civil medical officers debarred from private practice is granted to them as a compensation for this deprivation and not because their work is more onerous or responsible than that of officers who are allowed private practice, it is only just that all Civil medical officers should draw the same rates of furlough allowance. And as the majority of medical officers are Civil or Agency Surgeons and the majority of these of the second class, it would be reasonable to base the rates of leave pay on the Indian pay of the second class Civil Surgeon. This proposal makes the calculation given above more favourable to Government and so would help to meet the extra cost of the additional 4½ months. Officers other than second class Civil Surgeons would enjoy considerably enhanced leave pay, but, of course, not enhanced as much as that of the second class Civil Surgeons.

(*16*) Six years in 29½ years' service in India is as much leave as any officer really needs, and most officers would be willing to give up all claims to a larger amount of leave, which their means do not permit them to take.

The rules that:—(*a*) the furlough allowance is based on the average of three years' salary, (*b*) the leave must be "earned" before it is taken, (*c*) any fixed period should elapse between the termination of one period of leave and the beginning of another, should be abolished.

It might be ruled that (*a*) except on medical certificate, not more than one year's leave should be taken at a time, (*b*) one year's leave should be taken in each five years of service, and (*c*) twelve months should be spent in approved courses of study.

(*17*) At the present rates of pay for Civil Surgeons, second class, the scale would be—

	In India per month.	In Europe per year.
	Rs.	£ s. d.
Lieutenant	450	382 10 0
Captain	500	425 0 0
,, 5 years' service ...	550	467 10 0
,, 7 years' ,, ...	600	510 0 0
,, 10 years' ,, ...	650	552 10 0
Major	750	637 10 0
Major, 3 years	850	722 10 0
Lieut.-Colonel	1,200	1,020 0 0
Lieut.-Colonel, 25 years ...	1,250	1,062 10 0
Lieut-Colonel of 25 years on selected list	1,350	1,147 10 0

(*18*) There are several anomalies in regard to the leave rules which should be rectified:—

(*a*) Under present rules an officer in the Civil Department cannot go home on furlough, until he has done eight years' service in India. This is all right for officers who come out quite young, but is wrong in the case of officers of the Indian Medical Service, who, on the average, do not reach India until they are 24 or 25 years of age. When they go to Europe on furlough, they are 32 or 33 years of age. Social and other reasons make it undesirable that they should be debarred their own country until they are so old. It is essential, too, that a medical man, especially in these modern days, should keep in touch with the latest developments of his profession.

(*b*) An officer who is officiating in the Civil Medical Department, cannot take furlough (except on medical certificate) until he is made permanent in Civil employ, otherwise he loses his place on the roster of applicants for a Civil appointment, and on his return has to go to the bottom of the roster and begin all over again This rule operates very hardly and should be abolished. It may be that an officer has either had no furlough at all or has been several years back from furlough when the order to officiate reaches him. He may then have to do three years before he is confirmed in the Civil Medical Department, and he may be ten or more years in India before he goes home on ordinary furlough.

(*19*) Another difficulty in regard to furlough arises in the case of administrative medical officers. On appointment to administrative rank (*i.e.*, Colonel or Surgeon-General) all claim to furlough ceases. As an administrative appointment is a "staff appointment" it is subject to the rules pertaining to staff appointments. Whatever may be said in favour of retaining this rule for Colonels and Surgeons-General, Indian Medical Service, in Military employment, there is no reason why it should be retained for those in Civil employ. These are the heads of Civil Departments and, as the head of no other Civil Department of Government is debarred from furlough, there is no logical ground for placing the heads of the Medical Departments on a different basis.

(*20*) Nominally, the Indian Medical Service officer in Military employ is subject to the same rules as the combatant military officer and the Indian Medical Service officer in Civil employ to the same rules as the Indian civilian, but in practice it is not so. The combatant military officer is liable to have leave stopped only for military emergencies, *i.e.*, war or expected war, and the Indian Civil Service officer only for civil emergencies, *e.g.*, famine or plague. The Indian Medical Service officer, on the other hand, whether in Civil or in Military employ, is liable to have his leave stopped for any emergency, civil or military. Leave was stopped for civil officers of the Indian Medical Service in 1895, 1896, 1897, 1898, 1899, 1900 and 1901, and twice in these years civil medical officers were recalled from leave in Europe—in 1896 (famine) and in 1900 (war). During the years 1895-1901, though stoppage of leave did not continue all the time, yet it was so frequent as to cause very great hardship to medical officers.

(*21*) In times of national emergency no Indian Medical Service officer will grumble at the stoppage of leave, but it is not unreasonable to expect that some easing of the leave rules should take place when the eemrgency is over or some concession be made in lieu of the leave which could not be taken. The rule limiting the number of officers on leave at the same time might be relaxed, or the leave earned but not taken during the period of stoppage might be added to the years of pensionable service of the officer concerned and the relief from duty, which he did not get in the middle of his service, he would get at the end.

(*22*) *Study Leave.*—The introduction of study leave in 1905 has interfered considerably with the obtaining of ordinary furlough by other officers. The proportion of Indian Medical Service officers who may be on leave at the same time remains, I believe, the same as it used to be before the introduction of study leave. And, as accelerated promotion depends on study leave, all junior officers are, very naturally, anxious to get it and administrative medical officers are desirous of giving it to them. As therefore the number of junior officers on leave increases, there are fewer leave vacancies for the senior men. It is just to ask that the cadre of the service should be increased to allow for absentees on study leave without interference with the leave of other officers.

(*23*) *Casual Leave.*—Almost all offices of Government are closed on 29 gazetted Government holidays and on 50 Sundays additional or 79 days in all in the year.

Medical officers seldom get any of these holidays. The only concession they have, which all other Civil officers of Government have also, is an allowance of 20 days casual leave in the year. That is, while other officers of Government can have 99 days off duty, the medical officer can have only 20. It would be a boon if medical officers were allowed to add to the amount of casual leave

permissible to them annually the four holidays at Easter and the nine at Christmas. While this would improve their position immensely, they would still be a long way behind other officers of Government in the matter of days off duty.

58149. **(VI) Conditions of Pension.**—The pensions on retirement for Indian Medical Service officers are presumed to be based on those of the Indian Army. They are, however, curiously different.

Indian Army, years of service.	Pension in £ per year. Ordinary.	Pension in £ per year. Invalid.	Indian Medical Service, years of service.	Indian Army, years of service.	Pension in £ per year. Ordinary.	Pension in £ per year. Invalid.	Indian Medical Service, years of service.
15	...	150	...	25	400	...	20
16	...	170	...	...	420	...	21
17	...	190	...	26	432	...	...
...	...	192	12	...	440	...	22
18	200	...	...	...	460	...	23
...	...	212	13	27	465	...	...
19	225	...	...	...	480	...	24
...	...	232	14	28	500	...	25
20	250	...	...	...	540	...	26
...	...	252	15	29	550	...	...
...	...	272	16	...	580	...	27
21	275	...	...	30	600	...	27½
22	300	...	17	...	620	...	28
...	320	...	18	31	650	...	...
23	330	...	...	...	660	...	29
...	360	...	19	32	700	...	30
24	365	...	...	...	...	...	...

Up to 25 years' service for the combatant, he is treated both for invalid and ordinary pension, as if he were five years younger than the Indian Medical Service officer; at 28 years' service, the difference of age is put at three years, and at 32 years' service at two years. As Indian Medical Service officers are much older than combatants, when they enter the Service, it would be but just to continue the five years' difference up to the end and allow the Indian Medical Service officer to draw the full pension at 27 years' service instead of 30 years. This would enable officers, who enter as late as nearly 28 years of age, to earn the full pension.

Indian Civilians need only do 25 years for their full pension.

At present there are three different methods of counting pensionable service:—

(*a*) The time at the Army Medical School is counted, but not the period intervening between that and the officer's arrival in India.

(*b*) The beginning of pensionable Service is counted from the time the officer left the Army Medical College.

(*c*) The beginning of pensionable Service is counted from the time the officer joined the Army Medical College.

The latter is the plan in force for all officers who now join the Service.

On the principle that concessions made to a Service are extended to all officers actually in it as well as to those who subsequently join, it would be but just to extend this rule to all officers in the Service.

58150. **(VII) Such limitations as may exist in the employment of non-Europeans and the working of the existing system of division of Services into Imperial and Provincial.**—As explained in paragraph 58144, the Indian Medical Service is not an exclusively European service. No limit whatever exists as to the entry of Indians into the Indian Medical Service. At the London examination it may be taken that the best men succeed independently of race. Up till recently the European has headed the list; at examinations during the last few years the Indian has several times done so. Moreover, the number of Indians who enter the service is increasing. Given then Indians equal to the intellectual and physical tests of the London examination, there is no reason whatever why the Indian Medical Service should not in time, without the alteration of a single rule now existing, become exclusively Indian in composition. So long then as Indians can, as indeed they do now, come in by the front door, so to speak, no special means of entry need be made for them. It would be fatal to the prestige both of the Service and of the Indians themselves if any special entrance were made for Indians on the score of race. Nor need the European fear exclusion, so long as the terms offered by the Indian Government are good enough, and the examination is framed so that sound practical men only are admitted.

The examination should be such as to eliminate those who are unlikely to be good physicians and surgeons. It is essential from the point of view of the poorer classes of the community in India—the cultivator, the day labourer and the artisan—that the officers who enter the Indian Medical Service should be likely to become capable physicians and surgeons—but especially surgeons. The appointment of a man who is not a surgeon—in actuality besides in name—as Civil Surgeon of a district is tantamount to denying to the poorer inhabitants—over a million people—the benefits of modern surgery.

For the same reason, *i.e.*, the interests of the poorer portion of the community, no member of the Provincial Service or of the Indian Subordinate Medical Department should be promoted to be a Civil Surgeon until he has given evidence that he is a capable operating surgeon. To this end promotion to Civil Surgeon should be a reward for capacity as a Surgeon displayed comparatively early in a man's career, and not the reward of mere seniority in his later years.

This involves, however, in justice the necessity of providing suitable pay for such men in the Provincial Service as have served the State faithfully in situations where they had not the opportunity of developing their talents as surgeons. For instance, the teachers of special subjects in the medical schools should be promoted to the pay and privileges of a Civil Surgeon when their turn comes without actually having to go and take up a Civil Surgeoncy.

I venture to suggest that all words which suggest inferiority should be eliminated from the official titles given to men in the local Indian Services. Thus the titles "Assistant Surgeon," "Sub-Assistant Surgeon" should disappear. These titles are distasteful to the holders, do not accurately describe their functions, and are inconvenient in other ways.

The Civil Medical Department might consist of—

(*a*) Commissioned officers, Indian Medical Service, European or Indian.

(*b*) Gazetted officers, Provincial Service graduates of the local university and members of the College of Physicians and Surgeons.

(*c*) Non-Gazetted Provincial Service, Licentiates of the College of Physicians and Surgeons.

The present Indian Subordinate Medical Department should become part of the Indian Medical Service, with substantive military rank—sub-conductor, conductor, etc. I suggest that it is desirable that a member of the Indian Subordinate Medical Department appointed to be a Civil Surgeon should receive the local rank of Honorary Lieutenant.

58151. **(VIII) Relations of the Service with the Indian Civil Service and other Services.**—The relations of the Indian Medical Service with other services are very cordial. It is rather difficult to discuss the question of the relations of the Indian Medical Service to the Indian Civil Service, because what is said may appear to be due merely to envy of the position the Indian Civil Service hold in the Government of the country.

It will be admitted that in all civilised communities the conservation of the public health is one of the most important functions of the State. In theory, the Government of India admit the importance of the public health, but in practice they relegate the departments of Government which are concerned with it to a subordinate position. When plague became a matter of importance in the Bombay Presidency, the management of it was transferred from the head of the Medical Department to an Indian Civilian, who was of course not an expert in public health, but who nevertheless was paid a much higher salary than that given to the Surgeon-General, and he was also—which is not the case with the Surgeon-General—given direct access to Government. In the same way, on the first Plague Commission India had no medical representative, all the Indian representation being by Indian Civil Service officers. During the early plague years medical officers of experience were placed for plague duty under the orders of young Civilians or Military officers, who had no knowledge of epidemiology. These Civilian and Military officers in some cases even interfered with the details of hospital and quarantine camp management. This relegation to a position of inferiority regarding his own professional work under men of less age and less knowledge than himself is very galling to an educated man. It is not logical to suppose that, if a man originally had administrative ability, a long and arduous course of scientific study and mental discipline should deprive him of this ability. Where mere administrative ability is concerned, not involving technical knowledge on either side, the Indian Medical Service officer may be expected to be equally efficient with the Indian Civil Service officer. Where technical knowledge comes in on either side, then, other things being equal, the one possessing technical knowledge may be expected to be the more efficient.

Another point in connection with the relations of the Indian Medical Service to the Indian Civil Service is involved in the subordination of the Civil Surgeon to the Collector of the District. The Civil Surgeon may be a very senior officer, and the Collector, who may be acting, a very junior one. The District Judge and Executive Engineer are entirely independent of the Collector, and there is no reason why the Civil Surgeon should not occupy a similar independent position.

58152. **(IX) Any other points within the terms of reference to the Royal Commission not covered by the preceding heads.**—It would increase the prestige of the Indian Medical Service and make it more attractive to intending candidates if, in its Civil side, it were raised from the subordinate position, in which it now is, to its rightful place as an important branch of the public administration—to a place in fact similar to that now held by the Public Works Department. The officers of that service are responsible alone to the heads of their own department, and they deal directly with Government without the intervention of an Indian Civil Service or other non-technical Secretary. In the Public Works Department the Secretaries to Government are officers of the Department who are, as regards the more junior officers of the Department, Chief Engineers.

In the same way the Surgeon-General should be Secretary to Government. Perhaps in this connection the following excerpt from a letter written by Lord Middleton to the "Times" (June, 1906) may not be inappropriate:—"I greatly fear that the reforms instituted after the war will not go forward in this and other respects, while the medical branch of the Army is denied its proper status at headquarters." The same is true of the medical department of the Indian Government.

ANNEXURE I.

Statement showing decorations conferred on officers of the Indian Medical Service now serving.

Decoration.	Rank and Name	At the time decoration was conferred.			Other decorations.
		Rank.	Date.	Appointment then held.	
K. C. S. I...	Surgeon-General Sir C. P. Lukis.	Surg.-General	12th December, 1911	Director-General, Indian Medical Service, and Member, Viceroy's Council.	K. H. S.
C. S. I. ...	Surgeon-General H. W. Stevenson.	,, ...	14th June, 1912 ...	Surgeon-General with Government of Bombay.	K. I. H (Silver)
,, ...	Surgeon-General W. B. Bannerman.	,, ...	12th December, 1911	Surgeon-General with Government of Madras and lately Director, Bombay Bacteriological Laboratory	Brevet.
,, ...	Colonel G. F. A. Harris	Colonel ...	,, ,, ...	Inspector-General, Civil Hospitals, Bengal.	V. H. S.
,, ...	Lieut.-Colonel G. G. Giffard.	Lieut.-Colonel	3rd June, 1913 ...	Superintendent, Government Maternity Hospital, Madras.	...
C. I. E. ...	Surgeon-General A. M. Crofts.	,, ...	23rd May, 1900 ...	Residency Surgeon, Gwalior	K. H. S
,, ...	Colonel R. N. Campbell	Colonel ...	25th June, 1909 ...	Inspector-General, Civil Hospitals, Eastern Bengal and Assam.	C. B.

Decoration.	Rank and Name.	At the time decoration was conferred.			Other decorations.
		Rank.	Date.	Appointment then held.	
C. I. E. ...	Lieut.-Colonel J. Crimmin	Lieut.-Colonel	1st January, 1901	Health Officer, Port of Bombay ...	C. B.
,, ...	,, C. Mactaggart	,, ...	12th December, 1911	Inspector-General, Prisons, United Provinces of Agra and Oudh.	...
,, ...	,, W. J. Buchanan	,, ...	1st January, 1913 ...	Inspector-General, Prisons, Bengal ...	...
,, ...	,, Sir J. R. Roberts.	,, ...	12th December, 1911	Residency Surgeon, Indore, and A. M.O., Central India.	Knighthood.
,, ...	,, C. H. James	,, ...	14th June, 1912 ...	Officiating Joint Civil Surgeon, Simla; lately Medical Adviser, Patiala State.	K. I. H. (Gold).
,, ...	,, R. Bird ...	,, ...	2nd January, 1905	Professor of Surgery, Medical College, Calcutta	M. V. O.
,, ...	,, J. N. MacLeod	,, ...	1st January, 1908 ...	Civil Surgeon, Quetta	K. I. H. (Silver).
,, ...	,, L. Rogers ...	Major ...	12th December, 1911	Professor of Pathology, Medical College, Calcutta, and Bacteriologist to the Government of India.	...
,, ...	Major H. Burden ...	,, ...	,, ,, ...	Residency Surgeon, Nepaul	...
,, ...	,, W. Glen Liston ...	,, ...	1st January, 1913 ...	Director, Bombay Bacteriological Laboratory, and Senior Member, Plague Commission.	...
,, ...	,, E. F. Elwes ...	,, ...	12th December, 1911	Surgeon to His Excellency the Governor of Madras.	...
C. M. G. ...	Lieut.-Colonel W. R. Edwards	Lieut.-Colonel	29th November, 1900	Civil Medical Officer, North-West Frontier Province.	...
C. B. ...	Colonel C. F. Willis ...	Colonel ...	20th June, 1911 ...	A. D. M. S.	...
,, ...	,, R. N. Campbell	,, ...	14th June, 1912 ...	Inspector-General, Civil Hospitals, Assam.	C. I. E.
,, ...	,, T. Grainger ...	,, ...	20th June, 1911 ...	A. D. M. S.	...
,, ...	Lieut.-Col. J. Crimmin	Lieut.-Colonel ...		Presidency Surgeon, Bombay ...	C. I. E.
M. V. O. ...	Colonel C. J. Bamber ...	Colonel ...	12th December, 1911	Inspector-General, Civil Hospitals, Punjab, and Member, Coronation Durbar Committee.	...
,, ...	Lieut.-Col. R. Bird ...	Lieut-Colonel	13th February, 1912	Professor of Surgery, Medical College, Calcutta.	C. I. E.
Knighthood	Lieut.-Colonel J. R. Roberts.	,, ...	3rd June, 1913 ...	Surgeon to His Excellency the Viceroy	C. I. E.
Brevet ...	Surg.-General W. B. Bannerman.	,, ...	1st January, 1911 ...	Director, Bombay Bacteriological Laboratory.	C. S. I.
,, ...	Lieut.-Colonel H. F. Cleveland.	,, ...	,, ,, ...	Military	...
,, ...	Lieut.-Colonel Bruce Seton	,, ...	30th June, 1913 ...	Deputy Director-General, Indian Medical Service.	V. H. S.
,, ...	Capt. S. R. Christophers	Captain ...	1st January, 1911 ...	Bacteriological Department	...
,, ...	,, W. F. McGowen ...	,, ...	29th August, 1912 ...	Military	...
K. H. S. ...	Surgeon-General Sir C. P. Lukis.	Surg.-General	...	Director-General, Indian Medical Service.	K. C. S. I.
,, ...	,, A. M. Crofts.	,, ...	...	D. D. M. S.	C. I. E.
V. H. S. ...	Colonel G. F. A. Harris	...	...	Inspector-General, Civil Hospitals, Bengal.	C. S. I,
,, ...	,, John Smyth ...	...	...	A. D. M. S.	...
,, ...	Lieut.-Col. Henry Smith	...	...	Civil Surgeon	...
,, ...	,, Bruce Seton	...	...	Deputy Director-General, Indian Medical Service.	Brevet.
,, ...	Major W. Selby ...	...	...	Principal, King George Medical College, Lucknow.	D. S. O.
Kaiser-i-Hind Medal, First Class (Gold).	Colonel R. W. S. Lyons	Lieut.-Colonel	1st January, 1903 ...	Civil Surgeon of Dharwar and Superintendent of Lunatic Asylum.	...
,,	,, R. N. Campbell	,, ...	23rd May, 1900 ...	Civil Surgeon, Shillong, Assam ...	...
,,	Lieut.-Colonel T.E. Dyson	Major ...	9th November, 1901	Deputy Sanitary Commissioner, Bombay	...
,,	,, R. C. MacWatt	,, ...	1st January, 1908 ...	Late Agency Surgeon, Kotah and Jhalawar, now Residency Surgeon, Jodhpur.	...
,,	,, J. C. S. Vaughan	Lieut.-Colonel	1st January, 1910 ...	Superintendent, Campbell Medical School and Hospital.	...
,,	,, Henry Smith	,, ...	2nd January, 1911	Civil Surgeon, Amritsar	V. H. S.
,,	,, C. H. James...	Captain ...	23rd May, 1900 ...	Plague Medical Officer, Jullunder and Hosiapur, Punjab.	...
,,	,, E. Wilkinson	,, ...	9th November, 1901	Deputy Sanitary Commissioner, Punjab	...
,,	,, T. W. Irvine...	Major ...	2nd January, 1911...	Late Residency Surgeon, Mewar, Rajputana.	...
,,	,, P. B. Haig ...	Lieut.-Colonel	3rd June, 1913 ...	Agency Surgeon, Bhopal	...
,,	Major A. Gwyther ...	Major ...	12th December, 1911	Civil Surgeon, Howrah, and Superintendent, Howrah Jail.	...
,,	,, E. R. Rost ...	,, ...	1st January, 1913 ...	Senior Civil Surgeon, Rangoon ...	...
,,	,, E. J. O'Meara ...	Captain ...	1st January, 1909 ...	Civil Surgeon, Mirzapur, U. P. ...	...
,,	,, A. E. Walter ...	Major ...	12th December, 1911	Superintendent, X-Ray Institute ...	...
,,	,, E. L. Ward ...	,, ...	1st January, 1913 ...	Indian Medical Service, Punjab (Jails?)	...
,,	,, W. H. Tucker ...	,, ...	12th December, 1911	District Medical and Sanitary Officer, Coimbatore, Madras	...
,,	,, R. M. Garrison ...	Captain ...	24th June, 1910 ...	Agency Surgeon, Gilgit	...
,,	,, J. R. Tyrrell ...	,, ...	12th December, 1911	Agency Surgeon, Bhopawar, C. I. ...	...

Decoration.	Rank and Name.	At the time decoration was conferred.			Other decorations.
		Rank.	Date.	Appointment then held.	
Kaiser-i-Hind Medal, Second Class (Silver).	Surgeon-General H. W. Stevenson.	Major ...	23rd May, 1900 ...	Civil Surgeon, Hyderabad Sind, and lately on deputation as Plague Officer at Manaina, Allahabad.	C. S. I.
,,	Lieut.-Colonel F. J. Dewes	Lieut.-Colonel	1st January, 1909 ...	Civil Surgeon, Swebo, Burma ...	...
,,	,, W. H. B. Robinson.	Major ...	1st January, 1901 ...	Civil Surgeon, Bikanir	...
,,	,, R. H. Maddox	Captain ...	26th June, 1902 ...	Superintendent, Presidency Jail, Calcutta.	...
,,	,, J. N. MacLeod	,, ...	9th November, 1901	Civil Surgeon, Bikanir	C. I. E.
,,	,, J. W. Grant	,, ...	23rd May, 1900 ...	Special Famine Duty, Jodhpur, Rajputana.	...
,,	Major R. W. Knox ...	,, ...	1st January, 1909 ...	Agency Surgeon, Bundelkhund ...	...
Honorary Associates of the Order of St. John of Jerusalem.	Lieut.-Colonel J. L. T. Jones.	,, ...	...	.....	...
,,	,, W. E. Jennings	,, ...	...	.....	...
,,	Major A. W. F. King ...	,, ...	...	.....	...

The Military decorations V.C. and D.S.O., which are only given for purely Military Service, are not entered above. There are one V.C. and eight D.S.O.s.

ANNEXURE II.

Statement showing distribution of decorations among officers of the Indian Medical Service.

	No. of officers, I.M.S.		K.C.S.I.	C.S.I.	C.I.E.	C.M.G.	C.B.	M.V.O.	Knight.	Brevet.	K.H.S.	V.H.S.	K.I.H., 1st class.	K.I.H., 2nd class.
	Military.	Civil.												
Administrative — Surgeons General, Colonels.	11	11	1	3	1	...	3	1	...		2	3	...	...
Professorial appointments and Medical officers holding appointments at Presidency towns.	...	56	...	1	2	...	1	1	...	...	...	1	1	...
Civil Surgeons (and D. M. & S. officers, Madras).	...	208	...	...	...	...	...	...	...	...	...	1	7	2
Officers under Foreign Department.	...	43	...	...	5	1	...	...	...	...	...	...	5	4
Sanitary Department and Officers on Sanitary duties	...	3 16	...	...	1	...	...	...	...	...	...	...	2	...
Officers on Bacteriological duties.	...	20	...	...	1	...	...	...	...	2	...	...	...	...
Lunatic Asylums	...	8	...	...	...	...	...	...	...	...	...	...	...	...
Prison Department... ...	...	41	...	...	2	...	...	...	...	...	...	...	...	...
Surgeons to H.E. the Viceroy and H.E. the Governor of Madras.	...	2	...	...	1	...	...	...	1	...	...	...	...	1
Miscellaneous appointments	...	18	...	...	...	...	...	...	...	1	...	...	3	...
Military (Executive) ...	318	...	...	...	...	...	...	...	...	2	...	...	...	...
Total	329	446	1	4	13	1	4	2	1	5	2	5	18	7
Vide Army List, October, 1913.		775												

ANNEXURE III.

Statement showing comparison between the decorations conferred on the Indian Civil Service and the Indian Medical Service respectively.

	Indian Civil Service.	Indian Medical Service.		Indian Civil Service.	Indian Medical Service.
Number of officers	1,310	775	K.C.V.O.	1	...
K.C.S.I.	12	1	C.V.O.	6	...
C.S.I.	42	7	M.V.O.	2	1
C.C.I.E.	1	...	Knighthood	6	1
K.C.I.E.	8	...	I.S.O.	1	...
C.I.E.	64	13	Kaiser-i-Hind, Gold	information not available	18
C.B.	...	4			
C.M.G.	...	1	Kaiser-i-Hind, Silver ..	Ditto	7

LIEUT.-COLONEL J. B. SMITH called and examined.

58153. (*Chairman.*) Witness occupied the position of Civil Surgeon of Poona and Superintendent of the Medical School in Poona.

58154. He had 24 years' service. He had occupied his present position for four years. His career had been confined to the Bombay Presidency. He represented all the members of the Service. He had put in a separate written statement* with regard to the conditions of officers serving in the City of Bombay.

58155. He did not consider the present period of 6½ years, during which a man had to remain in Military employ before being transferred to Civil employ, was too long. He himself had served a little over four years in Military employ in India before being transferred. That period had been profitably occupied by him. More should be done during the period of Military Service to assist an officer in becoming efficient in surgical work; arrangements should be made by which officers could attend Civil Hospitals. He would also suggest the amalgamation of Civil and Military Hospitals.

58156. He considered that, when an officer had completed his two years in the Army, he should be definitely asked whether he desired to go into Civil employ or not instead of, as at present, being put on a roster in order of application.

58157. When an officer first entered Civil employ, a short training under a Civil Surgeon might be advantageous to him, but it would not really be necessary.

58158. It would be better to have a Provincial list for professorial appointments than an all-India list, as it was quite impossible for the head of a department for the whole of India to be personally acquainted with all the men in it, whereas a Provincial head in most cases would know all his men. But if within the Province there were no officer available for a chair the Governor of the Province should apply to the Government of India.

58159. Four private practitioners were employed in the big Government hospital with which he was connected, one being a lady. The system had been established only since May last, but there was every reason to believe it would work successfully. The practitioners were all young and had graduated in Bombay. They were of the same standing as the Assistant Surgeon class. They came in in complete subordination to the authorities of the hospital. They had had from one to seven years' experience in private practice. The term of the appointments was three years, which could be extended to five.

58160. His colleagues desired to be paid on the same terms as members of the Indian Civil Service. He proposed that Civil Surgeons be paid a fixed salary, and that the fees from their private practice should be handed over to Government. At present private practice made the pay of Civil Surgeons very uneven. One man might be doing most excellent work and have no private practice at all, whereas another man in another place might have a large private practice and be doing no better work for Government. Any adjustment which might be made now regarding private practice was bound to fail in a few years because private practice itself was steadily diminishing. The Presidency Surgeoncies were particularly badly paid, and they were not appointments which led to private practice.

58161. Of the 20 Civil Surgeoncies in the Bombay Presidency held by Indian Medical Service officers there were seven where the practice was under Rs. 100 a month, the average being Rs. 60; there were three where it was between Rs. 100 and Rs. 200 a month (average Rs. 126); there were five where it was between Rs. 200 and Rs. 300 a month (average Rs. 235); there were three where it was between Rs. 300 and Rs. 400 a month (average Rs. 341); there was one where it averaged Rs. 446 a month; and one where it averaged Rs. 620 a month. The average for the whole Presidency was Rs. 202 per month. He happened to have acted in his present position some 13 years ago for a short time, and he also knew his predecessors in that particular appointment. One of his predecessors who left Poona in 1898 was making Rs. 1,000 a month all the year round from private practice. It gradually fell until his immediate predecessor drew between Rs. 500 and Rs. 600 a month. During the first two years witness was in Poona his average was Rs. 452, and for the last year it was Rs. 276 a month.

58162. His colleagues desired to commute a certain amount of their leave into leave on full pay.

58163. He was also anxious to see the status and the pay of the Civil Assistant Surgeons raised. They were not paid anything like the members of the other departments.

58164. He did not see why Civil Assistant Surgeons should not have open to them all the Civil Surgeoncies in the Presidency, provided they were capable of holding them. The field might be broadened for them also in the direction of the posts now occupied by Military Assistants. The position of the Civil Assistant should be materially improved. Formerly Government used to obtain men for such posts, who passed in the first class of the University; now they were only getting men who had passed in the second class.

58165. Understudies should be arranged for for the higher posts in the Medical College. There ought to be somebody ready to take up every vacant professorship. That did not necessarily mean the creation of a number of posts of Assistant Professors in the College. The understudies might sometimes be better employed elsewhere. They should be Indian Medical Service men, whether Indians or Europeans. For instance, in the school he was connected with, the teacher of surgery, the Assistant to the Civil Surgeon, was a Fellow of the College of Surgeons of England. He was now practically an understudy for one of the surgery posts in Bombay.

58166. (*Mr. Sly.*) The proposal that the taking of fees for private practice should be abolished in the Indian Medical Service, would not affect prejudicially the public in India; they would still send for the Civil Surgeon when they wanted him, but instead of paying the fee to him they would pay it to Government. This would not lead to professional inefficiency. Officers saw every class of disease in the hospitals.

58167. He did not think it was necessary to have certain posts where large private practice was available as prizes. The professorships were prizes. Nobody in the medical schools in England now believed that Indian Medical Service officers made big sums from private practice.

58168. He considered the Aldershot course of training a good one. The Millbank course could equally effectively be gone through in India after a man arrived, but he would not recommend it because it would mean the establishment of professorships which at present did not exist. Under existing conditions in India that course could not be gone through, because it was especially adapted for the use of officers in the Army. There were special professors who were Army officers and who taught from the point of view of the Army.

58169. (*Mr. Fisher.*) When an Indian Medical Service officer had a scientific paper which he wished to give to the world he published it either in the "Indian Medical Gazette," or in any of the English journals. A great many were published in the Gazette. If any officer in the Indian Medical Service did good scientific work his reputation became very well known in medical circles in England.

58170. (*Mr. Madge.*) No kind of pressure was put on medical officers coming out to the Service to go through a course of the School of Tropical Medicine in England. Officers under the rank of Major who underwent such a course might receive accelerated promotion.

58171. (*Mr. Abdur Rahim.*) By Assistant Professor he meant a person who was doing the work

* *Vide* Appendix XXXI.

of assistant to the professor actually in the medical college; by understudy he meant a man who was preparing himself to take up a position as a professor later on; he did not necessarily prepare himself by doing a portion of the work of the professor. Taking the case he had cited, the Assistant Civil Surgeon in Poona was also teacher of surgery in the medical school. He was preparing himself by teaching students, and by having a very large amount of surgical practice in the hospital, to be a teacher, and he was available if required. He was not an Assistant Professor; he was not assistant to anybody but an independent teacher. His official designation was Assistant to the Civil Surgeon. He was a junior Indian Medical Service officer. Witness admitted that the provision of understudies might possibly mean in some cases an increase of cadre.

58172. (*Sir Valentine Chirol.*) The two main objects he had in view with regard to leave were first of all to secure that officers should be able to take the amount which they required for their health without too serious a pecuniary loss, and secondly, that there should be opportunities for officers keeping themselves in touch with the progress of Western science in England. If those two points were met on the lines he suggested, it would give satisfaction to the service generally. Most officers did not take the leave which was due to them, partly on account of the exigencies of the service, but mainly because the cost of going to England was so great, and the furlough allowances drawn were so inadequate.

58173. (*Lieut.-Colonel Hudson.*) He could give some idea of the emoluments which would be necessary to put his financial position on its old footing if the present proposals were carried out. To refer to 1898, his predecessor had Rs. 1,000 a month from private practice, and he had allowances of various kinds which brought in another Rs. 546; his pay was at that time Rs. 1,050, so the total emoluments from all sources were Rs. 2,596. The witness's pay under the new scale was Rs. 1,300; his allowances were Rs. 350, and his private practice was Rs. 276, so that his total income came to Rs. 1,926. Witness's income was less at present by more than Rs. 300 a month than when he went to Poona four years ago.

58174. The Surgeon-General should have direct access to Government. At present all his proposals were subject to the criticism of a non-expert Secretary who might practically veto them without the Surgeon-General having any opportunity of counter criticism.

58175. The cadre should be increased in order to allow for study leave. This now blocked other leave.

58176. (*Mr. Kothawala.*) It was desirable that each candidate for entry to the Indian Medical Service should have had his entire training in a European school, because surgery and medicine were Western sciences, and men who practised them in India in the higher grades should have had a Western training. Such a rule might be a handicap to Indian students.

58177. An Assistant Surgeon had ample opportunities of showing whether he was a good Surgeon or not in a mufassal dispensary.

(The witness withdrew.)

ASSISTANT-SURGEON B. E. GHASWALA, Bombay.

Written Statement relating to the Medical Services, being the corporate views of the Members of the Bombay Provincial Medical Service.

58178. **(I) Methods of Recruitment.**—Members of the Bombay Provincial Service, should as a rule, be selected exclusively from amongst the medical graduates of the Bombay University, who may have obtained the degree of M.B., B.S. The L.M. & S. degree is not mentioned as the University of Bombay has decided to abolish this as a University degree from 1915.

2. Whilst making appointments from amongst the applicants for Government Service, preference should invariably be given to those who may have passed in the first class according to the seniority of their graduation. Whenever a first class graduate is not available, and a second-class graduate has to be admitted to the Service, the Surgeon-General be requested to invite the attention of the Government to this fact, which will prove in due course of time a valuable guide as to the popularity or otherwise of the Service.

3. Appointments to the Service should be made by Government direct, on the recommendation of the Surgeon-General. Applications for posts in this Service should be registered at the office of the Private Secretary to His Excellency the Governor, and also in the office of the Surgeon-General, appointments being made by Government according to superiority of qualifications and seniority of graduation.

58179. **(II) System of Training and Probation.**—*Before admission.*—The training and experience gained by the medical student, whilst preparing for and passing the M.B., B.S. examination, affords a suitable training for admission into the Provincial Medical Service, and no further training is required for his admission. It may be noted that the degree of M.B., B.S. is obtained by the medical student after he has passed two University art tests, viz., the Matriculation examination and the Previous Examination in Arts, and three subsequent medical examinations conducted by the University.

After joining the Service.—No further test is necessary for his subsequent confirmation in the Service, and he may be confirmed from the date of his admission into the Service.

58180. **(III) & (IV) Conditions of Service and Salary.**—Officers of the Provincial Medical Service (not Civil Surgeons) should have the following time scale of pay:—

1 to 5	years	Rs. 200	per mensem.	
6 to 10	,,	,, 250	,,	,,
11 to 15	,,	,, 300	,,	,,
16 to 20	,,	,, 350	,,	,,
21 to 25	,,	,, 400	,,	,,
25 to 30	,,	,, 500	,,	,,

On the above scale of pay being allowed, the allowances which they get either as Dispensary officers or teachers in medical schools should be abolished, as such allowances unnecessarily cause them loss in pension, and whilst on leave. The allowances appear to be given to make up for the meagreness of the present day; and with the proposed increase as suggested above, they may be abolished.

(*2*) The proposed scale of pay when compared with the pay of University graduates in other Departments of Government Service will be found to be extremely moderate, and in many cases lower than what the latter class of officers in other Government Departments generally attain to. The plea often put forward that medical officers can make up for the smallness of their pay by private practice is a misleading and incorrect one at present. Whatever the private practice might have been in years gone by, it is an acknowledged fact, and one which could be readily verified, that with the ever increasing number of practitioners of all grades, and the keen competition arising in consequence, private practice for Government medical officers, except in a very few large towns as those of Poona, Hydrabad, Ahmedabad and Surat, is almost a negligible quantity.

(*3*) The accompanying tabular statement showing the starting and maximum pay of officers in different Departments is herewith attached for ready reference by the Honourable Members of the Royal Commission:—

Class of Officers.	Starting pay.	Maximum pay.	Maximum pension.
Officers of Provincial Medical Service.	Rs. 100	Rs. 500	Rs. 250.
Subordinate Judges.	Rs. 150	Rs. 800	Rs. 400. (May be promoted as Sessions Judge on Rs.1,600)
Deputy Collector	Rs. 300	Rs. 800	Rs. 400. (May be and are every now and then promoted as Collectors. Pay Rs. 1,600.)
Educational	Rs. 200	Rs. 700	Rs. 350.
Police	Rs. 250	Rs. 500	Rs. 250. (May rise as Superintendent on Rs. 900).
Public Works Department.	Rs. 250	Rs. 1,250	Rs. 500. (May rise as Superintending Engineers and several Indian officers have been so promoted.)
Superintendents of Post Offices.	Rs. 200	Rs. 600	Rs. 300. (May rise as Postmaster General, pay Rs. 1,500, of which one instance is on record.)

(*4*) The pay of the members of Provincial Medical Service promoted to Civil Surgeoncies should be Rs. 500 rising by annual increments of Rs. 100 to Rs. 800. The present pay of Civil Surgeons promoted from the members of this class, viz., Rs. 350 with its miserable increment of Rs. 30 every year till the maximum pay of Rs. 500 is attained, is ridiculously small and inadequate and it is impossible for an officer of this class to live with his family in a style and manner befitting his position and rank as a first class officer. Again, as these officers are often unable, owing to completion of 55 years, to serve in the Rs. 500 grade for a period of three years, they are often debarred from getting the maximum pension of Rs. 250, which is the highest sum they could hope to attain.

(*5*) Three Civil Surgeoncies are reserved for officers of this class: two of these, Kaira and Alibag, are small and obscure stations, the latter being specially created for them where it is a well-known fact no private practice whatever is available, and the third place, Broach, is the only place where it may be possible for a Civil Surgeon to get some private practice.

(*6*) The present rule of reserving certain fixed stations for Civil Surgeons of this class is very undesirable and the very fact of no transfer being possible or allowed between him and any other Civil Surgeon of the Indian Medical Service class, unnecessarily degrades the former in the eyes of the public and in those of their colleagues, as an inferior class of officers, unfit to take the place of a Civil station in charge of a commissioned medical officer. This is a most invidious and unnecessary distinction, not observed in any other Department of Government Service, and should be abolished at an early date. The above disqualification is both unnecessary and invidious and its effect is to convert these three Civil Surgeoncies into glorified assistant surgeonships. The public and the medical officers themselves regard them in this light, and this is one of the reasons, apart from the low and inadequate pay allowed, why such posts have before now been often declined by officers of superior merits and high abilities. It should further be pointed out that a member of the Provincial Medical Service is now and then appointed to act as a Civil Surgeon, often for long periods, in charge of a Civil station reserved for an Indian Medical Service officer, but directly he is permanently promoted as a Civil Surgeon he becomes ineligible and disqualified to hold any but one of the three posts reserved for a member of this class. Such distinction is not observed in any other Department of Government and the sooner it is done away with the better, for it is one of the many serious and real grievances under which the officers of this class labour. As an example it may be cited that when an officer of a Revenue or Judicial Department, viz., a Deputy Collector or a Subjudge is appointed to one of the listed posts of the Indian Civil Service he is considered eligible and fit to hold any similar post, or any station, which may have been previously held by a covenanted civilian, and transfers between this class of officers and the Indian Civil Service are readily and freely made. In other words, when an officer of the Provincial Service is promoted to one of the listed posts, all artificial distinctions—such as unfortunately are allowed to exist in the Medical Department alone—cease and all such are considered on a footing of equality and are subjected to no disqualification or disability of any kind except in point of pay. Not so, however, in the Medical Service. A medical officer of this class, though raised to the rank of a Civil Surgeon, could only hope to be transferred to these reserved stations only; in other words, though a Civil Surgeon in name he is denied the full rights and privileges of a Civil Surgeon, no matter how high his qualifications, or how meritorious his services may be.

(*7*) The number of Civil Surgeoncies thrown open for these officers are not sufficient in number nor at all attractive, from a private practice point of view. Within the last two or three years, three Civil Surgeoncies, decidedly superior in every way to those reserved for the officers of the Provincial Medical Service and carrying a maximum salary of Rs. 700, have been reserved for the Military Assistant Surgeons, a class of medical subordinates, admittedly known to be inferior in training and qualifications to those of the University graduates who accept Government Service as Civil Assistant Surgeons, as will be seen from the following statement:—

	OFFICERS OF THE PROVINCIAL MEDICAL SERVICE.	MILITARY ASSISTANT SURGEONS.
(1)	*Entrance test.*	
	University Matriculation and Previous Examination in Arts.	A departmental test, inferior to the Matriculation.
(2)	*College course.*	
	Five years.	Four years.
(3)	*College curriculum.*	
	All subjects as laid down by the University.	Course arranged departmentally by the Director-General, Indian Medical Service.
(4)	*Percentage of marks for passing.*	
	A higher percentage; a minimum of 50 per cent. being required for pass and 66 per cent. for first class.	A lower percentage, everything being left to the discretion or wish of the College Professors.

OFFICERS OF THE PROVINCIAL MEDICAL SERVICE.	MILITARY ASSISTANT SURGEONS.
(5) *Examination.*	
Three University examinations, conducted by Examiners, appointed by the University, where about 50 per cent. fail to pass.	An examination conducted by the individual teachers, where one seldom hears of a candidate being rejected. The candidates are already in Government Service for employment in the Subordinate Military Medical Department.
(6) *Degree.*	
A University degree, recognised by the General Medical Council of England.	No degree or diploma granted and none necessary as they are taken up immediately in Service.
(7) *Expenses of study, etc.*	
All borne by the student.	All borne by Government.

(*8*) These three Civil Surgeoncies only recently reserved for the Military Assistant Surgeons (whose general and professional qualifications have been briefly noted above) ought in fairness and justice be given to the members of the Provincial Medical Service. Further, in justice to the members of the Provincial Medical Service, half the number of the total Civil surgeonships in the Presidency be thrown open to them. A large number of other important posts in the Civil Department now held by Military Assistant Surgeons, such as Medical Officers of State Railways, House Surgeoncies of important Hospitals in the larger cities, now forming the monopoly of the Military Assistant Surgeons, should in justice, belong to the members of the Provincial Medical Service.

(*9*) One deputy Sanitary Commissionership should at least, be set apart for members of the Provincial Medical Service, the same being conferred upon an officer of this class, who may have obtained in addition, a recognised sanitary qualification as the D.P.H., or B.Hy. or any sanitary qualification of equal value.

(*10*) *Examinations for promotion.*—The septennial examinations for promotion for this class of medical officers should be abolished. These examinations are kept up on the assumption or belief that unless such examinations are maintained, the officers of this service will not keep up their knowledge nor keep themselves abreast of the general advance in scientific medicine. And if this statement or line of reasoning is true in the case of these University graduates, it ought also to be equally true in the case of another class of graduates or diplomates who enter the services of Government as commissioned officers of the Indian Medical Service, but for whom, however, no such examinations, for promotion, are considered necessary. When once an Indian Medical Service officer enters the service of Government, as a Lieutenant, he has merely to rise to the higher ranks of a Captain, Major, or Lt.-Colonel by mere seniority and at the same time becomes eligible for the higher scale of pay, irrespective of any promotion examinations. There is no justification for their being kept up for this deserving class of officers of the Provincial Medical Service. If the members of one Service can be trusted to keep up to date their professional knowledge without being compelled to pass any examination before being promoted, surely there is enough justification for the members of a similar class to expect the same treatment.

But if examinations are considered necessary, they may be kept for both classes of officers. What is wanted is the removal of unnecessary and invidious distinctions which are rightly considered as real grievances by this class of medical graduates. It may be briefly noted that the other different classes of graduates entering the service of Government, either as Sub-judges, Engineers and the like, are not subjected to any examination for promotion. All of these rise to the ranks of first-class Sub-judges, Session Judges and Executive Engineers, and even Superintending Engineers, and so on, by seniority and without any examination. It may further be noted here that examinations for promotion for Indian Medical Service officers existed some years ago but were subsequently abolished, and the members of the Provincial Medical Service think that it is a great hardship that they should have been maintained in the case of another equally useful and able class of officers like themselves—thus creating an uncalled for, unnecessary and invidious distinction.

58181. **(V) Conditions of Leave.**—Considering the rapid and important advance taking place in the medical science, special facilities for study, in the shape of leave and allowances in and out of India, should be given to the members of the Provincial Medical Service, as in the case of Indian Medical Service and Royal Army Medical Corps officers. This will enable the members of the Provincial Medical Service to keep up their professional knowledge and keep abreast of the general advance in scientific medicine, and it is hoped that once this privilege is allowed and a generous and fair treatment extended to them, they will not be slow to gratefully avail themselves of these facilities.

58182. **(VI) Conditions of Pension.**—Usual pension rules for all services of like nature.

58183. **(VII) Such limitations as may exist in the employment of non-Europeans, and the working of the existing system of division of Services into Imperial and Provincial.**—This question has already been dealt with in the preceding paragraphs when alluding to the different house surgeoncies, etc., held by the Military Assistant Surgeons. It may be noted in passing that Indians are debarred from holding such important posts as house surgeoncies of important civil hospitals, which though (entirely meant and reserved for Indian patients) at present form the monopoly of the members of the Subordinate Medical Department, *i.e.*, the Military Assistant Surgeons, which is now recruited from amongst the Europeans and Eurasians only, Indians not being now allowed to enter this service, which was formerly open to them.

58184. **(IX) Any other points within the terms of reference to the Royal Commission not covered by the preceding heads.**—*Term Medical Subordinates as ordinarily applied to us within recent years.*—The members of the Provincial Medical Service beg to record their humble but most emphatic protest against the present gradually increasing practice of calling members of the Provincial Medical Service as Medical Subordinates, and actually classing them with the Sub-Assistant Surgeons, and putting them on the same low footing and equality as that of the latter who were up to recently called hospital assistants, ever since the creation of that Subordinate Service. Members of the Provincial Medical Service (university graduates) occupy a much higher position than that occupied by Sub-Assistant Surgeons. In the Bombay Medical Code they are distinctly excluded from this class of medical subordinates, under which are included Apothecaries and the Hospital Assistants—the Military Assistant Surgeons and Sub-Assistant Surgeons respectively. The members of the Provincial Service bitterly resent this uncalled for and unjustifiable lowering of their position and status, and they respectfully trust Government will be pleased to order their permanent restoration to the position of medical officers to which they are justly entitled by virtue of their high education and training.

(*2*) *The designation of Assistant Surgeon.*—The designation of "Assistant Surgeon" used as a prefix to the officer's name should be abolished, and medical graduates now serving Government under this

humble designation should be classed as members of "the Provincial Medical Service, Bombay" (or Madras, as the case may be), or of "Bombay Medical Service" and called either Dr. or Mr. A. B. C. Medical Officer in charge of . . . . Dispensary or Lecturer of . . . . and so on. Calling these medical graduates, most of whom are men of high professional distinction and abilities, as Assistant Surgeons all their life is very unfair, both to this class of officers as well as to the individual members thereof, as a lower class of officers, viz., Military Assistant Surgeons, who were formerly called Apothecaries, have within recent years been so called through the generosity of Government. It cannot be denied that the officers of this class are men with general and professional education greatly inferior to those of the medical graduates, and who pass out, not after a searching University Examination test by an independent body of examiners, but after a mere college examination held individually by the college professors. It must be further remembered that these men, educated at Government expense as they are, are already in the service of Government as Military apprentices, and that they are being recruited for the Subordinate Indian Medical Service, all their official career being generally spent as subordinates or assistants to the Commissioned Medical Officers. Members of this class were formerly rightly designated "Apothecaries," and if Government have generously been pleased to call them Military Assistant Surgeons, justice and equity both demand that a more superior qualified class of officers should not, even in name, be put on a footing of equality with those less qualified, and called by the same designation. It is a well known and a significant fact that, whilst, since the creation of the different medical services of Government, the designation of the members thereof has from time to time been altered and raised, that of the medical graduate alone in the service of Government remains unaltered, and is not raised, but on the contrary lowered. As an instance it may be stated that the Indian Medical Service Officer in years gone by started his official career as an Assistant Surgeon. Then he came out as a Surgeon; then after years of legitimate agitation on the part of the Service, a compound military title of Surgeon-Lieutenant was granted to him, and lastly, as in the case at present, a purely military rank as that of Lieutenant. Similarly the Apothecaries of old are now known by the higher designation of Military Assistant Surgeons, and the Hospital Assistants, so known ever since the creation of their class, were, in response to their request for a higher designation, called Civil Medical Assistants, but as it was not approved by the class, was again changed and raised to that of the sub-Assistant Surgeon. But the designation of medical graduates (University men) in the service of Government unfortunately remains the same for these 50 years past, and even lowered as will be seen from what is stated above.

When once a medical graduate enters the service of the Government in the above class, he is designated Assistant Surgeon, a designation which carries with it a certain amount of inferiority both in knowledge and status. This designation continues throughout his official career, and which no efforts on his part—even by obtaining high British Medical Qualifications equal in most cases to those held, or later on obtained, by the Members of the Indian Medical Service, as was done by one officer of this service—can ever enable him to shake off.

Even when he is appointed, a Civil Surgeon of the three stations specially reserved for him (and two of which, be it noted, are very unattractive and obscure places), he still continues to be called Assistant Surgeon A. B. C. Civil Surgeon of . . . . ; an unnecessary an invidious distinction, which it is well known is one of the many reasons why many of the best men in service have declined the offer of a so-called Civil Surgeoncy. If, however, it be decided to retain the designation of "Assistant Surgeon," it should not be prefixed to the medical officer's name, as is done at present in official correspondence, but may be used as an affix. At the same time considerations of justice and fair play demand that when they have completed 15 years' service, which may be taken as an ample and sufficient guarantee of their having gained considerable knowledge and experience of their profession, they should invariably be called "Surgeons," and officially addressed thus—Dr. or Mr. A. B. C. Surgeon in charge . . . . Dispensary. Also when medical officers of this class are raised to the rank of Civil Surgeons, they should not in official correspondence be still called Assistant Surgeons. The present practice, which is looked upon with much disfavour, is to address the Civil Surgeon of this class as follows—Assistant Surgeon A. B. C. Civil Surgeon of . . . .

The present class of Assistant Surgeons is, according to the rules laid down by Government, supposed to be selected from the most meritorious graduates of the Bombay University, and there is no justification whatever why an officer of this class, who has distinguished himself in the course of his service by obtaining additional British degrees or qualifications of a high order, equal in most cases to those held by commissioned medical officers of the Indian Medical Service (who like the above are either graduates of a British University or only Diplomates of the various licensing medical corporations of Great Britain and Ireland) should even then continue to be called an Assistant Surgeon, a designation which carries with it a stigma of inferiority, which is neither deserved nor justified.

(*3*) In former years Government rightly rewarded the superior merits and higher professional qualifications of their Assistant Surgeons, on their obtaining higher degrees of M.D., F.R.C.S. and the like, by promoting such men, or by admitting them direct to what was then known as the Uncovenanted Medical Service, whereby the officer could rise from Rs. 350 to the maximum pay of that rank, viz., Rs. 800, and above all he ceased to be called an Assistant Surgeon. About 20—25 years ago, one officer of the Bombay Medical Service shortly after entering the Service as Assistant Surgeon, went to Europe and obtained the usual British qualification of a medical corporation and soon after his return to India he was promoted to the rank of an Uncovenanted Medical Officer and rose to Rs. 800 or so. About 15 years ago another able medical graduate, after creditably serving Government as Lecturer of Surgery and Midwifery in Provincial Medical School for over 15 years, went to England and distinguished himself as the first Indian of Western India to obtain the much coveted distinction of F.R.C.S. (Edin.). He further made a speciality of eye diseases after studying at the Royal Ophthalmic Hospital, London, and obtained the necessary diploma of the special qualification. One would have reasonably expected that Government would have similarly rewarded the high abilities and qualifications of that officer by raising him to the Uncovenanted Medical Service, or by giving him a post usually held by a Commissioned Medical Officer, thus marking their appreciation of the same, and encouraging others of his class to follow his good example. It remains, however, a melancholy fact to this day, that this officer has been allowed to remain in the same class, in a way neglected and unappreciated. Verily it had been rightly remarked that in no other departments of Government, except the medical, are all the best paid appointments so carefully guarded, and almost exclusively monopolised, as they are, by the officers of the Indian Medical Service. There are now very many amongst the independent medical profession and many in the Service also, who could, if only they were allowed an opportunity, fill many of the posts now monopolised by the Indian Medical Service officers, with credit to themselves and at a lesser cost to the State.

The members of the Provincial Service readily and gratefully admit and acknowledge the eminent services rendered by the Indian Medical Service in the past in the growth and spread of medical science in this country, but they humbly think and suggest that the time has now arrived when greater consideration be shown to the members of their

Service, and their abilities and worth more freely and generously recognised than they are at present by the bestowal of a few more better paid posts now held by the members of the Indian Medical Service. It is a well known fact that whilst the Royal Army Medical Corps can do without appointments in the Civil Department as a war reserve, the former requires over a hundred per cent. to be kept in Civil employ as a war reserve. Surely a reasonably larger employment of the members of the Provincial Medical Service in the higher posts in the Medical, Educational, Bacteriological and Chemical Departments would, without at all tending to inefficiency, as has already been proved in the past, lead to greater economy and conduce to greater contentment in the Service. There could be no question of prestige to be maintained in such purely scientific posts as those belonging to the Medical, Educational, Bacteriological and Chemical Departments, and as the test of time has proved their fitness for such work, the members of the Provincial Medical Service consider that they should now be given a wider and higher field of work. Indian officers have for long conducted the duties of heads of medical administration in Native States to the entire satisfaction of their employers and with credit to themselves, and the medical graduates would equally give a very creditable account of themselves if only they were given reasonable opportunities for holding such higher posts.

Finally the members of the Provincial Service beg to point out that whereas a graduate in law can aspire to the highest judicial posts in the land such as that of a Chief Justice or a Judge of a High Court, or the Membership of the Imperial and Provincial Executive Councils, a graduate in engineering can aspire to the highest posts of the Public Works or the Forest Departments, a graduate in arts or science to high posts in the Revenue, Financial, Educational, Customs and the other miscellaneous departments of Government, and a customs gauger can aspire to a collectorship, yet a graduate in medicine in Government service, howsoever high his abilities and qualifications may be, cannot aspire to anything more than a Civil Surgeoncy of one of the three small Civil stations above mentioned, carrying the miserably inadequate salary of Rs. 350 rising to Rs. 500, or ever hope, even after years of meritorious and distinguished services to have them fittingly recognised or rewarded—as they invariably are in the other departments of Government—by having higher and better paid posts given to them.

As dispensary officers the members of the Service have to put up with some rather harsh and humiliating rules, and it is earnestly and respectfully hoped that Government will enquire into this matter and reframe them in a more liberal and generous spirit, becoming their position and status.

Assistant-Surgeon B. E. Ghaswala called and examined.

58185. (*Chairman.*) Witness was an Assistant Surgeon in Bombay, and was at present holding the post of First Assistant Chemical Analyser to Government.

58186. His colleagues felt they were in a somewhat inferior position in the subordinate Service, and they desired the removal of certain invidious distinctions. The first point was that all appointments should be made by the Government instead of by the Surgeon-General, just as in the other gazetted departments of Government. The recommendation should be made by the Surgeon-General, but the confirmation should be in the hands of Government. Then much greater care should be taken in the selection of candidates. There was great room for improvement in the present class of men now joining the Service. If the prospects were improved, better men would be attracted.

58187. Officers of this Service had been appointed to act as Civil Surgeons in districts other than those which they could hold permanently. He knew of an Assistant Surgeon who had worked for over two years in a district which was open for the Indian Medical Service only. That was at Kaira in the year 1888. Other Civil Assistant Surgeons had been appointed at Surat and at Násik for fairly long periods within the last five years. The periods were three, four or five months.

58188. His colleagues objected to the septennial examinations and suggested the substitution in their place of post-graduate courses ending in a certificate. Such courses should be given at any time which Government thought fit.

58189. His colleagues objected to serving under Military Assistant Surgeons, unless they possessed registrable qualifications. If such officers were placed upon a similar footing to members of his own service, the objection would be removed.

58190. He asked for certain increases of pay, as the present salary was substantially inadequate. There was no good private practice left to the Civil Assistant Surgeon; it was considerably less than what it used to be 10 years ago.

58191. He also asked that the Civil Surgeoncies in the Presidency should be thrown open to the extent of 33⅓ per cent.

58192. It would be a good thing if Civil Assistant Surgeons were promoted to be Civil Surgeons while still young, even though it meant promotion over the heads of other Assistants. Under present conditions a Civil Surgeon could never rise to the higher grades of his salary, much less to his full pension. Three Assistant Surgeons had joined the Department as Civil Surgeons at the ages of 49, 49 and 50. Very many Senior Assistants now refused Civil Surgeoncies because they made more money by remaining as they were.

58193. Members of his Service were required to give a bond, and they felt it a hardship, as there was no bond taken in any other gazetted department of Government.

58194. (*Mr. Abdur Rahim.*) There was no rule reserving to Military Assistant Surgeons the House Surgeoncies of the large hospitals, but it was the case in practice.

58195. (*Mr. Sly.*) One-third of the Civil Surgeoncies should be specifically reserved for Civil Assistant Surgeons, and also one post of Deputy Sanitary Commissioner, but inasmuch as independent medical men were now being taken into the Sanitary Department, he would not press the latter point.

58196. (*Mr. Chaubal.*) Witness examined and reported upon samples submitted for investigation by the Customs and Preventive Service. The Department corrected analyses for the Government of India. He analysed and reported on samples of water and food. He also acted as testing officer, and performed work under the Food and Poisons Act. He had been doing such work for 22 years.

58197. Indian Medical Service men during their probationary period had to pass through from one to two years in one of the three laboratories in India before being confirmed in the department. There had been three such men, all of whom had been subsequently appointed as Chemical Examiners. During his 22 years he had been appointed Chemical Examiner only for two short periods, one of a week, and one of three weeks. That was a grievance. Witness was fully competent to do the work of Chemical Examiner.

58198. (*Lieut.-Colonel Hudson.*) He would like to see Assistant Surgeons obtain more Civil Surgeoncies and would reduce the numbers of the Indian Medical Service to enable this scheme to be carried out. The Civil Surgeon had large legal responsibilities in regard to medico-legal cases, particularly in a Civil Hospital, but he did not think the position of an Indian holding such an appointment would be in any way awkward on account of his caste, and so on.

58199. He was perfectly confident that a non-

European Assistant Surgeon was just as capable in every possible way in emergencies, as the European, provided proper selection was exercised.

58200. (*Mr. Kothawala.*) He recommended that members of his Service should be given more Civil Surgeoncies, because they deserved them, and indigenous talent should be encouraged. He would provide for the war reserve, for which the Civil Surgeons were at present considered to be necessary, by compelling all Civil Assistant Surgeons to give a bond to serve during war, and they should be given the necessary training to fit them for a campaign. He was supported by a large number of Civil Assistant Surgeons in that view.

58201. He was not aware that any Civil Assistant Surgeon had been sent to attend a bacteriological course, or a course of X-ray work, so that the qualifications of a Military Assistant Surgeon, and those of a Civil Assistant Surgeon could not be compared in those respects.

58202. The diminution of private practice complained of by the Indian Medical Service officers equally affected the Provincial Service.

58203. He proposed to improve the conditions of Service and status of the provincial officers by first, an increase of pay, secondly by increasing the number of Civil Surgeoncies, thirdly by the giving of appointments as House Surgeoncies in large hospitals in Bombay, fourthly by changing the designation, and fifthly by the giving of a definite and suitable rank in the warrant of precedence.

58204. It was his personal experience that Europeans, especially ladies, did not object to being attended by Indians. He knew of Assistant Surgeons who had served in districts, and who had the entire confidence of the superiors and their wives, whom they had treated personally. That was his personal knowledge, and Medical Officers, who were Indians, had expressed the same views, that as long as Indian Medical men were gentlemen, and were competent. Europeans did not object to being treated by them.

(The witness withdrew.)

At Bombay, Monday, 16th February, 1914.

Present:

The Right Hon. the Lord Islington, G.C.M.G., D.S.O. (*Chairman*).

The Earl of Ronaldshay, M.P.
Sir Murray Hammick, K.C.S.I., C.I.E.
Sir Theodore Morison, K.C.I.E.
Sir Valentine Chirol.
Mahadev Bhaskar Chaubal, Esq., C.S.I.
Abdur Rahim, Esq.
Walter Culley Madge, Esq., C.I.E.
Frank George Sly, Esq., C.S.I.
Herbert Albert Laurens Fisher, Esq.

And the following Assistant Commissioners:—

Lieutenant-Colonel C. T. Hudson, I.M.S., Civil Surgeon, Dhárwár.
Captain H. A. Lafond, I.S.M.D., Governor's Staff, Bombay.

Assistant Surgeon D. E. Kothawala.

M. S. D. Butler, Esq., C.V.O., C.I.E. (*Joint Secretary*).

Major C. S. Lowson, M.B., I.M.S., Acting Inspector-General of Prisons, Bombay.

Written Statement relating to the Medical Services, being an extract from a letter from Lieutenant-Colonel J. Jackson, M.B., I.M.S., Inspector-General of Prisons, Bombay Presidency, No. 3697-A of 1913, *dated Poona, 17th April/1st May,* 1913, *regarding the Jail Department.**

58205. **(I) Methods of Recruitment.**—The Superintendents of the Central Prisons of Yerávda, Ahmedabad and Hyderabad are officers of the Indian Medical Service and an officer of that Service is generally appointed to the post of Inspector-General of Prisons. Superintendents of the Special Prison, Thána, the Deccan Gang, His Majesty's House of Correction, His Majesty's Common Prison and the District Prison, Karáchi, are selected from the Jailor's grade.

The Jailors and Deputy Jailors are selected from the European warders and clerical establishment. The Deputy Jailor of the Sind Gang from the warder establishment. No one has been appointed direct to the post of a Jailor since 1892. European warders are appointed on probation from domiciled Europeans as a rule or from non-commissioned officers of the Army. Clerks are, as a rule, Indians and appointed from applicants on probation for six months. We endeavour to insist on an educational and physical qualification, but the unpopularity of the Service, owing to bad pay and the extremely onerous duties entailed, has rendered it of late almost impossible to get really good men and we have had to recruit candidates unsuitable both from the educational, moral, and physical point of view.

Quite recently the Bombay Government have granted a generous increase of pay to the clerical establishment and the question of increasing the pay of Jailors and Deputy Jailors is under their consideration, and if the proposals made are carried out I look forward to a great improvement in the class of candidate coming forward. The principle of recruitment and appointment to the superor grades by selection is a good one and will work satisfactorily if the proposals for increased pay already submitted to the Bombay Government are accepted.

* The witness wrote that he fully agreed with the views expressed in Lieut.-Colonel Jackson's letter.

I regard the appointment of officers of the Indian Medical Service to the Central Prisons as whole-time superintendents and medical officers to be the best solution of a difficult problem, particularly in India. Thereby we get a man *ab initio* with a sound practical knowledge of sanitation and tropical diseases—a most important point in India; his training at Millbank and Aldershot and with a regiment in India has generally speaking taught him discipline. By learning to obey an officer is best fitted for exacting order and obedience in a proper manner. It is also most economical, as you obtain a man for two posts on the pay of practically one. The Superintendent of the Sind Gang is an Assistant Surgeon recruited from the Assistant Surgeons. Civil Surgeons act as superintendent and medical officer in addition to their other duties at Dhulia, Bijápur, Dhárwár, Ratnágiri, Kárwár, Rájkot and Sukkur.

This arrangement, as well as the appointments of Indian Medical Service officers to Central Prisons, is a most economical one. Attached is a list showing the prisons with Superintendents, Jailors, and Deputy Jailors.

58206. **(II) Systems of Training and Probation.**—All Indian Medical Officers come in on two years' probation, and serve a period of three months training in purely jail work at some selected Central Prison before appointment as acting superintendent. European warders and Indians enlisted as clerks serve a period of six months on probation. Clerks generally act as jailor for brief periods or as Deputy Jailor in the leave vacancies and so gradually acquire their experience. European warders are tried as Deputy Jailors before appointment to a Jailorship. All appointments to the Jailor or Deputy Jailor grade are made by selection and are on probation for six months.

58207. **(III) Conditions of Service.**—It is, I consider, necessary to briefly indicate here the nature of the duties of a prison officer. Few people realise the heavy and responsible work carried on by these officers. The warder is on duty from 5.30 a.m. to 6 p.m. at the least, with one and half or two hours off for meals. As he does not come within the purview of the enquiry I deal no further with him.

The clerk, who has purely clerical duties to perform, works from 7 a.m. to 11 and from 1 p.m. to 6 p.m. In some jails at times the work is heavier. One clerk must always be on duty on Sundays, and gazetted holidays—enjoyed by other officials and by the public in India—do not benefit the prison officer be he warder, clerk, Jailor or Superintendent. The nature of their duties forbid it.

The hours of work of the Jailor and Deputy Jailors are 6 a.m. to 6 p.m., with two hours off for meals. They have also to visit the prison frequently at night. The hours of a full time Superintendent are, roughly speaking, from 7 a.m. to 11 or 11.30 a.m. and from 1.30 to 4 p.m. In addition, he must pay frequent visits to evening meals and lock-up parades, and at least once a fortnight visit the whole prison at night. In addition, if Superintendent of a Central Jail, he is also Medical Officer, and has frequently to visit bad cases in hospital after lock-up and to attend serious cases among the staff. There is no department the officers of which have such long hours and such monotonous work, and yet it is work that cannot be neglected in the smallest detail. Attention to routine and details is the soul of successful prison administration. For example, the regular entering of remission, the knowledge of each prisoner and his work, the listening to every petition however trivial, the regular keeping of every one of the many registers and account books.

Many of the prisons are necessarily isolated buildings a considerable distance from the bazaar, and everyone knows what that means as regards service in India.

58208. **(IV) Conditions of Salary.**—(*1*) Whole-time Indian Medical Officers.—The subjoined table shows the regimental pay of an Indian Medical Officer as contrasted with that of a medical officer in charge of a regiment:—

	1st Class Jail.	2nd Class Jail.	Regiment.
	Rs.	Rs.	Rs.
Lieut.-Colonel (Selected list)	1,550	1,450	1,400
Lieut.-Colonel, 25 years' service	1,450	1,350	1,300
Lieut.-Colonel	1,400	1,300	1,250
Major, after 3 years' service	1,050	950	900
Major...	950	850	800
Captain, after 10 years' service	850	750	700
Captain, after 7 years' service	800	700	650
Captain, after 5 years' service	750	650	600

I regret that the work of prisons does not attract the best men in the Service.

Even with a free house the pay contrasts badly with that of a regiment. It is universally admitted that a greater combination of all round qualities are required to make a really successful prison officer—be he Jailor or Superintendent—than in any other profession. The work if properly done never ceases. It must be remembered he is allowed no private practice and I consider that the pay of Indian Medical Officers in the Department should be as follows: —

	Superintendent, 1st Class.	Superintendent, 2nd Class.
	Rs.	Rs.
Lieut.-Colonel (Selected list) ...	1,650	1,550
Lieut.-Colonel, 25 years' service	1,550	1,450
Lieut.-Colonel	1,500	1,400
Major, after 3 years	1,200	1,100
Major	1,000	900
Captain, after 10 years' service	900	800
Captain, after 7 years' service	850	750
Captain, after 5 years' service	800	700

(*2*) As regards Superintendents promoted from the jailor grade, proposals are before Government to increase the pay of the Superintendents at Thána and Karáchi. The question of horse allowance in certain prisons, *e.g.*, the Deccan Gang and sind Gang, should be reconsidered and increased. In view of the increased cost of living and the increased rent charges for bungalows anywhere in the vicinity of the office where the Personal Assistant to the Inspector-General of Prisons should reside, a house allowance should be granted to this officer.

The pay of Civil Surgeons acting as Superintendent and Medical Officer—Rs. 100 a month for a prison of a daily average strength of over 300 per mensem—is not sufficient considering the work entailed. The rules under which a small fall in the daily average strength results in the cutting of the Superintendent's pay without any real diminution in his work is objectionable. The simplest plan would be to have a monthly pay of Rs. 150 per month for the Bijápur, Dhárwár, Sukkur and Dhulia Prisons and Rs. 100 per mensem for the Prisons at Rájkot, Ratnágiri and Kárwár.

(*3*) Proposals to increase the pay of Jailors and Deputy Jailors are before the Government of Bombay which, if accepted, will in my opinion render the Service contented and attract a proper class of man. I therefore do not go into details on this point.

As mentioned before the pay of the clerks has just been raised.

58209. **(V) Conditions of Leave.**—The new leave rules under consideration of the Government of India are for all grades satisfactory.

58210. **(VI) Conditions of Pension.**—The pension is on the lines of other provincial Services and with the increase in better paid billets that will result from the creation of new prisons in the future is sufficient.

58211. **(VII) Such limitations as may exist in the employment of non-Europeans, and the working of the existing system of division of Services into Imperial and Provincial.**—The presence of European prisoners in certain prisons renders necessary the employment of a certain number of Europeans and the appointment of European Jailors and Superintendents of these Prisons.

To send Indians to these Prisons as Jailors or Superintendents would be to court trouble. I speak from personal experience. Furthermore, speaking from an experience of 19 years' service in the Department, of which nearly 12 years were spent as Superintendent of large Central Prisons, I must record my opinion that among Indians not every caste or community produces men equally qualified to be Jailors and, as a consequence, Superintendents. Too frequently excellent clerks are quite unable to carry out the executive duties of a Jailor, very often from want of physical stamina and courage. If a Jailor has tact and firmness, is sympathetic with prisoners, and if the turbulent Pathan and Baluchi and the desperate life dacoit have no terrors for him, if he is cool and calm in an emeute and not vindictive, he can run a prison but not otherwise. He must be impervious to the foulest abuse and not harbour a grudge against the man, however great a blackguard, who gave it to him.

These qualities are not found universally, and therefore careful selection is necessary. Certain communities and castes make infinitely better Superintendents and Jailors than others.

A Jailor may be running a small Jail like Ratnágiri successfully and break down at once if some really troublesome prisoners are sent to him. Similarly, prisons containing dangerous prisoners (numbers of Pathans, Baluchis and even Sindhis) require Jailors who are physically strong, men of nerve and resolution. Kindness, consideration and sympathy from such men are not mistaken for weakness; prisoners, however, are apt to impute other motives than altruistic ones to the Jailor who being a nervous weakling endeavours to run his prison by giving the prisoners their own way.

At present there is no limitation in the employment of non-Europeans and the best man is always promoted.

ANNEXURE (*vide paragraph* 58205).

List showing the Prisons with Superintendents, Jailors and Deputy Jailors.

Prisons and Jails.	Superintendent and Medical Officer.	Superintendent.	Medical Officer.	Jailor.	Deputy Jailor	Clerks.
1 Yeravda	1	...	...	1	1	6
2 Ahmedabad	1	...	...	1	1	4
3 Hyderabad	1	...	...	1	1	4
4 Common Prison	...	1	1	1	...	4
5 House of Correction	...	1	1	1	...	2
6 Sind Gang	1	...	...	1	1	2
7 Deccan Gang	...	1	1	1	1	2
8 Thana	...	1	1	...	1	4
9 Dhulia	1	...	...	1	...	3
10 Bijapur	1	...	...	1	...	2
11 Dharwar	1	...	...	1	...	3
12 Karwar	1	...	...	1	...	1
13 Ratnagiri	1	...	...	1	...	1
14 Karachi	...	1	1	...	1	2
15 Sukkur	1	...	...	1	...	3
16 Shikarpur	1	...	...	1	...	2
17 Aden	1	...	...	1	...	1
18 Rajkot	1	...	...	1	...	1

MAJOR C. S. LOWSON called and examined.

58212. (*Chairman.*) The witness was acting Inspector-General of Prisons. He had had no experience of other Provinces, and was not sure whether the Department was an Imperial one or not. He was in favour, however, of an Imperial Service.

58213. There were three central prisons controlled by Indian Medical Service officers, and certain prisons of which Civil Surgeons were in charge. There were five prisons with Resident Superintendents not in the Medical Service, and of such prisons the Civil Surgeon was generally the Medical Officer. One prison in Sind had a Civil Assistant Surgeon as a Medical Superintendent. The prisons under Superintendents differed from those under Civil Surgeons in having a larger number of prisoners, and considerably more work, but there was no difference at all as far as discipline was concerned. The system of having Superintendents who had been promoted from the jailor-grade had worked very satisfactorily. The men were all Europeans except one, who was a Parsi. He had known of no friction arising between the Medical Officer and the Superintendent.

58214. The Military Assistant Surgeon, if given a registrable qualification like a Civil Assistant Surgeon, would make an appropriate Superintendent of a small jail.

58215. An Indian Medical Service officer should date his seniority in the Jail Department from the day of joining the Department, but there had been no difficulties with regard to that matter in Bombay.

58216. The present pay was not attracting the best class of men to the Department, and jail service was not popular. Where there were European prisoners, European Superintendents were necessary. All except two of the prisons were used exclusively for Indian prisoners.

58217. (*Sir Theodore Morison.*) Among the prisons managed by promoted jailers were the Deccan Gang, with 1,500, and the House of Correction in Bombay, with about 300, and the Common Prison in Bombay with about 450 prisoners. They were recruited as European warders on Rs. 100 a month, and had a reasonable expectation of promotion to the post of Superintendent. In speaking of Military Assistant Surgeons as possible Superintendents he had been thinking more of district jails, and had not contemplated making any change with regard to the five jails mentioned in his written statement. District jails, like those of Rájkot, Ratnágiri and Káawár, had something under 150 prisoners. Roughly speaking, a Civil Surgeon would devote about two hours a day to looking after the small jails; in the larger the work would

occupy about three hours. Military Assistant Surgeons might be put in charge of Rájkot, Ratnágiri and Kárwár as whole-time officers, without abolishing any existing appointment.

58218. (*Chairman.*) He would not favour Military Assistant Surgeons being appointed as Superintendents of the five jails now controlled by promoted jailors, as it was necessary to keep a certain number of appointments for subordinates to look forward to. The work however was the same.

58219. (*Mr. Chaubal.*) A Civil Assistant Surgeon had been in charge of the Sind Jail for about fifteen months, but he would not like to say whether he had been a success.

58220. (*Mr. Sly.*) A Jail Superintendent was allowed consulting practice, but there was none to be had. Civil Assistant Surgeon was in administrative charge of the Sind Gang, and the post had always been reserved for such officers.

58221. (*Mr. Fisher.*) It was desirable that an Indian Medical Service officer should enter the Jail Service as soon as possible after joining. Training might be arranged by attaching him for three months to a central jail. This would be sufficient to give him a knowledge of the work he would have to do.

58222. (*Mr. Madge.*) There were no self-supporting jails.

58223. There was no special standard of education laid down for warders promoted to be jailors. The present education, of the ordinary board school kind, should be improved.

58224. There were no prisons exclusively reserved for Europeans.

58225. (*Sir Murray Hammick.*) The abolition of certain sub-jails had been contemplated, but not of district jails. Two new jails were being built, one of which would certainly be a central one and the other possibly so.

58226. During the last five years in the Hyderabad Jail there had been about four Superintendents. The frequent changes were due to the bad climate, and the isolated nature of the prison. The men who had left had gone back to civil employ, because they were dissatisfied. In the district jails managed by Civil Surgeons, there were frequent changes in the Superintendents, and that was not a good feature of jail management.

58227. The warders were mostly domiciled Europeans who joined at Rs. 100 a month. They had all been at an Anglo-Indian school, but there was no standard education laid down. Their education was not sufficient for them to manage large jails.

58228. (*Lieut.-Colonel Hudson.*) The routine work, which occupied from two to three hours a day, did not include visits to the hospital, special visits, night visits, etc., but merely the ordinary morning routine.

58229. The pay of Civil Surgeons appointed to district jails was very unsatisfactory.

58230. (*Captain Lafond.*) He was confident that selected Military Assistant Surgeons would be capable of carrying on the duties of Jail Superintendents in district jails.

58231. (*Mr. Kothawala.*) He did not favour small district jails being placed in the charge of Civil Assistant Surgeons, as some Military training was necessary. For a number of years in the Sind Gang there had been Civil Assistant Surgeons, but they were quite exceptional men. There had been whole-time Superintendents who had risen from the rank of Jailors, and they had worked satisfactorily both in the Bombay Common Prison and the Karáchi Prison, also at Thana and the Deccan Gang.

58232. (*Mr. Chaubal.*) There were no Civil Assistant Surgeons in sole charge of district jails.

58233. (*Chairman.*) No central jails were controlled by Military Assistant Surgeons.

(The witness withdrew.)

MAJOR F. H. G. HUTCHINSON, M.B., C.M. (Edin.), D.P.H., D.T.M. & H. (Camb.), I.M.S., Sanitary Commissioner for the Government of Bombay.

Written Statement relating to the Medical Services, being a Memorandum on the Bombay Sanitary Department.

58234. *Strength of Department.*—The Sanitary Department comprises seven qualified medical men:—

One Sanitary Commissioner.
Five Deputy Sanitary Commissioners.
One Director of Vaccine Institute.

Four of the appointments—the Sanitary Commissioner and three Deputy Sanitary Commissioners—are held by Officers of the Indian Medical Service. One Deputy Sanitary Commissioner is on long leave to Europe, and the acting vacancy is filled by an independent Medical Practitioner (Goanese). Two appointments as Deputy Sanitary Commissioner are held permanently by Indians; the Director of the Vaccine Institute is a European, who was prior to appointment a Secretary of State's Doctor.

58235. **(I) Method of Recruitment.**—Any qualified Medical man may be appointed provided his name is on the list of accepted candidates. The appointment is in the hands of Government who consult the Surgeon General and Sanitary Commissioner. These two officers should constitute a Board for the purpose of selecting candidates before their names are entered on the accepted list.

58236. **(II) System of Training and Probation.** All candidates must hold a British diploma in public health, and a registerable Medical qualification. Officers of the Indian Medical Service are placed on probation for one year. Independent Medical practitioners have to serve on probation for two years, but "in the case of men who have rendered approved service as Municipal Officer of Health, the period of probation may be dispensed with at the discretion of the Local Governments." In the case of the two appointments made recently, the period of probation was dispensed with in each case.

58237. **(III) Conditions of Service.**—The charge of a Deputy Sanitary Commissioner varies in area from 10,000 to 50,000 square miles—in round numbers; the inhabitants of each area number from three to five millions. The area and population of the Bombay Municipality is excluded. 889,523 live in 12 towns, each of which has or will have the services of a Health Officer under the new scheme.

The balance of population—over 17 millions—resides in small towns and villages, chiefly the latter. It is evident that the Deputy Sanitary Commission cannot perform for these towns and villages the ordinary duties of a Health Officer. His duties must be either consultative or inspectorial, similar in fact to those performed by the Inspecting Medical Officers under the Local Government Board of England. If he is to be efficient he must be free to visit any point in the charge where his services may be required. The district cannot be peregrinated in regular routine, for disease is most irregular in its distribution, and again, if executive officials have to wait possibly months for a consultation with, or the opinion of, a Health Officer, they are apt to lose patience, and to wonder wherein lies the use of the Sanitary Department. Now the Deputy Sanitary Commissioner, though his interest lies in epidemiology, has his hands tied by the supervision of vaccinators, a duty of very great importance, and one which necessitates a tour in regular order—táluka by táluka. It was for this purpose that the

Department was created originally. When, in 1876, the additional sanitary duties were given, no extra appointments were created, but after a few years one was taken away. Thus five Deputy Sanitary Commissioners have to do the work of six full-time Superintendents of Vaccination plus added sanitary duties.

It is not intended to imply that the number of Deputy Sanitary Commissioners should be increased, but rather to emphasise the fact that supervision of vaccinators is now, as it was prior to 1876, practically the only duty Deputy Sanitary Comissioners can perform efficiently. The main reason for this is that he has no qualified—qualified in the sense of medical and hygienic knowledge—assistants. The Inspectors of Sanitation and Vaccination are recruited mainly from Vaccinators, and are qualified as Vaccinators only. Their work requires careful inspection as well as that of the Vaccinators; the important point, in its bearing on the possibility of the Deputy Sanitary Commissioners carrying out epidemiological work, is that each Inspector and Vaccinator can be inspected only once in four or five years, and this only with the devotion of the whole of each touring season to a regular táluka by táluka inspection. This is a reversal of the proper order; vaccination should be an incident in the tour of the Deputy Sanitary Commissioner, not its all absorbing feature.

The Bombay Sanitary Department is very unpopular with the Officers of the Indian Medical Service. The main reason is clear; supervision of vaccination is a deadly monotonous duty, involving the examination of birth and death registers, and the arms of children in village after village. Highly trained men, with the natural ambition inspired by knowledge, will not accept such employment even if the emoluments should be attractive.

The remedy suggests itself; vaccination should be placed under the control of District Local Boards and Municipalities, when each Local Body has the services of a Health Officer, whose duty would comprise the supervision of Vaccinators. Pending the attainment of this ideal two or more Districts may be grouped under one Health Officer, the Deputy Sanitary Commissioner would then be free to carry out duties in accordance with his designation.

There is ample scope for employment; Government and all Executive Officers working under Government are anxious to promote hygienic conditions. The great essential is light on the path of advance, and the source of this light is knowledge—knowledge to be sought and gained by the Deputy Sanitary Commissioners at their visits to the centres of disease.

With reform on some such lines the difficulty of obtaining recruits from the ranks of the Indian Medical Service will disappear.

It is true that many independent medical practitioners have applied for appointment, but these gentlemen are not aware of the conditions of service. Those who have succeeded in obtaining employment are far from satisfied with the nature of the duties, and there can be little doubt that in the course of a few years only those practitioners whose ambitions lie in the direction of permanent employment and a safe income will apply, unless the conditions of service are altered.

Health Officers of Municipalities should be for promotion, transfer and dismissal under the Sanitary Board—a Health Officer must, if he does his duty, run up against vested interests. If he is doing his duty to the satisfaction of the Sanitary Board, he must not be hampered by any fear of dismissal. The appointment should be in the hands of Municipalities, but the selection should be limited to those on a list of accepted candidates. Once appointed, the Municipalities should not have the power of dismissal except with the sanction of the Sanitary Board. In short, the Health Officers should belong to the Sanitary Department.

58238. **(IV) Conditions of Salary.**—The status of the Sanitary Commissioner has been greatly reduced; between 1876—1886 the holder of the appointment had a rank corresponding to full Colonel, and was eligible for extra pension. It is not possible to revert to those conditions, but it is possible, and eminently desirable, that the salary attached to the appointment should be raised to the level of former days, when the duties were less responsible. It is suggested that the salary should be fixed at Rs. 1,800—50—2,000, instead of Rs. 1,500—60—1,800. For Deputy Sanitary Commissioners recruited from the ranks of the Indian Medical Service the sanitary allowance should be on a graduated scale: at present the allowance of Rs. 200 is given irrespective of length of service. A graduated allowance starting at Rs. 200 and rising to a maximum of Rs. 400 after 16 years' service would help to attract the best men. Each increment of Rs. 50 might be allowed after the completion of each four years of service—including periods of leave.

The salaries for Deputy Sanitary Commissioners recruited from the independent medical practitioners have been fixed too recently to permit of remark.

58239. **(V) Conditions of Leave.**—Officers are entitled to leave permitted by the Civil Service Regulations. Owing to the difficulty of obtaining leave, and the expense of a visit to England, officers should be permitted to sacrifice one half of the leave due to them so as to be able to enjoy the other half on full pay.

There is, so far as is known, no reserve of officers for the Sanitary Department.

It is presumed that leave vacancies will be filled from men on the accepted list of candidates.

58240. **(VI) Conditions of Pension.**—Officers of the Indian Medical Service are entitled to pensions under Service rules. Independent medical practitioners are not eligible for pensions.

58241. **(VII) Such limitation as may exist in employment of non-Europeans.**—There is no limitation in the employment of non-Europeans—in fact one appointment is especially reserved for Indians. The service is entirely provincial, and must remain so, while Presidency Government continues.

58242. **(VIII) Relations with Indian Civil Service and other Services.**—The members of the Department do not come into official contact with the Officers of the Indian Civil Service as much as is desirable. The fault lies in great part with the conditions of service noted above, but there is another reason—the charge of the Deputy Sanitary Commissioner does not correspond with that of any Revenue Official. In the case of the Civil Surgeon, the Collector, as head of the District, is his nominal chief, and very naturally the Collector consults the man, who is, so to speak, on his staff, in all matters pertaining to the health of the District. This is very right, but as the Civil Surgeon is not a touring Officer, his advice must often be founded on general principles and not on an investigation into local conditions.

There is little doubt that both Collectors and Commissioners will utilise the services of the Deputy Sanitary Commissioners when they realise that it will be possible for these Officers to investigate the morbid conditions to which attention is directed.

The Sanitary Department comes into contact officially with the Public Works Department.

The Sanitary Engineer and the Sanitary Commissioner naturally co-operate, but it is of great importance that the Sanitary Engineer or his Deputy, who visits a District to draw up plans for sanitary schemes, should have the advantage of the opinion of the Deputy Sanitary Commissioner—the local health expert. In fact it is desirable that orders for the drawing up of plans should not be given by the Sanitary Board until the necessity has been investigated and reported on by the Sanitary Commissioner or his Deputies. Under present conditions the Sanitary Engineer and the Deputy Sanitary Commissioner can seldom meet, unless by coincidence the former's duties take him to places in the line of the latter's fixed tour in the interests of vaccination.

MAJOR F. H. G. HUTCHINSON called and examined.

58243. (*Chairman.*) Witness had been Sanitary Commissioner of Bombay for some five months. He had served in the Sanitary Department for 12 years, but had no personal experience of sanitary work in other Provinces. The department numbered seven, all of whom were qualified medical men. It was an essential condition that they should hold a D.P.H., and all except one already did so. The exception was now on leave for the purpose of obtaining the diploma.

58244. Officers, specially recruited from outside the Indian Medical Service, had not been sufficiently long in the department to enable the value of their services to be estimated. One, who had had sixteen years' temporary service under Government as a plague officer, had worked very well. This service was not as a member of the Sanitary Department.

58245. The work of the Sanitary Department was very monotonous. Practically the whole time of officers was occupied in vaccination work. Additional men should be appointed to supervise vaccination. There was a director of the vaccine institute, but his duty was the manufacture of vaccine. When the Vaccination Department was started, the idea was that as many vaccinated children as possible should be inspected by a competent medical officer. The vaccinators in the presidency were not qualified medical men, and were very badly paid, and it was essential, in the interests of the public that the work they did should be inspected, as far as possible, by medical officers. Up to date the Deputy Sanitary Commissioners had taken on the work, and it had been looked upon as practically the most important part of their duties. To do it they had to go through their large districts, táluka by táluka, and their sanitary work had become subordinated to the vaccination work. If Deputy Sanitary Commissioners were to be of value to the country, men should be appointed for the routine work of inspecting vaccination, leaving the Deputy Sanitary Commissioners free to advise the various local bodies on sanitary points, and to investigate the causes of disease. The Deputy Sanitary Commissioner toured for, roughly, 200 days a year. He had under his charge 70 or 80 vaccinators working over a wide rural area, and could not expect to inspect the work of each more than once in four or five years. His idea was to have one medically qualified Superintendent of Vaccination or District Health Officer for each district, or twenty-six in all, and a scheme had been formulated to this end and was now under consideration. For the first few years it would be an advantage to have the inspectors within the department, because it had now a large accumulated experience of vaccination work extending over close on 90 years. Owing to the pre-occupation of officers with vaccination they had not been able to do the real sanitary work as well as they would like to do.

58246. The proposal for amalgamating the Bacteriological and Sanitary Departments into one large Public Health Department would be unworkable, if it included the transfer of officers from one department to another. Work in the field was not the best training for work in the laboratory, and men who had devoted their time to the minutiæ of research, were not best qualified to grasp the broad practical issues involved in application in the field. There should be no interchange between the officer who was applying in the field knowledge gained in the laboratory, and the man who was engaged in acquiring that knowledge. The worker in the field took the facts gained by research in the laboratory, and applied them to the prevention of disease in the districts. He was really a public health officer, dealing with the people, and applying the knowledge of the bacteriologist. The only possibility of interchange would be at the beginning of a man's service. There should, however, be close association not only between the laboratory worker and the man in the field, but also between the laboratory worker, the preventive man, and the man who had to cure. He could conceive of exceptional instances when a Deputy Sanitary Commissioner might become a laboratory officer, or a laboratory officer become a Deputy Sanitary Commissioner in the districts, but they would be very rare and confined to men who had mistaken their branch. Witness said that in forming a Public Health Department amalgamation should not be limited to the Bacteriological and Sanitary Departments. The cure of disease was an important preventive measure, so the hand of fellowship should be extended to include the men occupied in the cure of disease.

58247. The advantage of having an all-India list would be the regularity of promotion that would ensue. It occasionally happened that an officer in one province was promoted to be a Sanitary Commissioner after 10 or 12 years' service while in another an officer of 20 years' service was still a deputy. An all-India list would also be of advantage in co-ordinating the work throughout the different provinces. There would, on the other hand, be a disadvantage owing to the fact that the value of a sanitary officer did not depend necessarily solely on his qualification, but upon the confidence of the local Government in his ability, and that was more likely to be attained if the local Government knew the officer and had some voice in his selection. A knowledge of the conditions of a province was also of very great importance. He thought a provincial list would, on a balance of advantages and disadvantages, be the better.

58248. (*Sir Murray Hammick.*) In the Bombay Presidency there were Inspectors of Sanitation and Vaccination, who were promoted from vaccinators. They had no medical knowledge, but were good men to see that the work had been done successfully. They worked under the Deputy Sanitary Commissioner. The District Boards had nothing to do with vaccination. The suggested inspectors would have a medical qualification, in addition to a public health qualification, and would be medical health officers of the assistant surgeon class. At present the Deputy Sanitary Commissioner was the only officer who checked vaccination in the districts. He would not object to a system under which a local Government, if they had no qualied sanitary officer, could apply to the Government of India for one. He only objected to a regular roster under which the Local Government had no voice in the selection of the Sanitary Commissioner, or in the transfer of Deputy Sanitary Commissioners, who had been appointed to the Province.

58249. (*Sir Valentine Chirol.*) The experiment, which had been made of transferring vaccination work to the District Boards, had not been successful. The main reason was that the District Boards had at present no qualified men to look after the vaccinators. Since the year 1827 it had been laid down in Bombay that the work of the vaccinators must be directly inspected by a medical officer, who was a touring officer and could see the work done in the villages. The Civil Surgeons in the Bombay Presidency only visited some táluka headquarter towns, and had not the time to inspect the work in villages. The same system was adopted in the United Provinces in 1854, and in the Punjab and Madras in 1860. Before the institution of the sanitary service the work was inspected by officers of the Indian Medical Service, who were called Superintendents of Vaccinators, but in 1876 the Superintendents of Vaccination were reduced in number and termed Deputy Sanitary Commissioners.

58250. (*Mr. Abdur Rahim.*) There was a diploma of public health in the Bombay University, but the present ruling was that Deputy Sanitary Commissioners and first-class health officers must have a British qualification in hygiene. One of the two Indian Deputy Sanitary Commissioners had an English Sanitary Diploma, and the other had been appointed on the understanding that he would obtain this within three years. Neither of them belonged to the Indian Medical Service.

58251. It was part of the Deputy Sanitary Commissioner's duty to educate the people in modern sanitary measures, and at present they were moving rather tentatively. There was a proposal to have lecturers to go round to the various villages, and teach the people by means of magic lanterns and other demonstrations, and one was now actually working in the Darwa District under the Sanitary Association of Darwa, which was started by the Collector. When experience had been gained, Government were quite prepared to put forward a schme for extending the lectures by assistant surgeons or specially trained men. The Deputy Sanitary Commissioner had no set lectures, but when any disease prevailed in the villages it was part of his duty to teach people how to protect themselves from it. In the case of guinea-worm, from which a large percentage of people suffered at certain times of the year, it had been found that, by simply showing the villagers the animal which conveyed the parasite from human being to human being, they themselves could suggest a means of preventing the disease. The disease was carried by a small animal in the water, and the villagers themselves pointed out that they could strain the water before drinking it.

58252. (*Mr. Madge.*) It had been decided that the health officers in the province were not to be in the department at all, but were to be under the municipalities. They were not Government officers in any sense of the word, except that Government were responsible for a certain portion of their salary, and had laid it down that they should not be dismissed except with the consent of a three-fourths majority of the municipality or the Commissioner of the division. It would be very difficult to have department of health officers because one health officer suited one municipality and not another. Dismissal, however, should not be permitted except with the consent of the central authority, and rule authorising a three-fourths majority of the municipality to take action should be abolished.

58253. While there was no necessity for interchanging bacteriological officers with officers in the district, there was great need for interchanges of opinion as between the two branches, and there was no reason why a man, who was attached to a laboratory, should not be sent out to investigate the actual causes of diseases side by side with the field officer.

58254. (*Mr. Fisher.*) When Deputy Sanitary Commissioners were relieved of their vaccination work they would still have to do a good deal of work, analogous to that done by inspecting medical officers under the Local Government Board in England. All vital statistics came to the office, and it would be seen from the actual deaths which had occurred in any particular area that some morbid condition was prevailing, and the Deputy Sanitary Commissioner would then be sent to the particular district. The local body would receive advice from its health officer, and call in the Deputy Sanitary Commissioner as a consultant.

58255. The only qualications laid down for a Deputy Sanitary Commissioner were that he should have a public health qualification and be on the list of accepted candidates. There were no rules governing acceptance, such as standards of age, health, social standing, etc. Something more was now required. A diploma of public health was by no means an adequate guarantee. It was simply a mark of a certain standard of education. For example, all officers should be sent to undergo a special malaria course, such as was now given at Delhi, and a training in tropical hygiene should also be added. This might now be obtained at Cambridge, Liverpool, London, or Edinburgh. It was also essential that an Indian Medical Service officer should take study leave in England when he entered the Sanitary Department. He would first come in as a probationer for one year, and if he had not the necessary qualifications would go to England and take them.

58256. (*Mr. Sly.*) The Bombay bachelorship of hygiene could not be compared with the diploma of public health in England, as there were no facilities for practical instruction in Bombay.

58257. There were two officers employed on special malaria work under the Sanitary Commissioner, and there were temporary assistant surgeons on inoculation duty in connection with plague.

58258. In the Bombay Presidency the civil surgeon was consulted by the Collector about the sanitary conditions of the district, and was in reality the district health officer, but he had nothing whatever to do with vaccination. The Superintendents of Vaccination before the appointment of Deputy Sanitary Commissioners were whole-time officers. The Superintendent of Vaccination was removed from Civil Surgeons in 1827. It was considered then as now, that Civil Surgeons had not the time to do the work.

58259. (*Mr. Chaubal.*) Second-class health officers at present had to have a medical qualification of the Bombay University, and it was intended to put them through a special course of training, but this had not yet been decided upon. The inspector also had to go through the same course, but had not to be a qualified medical man. He should strongly object to the Deputy Sanitary Commissioners being recruited from the men in the lower ranks. There were three grades; first grade medical health officers, second grade medical health officers, and inspectors. The inspector was not a medical man, and the second grade health officer had no sanitary qualification. Those who had taken the D.P.H. in England were eligible for second-class health officerships, but would not take the posts. Recently he had been asked to nominate a few candidates for the appointment of second-class health officer to one of the municipalities in the Dhárwár District, and wrote round to 23 gentlemen who possessed the English D.P.H., and with a few exceptions they were annoyed at being asked. For first-class health officers the D.P.H. was necessary, and also for Deputy Sanitary Commissioners. If the second-class health officers were men who held diplomas of public health, there would be no objection to promoting them provided they were on the selected list.

58260. There was one appointment specially reserved for Indians for the purpose of encouraging the independent medical profession, but it did not follow that the other four were reserved for Europeans.

58261. (*Lord Ronaldshay.*) If an obscure epidemic broke out in a district the preliminary investigation would be made by the Deputy Sanitary Commissioner. If he thought it was beyond his scope, and required highly technical work, he would apply to the director of the laboratory for a man to go down and carry out an expert investigation on the spot.

58262. (*Lieut.-Colonel Hudson.*) Sanitation was not merely a question of book learning, but of conviction on the part of the men who took up the work. Men who had lived for a long time in Europe under sanitary laws had ingrained in them the importance of sanitation much more so than those who had lived entirely in India where urban sanitation had not advanced very far. For that reason every officer, who was to be a really good sanitary officer, should have an extended European experience.

58263. (*Mr. Kothawala.*) The degree of Bachelor of Hygiene of the Bombay University had the same curriculum as the D.P.H. of Cambridge, but it did not include really practical instruction. When a tropical school was established in Bombay the time would have arrived to judge whether the bachelorship of hygiene of Bombay was a fit qualification for first-classe health officers or Deputy fication for first-class health officers or Deputy Sanitary Commissioners, but until then it could not be accepted. He had recommended that the Bachelor of Hygiene should be accepted for second-class health officers. If that was sanctioned by the

Government, and a second-class health officer did exceptionally well, he would still not be fit for the higher appointments, because practical instruction in India was not equivalent to that given in Europe. He would not accept even the degree of Doctor of Hygiene of the Bombay University for officers who were to hold the highest positions.

(The witness withdrew.)

SIR BHALCHANDRA KRISHNA, KT., L.M., and DR. JEHANGIR J. CURSETJI, M.D., L.R.C.P. & S., L.M. & S., representatives of the Bombay Medical Union.

Written Statement relating to the Medical Services, being a representation of the Bombay Medical Union.

58264. The Bombay Medical Union, the leading organised body of Indian Medical Graduates in India, and representative of the Independent Medical Profession of Bombay, has, ever since its establishment in 1883, given public expression to the grievances of the medical graduates in India and proposed definite measures for their removal, mainly on the lines of the scheme formulated hereinafter. The Union are emphatically of opinion that, for satisfying the just and legitimate aspirations of the increasing number of Indian Medical Graduates, it is absolutely necessary to afford full and free opportunities and facilities for equalising the status, privileges and emoluments of Indian aspirants for the Medical Services with those of their European compeers, especially in the higher grades. The contrary policy which has been in vogue for the last half-a-century is opposed both to the letter and the spirit of Royal Proclamations and Parliamentary Statutes. Thus, by Section 17 of the Statutes 3 and 4 William N. C. 85, it was enjoined that "No native of the said territories nor any natural born subject of His Majesty resident therein, shall, by reason only of his religion, place of birth, descent, colour or any of them be disallowed from holding any place, office or employment under the said Company." The only door for admission of Natives of India into the Indian Medical Service which covers all the higher posts in the country is the "open" competitive examination biennially held in London. Judging by actual experience of half a century, however, this so-called "open" examination is practically shut against the large bulk of natives of India owing to the prohibitive cost of journeying to and residence in England and the uncertainties of the result. In one of his felicitous speeches in Parliament on the subject of the Indian Civil Service in 1869, the Duke of Argyll declared:—"If the only door of admission to the Civil Service of India is a competitive examination carried on in London, what chance or what possibility is there of Natives of India acquiring that fair share in the administration of the country which their education and abilities would enable them to fulfil and therefore entitle them to possess? I have always felt that the regulations laid down for the competitive examination rendered nugatory the declaratory Act of 1833." These observations hold good of the Indian Medical Service also.

The present competitive test not an adequate remedy.—The only avenue for preferment in the higher branches of the Service being practically closed against the Indian graduate, he is perforce relegated to the grades of the Civil Assistant Surgeons, with pay and prospects, status and privilege, infinitely lower than those of the more fortunate member of the Indian Medical Service. The lot of the Medical graduate in this respect compares very unfavourably with that of his confrères in the faculties of Law, Arts and Engineering. The graduate in Law has before him a career in the Judicial department which, as a Subordinate-Judge, takes him up to Rs. 800 per mensem, or if he shows higher excellence, as a District Judge up to Rs. 1,800 per mensem, or even as a High Court Judge or a Member of the Executive Council on Rs. 4,000 to Rs. 5,000 per mensem. In the Provincial Service the graduate in Arts can rise to the grade of a Deputy-Collector on Rs. 800 per mensem, or, if he shows extra ability, as a Collector of a district, on Rs. 2,000 per mensem. The graduate in Civil Engineering can look up to a rise up to Rs. 1,500 as Superintending Engineer. On the other hand, the Medical graduate, however brilliant his career and high his qualification, Indian or English, is not eligible, under the existing rules, for anything higher than a Civil Assistant Surgeoncy, with few exceptions, rising up to Rs. 250 per mensem after 25 years' service. Why this gross and galling inequality is allowed by the Government to continue in spite of repeated representations, passes our comprehension. This badge of inferiority permanently stamped on the Medical graduates of India has been the source of exasperation and discontent among them, which it is the duty as well as the advantage of the Government to remove by utilising the highest native talent in the land for the service of the State. It may not be amiss to remember in this connection the wise warning which a statesman like Sir John Malcolm thought it fit to administer to the following effect:—"It is certain that if these plans for spreading instruction are not associated with the creation of duties that will employ the minds which we enlighten, we shall only prepare elements that will hasten the dissolution of our Empire. If we do not use the knowledge that we impart, it will be used against us."

(*2*) *The monopoly of the Indian Medical Service.*—The root cause of this unsatisfactory state of things is the absolute monopoly enjoyed by the Indian Medical Service of holding all important civil appointments. All civil charges, professorships in colleges, administrative and specialist posts in the Bacteriological and Sanitary Departments, Jails and Lunatic Asylums, etc., etc., form the close preserve of this privileged Service. It will be conceded that a monopoly spells stagnation an inefficiency and is detrimental to the real interests of the Service as well as to the intellectual and moral progress of its members. Whatever the causes which brought it into existence owing to the exigencies of the Military Service in the early days, to-day it is an anachronism: nay further, it is an anomaly. The Indian Medical Service has essentially been a Military Service, and those of its members who are still in civil employ are still "lent" to the Civil Department by that Service. However necessary this system of "lending" had become when the germ of western medical science had not taken root in the Indian soil, the Union can unhesitatingly declare that, at the present time, when the Indian graduate has so thoroughly advanced in his knowledge of the science, it has proved a hindrance in his path, marring all his prospects for preferment in the higher Medical Service. This bureaucracy of the Indian Medical Service, like every other bureaucracy, throws its arms far and wide and grasps every new appointment created by Government. Thus, by a gradual process of poaching on the Civil Department, this Service now includes 450 civil appointments within its cadre as against 320 military posts. It is high time now that the noxious overgrowth of this Service were cut off and the numerous civil posts thus liberated from it were thrown open to the indigenous talent of proved merit and ability. Under the withering shadow of this overgrowth, the intellectual stature of the Indian profession is being dwarfed, and the growth of Indian Medical Science and research steadily stunted. Further,

as is the fate of all monopolies, this Service is, without a few notable exceptions, fast deteriorating to the level of hum-drum of daily routine work, without exhibiting any capacity for research in the fruitful fields of tropical diseases. From the financial standpoint, also, this Military Service in civil employ causes an unduly heavy burden on the public exchequer. The Union are of opinion that, if the scheme submitted by it were adopted, the burden would be lessened, while due recognition would be given to native talent.

(*3*) *The relative strength of the Indian and European elements on the Medical Services of India.*—A brief survey of the Medical Services of India, showing the relative proportion of the Indian and European elements therein and the relative cost on the State, will illustrate the exact enormity of the evil stated above.

The Medical Services of India may be divided as follows:—

(I) *Military.*—(*a*) Military section of the Indian Medical Service; (*b*) Military Section of the Military Assistant-Surgeons; and (*c*) Sub-Assistant Surgeons in Military employ.

(II) *Civil.*—(*a*) Civil branch of the Indian Medical Service; (*b*) Civil Assistant Surgeons; (*c*) Uncovenanted Medical Service; (*d*) Military Assistant Surgeons in civil employ; and (*e*) Sub-Assistant Surgeons.

Civil branch of the Indian Medical Service.—This includes 450 appointments, of which 16 are held by Indians. The salaries range from Rs. 375 to Rs. 1,500 after 25 years' service with handsome allowances. The total expenditure in the Bombay Presidency alone on this section amounts to Rs. 72,500, out of which Rs. 3,825 are paid to the Indian members thereof, being 5 per cent. of the entire cost.

(*b*) *Civil Assistant Surgeons.*—In the Bombay Presidency alone this Service contains 55 appointments, of which all are held by Indians. The salaries range from Rs. 100 to Rs. 300 at the end of 30 years' service. Their duties are confined to medical dispensaries and minor hospitals. Out of this cadre only three can rise to Civil Surgeoncies in each Presidency on Rs. 350 to Rs. 500.

(*c*) *Uncovenanted Medical Service.*—This has now ceased to exist. It was at one time recruited by nomination, there being only two officers now holding posts, one European and one Indian.

(*d*) *Military Assistant Surgeons in Civil employ.*—This section includes 223 appointments. The salaries range from Rs. 85 to Rs. 800 after 30 years' service. Their duties relate to hospitals, sanitary and jail work. Some of them can rise to Civil Surgeoncies.

(*e*) *Sub-Assistant Surgeons.*—This Service includes 820 appointments in the Military branch, of which 135 are Civil posts. The number of posts in the Civil branch strictly is not available. Their salaries range from Rs. 35 to Rs. 110 after 30 years' service. Their duties are of a minor nature in dispensaries and hospitals.

(*4*) *The increasing capacity of the Indian Medical Graduate.*—This palpable inequality of treatment of the Indian graduate deserves condemnation all the more severely when it is observed that during the last three or four decades, the Indian graduate has made remarkable advance in Medical Science in all its branches, so as to fit him for filling the Civil appointments mentioned above with honour and ability. Quantitatively speaking, the annual output of the Bombay University alone stands at about 50 medical graduates, so that it must be at least four times for the whole country. This number is reinforced by a considerable number of Indians who obtain British diplomas. Considering the high standard of knowledge demanded by the Indian Universities, it can be safely asserted that the Indian candidate can quite hold his own against his British compeer. The Crawford-Cunningham Committee, appointed as early as 1881 by the Government of India, state in their report that "the Indian examination is quite as stringent as that required for an ordinary British diploma, and it is indeed more searching than that required by some of the British examining bodies." The local tests have since been much stiffened and now include a greater variety of subjects. This is not all. The average Indian graduate who can pay for his passage to England stands a good chance of returning with a Commission in the Indian Medical Service. Some of them have attained much higher excellence. Thus, to speak of the Bombay Presidency alone one of them has obtained the coveted honours of M.D., D.Sc. (Lond.) and was elected one of the Vice-Presidents of the Tropical Section of the British Medical Association. About 10 graduates have won the degree of London M.D. and about 18 have attained the F.R.C.S., some of them combining both of them, six M.R.C.P., one M.D. (Cornell), one M.D. (Hon.-Causa-Frieburg), about 18 holders of D.P.H., and half-a-dozen M.D.'s of other European Universities like Paris, Brussels, Edinburgh, etc., etc. There are, besides, 11 Bombay M.D.'s and one M.S. (Bombay). Their number in the other presidencies must be proportionately high, but we have no means of ascertaining it definitely. In the administrative line the Indian has also shown equal capacity with the European when an opportunity has been afforded to him. Thus, the few Indians who have held Civil Surgeoncies have done as good work as any of the European officers. The Medical, Jail, and Sanitary Departments in all the Native States of India, which constitute about a third portion of the country have in most cases been manned by Indians. Indian medical practitioners have been independently conducting several plague, general, and surgical hospitals, maternity homes, and other institutions, both public and private, with eminent success.

(*5*) *The official views on the present problem.*—If it is conceded that (1) the Indian graduate enjoys much less than his due share of the Civil appointments in the Medical Services, that (2) his capacity for occupying these positions has considerably increased, and (3) that justice, economy, and policy require his greater inclusion in the Services, the Union are emphatically of opinion that a clear case has been made out for a thorough and immediate reorganisation of the Medical Services in India for giving effect to the just and urgent demands of the Indian medical men. It will be observed that the present proposal is not a new one, and has, in one or more of its aspects, received recognition at the hands of high dignitaries of State.

(*a*) In 1881, the Government of India appointed a Committee of two Surgeons-General, Crawford and Cunningham, to investigate into the subject, and after careful inquiry, these two highest officers of the service came to the conclusion that the military section of the Indian Medical Service should be amalgamated with the Army Medical Department of England under the designation of "Royal Medical Service," and further, that, a new branch called "Civil Medical Officers" be organised, out of which some 80 appointments, then held by the Indian Medical Service, be made available for Indians, to be recruited from the Civil Assistant Surgeons. This last service was to be recruited by competition amongst the Indian graduates and diploma-holders. The dispatch of Lord Ripon's Government (Military No. 315, dated 26th August, 1881), mentions this proposal without any dissentient comment on it. It was part of this proposal that Natives would be excluded from the Commissioned Civil Service. The principle of amalgamation of the Military Branches not being acceptable to the War Office, Lord Kimberley, the then Secretary of State, in his dispatch (Military No. 86, dated 28th February, 1883), disapproved of the proposal including the formation of the section of Civil Medical Officers and asked for fresh proposals in the following terms:—"Any scheme by which Natives will be excluded from the Commissioned Medical Service of India would give rise to serious objections, and this difficulty would not be removed by the expedient of forming what would evidently be an inferior Service composed solely of Natives of India."

Lord Kimberley seems to have thought that the principle of exclusion in one service would not compensate for the new boon of a fresh service: but, he

was anxious for advancing the claims of Indians to the higher services all the same. In the correspondence relating to this Dispatch, we find that Mr. Childers, Secretary for War, was of opinion, "that the formation of a subordinate service of Native Medical Officers may be advantageous both as regards Indian Finance and as diminishing the demands on this country for Medical candidates."

(*b*) The next stage in the official papers is reached in the Dispatch of Lord George Hamilton, Secretary of State for India (Military No. 5, dated 18th January, 1900), who acknowledged the existence of sufficient merit in Indian talent in these terms:—"I am unwilling to accept proposals based upon the assumption that sufficient medical qualifications will never be found in India or elsewhere outside the Indian Medical Service."

(*c*) Great credit is due, however, to the bold and wise statesmanship of Lord Morley, who, during his tenure of office as Secretary of State for India gave special attention to the present problem. His Lordship sought from the Government of India an answer to the above dispatch of Lord George Hamilton. As could be expected, the Government of India gave a halting, unsympathetic and non-committing reply in their Letter No. 20 in the Home Department, dated 20th August, 1908. His Lordship sent a further dispatch to the Government of India (No. 225, dated 11th December, 1908), in which His Lordship laid down such a bold and clear statement of his policy so as to deserve for the dispatch the title of the "Magna Charta of the Independent Medical Profession of India." His Lordship stated the problem as being "to promote the growth of an Independent Medical Profession in India by throwing open to the profession in general some of the various civil appointments now held by officers of the Indian Medical Service and other similar appointments which may be created in future." His Lordship viewed with alarm the ever-increasing Civil cadre of the Indian Medical Service and expressed his decision to reduce it in these memorable terms:—"Notwithstanding the necessity for restriction, the cadre of the Indian Medical Service has in recent years continued to increase, and apart from other objections, its further increase will be likely to cause serious difficulties in the matter of recruiting. I have consequently decided that the time has now arrived when no further increase of the Civil side of the Service can be allowed, and when a strong effort should be made to reduce it by gradually extending the employment of Civil Medical practitioners recruited in India."

His Lordship therefore called upon the Government of India "to consider what appointments can best be filled in this way."

We understand that the Government of India has recently forwarded a reply to this dispatch after consulting the local governments, but we have no means of knowing what recommendations have been forwarded in this behalf.

Prayers of the Indian National Congress.—It may be noted here that the solution which the statesmanship of Lord Morley has now devised coincides in the main with the prayers of the Indian Medical Profession and the general public as expressed in the resolutions of the Indian National Congress in successive years commencing from 1893, in which year it prayed that "the Civil Medical Service of India should be reconstructed on the basis of such services in other civilised countries wholly detached from and independent of the Military Service." This coincidence is sufficient testimony, if any were needed, that non-official opinions of recognised bodies deserve careful consideration at the hands of Government.

58265. (*6*) *THE PROPOSED SCHEME.*—The Union now proceed to formulate their scheme for the reorganisation of the Medical Service of India in accordance with the strong body of official and non-official opinion detailed above:—

(I) The primary feature of any such scheme should be the total separation of the Military and Civil sections among the members of the Indian Medical Service. The testimony of some of the local governments quoted by the late Dr. Bahadurji, one of the brightest members of our profession, in his evidence before the Welby Commission on Public Expenditure is strongly in favour of this view.

The Government of Madras observed:—"If the Civil Medical Service was to be purely for Civil purposes, and primarily for Civil purposes, there was no occasion to make it Military."

The Government of Bengal went further:—"Among the defects of the system (of reserving all high grade Civil appointments for the members of the Military Service only) must be recognised a want of stability, a want of strict identification with the interests of the natives of the country, an exclusiveness which renders it difficult to introduce the natives of the country to the higher employments of the service."

The Surgeon-General of Her Majesty's Forces said:—"If real reorganisation is to be attempted—and that such is needed, none who are acquainted with the present system can deny—it can be effected by no partial measure. The division of Civil from Military duties must be trenchant and distinct."

The Union therefore propose:—(1) That the Indian Medical Service should be constituted as a purely Military Service on the lines of the Royal Army Medical Corps, either as an independent and self-contained service for the requirements of the Indian Army or as an Indian Section of the Royal Army Medical Corps allowing of interchange between the two sections. It should be open to all natural-born subjects of His Majesty as at present.

(2) That a new service to be called (*I*) the "Indian Civil Medical Service" should be constituted, independent of the above-mentioned Military Service. Besides this Indian Service, there should also be a (II) "Provincial Medical Service" and (III) a "Subordinate Medical Service."

(I.) This newly-constituted "Indian Civil Medical Service" should consist of the following principal branches:—(*a*) College - Professorships; (*b*) All higher administrative and expert appointments, as in (i) Bacteriological, Chemical, and Scientific Departments; (ii) Sanitary Departments; (iii) Lunatic Asylums; (iv) Jail Departments; (*c*) Civil Surgeoncies; and (*d*) All minor appointments in Branch (*b*) above.

(*a*) *COLLEGE-PROFESSORSHIPS.*

(*7*) (i) *Recruitment.*—These appointments should be recruited by selection by the Secretary-of-State for India from the entire medical profession in India and Europe irrespective of colour, race, or service.

(ii) *Pay.*—The salaries of these professorships should range between Rs. 750 at the start and Rs. 2,000 or more at the close of the Service, according to the importance of the appointment and qualifications of the incumbent. Private practice should be strictly forbidden. Connection with commercial firms, life-assurance companies, and shipping firms should be stopped. Private consulting-rooms should be strictly disallowed. Consulting practice may be allowed in the case of certain appointments only.

It is important to remember that the Government of India have declared in their dispatch that they would have no objection to half the professorships being thrown open to Natives of India if suitable men were available. The Union submit that, given equal opportunities, the Indian graduate, with or without British degrees, can claim equality with his British and foreign rivals in the selection of professors. The Union regrets the melancholy fact that the professorial staff do not possess sufficient expert knowledge of their subjects, and are otherwise not equal to the responsible duties entrusted to them. If medical education in India has not made the progress it should have, and the Indian graduate is still compelled to proceed to Europe for advancing his knowledge in special subjects, it must be mainly attributed to the system of recruitment of the College-Professors. No other civilised country in the world makes the teaching of its medical institutions subordinate to the exigencies of a military-medical service. It is absurd to

believe that we are always living on the verge of declaring war and hence the Civil and educational side must always have a Military detachment of Military doctors permanently quartered on them. The triumphs of medical science and the blessings of relieving human suffering are far higher than the doubtful merit and wisdom of being in a state of permanent preparedness for war. Further, we are of opinion, that, assuming that a member of the Indian Medical Service had originally a sufficient knowledge of every subject so as to fit him for teaching it in a College, the five or six years which he has to spend in a Military cantonment before he is drafted on to the College, must make him stale and unfit for teaching. What is more, he is often transferred from one chair to another so rapidly, that, by the time he has made some progress with one subject, he has to begin another. Nay, in several instances, two and even three subjects, not of a cognate nature, are combined in one individual, as if the hall-mark of an Indian Medical Service is a guarantee for universal specialism. The University Commission in their Report, have condemned this system in strong terms. The Report says, on p. 36:—"We think it clear that no one who has not devoted special attention to a particular branch of study and displayed special knowledge in it should be appointed to lecture in it, and that the idea that a medical officer selected to lecture in a particular subject either permanently or temporarily, should have any claim, owing to his position in the service, to be transferred to another professorship which may fall vacant, should be definitely discarded."

Principal Wellington Gray, who, during his career as a Professor and Principal at Grant Medical College, was dragged through six different chairs, gave in 1889, the result of his personal experience, as follows:—"It has often happened that, just as a professor became expert in one subject, he was suddenly called upon to teach another, of which comparatively he had an inferior knowledge. This practice, undoubtedly led in too many instances to inefficient teaching."

The "Indian Medical Gazette," the recognised organ of the Indian Medical Service, gave its testimony in the same way: "There are few things in the Medical Service doing so much harm or getting the Indian Medical Service into greater disfavour, than the assumption that one man is equal to any professorship that many happen to turn up at the time, suitable to the favoured individual. The idea on which these appointments are made—viz., that a medical man engaged in practice, or a teacher of one particular subject can be transformed into a professor on a subject with which he is not familiar is, to say the least, preposterous."

Even assuming the competency of the professor, he has such multifarious private engagements that he has no heart in his work nor time to attend to it. He is overburdened with extensive private as well as consulting practice, and has, besides, connections with European commercial houses, life assurance companies, and shipping firms. Then, owing to lack of assistant professors in each subject and the constant change of professors, there is no continuity of teaching maintained, with the result that instruction suffers grievously, and the student is often left to his own resources. Let us look at the question from another aspect. The work and worth of a professor can best be tested, not by the number of graduates he turns out every year, but by the amount of original investigation and research which he has put forth. His main function ought to be to add to the stock of knowledge on the numerous problems of medical science, for the solution of which we have now to look to other countries. There have been a few notable exceptions, especially in the earlier batch of professors. In more recent times the prevalence of plague and other tropical diseases have given a fresh impetus to original work. But these instances are the few exceptions which only point the truth of our general observation. Competition often brings out the best qualities of an individual. In the case of these professors the field of selection is so narrow, there being 57 appointments out of 450, that one man in eight is bound to get the post in turn. He has therefore no incentive to work up to that position and deserve it. If these professors had done their duty properly the schools of tropical diseases now opened in England would have been unnecessary, or at least opened in India. An attempt was made to break the monopoly of the Service during the regime of Lord Reay, one of the most popular Governors of Bombay, when one well-qualified Indian was appointed as a professor in the Grant Medical College. But this raised such a howl amongst the Service men that no sooner was His Lordship's back turned on these shores than the appointment was discontinued. Another grievance pertaining to the Grant Medical College relates to the question of control exercised over it. For a long time until last year, both the Surgeon-General with the Government of Bombay and the Director of Public Instruction, Bombay, exercised a dual control over it. This was bad enough in all conscience, for no reason can be shown why a purely educational institution should be under any other than the control of the Education Department. But things were carried from bad to worse in the regime of Lord Sydenham, the late Governor of Bombay, when the exclusive control of the Surgeon-General was completely established. It will be seen that in our scheme we have assigned pretty high salaries for the professorships, in fact, higher than those for which the Secretary of State recruits professors for the Arts and Engineering Colleges, with the additional advantage of consulting practice being allowed in the case of certain appointments. We have no doubt, that they will attract the best medical men in Europe and India.

(*b*) *ADMINISTRATIVE AND EXPERT APPOINTMENTS—HIGHER BRANCH.*

(*8*) In this section will be included, bacteriological posts, high sanitary posts, all appointments in the larger prisons and lunatic asylums, and other high scientific appointments like that of the chemical analyser, etc.

Recruitment.—All these appointments should be recruited from the open profession as well as hospitals and colleges in Europe and India, by the Secretary of State for India, irrespective of race, colour or service. This will secure the services of men who have the necessary qualifications obtained in the best institutions and possess the necessary experience for the conduct and development of our Indian intitutions on the most approved methods of the West.

Salaries.—The salaries of these appointments should range between Rs. 750 at the start and Rs. 1,500 to Rs. 2,000 or more at the end of the service according to experience and qualifications. All private and consulting practice should be forbidden.

(*9*) *Control of the Services.*—It will be convenient here to express our views on the question of control of these services. At the head of this newly-constituted service will be the "Director of the Indian Civil Medical Service" with the Government of India, drawing a salary of Rs. 2,500 to Rs. 3,000 per mensem. Next in grade after him will be one "Assistant Director of the Indian Civil Medical Service" with each of the local governments, drawing a salary of Rs. 2,000 to Rs. 2,500 per mensem. These appointments should be filled by selection by the Secretary of State for India from the open profession in Europe and India. The "Director" should exercise control over all appointments mentioned above in classes (*a*) and (*b*) subject to the orders of the Government of India. All appointments in classes (*c*) and (*d*) should be subject to the control of the Assistant-Directors, after the appointments are allocated to each Province as a result of the open competitive examination by which they are to be recruited, under the orders of the Local Governments.

(*c*) *and* (*d*) *CIVIL SURGEONCIES AND MINOR ADMINISTRATIVE APPOINTMENTS.*

10. The Civil Surgeons conduct all the Civil Medical work of a district, inspection of dispensaries in their charge and some medico-legal work. The minor administrative and expert posts in class (*d*) include Deputy Sanitary-Commissioners, and Health Officers, Officers in charge of Minor Prisons

and Lunatic Asylums, Assistant-Chemical Analysers, etc., etc.

Recruitment.—The appointments in classes (*c*) and (*d*) should be recruited by an open competitive examination held at one or more suitable centres in India every year by the Secretary of State for India through a board of examiners selected by him from the Professors and the open profession in Great Britain, the number of available appointments being notified in advance. The candidates should be the graduates of the Indian Universities or holders of diplomas or degrees obtained in England or foreign countries, equivalent to or higher than the Indian degrees. The competition should be open to all British-born subjects, whether Indian (including Native States of India) or European, just as the Indian Medical Service now held in London is open to all British subjects irrespective of their special domicile.

Probation.—The candidates so selected should, immediately on their selection, be sent to England for a post-graduate training in the Universities and Hospitals or other special institutions, for a period of six months to a year, for acquiring a special knowledge of the particular branch to which they would be ultimately assigned. The special subjects for Civil Surgeons should be medicine, surgery and operative surgery, midwifery, and ophthalmology or any other special subjects which the candidate may choose. The Sanitary Officers should be trained in tropical medicine and hygiene, and special instruction in jail and lunatic asylum management for those selected for these offices. It is further suggested that, in the case of Civil Surgeons, the period of probation be extended by three months for special training in Military surgery and sanitation, so that, in case of emergency of war, they may be taken in actice Service, and thus prove serviceable as a real war reserve.

Salaries.—The grades of pay for Civil Surgeons (class *c*) should be as under:—

	Per mensem. Rs.
1-5 years	250
6-10 ,, ...	350
11-15 ,, ...	450
16-20 ,, ...	650
21-25 ,, ...	750
26-30 ,, ...	1,000

With the right of strictly consulting practice reserved, this scale of pay, though considerably less than that of the members of the present Indian Medical Service is, in our opinion, sufficiently high so as to attract the best talent to this Service.

Similarly, for the Sanitary Service, the gradation should be as under:—

	Per mensem. Rs.
Deputy Sanitary Commissioners and Health Officers, 1st Class	500—1,000
Health Officers, 2nd Class ...	300— 500
,, ,, 3rd Class ...	250— 300
Superintendent of Vaccination	300— 500

Superintendentships of Jails, Lunatic Asylums, Chemical-Analyserships, Port-Officerships, etc., etc., should carry emoluments from start to close of service so as to place them gradually on a footing of equality with the Civil Surgeoncies.

All officers in the Sanitary Department in the above grade paid either wholly or partly by local Municipal bodies to be under the head of the Sanitary Department and not removeable from service by the bodies they may be serving under. Any appointments made by local bodies should be subject to the approval of the Local Government. In making the appointments for the Sanitary Department, preference should be given to the candidates who possess the degrees and diplomas in Hygiene, Public Health and State Medicine, other things being equal. Similarly, preference should be given to an Indian candidate over an European aspirant, owing to his familiarity with the language, customs and even prejudices of the people in accordance with the Resolution of our late Viceroy Lord Minto, on the "Indian Sanitary Service."

(*11*) *The dispatch of the Government of India criticised,*—It is necessary at this stage to notice in some detail the "Letter in the Home Department by the Government of India to the Secretary of State Lord Morley (No. 20, dated 20th August, 1908)," because it contains a complete catalogue of the several objections raised by the Indian bureaucracy against the just demands of the Medical profession of India. The Government of India were called upon to reply as to what steps they were prepared to take for carrying out the proposal of Lord George Hamilton, viz., "that advantage should be taken of the creation of new medical appointments to provide for the admission if independent practitioners either to the new appointments or to some of the posts which are regarded as reserved for members of the Indian Medical Service."

The reply of the Government of India is characteristic of the great upholders of the Service monopoly. It is a most disingenuous document, which, while professing ardent sympathy and generous enthusiasm for advancing the claims of Indians, circumscribes it by so many restrictions and limitations that the sum total of its argument amounts to its present inability to take any immediate steps in the matter. Unable to hit upon any substantial reason for shutting out the members of the medical profession in England, they dismiss their claim on the specious plea that the English incumbents would require frequent leave to go home, thus requiring a special leave reserve. Confining their view to the Indians alone, the Government magnanimously confess that, "Subject, however, to this essential condition of efficiency, we are quite willing to appoint such practitioners to professorial posts whenever fully qualified candidates are forthcoming. And we shall also be prepared to appoint qualified medical men outside the ranks of the Indian Medical Service to other posts which are not required for the employment of the war reserve of medical officers."

While blessing in one breath the claims of the Indians, in the next breath they shatter them to pieces on the bed-rock of efficiency. This much-abused word "efficiency" has served as a convenient shibboleth to repel the just demands of the Indians, not only in the Medical, but in all other public services of the State. The argument of the Government of India, in effect, comes to this:—Out of the total number of Civil appointments now held by the members of the Indian Medical Service (450), all, except one-third (150) are filled by officers who must actually go on active service in the eventuality of a general outbreak of war. So they are not available for Indians on Military grounds. The remaining one-third (150), include half the professorships in Colleges, Minor Civil Surgeoncies, and the higher administrative appointments. These last are too responsible to be handed over to Indians. Of the remaining posts, again, the Minor Civil Surgeoncies are just suited for Indians, but these are the very posts which are also most suitable as war reserve for the members of the Indian Medical Service and hence cannot be thrown open to Indians. Finally remain half the professorships. Even these cannot be just now given to Indians, for "very few qualified candidates can at present be found." Besides, if Indian professors are now appointed, the teaching in the colleges will suffer and if the quality of the graduate deteriorates, the recognition of claims of Indians will be still further retarded. Result: no appointments can at present be granted to Indians, but we have every hope that, as the Indian graduate improves in qualification, he would stand a better chance in the future.

The conclusions to which the Government of India arrived at are: (1) the advance should be gradual and tentative and in the main, though not exclusively, from the bottom; (2) it should be made only as qualified candidates become available in India; (3) nothing should be done to lower the efficiency of the Medical Schools and Hospitals; (4) that sufficient number of civil appointments be reserved to provide for the economical employment of the war reserve of the Indian Medical Service (5) that, in determining what these appointments should be, the necessity of maintaining the attractiveness of the Indian Medical Service should be borne in mind.

The best response to this disengenuous and unsympathetic reply was given by Lord Morley when, without further arguing with them, His Lordship told them outright that His Lordship had decided to curtail the cadre of the Indian Medical Service and called upon them to state what appointments could best be filled, according to his Lordship's decision. The Union, however, will exercise greater self-restraint and examine a little closely the principal objections raised by them. They are:—

(*i*) *The Civil appointments are meant as a war-reserve to be drawn upon in times of emergency.*—A more absurd theory it is impossible to conceive. The Government, however, admit that one-third of the cadre can never be touched. We go further and make bold to assert that no fraction of the civil side of the Indian Medical Service can be spared. Past experience of fifty years in India goes to prove what Surgeon-General Hadden declared, viz., that "this so-called war-reserve is only on paper, not in reality" (Dr. Bahadurji's evidence, p. 362). So far, not more than two officers have been called on military duty in the largest expedition on record. Even were they available, it is highly doubtful if after years of civil life, when they had got off their military training and discipline, they would be anything more than encumbrances in the field. Further, what is put forward as a measure of economy must prove in the end a much more costly machinery. The Union are confident that the civil work of these officers can be done by Indians as as well as by Englishmen outside the Service on comparatively lower salaries and with equal efficiency. Why then maintain a costly service permanently on the off-chance of its being utilised for military service? Finally we repeat here what we have stated above, viz., that it is bad for the Civil Branch, especially the Colleges, as well as for the Military Section of the Service, that this costly and inconvenient combination of the two Departments should be continued any longer.

(*ii*) *"The Indian graduates are not possessed of sufficiently high qualifications for deserving these posts."*—The general average of attainments of these men," say the Government, "is not it is true, equal to that of the officers of the Indian Medical Service, but each generation of students is better than its predecessors." We have dealt at length with this subject in para. 4 above. It is usual with all bureaucracies, to meet the demands of the people by saying "Not yet, but we may see to it in the future." This has always happened with regard to the claims of Indians for a larger employment in the other Services of the State. We cannot think of any period when the Government will voluntarily come over and tell us: "Now, gentlemen, you are fit and we shall relinquish these rights in your favour." It is, however, well to remember in this connection what their own officers Surgeons-General Crawford and Cunningham reported to them in 1881. They observed:—"Indian graduates have equal status with most of the British qualified men, that some of them are better, and if a Civil Medical Service were established they would give the preference to graduates of Indian Universities, be they Indian in nationality, or European or Eurasian, rather than to British diplomates."

Further comment on these observations is superfluous.

(*iii*) *The attractiveness of the Indian Medical Service should not be impaired.*—The Union submit that this plea is quite irrelevant to the present inquiry. Let the case of the Indian medical profession be judged on its own merits irrespective of its bearings on another independent service. We are, further, of opinion that if our scheme of amalgamation is adopted, it will open large avenues of promotion to the members of the Indian Medical Service in the newly amalgamated Royal Army Medical Department, often in their own country, and which would, in the long run, compensate him for this loss. If, however, the Service does suffer in attractiveness it will not be difficult to add new features to it so as to increase its charms. The plea of diminution of attractiveness pushes the argument based on vested interests to an absurd length. For, may not the Indian medical graduate retaliate with equal justness, saying, "What is it to me if in doing nothing but bare justice to me my neighbour who has been too long keeping the field is now pushed aside." It would, however, be easy to reconcile the claims of both in an equitable manner.

(*12*) *Advantages of the proposed scheme.*—After dealing with the official objections to our scheme it would not be amiss, before leaving this branch of the subject, to recount the advantages which we expect to accrue from our proposals:—

(i) It will satisfy the just and growing demands of a deserving class of Indian medical men who have so long received neither recognition nor redress, and thus remove a perpetual cause of discontent. The political value of this reform cannot be overestimated.

(ii) The burden on the Indian Exchequer will be appreciably diminished. The Union are not in a position just at present to give an exact estimate of the total savings to the public exchequer effected by the adoption of our proposed scheme. The Union, however, hope to submit such an estimate,* with tabulated statements before the Royal Commission next arrive in this country. It is easy to premise, however, that having regard to the much lower scale of pay proposed by the Union for the appointments to be recruited by competition which form the bulk of the total number, the economy must be to a remarkable extent.

(iii) There will be a wider diffusion of the blessings of the Western medical science among the masses at large. The new Civil medical officers, being mostly Indians, will be conversant with the language, habits, and even prejudices of the people and, being naturally endowed with greater sympathy and fellow-feeling for them, will be much more serviceable to them than the European Indian Medical Service with the best of intentions can hope to be. New institutions will rise in large numbers bringing the advantages of the healing art of the West to the doors of the masses. The experience gained by officers in their service will remain in the land for the benefit of succeeding generations.

(iv) Investigation and research by Indians, especially in tropical diseases, will receive greater impetus and incentive than heretofore. With higher education, larger facilities, and greater emoluments, the Indian graduate will have scope for his genius or original work which a few, who have obtained the advantage of higher studies in England, have so far done with eminent success.

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* *The following memorandum was afterwards put in:*—

A brief memorandum showing the amount of saving in the Civil Medical Department in accordance with the Union's recommendations.

Financial aspects of the proposed schemes.

Excluding from the purview professorial posts, as also higher posts in the Sanitary, Prison, Lunacy Bacteriological, Chemical, and other Scientific Departments, as also posts in the Foreign Department (Residency and Agency Surgeons and Political Medical Officers), economy can be effected under the following heads:—General Direction, Sanitary and Jail Departments, Civil Surgeons and District Medical Officers and in miscellaneous hospital posts in Bombay, Calcutta, Madras, Rangoon, to the extent of approximately 10 lakhs of Rs. per year as under:—

	Rs.
General Direction	33,000
Sanitary Department	60,000
Jail Department	37,000
Civil Surgeons and District Medical Officers	720,000
Miscellaneous posts	96,000
Approximate	946,000
Add exchange compensation allowance, 6 per cent.	54,000
Total	Rs. 10,00,000

Probably greater, owing to savings in charges in furloughs, leave to Europe, etc., etc. If specialist and expert and higher posts are held by Indians, there is also a probability of further economy.

(v) Finally it would be a great step towards imbuing the country with the sound notions of sanitation and hygiene, which Western civilisation has carried to perfection and which it is the proud glory of British rule to have introduced in this country. The strong emphasis laid by His Majesty the King-Emperor George V. during his last visit to this country, on the importance of "sanitation" and the efforts made by our benevolent Viceroy, Lord Hardinge, in furtherance of His Majesty's Royal wish show what attention it is receiving in the highest quarters. As was aptly expressed by the late Dr. Bahadurjee in his evidence before the Welby Commission:—"If there is any act by which the British Rule has conferred the greatest blessing on India, it is really the implanting of medical science in the Indian soil. The British Rule, based as it is on principles of humanity and righteousness, could not have done it from any other object than the cultivation of medical science and the raising of a scientific profession in the country itself for the good of the country and its people."

(II) *CIVIL ASSISTANT-SURGEONS.*

(*13*) *Provincial Medical Service.*—The Union respectfully urge upon the attention of the Royal Commission that it is high time that the pay, prospects and privileges of the useful class of Civil Assistant Surgeons were enhanced and their service henceforth designated as the "Provincial Medical Service," Under the existing state of things, as we have seen, this is the only Service in which Indian medical graduates enjoy the privilege of free and unrestricted entry. But, owing to the ridiculously low scale of pay, it has of late ceased to attract the right stamp of men. When the Service was started, the practice was to appoint first class men in the University degree examinations. But in recent times, first class men are not attracted to it owing to the low start and poor prospects offered therein. Thus, among a total of 22 men appointed up to 1896, 18 were first class men. On the other hand, out of a total of 40 men appointed from 1896 to 1913 only three are first class men. The average Civil Assistant Surgeon cannot, at present, hope to rise higher than Rs. 250 at the end of 21 years' service. Even the allowances paid to them prior to 1880 have been reduced from Rs. 150, Rs. 100 and Rs. 100 to Rs. 50, 35 and 20 for the first, second and third grades respectively although the cost of living has considerably increased all round. This economy is sought to be justified on the ground that men can be found to fill the posts on this reduced scale, as if the cheapest article in the market is necessarily the best. While great stress is laid upon preserving the attractiveness of the Indian Medical Service little heed is paid to the obvious fact that this Service has ceased to attract first class men. The Civil Assistant Surgeon holds the same gazetted rank as the sub-judges and deputy-collectors or the professors in the provincial educational service. The disparity of pay and prospects as compared with theirs, is so palpably great that we wonder how it has so long remained unredressed. Thus, the sub-judge can easily rise to Rs. 700, the deputy collector to Rs. 800 and the professor of the Provincial Service to Rs. 600, while the average Civil Assistant Surgeon cannot rise higher than Rs. 250. It is true that six Senior Assistant Surgeoncies rising up to Rs. 350 and three Junior Civil Surgeoncies rising up to Rs. 500 have been recently created. But these can fall to the lot of only the fortunate few. The right of private practice allowed to the Civil Assistant Surgeons is worth very little of late. They are posted to mofussil centres which offer little scope for practice. What field existed at one time has now been occupied by the qualified private medical practitioner who being permanently settled in the place has an advantage over the Civil Assistant Surgeon whose constant transfers do not allow him to settle long in one place and gather decent practice. This pay is quite disproportionate to the responsible duties entrusted to this class of Surgeons. Their appointments include medical charges of the district, important sub-divisional hospitals as well as Lectureships of the Medical Schools and Demonstratorships of Medical Colleges. Though they have taken the degrees of Indian Universities they are often subjected to the indignity of being compelled to work under the control of Military Assistant Surgeons who are far inferior to them in preliminary education and medical qualification. Another disability from which they suffer is that they have to pass two successive examinations each at the end of seven years, failure in which is liable to cause dismissal even after 14 years' service. It is but natural that this unsatisfactory state of things has led to severe discontent among the rank and file of the Service, which must gradually impair its efficiency. Having to work in out-of-the-way places, they have, like the Sub-assistant Surgeons, ample opportunities of popularising the Western Medical Science among the masses, and if they are inefficient or discontented, the recoil must come on the popularity of the medical service itself. Time was when this Service won golden opinions for their work. Thus, the Crawford-Cunningham Committee, who recommended the promotion of this class to that of "Civil Medical officers" on a par with the Indian Medical Service, state in their report that:—"The Assistant Surgeons who volunteered for Military duty during the late Afghan campaigns did excellent service under the direction of Military medical officers and showed what valuable use may be made of such material in times of war or other emergency; but they were all volunteers."

(*14*) *Suggestions for the improvement of the Service.* To restore the prestige and usefulness of this Service, the Union may be permitted to suggest a few drastic changes for the consideration of the Royal Commission:—

(*i*) The Service should be designated the "Provincial Medical Service."

(*ii*) Their pay including allowances should be increased. The starting salary should be Rs. 200 rising to Rs. 600 by suitable increments in 25 years. This will bring the Service on a level with the Provincial Services in the Judicial, Revenue and Educational Departments. The Bengal Government have already recognised the necessity of increase of pay for this Service since last year, though, it is submitted, the increased scale brought into operation by them falls much below the desired limits.

(*iii*) The posts of House-Surgeons and other Civil posts of a minor nature, now held by the military assistant surgeons in Civil employ, should be transferred to this Service. The military assistant surgeons are an essentially military Service, recruited from the class of Europeans and Anglo-Indians. Their educational and medical qualifications are lower than those of the Indian graduates. It is therefore just and proper that the Civil appointments now held by them, and not legitimately belonging to their Service, should be held by a class who, by their education, experience and position in Indian society, are best fitted to hold them.

(*iv*) That, one-fifth of the total number of Civil-Surgeoncies should be reserved for this class. The nomination to them should be made after ten years' aproved service, as a reward for special merit. The present number of special appointments is so small that very few can have the chance of rising to them in ordinary course. The increased number of posts would not only better the prospects in proportion, but otherwise improve the tone and efficiency of the Service by creating a healthy spirit of emulation. Besides, experience has shown that, if the chance of promotion to these reserved posts does not come sufficiently early in Service, it is not worth the while of the incumbent in later life, to accept it. Recently we had the phenomenon of as many as seven senior men refusing the post of Civil Surgeoncy on one occasion, as it could neither improve their pension, nor even their pay to any remarkable degree. With a larger number of special reserved posts and earlier promotion thereto, such phenomenon would not occur.

(III) *SUBORDINATE MEDICAL SERVICE.*

(15) The establishment of this subordinate Service owed its origin to military exigencies in the early days of settled British rule, when the Indian Universities did not exist and could not therefore yield their rich and finished product of the Indian Medical Graduate, for public service. Besides, even if it were then available, a lower Service would still be needed for carrying on the subordinate duties in Military Hospitals, as compounders and dressers, etc. The Union, however, regret that, while the condition of medical education in the country has changed and public demand for more efficient medical assistance is making itself felt, the Government have not undertaken several urgent reforms in the Service, relating to their training, pay and promotion, which past experience has rendered imperative.

(16) This Service is divided in two distinct branches:—(i) Military Assistant Surgeons, and (ii) Sub-Assistant Surgeons. This latter branch is further divided into (*a*) Civil and (*b*) Military sections. It would be well to deal with these branches together with respect to certain common features.

(*a*) *Recruitment.*—The Union regret that in the recruitment of the class of Military Assistant Surgeons the two vicious principles which have to a great extent closed the Indian Medical Service to the Indians are strictly followed: viz., (i) the recruitment is made entirely from the class of Europeans and Anglo-Indians to the rigid exclusion of Indians; (ii) the policy of extending the limits of the Service by including in it a large number of Civil appointments on the supposed theory of providing a war reserve has been largely followed, thus depriving the Indian medical men of a large number of posts which would ordinarily have gone to them. Thus, out of a total number of 706 Military Assistant Surgeons, 434 are on Military duty and as many as 223 are on Civil duty. The Union strongly urge the transfer of these 223 posts to the "Indian Civil Medical Service" or the "Provincial Medical Service" proposed by it. Further, to do away with the obnoxious distinction of colour and race, the hard-and-fast line drawn between the two services of Military Assistant Surgeons and Sub-Assistant Surgeons be done away with and the members of each be liable to be transferred to the other according to merit and qualification.

(*b*) *Preliminary education.*—The members of both these Services are first selected by Government according to a preliminary test taken under the direction of the head of the Indian Medical Service.

(*c*) *Stipends for training.*—During their training, which originally lasted for three years, now raised to four, the Military medical pupils get free quarters, food, clothing, books, and appliances, and a small pocket-allowance, while the poor Sub-Assistant Surgeon, who is necessarily an Indian, gets only Rs. 9 to 12 a month altogether.

(*d*) *Pay and prospects.*—After passing the examination in the Medical Colleges and Schools, these Surgeons start their duties on a scale of pay which, to say the least, is highly unjust and derogatory to the Indian. While the Military Assistant Surgeon starts on a salary of Rs. 85 per month rising through four grades easily to Rs. 400 in Military employ, and to Rs. 800, if taken in Civil employ, as he generally is, the Sub-Assistant Surgeon starts on Rs. 30 per month and cannot rise higher than Rs. 110 at the end of 30 years' service.

(*e*) *Nature of appointments held.*—While the Military Assistant Surgeons, primarily meant for Military service, hold 223 posts in Civil employ out of a total of 706, viz., 32 per cent. of the whole, the Sub-Assistant Surgeons hold only 135 Civil appointments out of a total of 820, viz., only 16 per cent. Further, the Civil appointments held by the Military Assistant Surgeons are all lucrative and responsible. Thus, out of 223 Civil appointments held by them, 68 are Civil Surgeons, 65 college and hospital staff (as House Surgeons in Civil hospitals), 23 Civil and jail, 26 plague duty, 16 railways, and the rest appointments on the staff of the governor, police, marine, factory, laboratory, etc. The Sub-Assistant Surgeons (Civil) are given charge of small mofussil dispensaries and are otherwise generally in a subordinate position. The Military Assistant Surgeons were intended for the work of compounding and dressing in European Military hospitals and their preliminary education, as well as their medical training, has therefore been in keeping with it—in no way comparable to the medical graduates of the University. Their diploma is not even recognised by the General Medical Council of Great Britain. Still they are appointed to responsible posts on the Civil side from which the Indian graduate is debarred.

(*17*) *Suggestions for the improvement of these Services.*—The Union now beg to offer a few definite suggestions for carrying out its views with regard to these Services:—

(i) *Military Assistant Surgeons.*—(*i*) The training of the Military Assistant Surgeons requires to be generally improved, especially the preliminary education, before admission for medical study.

(*ii*) The Civil employments now held by the members of this branch of the Subordinate Service should be abolished from it. The higher appointments out of them should be transferred to the new "Indian Civil Medical Service" proposed by us, to which they would be eligible if qualified, and the lower ones to the "Provincial Medical Service."

(ii) *Sub-Assistant Surgeons.*—(*i*) For improving the general tone of the Service, the candidate must be required to pass the Matriculation, or School Final Examination prior to his admission into the Medical Schools.

(*ii*) The period of study should be increased to five years, so as to include a larger number of subjects.

(*iii*) The stipend given to the candidate during the period of training should amount to Rs. 20 per month.

(*iv*) After selection in the Service, he should undergo a qualifying examination from some recognised body like the proposed College of Physicians and Surgeons of Bombay, and should receive a diploma entitling him to be registered as a Medical Practitioner and qualified to practise in all branches of medicine.

(*v*) The initial salary should be Rs. 65 per month, rising by suitable increments to at least Rs. 200 per month, with the right of private practice.

(*vi*) That a fifth of the total posts of Civil Assistant-Surgeons be reserved for them, and they should be promoted to them by selection after ten years of approved service as a reward for special merit and ability.

These suggestions are intended only for the improvement of the Civil Branch of the sub-assistant-surgeons, as we have not here dealt with the Military section.

(*18*) *Women's Medical Service for India.*—The Union feel that this statement would not be complete without a brief reference to a great desideratum increasingly felt in recent times, viz., the constitution of an Independent Women's Medical Service for India. There can be no doubt about the necessity of such a Service. The holocaust of women during the period of child-bearing is appalling. The heavy infant mortality which is increasing every year is the gruesome toll which the public have to pay for the neglect of the State in not providing adequate medical aid for Indian women. Indian Womanhood goes without relief for female diseases, especially in the mofussil, as the number of female hospitals are but too few and women doctors are not attached to every dispensary. The remedy clearly lies in organising a Women's Medical Service. The Union understands that the question is under consideration before the Secretary of State for India in Council, and the proposal of the Government of India is to constitute a separate Women's Medical Service by recruitment in England exactly on the lines of the present Indian Medical Service. The Union are doubtful of the propriety of referring, on the strength of rumours, however well founded, to the merits of proposals which are not yet before the

public. The Union have, however, to state with regret that, according to the methods of the Indian Government, these schemes are usually settled in secret, and public criticism often comes too late to make any impression upon them. The Union, while considering that any cut-and-dry scheme on the subject is premature, trust that Government will give the public in general and the medical profession in particular, ample opportunity of expressing their opinion upon it before the proposed scheme is finally adopted. The Union, however, take the liberty of laying down a few considerations which it is hoped Government will not lose sight of in drawing up any scheme which they deem fit:—

(i) The claims of the Indian Women-graduates for inclusion in this new service should not be overlooked. There is now a moderate number of Indian ladies who have taken medical degrees of the local Universities, the number in the University of Bombay alone being 57, and several have obtained qualifications in Great Britain, including M.D. (London) and F.R.C.S. (Edinburgh), etc. If suitable openings are provided this number will easily grow. It may be remembered in this connection that in the Arts Course in Bombay the number of lady students has increased so much as to require, in the opinion of our late Governor Lord Sydenham, the establishment of a separate Women's College. This growing number is likely to direct its attention to the medical service, for the noble art of healing is, by nature, the special privilege of the tender sex.

(ii) The difficulties of administering western medicine to women in this country are enhanced by their great ignorance and illiteracy especially owing to the prevalence of the parda-system in Upper India and Bengal. No lady-doctor, who is not conversant with their language, customs, manners and prejudices can be of real use to them; and, in this respect, the Indian women-graduates have a distinct advantage over their English sisters.

(iii) If the number of Indian women-graduates does not increase in natural course, the State should provide scholarships and free-studentships for their education in Medical Colleges, and even, in the case of the more intelligent of them, for advanced studies in England. If, without an attempt in this direction, the English lady-graduates are encouraged to come to this country by a special service opened mainly for their benefit, the proven errors of one generation will be only perpetuated in the next, and the public will vividly realise that, like the Bourbons, the Government "can learn nothing and forget nothing."

(*19*) The union entertain strong hopes that the proposals contained in this representation will receive careful and sympathetic consideration from the Royal Commission. It will be remembered that the last Royal Commission on the public services of India did not even include the medical services within the scope of their inquiry. The representations forwarded on the subject since the last Commission, have received no attention from the proper authorities. The Medical profession of India, therefore, feel great relief at the prospect of a thorough investigation which the Royal Commission propose to undertake for removing the numerous grievances and shortcomings which have gathered in these services. The union cannot close this representation without a strong and earnest appeal to the Royal Commission that the inquiry into these services should be thorough and far-reaching, without any regard for the alleged vested interests of the Indian Medical Service, and with the single-minded desire to promote the interests of the Indian Medical profession, in accordance with the dictates of justice, efficiency and economy.

SIR BHALCHANDRA KRISHNA and DR. JEHANGIR J. CURSETJI called and examined.

58266. (*Chairman.*) The witnesses appeared as representatives of the Bombay Medical Union, and Sir BHALCHANDRA KRISHNA said that Dr. Cursetji, as President of the Union, would be the spokesman.

58267. Dr. CURSETJI said the Bombay Medical Union consisted of 198 members, all of whom had qualifications, which were recognised by the General Medical Council of Great Britain and by the Registration Act for the Bombay Presidency. There were no Europeans in the Union, and only two or three dozen members had European qualifications.

58268. The main feature of the scheme put forward by the Union was the relegation of the Indian Medical Service to purely military duties, and the creation in its place of a completely new Civil Medical Service, consisting of three branches. It was claimed that this scheme would effect very considerable economies, and would also advance medical science. The Indian medical graduate had made so great an advance in recent years that he was now in every way on an equality, medically and scientifically, with the men who came from Europe.

58269. He did not agree with those who suggested the elimination of the service organisation, and the substitution of a system of individual posts under local bodies, to be filled on contract terms in each case. It was essential to have a service organisation, if the country was to be properly staffed, but it should be a civil and not a military service.

58270. The only financial estimate of the economies, which were claimed under the Union's scheme, was that already submitted. This was undoubtedly not of a very detailed character, and had not set off the new charges, which would be incurred on the military side, if the present war reserve was maintained, but kept on military duties. This would have to be done before a balance was struck, but, even so, there would be economies. The present war reserve was in any case too large. The Government of India themselves admitted that one-third of it could be left on the civil side in the event of war, and it could be eked out by calling for volunteers, who would be most willing to offer their services. If in time of war a call were made, they as members of a loyal professon would be bound to come forward. In the Afghan campaign, for example, six volunteers did excellent work. A war reserve of some sort was of course necessary, and the statement made by the Union that only two officers had been called back from civil employ for the largest expedition on record was incorrect. What should have been said was that only two men were called on from the Bombay Presidency. It should also have been admitted that in the North-West Frontier disturbance of 1897-98, 76, and at the time of the mobilisation in China in 1900, 87 officers were called out. On the basis of these figures he was ready to admit the necessity of a reserve of 87 men, but no more. He could not conceive of any mobilisation of greater dimensions than that in China in 1900 unless a big European war broke out, but the chances of that were too remote.

58271. In the written statement put in by the Union the reduction of expenditure to the extent of 10 lakhs of rupees, claimed under the Union's scheme, was exclusive of any savings, which might be effected in the higher posts in the Jails, Asylums, Sanitary, Bacteriological, Chemical Examiners and other Scientific Departments, as also in the professorial posts. No comparative figures were available for these, and this was why they were omitted from the calculation.

58272. The assertion in the written statement that all posts in the Bacteriological, Sanitary and Jail Departments formed the close preserve of the Indian Medical Service was only correct to the extent that they were filled very largely by Indian Medical Service officers. It was true that outsiders were also admitted, but the appointments given to outsiders were few and far between, and came to something like half per cent.

58273. By claiming that in making appointments to the Sanitary Department preference should be given to candidates who possessed degrees or diplomas in public health, other things being equal,* it was not meant to suggest that such a qualification was not now obligatory. It was a fact that no officer could enter the Sanitary Department unless he possessed such a degree. The Union did not question the qualifications of the officers now employed.

58274. There were no posts previously held by independent practitioners upon which officers of the Indian Medical Service had "poached," and he was not prepared to question the accuracy of the return before the Commission, which showed that in 1885 the practising appointments in the service numbered 190 and in 1913 only 194. By the term "poached" in the written statement it was not meant that posts had been taken from private practitioners, because the latter never had a chance of holding one, but that the Indian Medical Service officers had entered into the field before the advent of the private practitioner, and had taken all the available posts. Now the private practitioner should have a share.

58275. He was not prepared to deny that the private practice of Indian Medical Service officers might have decreased in the mofussil, but in Bombay it had not. The independent practitioners in Bombay numbered over 700, of whom 198 belonged to the Union. The Indian Medical Service officers in the larger presidency towns and in Bombay were competing with private practitioners instead of confining themselves to consulting practice. They had special consulting rooms of their own, special clinics, special private hospital connections, insurance practice, practice with mercantile firms, contract practice with private families, and so forth, and in that way took away a large share of the work of the independent practitioner.

58276. The Indian who was turned out from the Medical College in India was as good as the European from the British Medical Schools. He could quite hold his own against his British compeer. It was true he had been taught by Indian Medical Service professors, but the complaints made by the Union as to the inefficiency of the latter should be read in the light of this fact, that Indian Medical Service officers were not sufficiently specialists, and that it would lead to greater efficiency in teaching if men with special knowledge, or special training, were appointed professors. By inefficiency they meant that the posts had been occupied by indifferent men not fitted for the work they were appointed for. In some cases, again, they were appointed for short periods, and thus the continuity of teaching was broken. It was no doubt true that many of the present professors had special qualifications, but there were instances on record in the other direction, and he put in a statement† of nine instances of improper appointments. He was clear, however, that, however much he disapproved of the methods employed, he was satisfied with the products of the teaching of the medical colleges.

58277. He favoured the suggestion that young graduates should be admitted to the hospitals for courses of instruction. That would not only be of benefit to those who were to become private practitioners, but would assist the advance of medicine in the country. He would also like to see older private practitioners given special wards in the hospitals, provided there were no distinction as to privilege and status, but did not think they would require a special staff, as the ordinary staff could be placed at their service. Honorary Physicians or Surgeons should be treated in exactly the same way as the paid hospital staff, whether as regards to position, privilege, status or discipline. He saw no reason why any friction should occur, as in every hospital in the world there was harmonious working between the paid staff and the honorary staff. Any difference of opinion, which might arise, could be decided by a board on which all parties were represented.

58278. He was in favour of private hospitals being aided by the State on the condition that they were efficient. Most of the hospitals utilised by the Parsi population in Bombay were self-supporting. There were two large Parsi general hospitals, absolutely self-supporting, or supplemented by funds from the Parsi community, and requiring no outside assistance whatever. There were the Parsi general hospital and the Massini hospital. The Parsi lying-in hospital was also self-supporting. There were also special hospitals run by medical men, of which three were midwifery hospitals. There was also an eye hospital. None of these required assistance from the State. He would favour the principle of State aid, if it was properly carried out, but if there were any undue interference he should certainly object to it.

58279. The Union believed there were chairs in the medical colleges, which were not filled by officers with long experience in the scientific branch which they were teaching, and contended that there were in India at present men who had qualifications superior to those of the present professors, and who would be quite willing to accept the chairs if offered to them. If men of high reputation were required for special departments, and were brought from England, they would naturally have to be paid on a much higher scale. These men were not required, but men able to teach efficiently could be found in plenty amongst the minor professorial staff of the colleges and hospitals in England or in India.

58280. (*Lord Ronaldshay.*) In estimating the economy effected by the new scheme, consideration should be given to the fact that the pay proposed for the reformed service would be higher than that paid to Civil Assistant Surgeons at present.

58281. The statement that the avenue to the higher branches of the Indian Medical Service was practically barred to Indians was made prior to the publication of the results of the Indian Medical Service Examination of 1912. Despite the considerable increase of Indians since then it could be shown that not more than seven per cent. of them had gained admission to the service altogether.

58282. Though he held that the Indian trained graduate was as good as the graduate from England, he would not commit himself to saying that an Indian would not derive a certain benefit from a European training. The very fact of his travelling to Europe expanded his general ideas, and he became more a man of the world. He also had better opportunities of acquiring knowledge of all kinds, owing to the fact that Europe was more advanced in all departments of western education. He would not make it obligatory on a man to undergo a further period of training in Europe after he had passed the proposed examination in India for the new service, but it would be desirable that he should do so.*

58283. (*Sir Theodore Morison.*) The Union advocated the creation of a women's medical service. There were women in the Bombay Presidency quite prepared to accept medical treatment on Western lines. There were many Indian ladies

* The witness afterwards explained that this proposal was meant to apply to the Sanitary Department of the proposed Indian Civil Medical Service, and that it did not apply to the existing Sanitary Department of the Indian Medical Service.

† Vide Appendix XXXII.

* *The witness afterwards wrote as follows:*—"This statement was meant to apply only to the further period of training of two years suggested to be made obligatory before a candidate could be allowed to complete for the examination of the present Indian Medical Service. A further period of six months or a year for such kind of training has in fact been made an obligatory condition for the candidates who would have to pass the competitive examinations under the *proposed scheme*.

who had taken a medical degree. There were 47 in Bombay alone. A women's medical service was necessary for the purpose of treating the mass of the population, who were ignorant of the value of Western medicine. The Indian Medical Service had been created originally to meet these conditions in the case of men.

58284. (*Mr. Chaubal.*) If a student could afford to go to England, and undergo further training there, there was no doubt he did become a better man. The suggestion in the written statement that candidates on being selected should be sent to England for a post-graduate training for a period of six months or a year applied to the new service, and not to the present Indian Medical Service, for whom it should not be made compulsory.

58285. Advertisements had been issued about two vacancies in the Pársi General Hospital when first started, and he had been told that about 12 applications were received for two posts from fully qualified British practitioners with high qualifications. The salaries offered were from Rs. 1,200 to Rs. 1,500.

58286. (*Mr. Gokhale.*) He did not mean to say that there had not been good professors amongst the members of the Indian Medical Service, but it sometimes happened that men were appointed to chairs without possessing special qualifications to start with, and they learned their work as they went along. Also they were shifted from chair to chair without any consideration of their special qualifications, as the return he had to put in would show. As an instance of an officer being moved from chair to chair he mentioned one who was doing military duty from 1887-92 was sent to the Sanitary Department from 1892-95, was Civil Surgeon from 1895-97, and then went on plague duty from 1897-98. He was then appointed Professor of Ophthalmology direct from plague duty. After acquiring experience in Ophthalmology for two years he became Sanitary Commissioner. Many professors had no qualifications beyond the preliminary ones required to enter the Service. Some professors took degrees after they had been appointed to professorships. A man with the ordinary qualification of Licentiate in Surgery and Medicine was equally fit for the post of Professor of Anatomy with some of them and might afterwards be as properly appointed to the chair of Surgery.

58287. (*Mr. Sly.*) The qualification for membership of the Bombay Medical Union was the payment of a monthly fee, in addition to the properly recognised qualification, and the Union represented about one-fifth of the practitioners in the Bombay Presidency.

58288. The restriction on Indians, in connection with the open competitive examination in England, was the necessity of paying their passage to England and back, and the expense of residing in England for a period of six months in order to become better qualified to go up for the examination.

58289. There was a certain, and an increasing, number of posts in the Indian Medical Service allocated for research work alone, and those were very necessary and should be increased. There was no objection to them.

58290. The scheme of the Union did not contemplate the abolition of the whole of the Civil side of the Indian Medical Service, or any decrease in the number of appointments, but only a decrease in the amount of salaries, but it was probable that when the scheme was gone into in detail it might be found that the number of appointments could be reduced.

58291. The quotations in the written statement on the subject of the separation of the Military and Civil branches was put forward to show that the Military side should not be called upon to do Civil work. It might be possible that the Surgeon-General did not mean a complete separation in the sense that the Union desired, but only the division of Civil and Military duties at present in existence.

58292. He could not give the date of the Indian Medical Gazette from which the quotation in the written statement was taken, nor say whether it came from a leading article or a correspondent's letter.

58293. The schools of tropical medicine in England were started for the study of tropical diseases all over the world, but especially in British Colonies. It was a fact that the Indian Medical Service had pressed Government to open schools of tropical medicine in Calcutta and Bombay, and it was not the fault of the Indian Medical Service that there were no such schools in India at the present time. He did not know that the experiment of handing over the Medical College to the Education Department had been tried in one Presidency, and had been given up as a failure. He believed the Education Department would be a satisfactory body to control the education of the medical profession when it was remembered that it controlled engineering, law, agriculture, etc.

58294. Under the scheme put forward the whole of the Civil Branch of the Indian Medical Service would be abolished, and the Indian Medical Service restricted to Military duties, but the officers now in the Civil branch would be eligible for appointment to the new service, and to that extent a certain proportion of the Indian Medical Service should still be employed on the Civil side. The higher administrative posts would be filled both from the open profession and from the members of the Indian Medical Service.

58295. He was not certain that a large number of qualified medical practitioners would come from England to India to undergo a competitive examination for a starting salary of Rs. 250 a month.

58296. (*Mr. Fisher.*) If a Civil Medical Service were established it might possibly be the case that some years hence it too would establish a monopoly, and be attacked by the private practitioners in the same way that the Indian Medical Service was being attacked now, but he saw no object in looking too far ahead. But the field of selection would even then be still widely open to the independent medical profession, and not entirely restricted to the Indian Medical Service as at present.

58297. (*Mr. Madge.*) It would not be right to consider the interests of the medical profession to the detriment of the general public, but the independent medical profession of India had a just claim to a portion of the work now in the hands of the Indian Medical Service. Western medicine was gradually making way more and more in all parts of India, especially in cities like Bombay; medical practice was increasing in bulk, and that accounted for the fact that private practitioners were thriving even in places where the practice of the Indian Medical Service had not decreased.

58298. It was quite inconceivable that the whole Military reserve would be called out in India, except for a European war, which was too remote a contingency, and it should not be kept in mind, because it burdened the country with unnecessarily large expenditure, but if ever this should happen the number of volunteers would be quite adequate. Naturally they would require training, and the scheme provided that a special training should be given to the men after passing the examination, and they would be called up for training in India every three or five years for a period of three or four months.

58299. Alternate days for operating might be given to the Honorary Surgeon and to the Hospital Surgeon, the same hospital staff attending to both. Unfortunately there was no system of Assistant Physicians or Surgeons in the hospitals, but if honorary men could be appointed to those posts, they might assist the Honorary Physicians and Surgeons. The House Surgeon would be in charge of emergency cases.

58300. (*Mr. Abdur Rahim.*) There was no system of Honorary Surgeons and Physicians of district hospitals, and the Bombay Medical Union had not considered such a scheme. It would be practicable to introduce Honorary Surgeons and Physicians into district hospitals, if disciplinary conditions were laid down, and the posts were distinctly separate from the other officers in the hospital. In larger towns there would be qualified men available, but not in the smaller towns.

58301. The Bombay Medical Union was not satisfied with the arrangements at present made in the Government hospitals for post-graduate work. The medical profession as a whole considered that a very few honorary appointments had been given to them without actual benefit. They were given minor duties for which they did not care. There was no guidance whatever. They were given a ward but it was merely nominal. In some cases they were not allowed to do any operations. Representations had been made on the subject.

58302. In the districts it would not be a practicable proposal to place in the hands of private practitioners the duty of giving medical relief. A medical service was absolutely necessary now.

58303. There were several private hospitals in Bombay City, employing Indian staffs, all the members of which were honorary except the resident House Physician or Surgeon.

58304. Under the scheme put forward, the officers, who were trained for a particular kind of work, would naturally rise to the highest posts of the administration. It was not contemplated that Civil Surgeons would necessarily be appointed to professorial chairs, but the chairs would be open to them if they were fit.

58305. The education imparted in the Government college was efficient, but capable of improvement, and that was why the suggestion was made that professorial appointments should not be confined to the Indian Medical Service. Supposing the Indian Medical Service remained, he did not agree that Indians ought to have at least two years' training in an English hospital before being allowed to compete, because that would close the door altogether to Indians.

58306. (*Sir Valentine Chirol.*) The proposed new service would be an all-India service, and an examination would be held in India for selecting the candidates. The examination would be a general examination for all departments, and the successful candidates would be relegated to different departments of the service. Those who were relegated to the sanitary service might have a special training in sanitation, and those going in for special surgical work would be given a special training in that direction, that is, when they went to Great Britain under the conditions laid down in the Union's representation, promotion would be made by seniority from Rs. 250 to Rs. 1,000 after 26 to 30 years' service, but specially fit men might go up after several years' service to the higher departments. The scheme was only a skeleton one and was capable of modifications and enlargement.

58307. (*Sir Murray Hammick.*) It was contemplated that the higher administrative posts would be for the present more or less confined to the present Indian Medical Service, and the Director of the new service would be taken from the Indian Medical Service at first. The Sanitary Commissioner, Inspector-General of Jails, the head of the Bacteriological Department, etc., were to be retained on the same pay as at present. The Director would also ultimately come from the new service by a man rising from the lower grades, but if a suitable man was not found with administrative experience he could be appointed by the Secretary of State from anywhere, England, the Colonies, or India.

58308. He had not taken into account the cost that might be involved in devising new attractions for the Indian Medical Service as a purely Military service, but any increase in cost should be met by the Military Department.

58309. (*Lieut.-Colonel Hudson.*) He was aware that in the J. J. Hospital, in the Grant College, and in the schools at Poona, Ahmedabad, Hyderabad and Rájkot, there were teaching appointments open to Civil Assistant Surgeons, but they were very few indeed, and he was referring to Civil Surgeons as a class when he said that their duties were confined to medical dispensaries and minor hospitals. He agreed that to hold an open competition in India would close it to Europeans, just as a competition held in England was more or less closed against Indians.

58310. (*Mr. Kothawala.*) He was not in favour of putting private practitioners in the mofussil as Medical Officers of Civil Hospitals for fixed periods on a small allowance.

58311. The Medical schools in Poona, Hyderabad and Ahmedabad did not teach up to the University standard.

58312. Sir BHALCHANDRA KRISHNA then said that he was at one time an Assistant Surgeon in the Bombay Medical Service. It was his personal experience that Europeans generally had no objection to employing Indians as their Medical advisers.

58313. (*Chairman.*) Sir BHALCHANDRA KRISHNA added that the Union's written statement was merely a skeleton suggestion, placed before the Commission for its consideration. If any further details were required, the Union would be pleased to supply them. The main object of the Union was to go forward on the lines of Lord Morley's despatch, and to break down the Indian Medical Service monopoly of the medical profession.

58314. With regard to the Professors, the chief point was that some connecting link between them and the students was required. It would be a great advantage to the colleges, and to the profession generally, if Assistant Professors were appointed who would be able to assist the Professors, and take their places when they went on leave, or were moved up to the major chairs.

58315. A training in England was necessary, and all Indians appointed to the service should visit England, either at their own, or Government's expense, before they entered upon their duties.

58316. The teaching in the Indian Medical Colleges had been very good, in spite of the changes in the chairs, but a due share of the credit for this should be given to the capacity of the students and to the coaching of the Indian tutors in the colleges.

58317. The suggestion with regard to the Director-General's appointment had been made with the object of having an independent officer, who might be selected by the Secretary of State or the Indian Government, but who should not have any bias with regard to the service.

58318. Civil Surgeon's appointments should, as far as practicable, be opened to the Indian medical profession, so that Indians should have a chance of serving the State in the same way as Europeans. The object of the recommendation was not to exclude Europeans from the service at all, but to give more chance to the Indian medical profession.

(The witnesses withdrew.)

DR. R. ROW, M.D., D.Sc., Bombay.

Written Statement relating to the Medical Services, being a letter from certain independent practitioners in Bombay.

58319. We, the undersigned members* of the medical profession having London University degrees and practising in Bombay, respectfully solicit permission to send a representative from amongst us to give evidence before the Royal Commission on Public Services with reference to certain matters

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in connection with the Indian Medical Service and the Indian Subordinate Medical Department.

We may be permitted to mention that we all hold medical degrees of the London University, and several of us have the diploma of F.R.C.S. (England). None of us are members of the Service. Practically all of us in our earlier careers were trained at the J. J. Hospital, Bombay, where we have had opportunities of seeing the working of departments in charge of members of the Indian Medical Service. One of us has been for some time on the honorary staff of the J. J. Hospital. All have been in practice in Bombay for varying lengths of time up to about 16 years. We have suffered from the anomaly of the Indian Medical Service men being given exclusive opportunities of keeping in touch with the latest progress in medicine and science and of developing their skill, and, in addition, being paid handsome salaries for doing so; whilst we, their Indian confrères, with equal and often with higher qualifications, are altogether excluded from these advantages, being denied even opportunities of keeping our knowledge up-to-date.

The main points to which the proposed evidence is intended to be directed are the following:—

Indian Medical Service.

(*1*) The hardship on Indians of being required to pass the I.M.S. examination in England and to serve in Military posts in order to be deemed eligible for holding Civil appointments reserved for the Service.

(*2*) The numerical strength of the Civil branch of the Service being out of all proportion to the requirements of a reserve for war exigencies.

(*3*) The hardship on Indian Medical men of being debarred from taking up higher teaching posts however better qualified they may be than the Service men on the spot.

(*4*) The anomaly and injustice of excluding Indians from appointments in this country to which they are appointed in England.

(*5*) The effect on the work done and on medical education of the appointment of professors without reference to their qualifications for the posts on the sole ground of their belonging to a close service.

(*6*) The effect on medical education of the same officer holding several and unconnected appointments requiring special and distinctive qualifications, and of the constant shuffling of the professorial appointments solely with regard to service exigencies.

(*7*) The effect on public interest and public revenue of a system of reserving highly paid professional appointments for a certain service to the exclusion of outsiders better qualified and obtainable on better terms.

The Indian Subordinate Medical Department.

(*1*) The injustice of the recruitment of this Service from Europeans and Eurasians only to the entire exclusion of Indians.

(*2*) The disproportionately large number of Civil appointments held by members of the Service relatively to the number necessary for possible war-time requirements.

(*3*) The effect of holding Civil posts, *e.g.*, certifying factory surgeons, port officers, etc., on efficient Military service when required.

(*4*) The anomaly of Indians being excluded in their own country from holding posts in Civil hospitals freely open to them in England.

(*5*) The relatively favourable position of the members of this Service (from which Indians are excluded) compared to Indian professional men in the Civil employ of Government as regards education, qualifications, prospects, pay, etc., as appearing from the following comparative statement:—

—	Indian Subordinate Medical Department.	Other Medical Men in Civil Employ under Government.
(*a*) Recruitment	Europeans and Eurasians only ...	All nationalities.
(*b*) Preliminary education	Nil	Previous examination of the Bombay University.
(*c*) Medical education	Four years	Five years.
(*d*) Examinations	By Professors: admittedly of lower standard than the University Examinations.	By the University.
(*e*) Diploma	Not recognised by the General Medical Council in England.	Recognised by the General Medical Council.
(*f*) Maximum pay	Rs. 700 per mensem	Rs. 500 per mensem.

All these points will be fully elaborated should we be permitted to send a representative to give evidence before the Commission.

DR. R. ROW called and examined.

58320. (*Chairman.*) Witness was a private practitioner in Bombay. He came before the Commission to represent a body of 10 practitioners holding London degrees and others holding British qualifications. He did not represent the Medical Union. He was not a member of it, and did not necessarily support the proposals put before the Commission by that body.

58321. He desired to place before the Commission on behalf of his colleagues and himself certain disabilities from which they suffered under the present system. He also wished for certain alterations to be made in the present system, which would give the private practitioner the opportunity of teaching a higher standard of medical knowledge. His colleagues did not desire to extinguish the present Indian Medical Service. Their wish was to work side by side with the members of that service.

58322. In the first place, he wanted facilities for the admission of private practitioners to the Government hospitals. His colleagues were of opinion that, if they could be allowed to co-operate with the present staff of the hospitals, they could materially lighten their work, and at the same time acquire the experience which was useful to themselves and to the profession at large. At present there was in practice a system by which young graduates were enabled to undergo a course in the hospitals, and the men selected were certainly helped up to a certain point, but no further. If the system were such as would enable them to reach the highest appointments, if they deserved them, there would be no grievance. It was true that this would involve their admission to the Government Medical Service, and he admitted the need for a service organisation in the present state of India. It was also true that, if there was indiscriminate recruitment to a service at all ages, and from all quarters, the cadre organisation might break down. But it should not be impossible to overcome these difficulties.

58323. He would like to have opportunity given to the outside faculty to take their share in the teaching work of the colleges, but he did not claim that only senior men should be admitted to such positions. If a system was instituted, whereby young men of a certain age, or certain standing (whether Indian Medical Service officers or private practitioners) were admitted as assistants, or even as demonstrators, with the chance of rising to the highest positions, it would be enough. The effect of such a system would no doubt be to recruit young men into a service as before, rather than to admit only established private practitioners, but there would be this distinction, that they would not be Indian Medical Service men exclusively. The procedure he had in mind was that which would also be applicable to the education department. There if a man aspired to be a professor in a particular branch of study, he should commence at the beginning and rise to the top on his merits.

58324. It would conduce to efficiency in the service if Indians who entered by the competitive examination in England had to undergo a year's training in a British Medical College before coming out to India. If such a condition were imposed upon Indians before they were allowed to enter for the examination, it might have a deterrent effect on Indian recruitment, but if after the examination, and if financial aid were accorded, this would not be the case.

58325. In spite of the high standard which had been reached in Indian Medical Colleges, there were advantages to be secured from British Medical Colleges which at present could not be found in the former institutions.

58326. He did not see why, if a visiting staff were introduced into the Government hospitals, somewhat on the lines followed in the London hospitals, there should be any friction. If there were any difficulties, they might be removed by making men (whether Indian Medical Service officers or private practitioners) serve an apprenticeship of two or three years before being admitted to the visiting staff or as full professors.

58327. The staffs of Indian hospitals were not so large per number of beds as those in London. The officers were overworked. It would be much better if they were given a certain amount of relief by the introduction of outside aid.

58328. Practitioners, admitted to the visiting staff, should be taken from those who had formerly been graduates in the hospital, and under the conditions prevalent at the present time, provided that they were put on equal terms with the Indian Medical Service men. There would be friction if Indian Medical Service men were made professors and others only assistant professors.

58329. There were some private practitioners holding prominent positions, and having large practices in Bombay, who would be prepared to take a chair if they had the opportunity and if they were given equality of treatment, even although it meant a considerable sacrifice.

58330. (*Sir Murray Hammick.*) He did not exactly propose that the Indian Medical Service should be reduced on the Civil side. The recommendation to that effect put forward in the written statement had been drawn up on broad lines, and he was not prepared to insist upon it. The subject was one which would be better left to the discretion of the Military authorities.

58331. The new sanitary and bacteriological appointments which are more of a civil nature than military should be thrown open to the best men, whether Indian Medical Service Officers or not.

58332. He desired to see the professorial staff greatly increased, as it was at present overworked. There ought not only to be assistant professors, but two or three professors for each particular subject. The classes were not only too large, but the subjects were increasing in importance.

58333. (*Sir Valentine Chirol.*) What he desired was that, taking into account the very large growth of new branches of medical science, and new applications of medical science in India, a proportion of the appointments arising out of it should be thrown open to deserving Indians.

58334. He reckoned upon the public spirit and patriotism of the best Indian practitioners to make them accept professorships. Their personal sacrifice would be more than compensated for by the amount of good work that they would do, the reputation they would gain, and the value of their exertions.

58335. A female medical service in India would be a very good thing, if it was instituted on broad and sympathetic lines. He would rather institute a service than rely on independent effort. There was not much need for any female service, as far as Bombay was concerned, but there might be in the north, where the purdah system was strong.

58336. (*Mr. Abdur Rahim.*) He did not approve of professorial appointments being reserved exclusively for the Indian Medical Service. He would have recruitment to such positions open, both to the profession generally and to the Indian Medical Service.

58337. He contemplated that independent practitioners would ultimately be allowed independent charge of certain wards in the hospitals, and even charge of the hospital itself. Such a system would conduce to a better understanding amongst the students, and students would also have something to look forward to. Their ambition would not be stunted by the idea that after they passed out from college they had nothing more to look forward to but subordinate work.

58338. (*Mr. Fisher.*) He would like to see additional chairs established in the subjects of pathology, physiology, medicine and surgery.

58339. (*Mr. Chaubal.*) Witness was an M.D. of London. After obtaining his degree of M.D. he did post-graduate research work in England. He passed 18 months of his time in the laboratories of some of the professors. One branch in which he specially worked was physiology, and he had also undertaken bacteriological and pathological work. He came to India in 1898 with the Grocers' Research Scholarship. He obtained the degree of Doctor of Science in 1904 on the strength of the work he did in India on some physiological subject. He had been appointed Vice-President to the British Medical Association, and had recently been appointed corresponding member of the Society of Exotic Pathology of Paris.

58340. At least six of the signatories to the written statement had done such post-graduate work in England as would in the ordinary course entitle them to be taken on in a London hospital as assistant members of the staff.

58341. It was a grievance of the signatories that they were shut out, for no apparent reason, from appointments which were given to men with less or similar qualifications. If such posts had been advertised and the appointment was made by an advisory board, some of the signatories would have offered themselves as candidates, and it was a grievance that that was not the course adopted in the filling up of positions.

58342. There was great room for improvement in all directions in the medical teaching given at present in Indian Medical Colleges. In the first place he would suggest an increase of the professorial staff, secondly, an improvement in the method of selection of that staff, and thirdly he would supplement the work of those professors by a batch of assistant professors, who might ultimately be called upon to take up the duties of the professors in times of emergency, or in their own time, by merit and seniority.

58343. In the London University College Hospital the Senior Surgeon had no more than 16 beds under his charge, whereas the First Surgeon in the J. J. Hospital, Bombay, had 60 to 70 beds; the Second Surgeon had 40 to 50, and the Honorary Surgeon about 32.

58344. On account of their closer relationship with the community at large, Indian lady doctors would be more suitable than English lady doctors. Western medicine was likely to be more popular amongst the women in India if a large part of any female medical service was recruited from Indian lady doctors.

58345. (*Sir Theodore Morison.*) If members of the

Indian Medical Service were debarred from private practice, some compensation being given them in the shape of higher salary, it would be a great boon to the independent medical practitioners, and he would welcome such a change, from the private practitioners' point of view. But he had never suggested such a complete exclusion of Indian Medical Service men from private practice.

58346. (*Chairman.*) Regarding it from the public point of view, it would be to the detriment of medical science, and an injury to the public, if permission to practise privately was totally refused to any officer.

58347. (*Lieut.-Colonel Hudson.*) It was the case that the Surgeon at the London University College Hospital did not give the whole of his time to the beds under his charge, but it was the duty of a professor in an Indian hospital to do so.

58348. (*Mr. Kothawala.*) A separate women's medical service was not needed for towns in the mufassal. There would not be a sufficient number of patients.

(The witness withdrew.)

At Bombay, Tuesday, 17th February, 1914.

PRESENT:

THE RIGHT HON. THE LORD ISLINGTON, G.C.M.G., D.S.O. (*Chairman*).

THE EARL OF RONALDSHAY, M.P.
SIR MURRAY HAMMICK, K.C.S.I., C.I.E.
SIR THEODORE MORISON, K.C.I.E.
SIR VALENTINE CHIROL.
MAHADEV BHASKAR CHAUBAL, Esq., C.S.I.
ABDUR RAHIM, Esq.
WALTER CULLEY MADGE, Esq., C.I.E.
FRANK GEORGE SLY, C.S.I.
HERBERT ALBERT LAURENS FISHER, Esq.

And the following Assistant Commissioner:—

MAJOR W. H. KENRICK, I.M.S., Central Provinces.

M. S. D. BUTLER, Esq., C.V.O., C.I.E. (*Joint Secretary*).

MISS ANNETTE M. BENSON, M.D., B.Sc., First Physician, Cama Hospital, Bombay.

Written Statement relating to the Medical Services, being a Memorial from the Association of Medical Women in India.

58349. We have the honour to ask that the following representations on the subject of a service for medical women for India may be considered by the Commission, in spite of the fact that such a service does not appear in the list of Services about which inquiry is to be made.

The justification for this appeal is that memorials have been presented to the Secretary of State for India at Whitehall petitioning for the formation of an Imperial Service of medical women.

(*2*) The facts on which the need for such a Service is founded are:—

(i) The purdah-nashin and allied customs among women which preclude them from benefiting by the male services.

(ii) The neglect of education among women who are nevertheless largely responsible for the management of the Indian home.

(iii) The very great mortality among women at the time of child-birth.

(iv) The very great infantile mortality.

(v) The total inadequacy of any existing agency to meet the need.

At present there is one woman medical officer in the Imperial Service in India, viz., the First Physician of the Cama Hospital, Bombay. The conditions of her appointment and of the work at the Cama Hospital are superior to those enjoyed by other medical women, and we appeal that similar conditions may be extended to others.

(*3*) *Brief historical résumé showing the origin and development of—*

(i) *the supply of medical relief to women by women; and*

(ii) *training for the same in India.*

(*4*) We are unable to give a history of the women's medical work done by Missions, but undoubtedly they were the first in the field and have always done more than all other agencies together. The Mission Hospitals are larger, and better equipped and staffed and usually have a good nursing staff. They recruit a large number of highly qualified doctors and nurses from abroad. An estimate recently made of women doctors with qualifications registrable in the United Kingdom gives—

Employed by Missions 179
" " Countess of Dufferin's Fund 44

(*5*) The following brief notes show what has been done apart from Missions.

In 1867 at Bareilly, a beginning was made on a small scale by the individual efforts of a Civil Surgeon and a native gentleman.

Madras.—Soon after 1870 women were admitted to study medicine in the Medical College at Madras. The ordinary course for the University qualification was open to them and an inferior course for women was also arranged. In 1885, a Hospital for women was opened in Madras and put under the care of Mrs. Scharlieb, M.B., B.S. (London).

Bombay.—In 1883, some private gentlemen in Bombay initiated a movement for supplying "Medical Women for India." An article in the "Contemporary Review" for August, 1882, inspired the movement, especially the following paragraph:—"What is needed is a new Medical Department, as a part of the public service of India, managed by women and responsible only to some high officer of State, working in harmony with the existing Civil Medical Service, but co-ordinate and not subordinate to it." The committee formed to forward this movement opened a fund; and in 1883 obtained the services of Miss Edith Pechey, M.D., for work in Bombay. In the same year the Cama Hospital for women and children was founded, also by their efforts. The Government of Bombay took charge of this Hospital and has maintained it ever since as a Civil Hospital officered entirely by women. The First Physician is appointed by the Secretary of State for India at Whitehall. The Second Physician and the two House Surgeons are recruited in India and belong to the Provincial

Service. The Grant Medical College and the University of Bombay also opened their doors to women students about 1883, and many Christians and Parsees and a few Hindus have since obtained licenses to practise.

Calcutta.—In 1883, medical education was opened to women in Calcutta. I am unable to give further details at present. In 1885, the National Association for Supplying Female Medical Aid to the women of India was founded by the Countess of Dufferin whose name is attached to the fund raised by the Association. The annual reports of the Association may be referred to for information about its constitution, and about the spread of the movement and the results obtained. The line of action followed is to rouse interest in the objects of the Association by holding meetings and by other means, and so to lead to the formation of local branches all over India; the local committees being left to make their own arrangements for obtaining and utilising the services of medical women. The education of medical women was encouraged by grants of scholarships and prizes. Also some schools for an inferior grade of education were founded, the chief one of which is at Agra. Grants from the central fund are given to aid the work of local branches.

(*6*) The Central Committee limits its activities to the exertion of influence; no control of local branches is exerted; nor has any attempt been made to organise the medical officers employed, or the field of work, or the education and training of the women.

Thus it has come about that the Government Medical Colleges in all the large towns have been opened to women students who are thus enabled to gain the same University qualifications as the men under the same conditions; but the women students are in no case under the special protection of a woman; they are controlled and advised by the male staff alone and are mixed with the men students in classrooms, laboratories, dissecting rooms, wards, etc.

(*7*) In colleges at home, both medical and other, these conditions do not prevail, but women guardians or advisers are in charge of women students. In this country protection is far more necessary than at home, yet it has not been provided. A small beginning is now being made in Bombay by Miss Dobson of the University Women's Settlement.

The result of the neglect of this obvious provision is that with certain exceptions the best class of women, who should be attracted to the profession, are absolutely precluded from it.

In some towns special schools for training women have been formed, but these are invariably for inferior grades of education and do not lead up to the University examinations.

(*8*) To sum up what has been said:—

(i) The efforts to educate women for medical relief have failed because the special arrangements needed in this country have been disregarded.

(ii) The efforts to supply medical relief to women by women have failed for the same reason.

Many medical women at home have been desirous to supply the obviously great need of this country for their work, and would be glad to come to India. But with few exceptions there is no possible career open to them. One after another has made the attempt to work under the National Association but has found it impossible, and has returned home. very largely with a view to improve the whole status by bringing to bear the force of the experience and convictions of medical women both in India and at home, the Association of Medical Women in India was formed in 1907. Papers are attached, which, it is regretted, are not brought up-to-date, to show the Constitution of the Association. At present the officers are: President, A. M. Benson, M.D., B.Sc. (Lond.); Vice-Presidents, M. J. Balfour, M.D., K. Platt, M.B., B.S. (Lond.); Honorary Secretary and Treasurer, C. M. Wickham, L.R.C.P. & S. (Edin.); Members of the Council, I. S. Scudder, M.D., K. O. Vaughan, M.B., Rukhmabai, M.D., M. O'Brien, M.B., B.S., A. Lillingston, L.R.C.P. & S. (Edin.), E. Brown, M.A., M.D., A. Kugler, M.D.

(*9*) In 1910 this Association drew up a memorial addressed to the Secretary of State for India, then Lord Morley, who received a deputation of four of the Signatories, and requested them to submit a scheme which would satisfy their requirements. The memorial is given here because the state of affairs described still exists.

To the Right Honourable The Secretary of State for India, at Whitehall.—Memorial from United Kingdom Branch of Association of Medical Women in India.

The undersigned Memorialists beg to be allowed to bring to your notice the question of the supply of medical aid to the women of India, which in their opinion has reached a condition demanding serious consideration in the interest of public health and morality.

The benefits of Western ideas in medicine are but little undertood by the millions who still hold fast by their vaids and hakims. There is no possibility of a medical woman earning a livelihood by private practice except in three or four of the largest cities.

Hence the distribution of medical women over the country is necessarily effected by means of the creation of paid posts such as the charge of local dispensaries and hospitals. It has been the work of the Countess of Dufferin's Fund to influence the public to create and support these posts.

It should be observed that the popular name "Countess of Dufferin's Fund" is a secondary title of the body whose correct name is "The National Association for the Supply of Female Medical Aid to the Women of India," and that this Association aims at effecting its object not primarily by giving financial aid, but by exerting its powerful influence to induce local bodies to appoint medical women officers, whose management is left to the local bodies.

The Central Committee of this Fund gives occasional grants, chiefly for the medical education of women. It claims no control whatever over local action, whether in matters of education and training, appointments, or conditions of service.

The term "local bodies" is here used in a general way to cover a great variety of local arrangements. In British territory the medical women may be appointed by municipalities, or by Committees of branches of the Countess of Dufferin's Fund; or even in some cases by a single person, usually the Civil Surgeon. The Committees are usually composed of Indian men and European ladies, the wives of officials. In Native States the rulers appoint.

Not only are these local bodies independent of the Central Association in their constitution, but in spite of the apparently large number of local branches of the Countess of Dufferin's Fund, almost the whole financial support of medical women and of the dispensaries, etc., where they work is derived from the same source as the Civil Hospitals, *i.e.*, from the district rates.

Thus it is plain that the "Fund" is purely a philanthropic and benevolent association. It has never attempted to organise medical women's work, and has no machinery or staff for such a purpose.

Its efforts have resulted in the production of an unorganised mass of material which is now in need of responsible management.

The conditions of the work of medical women are as little regulated as those of menial servants, and their training in Western medicine and surgery gives them an anomalous position; they have prestige and power which raises them above the common level; they gain their livelihood by means of their training from public money; and there is no public opinion or authority to supply an incentive to good work and to restrain wrong conduct.

In the absence of organisation there is no security of tenure and no prospect of promotion or other reward of merit.

The medical men who are distributed over the country to bring the benefits of Western medicine and surgery to the people are the members of a regulated service which is a guarantee to the public

of their fitness and a guarantee to them of an assured career. Medical women on the other hand are left to chance. Some organisation is imperatively needed both for the protection of the public against incompetent, immoral and criminal women who find it very easy to describe themselves as "lady doctors" and to obtain posts; and for the protection of the respectable women who are placed in these posts, against incompetence and injustice in the local bodies.

We respectfully suggest that the right means to effect the reforms now so urgently required is the formation of a service of medical women for India; and that this can be efficiently done only by the Government of India.

We recommend that the entrance to the Service should be gained by competitive examination; that the service should be of superior and inferior grades with definite rates of pay and rules of leave and a provident fund.

If the service were formed local bodies wishing to employ medical women officers would obtain them from the authorities, the grade of the officer appointed being determined by the amount of pay available.

We wish to make it clear that all that is asked of Government is the formation of a service: the requisition and payment of local medical women officials being left to the local bodies as at present.

We also recommend for the successful working of such a service that steps should be taken to secure responsible official inspection of medical women's work by medical women. This is necessary for professional efficiency and for moral control, and is the only means of securing reports of individual merit with a view to due grading, since proper inspection of Indian women's wards by men is not possible, and untrained women cannot detect abuses. It is highly desirable that wherever young women are employed in India they should be supervised by women.

An organisation comparable to that which we recommend for medical women has already been effected in the Education Department in some parts of India.

Finally, the establishment of a Women's Medical School in India is an ideal we should be very glad to see realised. As things now are in India social opinion does not allow of the successful development of a good class of professional medical women; for under the existing system of mixed education and male supervision the social class from which women students are drawn is limited and the material for training falls far short of the best that should be available.

Miss Annette Benson, M.D. (First Physician, Cama Hospital, Bombay, President of Association of Medical Women in India), Mrs. C. B. Beynon, Mrs. Dickenson Berry, M.D., Lady Hamilton, Miss Hanson, M.D. (late Kinnaird Memorial Hospital, Lucknow), Miss Mackinnon, L.R.C.P. and S. (late Kinnaird Mission Hospital, Patna), Mr. H. M. Phipson, Mrs. Mary Scharlieb, M.D., Miss Staley, M.D. (late Lady Aitchison Hospital, Lahore), Miss May Thorne, M.D., Miss Helen Webb, M.D., Mrs. E. M. Slater (hon. secretary) (late Second Physician, Cama Hospital, Bombay). London, October, 1910.

(*10*) A scheme for a service of medical women for India was submitted to Lord Morley.

In 1912 the same scheme was presented to the Secretary of State for India, then Lord Crewe, by the deputation named in the paper printed below.

To the Right Hon. The Secretary of State for India at Whitehall, 22nd July, 1912.

Mr. Lord Marquis,—The deputation which has the honour of meeting you to-day is in continuation of the interview granted by Lord Morley in October, 1910, to four medical women, representing the interests of the women of India. As a result of that interview, the sketch of a scheme for a Women's Indian Medical Service was drawn up and submitted to the Secretary of State for India, but, from that time, up to the present, no definite steps in connection with the scheme have been taken—nor has any representative provisional committee been formed in India, through the agency of the Government, in order that the plan may be more thoroughly worked out in detail—nor has anything further been undertaken by the Government of India, to show that it realises its responsibility to the women of the country for more efficient and suitable medical staff. It is under these circumstances that we wish again to bring to your notice that same outline of a system of medical aid by women to women.

Sir Frederick Lely and Mrs. Scharlieb, M.D., both of whom have had long personal experience in India, will represent the deputation from the administrative and professional standpoints, and I, who represent the "Association of Medical Women in India," will answer any questions that have not been covered by the remarks of the two speakers.—I have the honour to remain, Your Lordship's obedient servant,

EMMA SLATER, L.R.C.P. & S.
Hon. Sec., English Branch
Association of Medical Women in India.

(*11*) *Draft of Proposed Scheme of Women's Indian Medical Service submitted to the Secretary of State for India by*

Mrs. Mary Scharlieb, M.D., 149, Harley Street, W.; Miss May Thorne, M.D., 148, Harley Street, W.; Miss Annette Benson, M.D., First Physician to the Cama (Civil) Hospital, Bombay; Mrs. Emma Slater, Honorary Secretary to the United Kingdom Branch of the Association of Medical Women in India, 33, Chepstow Villas, W. London, November 2nd, 1910.

Proposed Scheme for the Formation of a Women's Indian Medical Service by the Government of India.

The object aimed at is the foundation of a sound system which will gain support and develop as circumstances lead the way.

It is not proposed that the Government shall launch out into new extensions of medical work on a large scale.

Probably the first step will be to organise the medical work which is now done by women and bring it under the proposed conditions.

(*I*) *Preliminary.*

The details of the scheme shall be worked out in India with regard to existing circumstances by those who possess knowledge of the existing Services, and a Provisional Committee will naturally be formed for the purpose.

It is important that medical women, being those who are chiefly concerned, shall be well represented on this Committee, which will determine the conditions of the proposed Women's Indian Medical Service. One reason for this representation is to ensure a high standard of competence in the members of the Service.

(*II*) *Organisation of Hospitals and Dispensaries for Women.*

The ideal is the establishment of a Hospital for women in every district, corresponding to the existing Civil Hospital.

Such Hospitals shall be in charge of a medical woman of similar status and pay to the Civil Surgeon, and equally independent.

The financial footing shall be substantially the same as that of the existing Civil Hospital, *i.e.*, the funds found locally or aided by grants from the Local Government.

A system of rural hospitals and dispensaries shall be developed gradually by the Local Government as may be found desirable. It will grow if confidence is justified by the work done in the Civil Hospitals for women.

The country is not ripe for the appointment of isolated women in the districts, except under special conditions.

Where isolated subordinate women are appointed the medical officers (women) or the Civil Hospitals shall be their guardians.*

* Reference may be made to the methods of the Education Department in which the home conditions of the school-mistresses are safeguarded.

(*III*) *Organisation of the proposed Women's Indian Medical Service.*

There shall be a Superior and an Inferior Service.

The Superior Service shall consist of Women Civil Surgeons in three or four grades, arranged on collateral lines with the Indian Medical Service.

The minimum pay shall be not less than Rs. 400 per mensem.

Nominees when selected shall act on probation as Assistants for a period to be determined by the Provisional Committee. This will be in place of the regimental Service required in the Indian Medical Service.

The Women's Indian Medical Service shall form a component part of the Medical Department under the Local Government.

For the inspection of the women's work the office of Deputy Inspector General shall be resuscitated in each Local Government and a woman appointed to fill it.

The mode of admission to the Service will require discussion. It is recommended that admission to the Superior Service shall be by selection and to the Inferior by examination.

Admission to the Superior Service by competitive examination is to be deprecated as the unfit would not necessarily be eliminated.

Selection shall be made by a Committee in India or by its Commissary at home, subject to such limitations as may be decided on by the Preliminary Committee. There shall be a good proportion of medical women on the Selection Committee.

A method of admission by Selection similar to the one proposed is now used in the Public Works Department in India.

Admission to the Subordinate Service shall be by examination as in the corresponding Service now existing, and the cadre shall run on similar lines.

Names of those taking part in the Deputation.—Dr. Addison, M.P.; Rt. Hon. Syed Amir Ali; Miss M. Ashworth; T. J. Bennett, Esq., C.I.E.; Mrs. Bholanauth; Sir James Bourdillon, K.C.S.I.; C. E. Buckland, Esq., C.S.I.; Mrs. Cama; H. G. Chancellor, Esq., M.P.; Miss Corthorn, M.B., B.S.; Mrs. D. M. Dalal; Mrs. Desai; S. Digby, Esq., C.I.E.; Mrs. Emmanuel; L. R. W. Forrest, Esq.; Douglas Hall, Esq., M.P.; Sir Lancelot Hare, K.C.S.I.; Miss K. Haslam, M.D.; Mrs. Haythornthwaite, L.R.C.P. & S.; Syed Kasim Hosain; Mrs. Kasim Hosain, L.R.C.P. & S.; Lady Hughes; Sir John Jardine, M.P.; H.H. the Maharajah of Jhalawar; Hon. Miss Kinnaird; Mrs. Abdul Latif; Sir Frederick Lely, K.C.I.E.; Lady Lely; Miss G. Mackinnon, L.R.C.P. & S.; Mrs. Mehta; Sir J. Muir-Mackenzie, K.C.S.I.; Lady Muir-Mackenzie; H. M. Phipson, Esq.; Appa Rao, Esq.; Sir J. H. Roberts, M.P.; Mrs. Roy; Mrs. Scharlieb, M.D., M.S.; Lady Scott; G. F. Sheppard, Esq., I.C.S.; Mrs. G. F. Sheppard; Miss A. Sheppard, M.B., B.S.; Mrs. E. M. Slater, L.R.C.P. & S.; Mr. E. M. Slater; Lady Tata; Miss M. Thorne, M.D.; G. A. Touche, Esq., M.P.; Lady Turner; Sir Montagu Turner; Mrs. Mosin Tyabji; Lord Weardale; Miss Webb, M.B.; Miss Wickham, L.R.C.P. & S.; T. Wiles, Esq., M.P.; Col. C. E. Yate, M.P., C.S.I.

We believe that as a direct consequence of these memorials the authorities in India are considering a scheme for a service of medical women for India, and we appeal to the Royal Commission to place the service on such a footing that it may attract and hold the best class of professional women. We beg to put forward the following memoranda directed to this end.

58350. **(I) Method of Recruitment.**—We are convinced that the only means of ensuring an efficient service is the recruitment of the superior grade by the Secretary of State at Whitehall. Indians should be admitted if their ability is proved. The reason for the imperative need of recruitment of the superior grade at home is that the members may be able to train and supervise the Provincial Service.

We consider that the National Association is not a suitable body for a recruiting agency for the following reasons:—

1. By its constitution the National Association is intended rather for influence than for practical business. With the exception of the Director-General and the Viceroy's Surgeon, who are members *ex officio* of the Central Committee, there is no medical element. In 1911 and 1913 only has a medical woman been elected on that Committee. The secretary is not a medical man, but is a journalist by profession.

2. The unsatisfactory conditions described in the memorial printed above have accrued during about 30 years' work of the National Association. They do not inspire confidence among medical women at home, who have for the most part ceased to look to India as a field promising fair careers.

3. If the headquarters for recruitment is in India the service will not be Imperial, but local and inferior. Such a service would not meet the spirit of our petitions to the Secretaries of State. It would be fatal to the success of our movement, which is directed to initiate in India a very high standard of woman's professional work. The best women for the Provincial Service will not be trained by men only.

Examinations.—For the Imperial Service, recruitment should be on the results of a special examination. If this is not possible, a registrable qualification gained in the United Kingdom should be required.

The Provincial Service will be in several grades according to the examinations passed, viz., for qualifications registrable in the United Kingdom, and those for Assistant Surgeons and Sub-Assistant Surgeons.

58351. **(II) Systems of Training and Probation.**—The Imperial Service should be trained at home. The following remarks apply to the Provincial Service:—In each College open to women there should be a woman on the staff equal in professional and social standing to the men on the staff, as director of the women's studies; and she should have general control of the women students. All so-called concessions in favour of women in shortened periods of training or lower entrance and final examinations should be abolished. Scholarships should be given only to promising students, preferably on competitive examination. It is highly desirable to found a women's Medical College to train for the highest grade of University qualification; and the governing body and staff should be wholly or, in the greater part, women. The College should be in a large centre, so that in many special studies the women may have the advantage of sharing courses with men. It is probably impossible to work an efficient College with women only in this country, where there are few specialists and scarcely more than one qualified woman in a place.

58352. **(III) Conditions of Service.**—The first grade or superior members should be co-ordinate and not subordinate to men in similar positions.

Subordinate women should be in every case subject to the inspection of a woman of superior grade and the latter should be subject to the inspection of the Inspector-General, as well as that of any medical women appointed to inspect women's hospitals.

The conditions of service of the superior grade should be those of Imperial officers lent to the Provincial authorities.

58353. **(IV) Conditions of Salary.**—The salary should be graded up to a certain maximum, which should be exceeded in certain more responsible posts requiring special qualities, for their successful management.

58354. **(V) Conditions of Leave** for the superior grade should be those of the Civil Service Regulations for the uncovenanted (superior) services; and leave and travelling allowances should also be regulated by the same.

58355. **(VI) Conditions of Pension.**—In lieu of pensions a provident fund under the usual conditions should be established.

58356. **(IX) Other points.**—In all matters pertaining to women's work, *e.g.*, education, hostel or school management, recruitment, management of hospitals and dispensaries for women, women specialists should be consulted, as far as possible, in the preliminary arrangements. Also they should be placed on all electing and managing bodies concerned with women's work.

58356A. *ANNEXURE.*

ASSOCIATION OF MEDICAL WOMEN IN INDIA.

Constitution and Rules as adopted by the General Meeting held in Bombay on 24th February, 1909.

COUNCIL OF THE ASSOCIATION.

President: A. M. Benson, M.D., B.S. Vice-President: M. Staley, M.B. Secretary and Treasurer: C. M. Wickham. L.R.C.P. & S. (Edin.). Members: M. Iles, M.D., D.P.H.; K. Kelaokar, L.M. & S., L.M.; R. Cohen, M.B., F.R.C.S.; K. Vaughan, M.B., B.S.; A. Pennell, M.B., B.S., B.Sc.; Y. Sexton, M.B., B.S.; A. McPhail, L.R.C.P. & S. (Edin.); N. Jardine, L.R.C.P. & S. (Edin.).

CONSTITUTION.

Name.—The Association of Medical Women in India.

Object.—The object of the Association shall be to promote professional fellowship among its members and to further the interests of Women's Medical Work in India.

The three chief methods shall be:—

Methods.—(1) Holding meetings of Medical women at centres.

(2) Providing and circulating Medical literature.

(3) Printing and circulating among the members a Quarterly Journal and keeping a list of all Medical Women holding qualifications that can be registered in the United Kingdom, or equivalent qualifications from other countries.

Government, Council and Officers.—The government of the Association shall be in the hands of a Council consisting of not less than nine members of the Association. The Council shall appoint its officers from among its members, viz., President, Vice-Presidents, Secretary, and Treasurer, and may add not more than three additional members by co-option.

Quorum.—The quorum for voting shall be five.

Members.—The following women are eligible as ordinary members:—(*a*) Those who hold qualifications that can be registered in the United Kingdom or equivalent qualifications from other countries. Honorary members shall be gentlemen and ladies not eligible for ordinary membership. They shall not be entitled to any vote, but shall have such privileges as shall be conferred on them by the Council.

Divisions.—Divisions consisting of one or more Districts, States, Provinces, or Presidencies may be formed if desired by the members of the Association in such districts, etc. The terms of government and subscription shall be arranged by consultation between the Council and the members desiring to form the Division.

Local Branches.—At any centre where there is a sufficient number of members, a Local Branch shall be formed. Such Local Branch shall elect its own officers and arrange its own affairs, including its local subscriptions and expenditure, subject only to the general rules of the Association.

Change of Constitution.—No change shall be made except by a majority of Council and of the members of the Association.

On the requisition of the Council, or of not less than twelve members of the Association, any proposal will be circulated to obtain the opinion of the Association.

RULES.

Election and expulsion of Members.—The name of each applicant with proposer and seconder from members of the Association shall be submitted to the Council, whose voting shall be final.

In the case of branches the Secretary of the Branch shall send the name to the Council only with the approval of the Branch Committee.

A member may be expelled from the Association by the Council.

Honorary members shall be elected only by the Council.

The Council shall be elected triennially .

Election of Council.—The outgoing Council shall request nominations for the new Council and print them in the Journal. The Association shall vote on these nominations and the results be given in the next number of the Journal.

Outgoing members shall be eligible for re-election.

Casual vacancies shall be filled by co-option.

Duties of Local Branches.—Local Branches shall forward the objects of the Association among their members; hold professional meetings, and obtain and circulate medical literature. All proceedings shall be published in the Journal.

Duties of the Council.—The Council shall encourage the work of Branches and the formation of Divisions, control all the affairs of the Association and entirely manage the Journal.

Subscriptions.—The Council shall fix a rate of subscription for the Association and collect it from members, except those belonging to Local Branches, who shall pay through the Local Treasurers.

The annual subscription for membership is Rs. 5, payable in advance on January 1st of each year. Subscription to Journal only Rs. 3.

The Journal.—The publication of the Journal shall be entirely in the hands of the Council, who shall appoint the Editor and supervise the matter to be published.

Accounts.—The accounts of the funds of the Local Branches and of the Divisional Committees and of the Council shall be audited and be fully published annually in the Journal.

Circulation of the Journal.—The Journal shall be circulated free of further charge to those ordinary members who have paid the subscription, and to others as may be arranged by the Council.

List of Members.—A List of Members of the Association shall be published once a year in the Journal.

Voting.—In every case of voting a majority of two-thirds is required, except in the case of expulsion of members when the majority shall be four-fifths.

In every case only members actually voting shall be counted.

Note.—As regards "Associates" no rule has been drawn up, as it has been thought best to leave each Branch and Division to do as it chooses and make its own rules. Associates will belong only to the Branch or Division and not to the A.M.W.S.

C. M. WICKHAM,
Hon. Sec. and Treasurer.

Written Statement relating to the Medical Services, being a memorandum on the Proposed Women's Medical Service for India from Miss A. M. Benson, M.D., First Physician, Cama Hospital, Bombay.

58357. Since I sent my written statement on a Woman's Medical Service to the Royal Commission on Public Services in May, 1913, rules for a Woman's Medical Service for India have been formed by the National Association for Supplying Female Medical Aid to the women of India and sanctioned by the Government of India.

Accepting this Service as an established fact I must somewhat change my standpoint, *i.e.*, I can no longer ask as I did in my Written Statement that the Government of India shall form such a Service, but I will endeavour to point out the lines on which the advantage I desired from Government control may yet be obtained through the National Association.

In forming this Service the National Association is for the first time taking up the function of administration which hitherto has been left entirely in the hands of local bodies. The Central Committee of the National Association has itself said (Annual Report for 1912), "We think that the present range and quality of the National Association activities are no longer equal to the demands of the time." I understand that the local bodies by whom medical women are employed and medical institutions are managed are for the main part independent. In the absence of full information on conditions which now prevail, to which it is obvious any new scheme must be adapted I propose an elastic organisation which shall have, according to the varying circumstances, administrative or advisory functions.

I ask that permanent Medical Boards may be created as sub-committees of or in connection with the Central Committee, and the Provincial Committees of the National Association; that they be wholly or mainly formed of medical women: if possible under the presidency respectively of the Director-General, and of the Inspector-General or Surgeon-General of the various Provinces. That the Secretary of each board and more especially of that in connection with the Central Committee be a medical woman. The boards should have the actual administration of or have advisory functions on all professional matters pertaining to the National Association's work. By such a constitution the medical women employed would have for their immediate superiors professional and not lay bodies. To particularise further I propose that the Medical Boards should have the following functions:—

(*1*) Recruitment and granting leave on medical certificate for the Service. All recommendations on these points would be made through the Boards to the Central Committee of the National Association for the first grade; and to the Provincial Committees for the second and third grades.

(*2*) Obtaining information and generally taking steps to bring the various institutions into line in such a way as to secure the higher efficiency of the medical service. This would necessarily include inspection and would lead to the development of the various grades of the Service and determining their conditions.

(*3*) Investigation of the conditions of women's medical education and training and taking such steps as are possible to improve them with the direct object of producing in India a thoroughly efficient class of medical women.

58358. **(I) Methods of Recruitment.**—This is dealt with in what has been said above on the functions of the Medical Boards, and in the Rules on this subject for the National Association's Women's Service.

58359. **(II) Systems of Training and Probation.**—For post-graduate women intended for independent charge a thorough system is required directed to develop through discipline and instruction and experience the powers of the individual to take responsibility and to control others. This is important because the early home training of women in this country does not fit them for administration.

I propose that the staff of the larger Women's Hospitals shall consist of at least two or three first grade officers to provide for specialisation and teaching; that such hospitals shall be regarded as institutions for post graduate training; that the pupils shall be resident, and receive board and maintenance and a nominal salary; that the period shall be five years. Appointments for independent charge should be given as far as possible only to women thus trained.

In Medical Schools and Colleges, women students should not be entirely separated from men but should be students in mixed hospitals, with certain conditions.

(*a*) They should all be under the special guardianship of a woman graduate of equal social standing and educational attainments with the teaching staff. If possible this guardian or tutor should be a member of the staff.

(*b*) Hostels should be formed on lines to attract a high class of students and managed so as to develop character.

58360. **(III) to (VI) Conditions of Service, Salary, Leave and Pension.**—These are partly dealt with in the National Association's rules and for the rest would come within the scope of the various boards. I would add a note to (IV) that judging from rates now prevailing Rs. 550 per mensem as a maximum is not sufficient to attract the best either from home or in this country.

58361. **(VII) Such limitations as may exist in the employment of non-Europeans, and the working of the existing system of division of Services into Imperial and Provincial.**—There should be no limitations except of capacity and qualifications. Under the system of training which I propose, the most capable women of any or all races will be brought to the front and be ready to fill the posts for which they are wanted. As for the division of the Service I propose three grades—

1st Grade—or that of senior Physicians and Surgeons, including (1) Officers holding inspecting and teaching appointments; (2) Officers holding independent charge of institutions containing more than 50 beds.

2nd Grade.—(1) Assistant teachers or officers holding independent charge of wards in the above institutions; (2) Officers holding independent charge of smaller hospitals.

3rd Grade.—House Surgeons and officers in charge of branch Dispensaries.

58362. **(VIII) Relations of the Service with the Indian Civil Service and other Services.**—The Women's Service should be generally co-ordinate or collateral with the existing Indian Medical Service and Subordinate Service.

MISS ANNETTE M. BENSON called and examined.

58363. (*Chairman.*) The witness was president of the Association of Medical Women in India, and the only lady medical officer in the Imperial Service. She was first physician to the Cama (Civil) Hospital, Bombay, which was a hospital for women and children under the charge of the Government. The second physician and two house physicians of the hospital belonged to the provincial service. They were non-Europeans and possessed the L.M. and S. of the University of Bombay. The other Civil hospitals in Bombay had departments for women, but they were entirely officered by men. The Cama was the only hospital in which women doctors were solely employed. There was a separate hospital for women connected with the Sir Jamsetjee Jeejeebhoy Hospital, but that was staffed by male surgeons.

58364. The Association of Medical Women in India consisted of about 200 members, all of whom possessed qualifications registrable in England. All such were qualified to join, whether Europeans or Indians, but the majority of the members were Europeans, as Indians were not yet educated up to the value of co-operation and association.

58365. Her original idea was that a Government Women's Medical Service should be established in India, but she had modified her demand for that on hearing the recent announcement that the Dufferin Fund had formed such a service which had been sanctioned by Government In view of this it was no longer practical to ask that a Government service should be formed, but she had not changed her view that Government control was needed. The contention all along had been that women as well as men had a claim on Government for medical aid. At present Government did not undertake to supply medical aid for women, except for the few who were willing to be treated like men. The Dufferin Fund organisation had made clear the great needs of Indian women, but could not meet them. The one staring fact was the immense mortality and suffering among Indian women and children. The Dufferin Fund, which consisted of philanthropic people and official experts, who were fully occupied with their own work, only touched the fringe of the problem. In India, western medicine was a foreign importation, which could not be developed or fostered by

local people, because they had neither the spirit nor the knowledge, and might even be bitterly opposed to it. Women doctors were left to grapple with the difficulties alone. Men doctors were servants of Government, and were supported by their service, and had the prestige of Government behind them. The small service of 25 individuals, which had had been formed by the Dufferin Fund, was not in the least on a par with any Government service. The Dufferin Fund Service had no voice in the administration of medical women's work, it merely laid down a set of rules, which now for the first time had fixed conditions of leave and pay for 25 individuals in the whole of India.

58366. She did not wish to criticise nor suggest modifications in the new service, but to lay before the Commission the fact that, under the present chance conditions, a first-class body of professional women could not be developed. Such a body was needed in the country, but a great deal of organisation would be necessary before it could be brought into existence. Women's work should be taken in hand seriously, and whole-time professional officials employed to develop it. That was really at the bottom of the claim for a Government service, because, if Government provided a women's service, it would be included in the official routine, and not be made a side issue in busy people's lives.

58367. The Association of Medical Women in India still hoped that Government would eventually regard the work as coming within their scope. The claim could be justified on the grounds that Government had already acknowledged it to a certain extent by allotting a grant of one and a half lakhs for paying the 25 individuals appointed by the Dufferin Fund, that the initiative in forming that service had been taken by Government, that Government was represented on the central committee of the Dufferin Fund, that Government officials were often asked by Government to serve the Dufferin Fund, and that the Dufferin hospitals were for the most part financed from the local rates. The Dufferin Fund was quite inadequate, and was never intended to cope with the present situation. It was intended for the purpose of awakening recognition for the need of women doctors.

58368. The Association of Medical Women also endorsed the memorial addressed to the Commission by the Council of the London Royal Free Hospital School of Medicine for Women, and in particular the prayer that such a project as the organisation of a Medical School should not be worked out without consultation with women of experience and judgment, and that a standing council of women, not necessarily all doctors, should be formed for such a purpose.

58369. Women were now treated in large numbers in the existing hospitals, which all had women's departments, but a majority of the women in India would not take advantage of the treatment because it was given by male officers. Even if subordinate women officers were employed, as was often the case, the patients were still under men for superior treatment, operations, etc. It could not be said that women were ignored in hospital treatment, but the provision for their treatment was by no means adequate, in the sense that it was not adequate to supply a woman with a man medical officer, when she would not make use of his services.

58370. To raise up in India a class of medical women of a high standard good careers would have to be provided for a certain number of first-class women officers. Under them there might be a large number of locally trained women. At present Indian women could be educated up to passing examinations, but that was not the whole training required to make a good professional class. It was very necessary to institute careful training under professional women, so that Indian women might be turned out capable of working on their own responsibility.

58371. For a limited number of years she would like to see certain hospitals put under European management, so that the women of India might obtain the necessary training to enable them to fill the highest positions. At present there was no post-graduate training for women such as could be obtained in England. European medical women were necessary to supervise that training, but their employment would be of a temporary nature.

58372. Institutions like the Cama Hospital should be set up by Government in all large towns, and officered with the most suitable medical women that could be found. If Indians could be obtained to undertake the whole of the administration and training, they should by all means be appointed, but if they were not ready, Europeans should be selected, not only with the object of attending to the wants of the sick, but also of training Indian women to do so later on.

58373. There was no definite organization of any kind for managing medical women's work. The service recently formed by the Dufferin Fund did not in the least touch the administration of the hospitals, but simply laid down rules concerning the pay and leave of the 25 individuals appointed. The members were nominated by the Central Committee of the Dufferin Fund, and sent out to different districts in India to work under the Provincial Committees. There was no administration in any way comparable with the administration of the Indian Medical Service, in which every man had his hospital controlled by his own service and was backed by his own superiors. The women had no professional superiors, but were directly under a provincial committee, of which generally speaking the president was the wife of the Lieutenant-Governor or Commissioner and the members of the committee were members of the provincial Government, and philanthropic people. The Committee might or might not consist mainly of officials. Such a body would be suitable for supreme control, but it did not suffice without a professional link. Each medical woman should have as her immediate superior some professional head, and not be directly under a lay committee. The Association of Medical Women asked for a new set of conditions comparable to a Government service.

58374. A medical college for women was to be opened at Delhi, but it would not perform the work which she had in mind. She wanted opportunities for women to take up house surgeoncies and junior appointments in good hospitals. At the present moment there was no organisation which would enable women to obtain that training.

58375. Women now had the privilege of attending the medical colleges with men, and that was an excellent thing, and she would not limit it in any way, but some feminine control over the women attending the colleges was required. She would like to see the appointment of a woman of high education and social standing who would have the women students under her care, and be in charge of their general conditions of living, without interfering with their teaching. Women who studied in colleges in England had never to face the conditions which women had to face in India when going through their studies without any guardianship.

58376. Hostels should also be supplied for women. If Government supplied aid to private institutions it would be a move in the right direction, but the most pressing need was for the services of a lady on the staff of all the large colleges, to supervise the women whilst at college.

58377. The Dufferin Fund service required a great deal of extension and supplementing before it could be said to cover the ground. It might be possible for the State to exercise some control, and ask the Dufferin Fund to organise the women. Up to the present no attempt had been made to obtain information with regard to medical women's work, and it was quite time their case was taken up and studied. Private enterprise had been working in the form of missions for at least 30 or 40 years, and their work was immensely appreciated by the country, but voluntary work of that kind could not touch the enormous number of women and their great needs. It was well known that at the present time a great number of women were left absolutely without skilled medical

treatment. The service formed by the Dufferin Fund was a very small nucleus, numbering only 25 individuals for all India, and at present had no germs of development within it. Judging from the first list of nominations it appeared to have failed to enforce the high standard, which was so much required. She should be glad to see Government insisting on the conditions of administration of women's medical work being improved, in order that development might take place.

58378. If a service was not adopted by Government, there should be at the head of whatever medical organisation was formed a whole-time medical woman for the purpose of administrative work. If possible there should also be a woman in each Province, connected with the Provincial committee, to administer women's affairs in each province, and to gather information and do all that was possible to organise the work. If the service was to be a nucleus, and to extend, there should be someone in the position of an inspector general, a whole-time official, developing and administering women's hospitals and the women's service.

58379. (*Sir Murray Hammick.*) She was not quite clear what the Dufferin Fund was doing in the south of India, but in the north the work that was commonly termed Dufferin work was almost entirely a local matter and financed from local rates. The present efforts in the direction of hospitals and dispensaries for women were spasmodic, and there seemed to be no united action at all. The whole thing was treated more or less as a side issue. There was no co-ordination or control, and no conditions laid down, which would provide careers for medical women. There was very little to be looked for in the future so long as the Dufferin Fund organisation was worked in the different provinces by a lay committee, and by local officials, whose time for the work was limited.

58380. Failing a women's medical service she should be very glad to see a woman medical adviser at each head-quarters to co-ordinate women's work in the provinces.

58381. (*Sir Valentine Chirol.*) The first request made by the Association of Medical Women was for the establishment of a women's medical school by Government, as it was only through the agency of Government that a medical school for women could be brought into being in India. She did not advocate separating off women entirely from men in their education, as a woman was not sufficiently trained medically if she saw nothing but women patients. Therefore she advocated continuing women's education in a mixed institution, but under modified conditions, and with careful guardianship and supervision by women. There was also scope for a medical college restricted to women, because a certain number of women in India might come into the medical profession in that way, who would not enter the common colleges and mix with men.

58382. (*Mr. Abdur Rahim.*) An excellent model of the supervision she was anxious to obtain was to be found in University College, London, where there were a great many women students. On the staff of that college was a director of woman's studies, a lady who admitted the students, advised them, and generally overlooked the conditions in the college. If necessary she accompanied them to lectures.

58383. All the colleges in Bombay, both arts and medical, were open to women as well as men. In the Elphinstone College there were something like 30 women students.*

58384. The great need was for training in actual experience of hospital work, and for that purpose she wanted posts of house surgeon and house physician for women, in order that they might be trained in subordinate posts to take independent charge later on.

58385. During the last 20 years up to 1912, 67 women had qualified in medicine in the Bombay University, and the numbers were increasing as time went on.

58386. (*Mr. Madge.*) There was quite an efficient class of women in India who could be attracted to the medical profession, if the conditions were made more suitable. Only a special class of people entered mission service, and missionary institutions had nothing to do with medical education, and would not afford machinery for carrying out the objects she had in view.

58387. It was advisable that Government should spend money in relieving the needs of the women and children of the country, who had a great claim on the funds of the country.

58388. (*Mr. Fisher.*) Up to the present the Government of India had never admitted its responsibility for the provision of medical aid to the population of India generally. The Indian Medical Service was in theory simply a military service. But Government had done so much for men that it was quite legitimate to contend that it should now do something for women. It was useless to provide colleges for medical education, if no after career was open to the women who came out of them. At present the majority of ladies who had qualified in the university were practising for themselves, and were not at present serving the poor of the country with their medical knowledge. If the women and children of India were to be treated in hospitals, that treatment should be efficient, and for that purpose the most efficient women doctors would have to be provided. Without first-class hospitals there could be no first-class medical women. Her idea was that Government should take an active part in promoting the medical education of women in colleges, in founding hospitals for women, and in creating a medical service of women. That work should not be left to chance as it was now.

58389. It was not absolutely necessary that the woman supervising the students should be a medical woman, though if she were she would know better what difficulties had to be met. There were women students in the arts colleges as well, and supervision might be given to them by the same lady.

58390. (*Mr. Chaubal.*) The object of the recommendations was to improve the medical relief which was at present given, and to extend it to other classes of women whom the present relief did not reach.

58391. There were a good many independent women doctors in Bombay at present, but very few in the mofussil. A large increase was needed in order that medical relief might be adequate. The provision of a larger number of locally trained women in India would be greatly assisted by the creation of a women's service. She did not propose to use the medical colleges to this end, but suggested that the big hospitals for women in the mofussil should be made more efficient, and placed under first-class women officers, and made training grounds for the future women practitioners. A woman should be in charge of women's hospitals, and of the branch dispensaries for women in the surrounding districts. At present there were a few hospitals exclusively for women in the mofussil.

58392. (*Sir Theodore Morison.*) There was a sufficient number of Indian women outside the Christian community anxious to earn an independent livelihood to make it worth while attempting to attract them. There were the women of the Brahmo-Samaj, for instance, and exceptional women were to be had both from the Hindu and Mahomedan communities. Making all allowances, however, the Indian women were so few that it was inevitable that a certain number of Europeans should be brought in at the present time, but later the number of Indians coming forward would increase, and there would be no need for Europeans to be employed.

(The witness withdrew.)

* The witness subsequently wrote :—
"Thirty" is a mistake on my part. I have since found the following numbers. The women students in Arts and Science Colleges in Bombay, in 1913, were :

In Elphinstone College (Government) ...	19
In Wilson College (Mission)	30
And in Grant Medical College (Government) there were	29

W. R. Bhat, Esq., D.P.H. (Cantab.), L.R.C.P. (Edin.), Berar.

Written Statement relating to the Medical Services.

58393. **(I) Methods of Recruitment.**—*Higher posts.*—The majority of the posts of the Imperial Service branch of the Medical services in India are held by the members of the Indian Medical Service which consists largely of Europeans, and the whole of the Provincial Service (superior and subordinate) is recruited from the indigenous medical men whose pay ranges from Rs. 30 to Rs. 300 per mensem. The latter are in charge of small dispensaries, and serve as assistants in hospitals, jails and lunatic asylums, while the members of the Indian Medical Service hold the following appointments:—

(i) Chief Administrative Officer of Hospitals, Jails and Lunatic Asylums.
(ii) Sanitary Commisioner and Deputy Sanitary Commissioner.
(iii) Professors of Medical Colleges.
(iv) Chemical Analyser.
(v) Bacteriological and Special Research Department.
(vi) Surgeons and Physicans in Charge of Presidency Hospitals.
(vii) Civil Surgeon.

(*2*) The effect of excluding Indian medical men except in very rare instances, from these high and responsible posts, on account of the present system of recruitment has been detrimental to the growth of the medical profession in India. Debarred as they are from holding any of the posts which would go to improve their knowledge, they cannot be blamed for the subordinate position they hold in the profession, and for the very negligible number of them having reputation of being anything beyond general medical practitioners.

(*3*) The art of relieving human sufferings should not be made the monopoly of a particular class, nay, every effort should be made to widen its scope, to find means to further the efficiency of the medical man of the class which he serves. Though the patient will not look particularly to the race of the healer but to his reputation, still, if he be one of his own it is but human nature to show preference to him. Since the majority of the people who we have to deal with are Indians, it will be in the interest of humanity to further the efficiency of the Indian medical man. The system which takes away opportunities of development by excluding him from these important posts cannot be said to meet with these requirements.

(*4*) The administrative capacity required for the various medical departments is certainly not such as to necessitate recruitment from a particular class. Anyhow, from the results achieved by the Department up to now compared to what has been done in this line in other countries, it would appear that the heavy expenditure on account of the pay of the superior posts has not been justified. Even supposing that it did, after all why not let Indians have a service more in consonance with its conditions than the present expensive one, detrimental to the interests of the medical profession in India, and not giving an adequate return. It may be said that the present Civil Surgeon does certainly more useful work than an Assistant Surgeon, but so would an Assistant Surgeon if placed in charge of rural dispensaries compared to the Sub-Assistant Surgeon. I do think that the cost will be in proportion to the usefulness if Indian medical men be appointed to these posts, as then there would certainly be more men coming in for relief.

(*5*) The gist of my contention is that in the interest of the medical profesion and medical relief in India, the superior medical service should be recruited in India, even if it be at the risk of some inefficiency for some time.

(*6*) *A separate Indian Medical Service for Civil employ only.*—I think, therefore, a system which practically excludes Indians from the superior services should be discontinued. The holding of the examination in England does this on account of the cost. There ought to be a separate Civil Indian Medical Service, for the higher posts for which candidates should be recruited by a competitive examination held in India, except in case of the following posts to which appointments may be made by selection from the best available candidates from the profession in this country or in England, as these require good previous experience:—

(i) Medical Officers in Charge of Lunatic Asylums and large Jails.
(ii) Professors and Teachers of Medical Colleges and Schools.
(iii) Sanitary Commissioner.
(iv) Health Officers to large towns.
(v) Bacteriological Department.
(vi) Surgeons and Physicans to large Hospitals, *e.g.*, of Presidency Towns.

(*7*) The present system of making appointments to the above is not at all satisfactory. There ought to be mental experts for jails and lunatic asylums and specialists as professors and teachers of medical colleges and schools. I am not in favour of the present practice of appointing the same man on different duties at different times, especially of appointing him as a teacher or a professor in a medical school or college without any previous experience of the subjects which he has to teach.

(*8*) *Objections to recruitment in India.*—The following objections are likely to be raised to the proposal of recruitment to higher posts in India:—

(i) That the majority of the posts will then be made up of Indians.
(ii) That it makes no provision for "War Reserve."
(iii) That it will create dissatisfaction among European Officers for want of a medical man of their own class to attend on them.

The first objection has been dealt with above, and to meet the difficulty of the "War Reserve" the officers of the superior service may be given Military training for a fixed period so that they might be requisitioned in time of war.

As regards the third point, if for the last many years the Indians had to submit to the English Surgeons why should the Englishmen not give in in favour of the Indian medical man in the interest of the higher consideration of larger medical relief. I have no doubt the objection will disappear as European officers see that the Indian medical men can as well treat them. The proposal, however, does not exclude Europeans getting into the Service, and a certain percentage of posts of Civil Surgeonship of places having a large European population may be reserved for them and for the members of the present Indian Medical Service.

(*9*) It is necessary to refer here to the recruitment of the proposed women's medical service for India. It is proposed to fill the higher posts from English lady doctors and from lady graduates in India. This will, to a great extent, have the same effect on women medical practitioners in India as the present system of recruitment to the Civil posts has on the Indian medical profession. I think, therefore, that appointments should be made to the higher posts from the existing staff of the Lady Dufferin Fund Hospital and from women practitioners in India. If properly qualified lady doctors be not available, they may be got from England, but there ought to be no restriction laid down to the recruitment of lady doctors from this country.

(*10*) *Assistant and Sub-Assistant Surgeons.*—The recruitment for the Assistant Surgeon should be by selection from the graduates of Indian Universities as at present, and at least 20 per cent. of the higher posts (Civil Surgeons) should be reserved for the more deserving of them and not for the most senior of them as at present.

The class of Sub-Assistant Surgeons forms the backbone of the medical profession in India, for, being the majority of medical men the people judge the class from them. They are appointed to independent charge of rural dispensaries and have thus more to do with the general mass of the people. It is necessary, therefore, that their status should be improved. The name hospital assistant conveys what they were intended to be in the beginning, medical assistants in hospitals, a little superior to other hospital servants. Their pay and education has been in consonance with this idea. They have, however, been and are giving medical relief quite in excess of their pay. They are in charge of medical relief and sanitation of Taluks, sometimes quite isolated from civilised life, and such a class should not be kept in this condition simply because the Government can get the work done by the present men and for their pay.

(*11*) I would therefore propose the following to improve their status:—

(i) Raise the standard of professional qualification and give them a University diploma. This will give them some standing in the profession.
(ii) Their starting pay should be raised to Rs. 75 per mensem. It is ridiculous that the officer who is practically in medical charge of a Taluq should be paid less than a Sub-Inspector of Police, an overseer or the head master of the school there. A low paid officer like that can hardly realise his position and is likely to obtain money by unfair means. He cannot be looked upon with that respect which his profession deserves.

They should be off and on posted during the period of their service to district hospitals to bring their knowledge up-to-date. The number of posts in the senior grade should be increased, and some Assistant Surgeons recruited from these (senior grades).

(*12*) *Associating Members of the private Medical Profession in India with Government Hospitals.*—The efficiency of members of the medical profession in England is due to their connection with hospitals and medical schools which are not reserved for any particular service. They are appointed honorary Physicians and Surgeons in later life, but early, at start, their temporary appointment to hospitals enables them to develop their professional knowledge and to become later what the best of them are at present. The young practitioner in this country has to start in life with the knowledge he acquired in schools and colleges, and in future life has to depend upon his books and occasional consultations, as he cannot be connected with any hospital either as a paid or an honorary man on the staff. It will be in the interest of medical relief for the State to assist them.

(*13*) This can be done in the following ways:—

(i) Appoint them as temporary Assistant Surgeons and Assistant Physicians, on a small pay of say Rs. 50 per mensem, for a short period to Presidency and large District Hospitals. So many, at least, then can start in private practice with some experience.
(ii) Private practitioners of repute, when available, should be appointed honorary Physicians or Surgeons to large hospitals with a number of beds to each, to which patients should be admitted on fixed days in a week.
(iii) That distinguished medical men in private practice should be appointed consulting Physicians and Surgeons to large hospitals.
(iv) That professors and teachers for medical colleges and schools should be selected from only among the medical practitioners who may have made a subject their own and be allowed private practice. In case such are not available they should be obtained by selection from the best available candidates from any country instead of restricting them to a particular service only.

58394. **(II) System of Training and Probation.**—The newly recruited Civil Surgeon should be actively attached for a period of one year to a large Presidency hospital, and then posted as Assistant to Civil Surgeon for a period of six months to learn administrative work.

For the Assistant Surgeon, some of the temporary men proposed above, if willing, may be taken upon the permanent staff as Assistant Surgeons. A Civil Surgeon performs generally all the major operations. He pays less attention to medical cases with the result that his assistant has more to do with them. I think it will be better to lay down that at least 20 per cent. of major operations, except in exceptional cases, should be done by his assistants.

The members of the medical services should not be transferred unnecessarily. They should be allowed to live in one place unless they show themselves unfit to be kept in that locality. Small places, or those which do not give large practice, should have some local allowance.

58395. **(IV) Conditions of Salary.**—The pay of Civil Surgeons should be from Rs. 350 to 800 with an allowance for places where no or little private practice can be had. The salary of the Assistant Surgeon should be Rs. 150 to Rs. 350, of the Sub-Assistant Surgeon from Rs. 75 to 150, and of temporary Assistant Surgeons Rs. 50 and upwards according to hospitals.

58396. **(V) Conditions of Leave.**—Study leave should be allowed to Assistant Surgeons also.

58397. **(VI) Conditions of Pension.**—Members of the Medical Services may be allowed to retire earlier. After 50 all cannot carry on active professional and administrative work.

58398. **(VII) Such limitations as may assist in the employment of non-Europeans, etc.**—As suggested in paragraph 5 the Civil Surgeonships of towns having a large European population may be reserved for the European members of the Service.

58399. **(IX) Any other points.**—No officer of the Military Service should be taken over to the Civil side unless equally qualified men are not available otherwise. The Civil Surgeon has to perform the following duties at present:—

(1) Physician and Surgeon to District Hospitals.
(2) Supervision of rural and other branch dispensaries.
(3) Vaccination of the district.
(4) Sanitation of the district.
(5) Vital statistics.
(6) Examination of candidates for Government Service.
(7) Medical attendance at home on certain class of Government servants.
(8) Giving certificates for leave.
(9) Medical evidence in criminal cases.
(10) Holding post-mortems.
(11) Superintendent of district jail.
(12) Inspection of factories.

A great deal of his time is thus taken up in administrative work, the jail taking up the most, with the result that very little time is left for professional work which is mostly surgical and to which he pays his direct attention. It will be well, therefore, if the administration of the jail is taken away from him, as it will enable him to devote more time to purely professional work. If, however, it is thought desirable to have a medical superintendent for the jail, then a separate medical officer for some of the duties referred to above would be better, especially when sanitation will now be coming in more prominence and will require a special officer.

58400. In conclusion, I beg to submit that the higher posts of the Medical Service should be recruited by competitive examination held in India, except those which require expert knowledge, appointment to which should be made by selection from the best available men possessing the necessary qualifications and experience, and that suitable medical practitioners should be associated with the State Institutions as suggested above.

Mr. W. R. Bhat called and examined.

58401. (*Chairman.*) Witness was a private practitioner from Berar. His main idea was that the Medical Service should be recruited for the future in India, even at the risk of some temporary inefficiency. In fact he regarded the development of a purely Indian Service as more important, at any rate temporarily, than the necessities of the patient.

58402. His proposals in the written statement were based on the sole consideration of wider medical relief and organisation. The necessities of the patient could not be met ideally by any

civilised nation, and since the employment of the Indians in the Service would lead to their further efficiency and to increase of the number of patients going in for treatment, it would be well to recruit them in India.

58403. In support of his complaint about the present system of making appointments to the professorial staff, he mentioned the case of one professor, who had been taken from the chair of Midwifery and appointed to the chair of Medicine.

58404. He wished young practitioners to be afforded opportunities of taking courses in Government hospitals, as was done in Bombay at the present time. Also the older private practitioners should have an opportunity of being on the visiting staffs. At first there might be some friction, but that would disappear as the system settled down. The private practitioner would be quite prepared to comply with the disciplinary conditions of the hospital. It would be necessary that it should have its own staff of House Surgeons and House Physicians.

58405. He no longer urged that 20 per cent. of the major operations should be done by the Civil Assistant Surgeon. He was now prepared to leave the matter to the discretion of the Civil Surgeon. All he now asked was that more liberal treatment should be accorded to assistants in this matter.

58406. He did not wish to confine the appointment of professors and teachers in Medical Colleges to outside medical practitioners. He would appoint from those, who had had practical experience in the various subjects, whether they were men in the service or from outside. There were some private practitioners in the Central Provinces and Berar, who could show as good qualifications as the officers in the service, though there were only one in Berar and two in the Central Provinces who possessed a British qualification. British qualifications, however, were not absolutely necessary for a professor, as an Indian qualification was quite as good.

58407. There were private medical institutions in the Central Provinces and Berar in the nature of private nursing hospitals, not aided by Government. They were really small private nursing homes run by private practitioners.

58408. (*Lord Ronaldshay.*) Private practitioners, appointed to be honorary Physicians or Surgeons should, if possible, be given charge of a ward in the hospital, but if the hospital was not large enough they might be appointed to the charge of a few beds. The only friction that could arise might be a difficulty in connection with the subordinates carrying out the orders of the private practitioner, as for instance in connection with supply of articles be.

58409. (*Mr. Chaubal.*) If a private practitioner had a hospital, which could accommodate only half-a-dozen patients, there would be no objection to the Local or District Board or Government subsidising him in order that the number of beds might be doubled.

58410. (*Mr. Sly.*) His scheme for the recruitment of part of the Medical Service in India was based on a desire to have as many Indians as possible in the service, as owing to the expense of a candidate going to England, and the uncertainty connected with his passing the examination a large number of them cannot get into the service. The medical education in India was cheaper than in England, and the cost of preparing for the medical profession was much less in India. He now wished to withdraw his suggestion that young practitioners, appointed as Assistant Surgeons and Physicians in hospitals, should receive a pay of Rs. 50 a month. It was not really necessary to give them anything in the shape of salary.

58411. There might be friction between honorary Physicians and Surgeons and the salaried hospital staff, but this would not arise from the fact that only one operating theatre and one set of instruments were available.

58412. (*Mr. Fisher.*) All the jails in the country should be placed in the hands of alienists, because there was a connecting link between crime and insanity.

58413. (*Mr. Madge.*) Private nursing homes in Berar were carried on exclusively by practitioners for their own profit, and there was no teaching or anything of that kind. He would give State help to such an institution, if in that way he could afford wider medical relief, and supplement the efforts of the hospitals.

58414. (*Sir Valentine Chirol.*) The nursing homes were really run by practitioners as part of their practice. He would take a house, and have so many paying patients residing there for treatment. Some patients were taken in, who could not afford the fees, and in those cases the expenses came out of the pocket of the doctor, so that to that extent it was partly a philanthropic institution. There were about four such institutions in the Central Provinces and Berar.

58415. If a women's medical service were instituted, it should be recruited mainly from Indian lady doctors. It was true that a sufficient number of was not available at present, but no restriction should be placed upon them if they could be found.

58416. (*Major Kenrick.*) The cases taken in the private nursing homes were surgical, medical and mental patients, whom a medical man could better attend by keeping them immediately under his own eye.

(The witness withdrew.)

Rai Bahadur S. N. Barat, M.B., Civil Surgeon, Wardha, Central Provinces.

Written Statement relating to the Medical Services, being the corporate views of the Civil Assistant Surgeons of the Central Provinces and Berar.

58417. **(I) Method of Recruitment.**—It is desirable that all superior Civil Services should, as far as possible, be modelled on the same lines as regards modes of recruitment, salaries, pensions, etc.

The superior service of the Medical Department may be divided into two branches:—

1. Imperial or Civil Indian Medical Service for the higher executive and administrative appointments corresponding to the Covenanted Civil Service.

2. Provincial Civil Medical Service for the appointments now held by Civil Assistant Surgeons.

The method of recruitment should be as described below.

The Indian Medical Service will be recruited partly in India and partly in England. The recruitment will be by open competitive examination held in England and India simultaneously. Appointments will be made from the successful candidates in the order of merit and according to the number of vacancies. The standard of examination, both in England and India, should be the same.

The age of the candidate should be between 27 and 30 years. Those recruited in India will be made to serve a probationary period of one year in England and those recruited in England will serve a similar period in India.

The medical officers required for the Military Department should be recruited separately and they should not be allowed to hold charge of Civil appointment.

The Provincial Service should be recruited wholly in India. The Government will recruit from Medical Colleges within the Province or in the absence of a local college from colleges in the neighbouring Provinces to which local students may be encouraged to go with a view to compete for the Service. Appointments should ordinarily be made in the order of merit from the successful medical graduates to the extent of the number of vacancies.

In order to give an opportunity to the successful

candidate of the year to compete in the examination for the Imperial Service the Provincial recruitment will take place after the results of the former examination are declared.

58418. **(II) System of Training.**—The training in England for persons recruited in India will take place at a first class European hospital, and the training for persons recruited in England at one of the Medical Colleges in India.

58419. **(III) Conditions of Service.**—The conditions of service, salary, leave, and pension will be the same for all the Indian Medical Service, whether recruited in India or in England. Those for the Provincial will follow the lines laid down for *Provincial* Civil Service.

58420. **(IV) Conditions of Salary.**—Every one would admit that the pay fixed for the Medical Service is ridiculously low. Very much lower than in the sister services. It may be urged that the low pay is fixed on due consideration to the money earned by such officers in private practice, but against this the following points may be considered—

(*1*) The duties of officers attached to a hospital or in medical charge of a district are such as to leave him very little time for private practice.

(*2*) There being now qualified medical practitioners in almost every big town the private practice is divided between them and the Government Medical Officer; and as the latter is not always available people prefer to get the private practitioners.

(*3*) The cost of living now is very much higher in former days.

The scale of the salary for Civil Assistant Surgeons should be as follows:—

Third grade Assistant Surgeon, should start on Rs. 200, on an incremental scale of Rs. 20 a year to Rs. 300.

Second grade Assistant Surgeon should start on Rs. 300, on an incremental scale of Rs. 20 a year to Rs. 400.

First grade Assistant Surgeon should start on Rs. 400, on an incremental scale of Rs. 20 a year to Rs. 500.

Senior grade Civil Assistant Surgeon, appointed as Civil Surgeon on Rs. 550, on an incremental scale at Rs. 50 a year to Rs. 800.

Promotion from one grade to another should be made after five years' service in each grade. The system of promotion after passing the septennial grade examination should be abolished. There is no such examination for the Indian Medical Service officers and not for officers in other departments like the Engineering, etc.

The travelling allowance admissible on transfer is universally recognised to be very low. Actual expenses should be paid, limited to three times the railway fare or road mileage ordinarily allowed for touring. Actual charges for the carriage of furniture and personal effects should be allowed, subject to a limit of one waggon by rail and 20 carts by road. Trainage of one trap and one pony should also be made permissible.

58421. **(V) Conditions of Leave.**—As the Officers serving in this Department cannot get gazetted holidays and Sundays, they should be allowed to have two months' privilege leave in the year instead of one.

Privilege leave may be allowed to accumulate up to six months.

Furlough up to a maximum of two years in the whole Service may be allowed on full pay in lieu of four years' ordinary furlough.

Provincial Civil Service officers should be granted study leave like the Indian Medical Service officers.

58422. **(VI) Conditions of Pension.**—Officers should be allowed to retire on pension on completion of 25 years' service.

58423. **(VII) Such limitation as may exist in the employment of non-Europeans.**—The Military Assistant Surgeons should not hold Civil appointments as they are mainly meant for the Military Department.

In this Province no less than seven higher appointments (six in charge of districts, one in Central Jail) are in the hands of officers of this class of Service, whereas only one such appointment is held by members of the Civil Assistant Surgeon class.

The Civil Assistant Surgeons are better qualified than Military Assistant Surgeons for the simple reason that the preliminary educational qualifications required for admission to the Military Assistant Surgeon class are lower than those for the Civil. Moreover, they have only four years' course, and are not required to pass a stiff university test. These officers are given higher appointments in preference to the Civil Assistant Surgeons, and, what is more humiliating to the latter class, is that they have to serve under the former class. This is a source of great discontentment in the Provincial Medical Service. There should be no limitation to the employment of non-Europeans in the Service. In the Indian Medical Service, as at present constituted, there is already a great preponderance of the European element, and there is no danger of its being overwhelmed by qualified Indian medical officers. Moreover, the preponderance of the European element in the Civil Medical Service is not so essential for its efficient working as in the case of Indian Civil Service.

58424. **(VIII) Relation of the Service with the Indian Civil Service and other Services.**—Provincial medical officers should be exempted from operations of Arms Act like the officers in the sister Service.

In the matter of being invited to attend Civil functions, *e.g.*, Durbars, they should be treated on equal footing with the members of other sister Services.

Although this class of officers are the most hard working and do the greatest amount of good to the public, their merit is not sufficiently recognised. In this Province only one Civil Assistant Surgeon holds a title at present.

Supplementary Notes on the preceding written Statement by the Civil Assistant Surgeons of the Central Provinces.

58425. **(I) Method of Recruitment.**—A Civil Medical Service is desirable to give wider scope to the aspiration of the best indigenous talents for higher appointments.

In our province out of 22 Civil Surgeoncies 20 are held by Military Officers, viz., 14 Indian Medical Service and six Assistant Surgeons, Civil Assistant Surgeons hold one, and European Civil Medical Officer one.

Simultaneous examination would afford facilities to the pick of our Universities to compete: at present they are debarred for want of means to go to England.

Indian Medical Service officers are the pioneers of medical education in India: the Provincial service is their creation: it would be the height of ungratefulness to ignore our obligation to these officers, several of whom are highly specialised and are the pride of the profession. Against the present system of their selection for civil duties and retention as war reserve we have nothing to say. Their strength may be fixed by the Government.

Attached to their cadre and as a supplement to it a Civil Medical Service may be created. The Civil Surgeoncies now held by Civil and Military Assistant Surgeons and Uncovenanted Medical Officers may be thrown open to this service; recruitment by competitive examination held in India; open to domiciled Europeans and Indians; Medical graduates of English or Indian Universities, Civil and Military Assistant Surgeons would be eligible to compete; examination test may be the same as for Indian Medical Service; age between 27 and 30 years; pay, Rs. 400 to Rs. 1000 in three grades. For Anglo-Indians one year's probation in India after passing; for Indians one year's probation in some European hospital in India or, if that is not considered sufficient, in some hospitals in England.

After selection distribution of posts in the

different provinces to be made by the Government of India, according to requirements.

Much of the alleged European prejudices (ladies especially) against Indian doctors is hypothetical. My experience is that, given requisite merit and efficiency and a certain knowledge of social customs, an Indian doctor's colour is no bar to European practice.

Several districts in Central Provinces do not count many Europeans—not often even three or four—and for the over-scrupulous and ultra-fastidious a European doctor would always be available in the neighbouring districts.

58426. **(III) Conditions of Salary.**—Some attempts have been made in other provinces to improve the salary but none in ours; in Central Provinces the Civil Assistant Surgeons are worse off as they have less field for private practice and no lucrative posts.

Pay should be:—

3rd grade	...	...	...	Rs. 200
2nd grade	...	...	...	Rs. 300
1st grade	...	...	...	Rs. 400

and a senior grade 10 per cent. on Rs. 500 to be given by selection to deserving officers.

Starting pay may not be less than Rs. 200, as in the other provincial services; the present pay hits the junior officers hard; they cannot command private practice nor make a decent living, and amongst them discontent is acute. The initial pay should be improved even on price of reduction of the service cadre.

Of the two alternatives, (1) increase of pay, and (2) more opportunities for promotion to higher appointments, the former would be more popular, as it would benefit a larger number of officers.

Insufficient emoluments are grinding originality out of the service; capable men won't stick or are lukewarm; bare duties are done, and nothing out of the common; few specialise or contribute towards medical literature; appointments are viewed more from points of routine work than the higher plane of public good or scientific advancement.

Promotion examination should be retained to keep up professional knowledge. Medical science, both in theory and practice is making rapid strides, and efficiency requires that we must keep abreast of these. Professional examination is a better incentive to study than recommendation by Civil Surgeons or deputation to post-graduate work.

The period of examination may, however, be reduced from seven to five years; candidates may be permitted to go for as many subjects at a time as they choose, and be re-examined only in the subjects in which they fail.

Examination should be held twice a year.

Under the scheme outlined above Civil Assistant Surgeons need not, unless in exceptional cases, be promoted as Civil Surgeons; they are selected from the first and senior grades when too old to adapt themselves to their new position, which often entails much active life and outdoor work.

If the present system is retained officers from junior grades might be selected for promotion; ideal period would be 10 to 15 years' service. A certain knowledge of Western ways and manners is necessary, which can be acquired by training in some European hospitals in India. Facilities may be given to them by study leaves and State scholarships to advance their studies in some British or foreign university. Number of such promotions should be 20 per cent. Pay Rs. 400 to Rs. 800.

58427. **(V) Conditions of Leave** should be liberal, because they get no gazetted holidays (40) and Sundays (52):—

(*1*) Two months' privilege leave in the year.

(*2*) Furlough up to a maximum of 2 years in the whole service on full pay in lieu of 4 years' ordinary furlough.

58428. **(VI) Conditions of Pension.**—Officers should be allowed to retire after 25 years' service because:—

(*1*) Of the extra strain and risk they run by contact with sickness and irregular hours of duty.

(*2*) Many of them become inefficient workers after 50 years of age, specially in surgical practice.

58429. *Military Assistant Surgeons.*—Those successful in competitive examination in India or holding registrable qualifications should be taken in as Civil Surgeons, others, if necessary, to be retained in civil employment as Military Reserves, may be provided as Assistants to Civil Surgeons in charge of sub-divisions, small jails, or lunatic asylums in the Sanitary Department or as House Surgeons of large hospitals where Europeans are treated. For Civil Surgeoncies they should take equal chances with the Civil Assistant Surgeons.

The present position of Civil Assistant Surgeons under the Military is anomalous and untenable, and causes much heart-burning in our service.

58430. *Sub-Assistant Surgeons as Honorary Assistant Surgeons.*—The proposal is now before the Government. Civil Assistant Surgeons form a self-contained service, based on definite university qualifications. It is not desirable to reduce the standard by smuggling inferior qualifications into it.

Deserving Sub-Assistant Surgeons may and should be promoted as Honorary Assistant Surgeons, with higher pay and privileges; but they should not be incorporated into our service Cadre.

Rai Bahadur S. N. Barat called and examined.

58431. (*Chairman.*) Witness was a Civil Surgeon of three years' standing. He was the only Civil Surgeon who had been promoted from the Civil Assistant Surgeons, and he represented the Civil Assistant Surgeons of the Central Provinces of Berar.

58432. At present Civil Assistant Surgeons were promoted to be Civil Surgeons too late in their career. He himself had spent 25 years in the service before being promoted, and was still the most junior of the Civil Surgeons, though 28 years in the service now. It would be better for the service if younger men were selected, even though this would lead to a certain amount of heart-burning amongst the older men.

58433. The first written statement put in had been drafted by the junior members of the service in a hurry. Later the whole subject was referred to the senior men, and the second written statement was drawn up in the light of the views gathered from them.

58434. He agreed with the recommendation that a European, after a full training at a British Medical College, should go through a course at an Indian Medical College. In this way he would obtain a knowledge of the customs, habits and manners of the people, and make himself acquainted with tropical diseases. He had never been to England himself, and could not speak from experience of the Medical Colleges there.

58435. The proposal made in the first written statement to abolish the Indian Medical Service was now withdrawn, as most of the members now wished to keep it as at present. The Civil Assistant Surgeons now asked that their pay should materially be increased, as it was impossible to keep up their position in society on the present amount. Private practice was gradually decreasing. Good men were now giving up the service, or were kept in it against their will by the bond system. The large number of applicants for the service did not disprove this. They were forced to come in owing to the great competition for a livelihood in the country.

58436. The officers desired to have a longer period of leave on full pay.

58437. The suggestion that Military Assistant Surgeons should be relegated to Military employ had also been modified. It was now considered that it would suffice if Military Assistant Surgeons

were made to obtain the same qualification as the Civil Assistant Surgeons.

58438. (*Sir Murray Hammick.*) There were two reasons why private practice had decreased. The first was the growth in the number of independent practitioners, and the second the fact that officers had now to do more work in the hospitals, with the result that they had very little leisure. There were four independent private practitioners in his district. They did not all possess registrable qualifications, but they had all gone through hospitals.

58439. Personally he was in favour of the promotion examinations, but he would like to see them taken after periods of five years. They should also be made more practical. No good men, however, had yet failed to pass.

58440. His colleagues considered that, instead of having Civil Surgeoncies of inferior status and insufficient pay for senior Civil Assistant Surgeons, it would be much better for younger men to compete directly for the higher service. His suggestion that a Civil Surgeoncy should be given only in exceptional cases was contingent on there being a competitive examination in India for the upper service. All Civil Assistant Surgeons, who aspired to a Civil Surgeoncy, should appear for a competitive examination in India for the higher service.

58441. (*Mr. Abdur Rahim.*) He did not desire that Indians should be excluded from the Indian Medical Service examination. Those Indians who desired to go in for the Indian Medical Service should go to England and compete there.

58442. (*Mr. Madge.*) He would not have a simultaneous examination for Englishmen in England and for Indians in India, but the two examinations should be of the same standard.

58443. A visit to England was necessary at some stage or another, for the sake of efficiency. The best time for a man to go to England was after he had passed his examination.

58444. (*Mr. Sly.*) In the Central Provinces the quality of the candidates for the Civil Assistant Surgeons' posts was not good, but it was much better than it used to be. His justification for making a demand for increased pay, in view of the fact that there was no dearth of candidates for the service, was that the best men would not stay in the service under the present conditions. Government service should attract the best talent available.

58445. At present only one Civil Surgeoncy was reserved for the Civil Assistant Surgeons in the Province, but there would be another 10 years hence, when a certain officer vacated his present post.

58446. In the big districts about 30 per cent. of the major operations were done by Civil Assistant Surgeons. They had no complaint to make in that respect as far as the big districts were concerned. It was only in the smaller districts that the grievance arose.

58447. (*Mr. Chaubal.*) He desired the number of Civil Surgeoncies, now open to his service, to be increased from 2 to 8, and he wanted an all-India competitive examination to fill those eight posts. The men who came out first in order of merit in the examination should get the posts, irrespective of the Province to which they belonged by birth.

58448. (*Sir Theodore Morison.*) His reason for wishing to retain the promotion examinations was that they were an incentive to study. Many Civil Assistant Surgeons in out-of-the-way divisions did not keep up their reading unless they were compelled to do so. The present examination was a fair test of a doctor's knowledge.

58449. (*Lord Ronaldshay.*) The value of private practice depended upon the man as much as upon the district or on the post. Twenty years ago at Jubbulpore witness's average private practice was about Rs. 800 a month, whereas the present holder of the post did not obtain more than Rs. 100. His Government duties had so increased that he had very little time for private practice. The same applied to Nágpur, where the present private practice was not worth more than Rs. 200 a month.

58450. (*Major Kenrick.*) He was not aware that the gentleman who was filling one of the Civil Assistant Surgeons' posts, would be 55 in 4½ years' time, and would then have to retire from the service.

(The witness withdrew.)

Military Assistant Surgeon R. T. Rodgers, Superintendent, Central Jail, Raipur, Central Provinces.

Written Statement relating to the Medical Services, being a corporate representation of the Military Assistant Surgeons in Civil employ in the Central Provinces.

58451. **(I) Methods of Recruitment.**—At present a candidate for the Indian Subordinate Medical Department must pass through a medical college in India, entrance to which is by competitive examination, but no university test is required. In the absence of any university qualification the General Medical Council of the British Isles will not admit such candidates to the English University Examinations for medical degrees. We would, therefore, urge that entrance to the Indian Medical Colleges should be made equal to some Indian university qualification, which would be accepted by the General Medical Council of the British Isles. This qualification might be of a standard midway between the matriculation and the first arts examinations, and, if necessary, some special tests of such a nature might be introduced in the Indian universities for the benefit of candidates desiring to enter the Department. In these circumstances, a candidate in the Indian Medical Colleges, who desired, at any stage of his training, to proceed to a British university, would have no difficulty in being allowed to appear at the examination for that degree.

58452. **(II) System of Training and Probation.**—That the course of study now prescribed (four years) be raised to one of five years. This would assimilate the period of training to that required in England, would result in better training and the acquisition of more practical experience, and would make it possible for a student desirous of an English degree to sit for such a degree as soon as he arrived in England. In short, the change suggested would distinctly benefit both the Government and the more aspiring of its officers.

That on completion of the period of three years' compulsory service the candidate receive a diploma recognisable by the General Medical Council of Great Britain as a qualification for appearance at the examination for British medical degrees.

That all Military Assistant Surgeons in civil employ be permitted to attend post-graduate courses of lectures at their own expense and sit for examination subsequently, obtaining the diploma if they are successful; at present this is not encouraged. The possession, for instance, of a diploma of public health would give an officer opportunities of obtaining any special posts that may exist, or may hereafter be created, in the Sanitary Department.

58453. **(III) Conditions of Service.**—That the travelling allowances of Military Assistant Surgeons entitled to second-class travelling allowance be raised to Rs. 3 a day, irrespective of the salary drawn. It is not possible for any officer who is accustomed to European methods of living,

however low his rank, to travel on a smaller allowance than Rs. 3 a day.

58454. **(IV) Conditions of Pay.**—That the pay fixed for such officers as are appointed Civil Surgeons is much too low. Quite apart from the fact that it was fixed as long ago as 1868, since when there has been an enormous rise in prices and depreciation of the rupee, it must be remembered that the Civil Surgeon is one of a body of superior District Officers, the rest of whom are originally recruited from the Imperial Departments, such as the Indian Civil Service, the Indian Police and the Indian Forest Service. To maintain adequately his position as a District Officer is impossible on the present rate of pay. The present and proposed scales are as follows:—

Present scale.

	Rs.
On first appointment	350
After 5 years as Civil Surgeon ...	450
„ 10 „ „ „ ...	550
„ 15 „ „ „ ...	700

Proposed scale.

	Rs.
On first appointment	400
After 4 years	500
„ 8 „	600
„ 12 „	700
„ 16 „	800
„ 20 „	1,000

the intermediate scales being reached by annual increments of Rs. 25 per mensem per annum up to the Rs. 800 grade, and thereafter by Rs. 50 per mensem per annum.

That as the appointment to a Civil Surgeoncy is usually made between the tenth and twentieth year of service the increments set down are very moderate, and in very rare instances only will the maximum salary be drawn for more than a year or two, and that only after a total service of over 30 years.

That the allowances of Military Assistant Surgeons in sub-divisional medical charge, in the Sanitary Department, and the Assistants to Civil Surgeons be raised to Rs. 100 per mensem and increments of Rs. 25 per mensem annually, given after the first year of holding charge, up to a maximum of Rs. 150 per mensem; the allowance now being Rs. 50 per mensem for so long as the charge is held.

58455. **(V) Conditions of Leave.**—That furlough allowances be regulated by Civil Service Regulations in the same way as the pay; the fall from the pay of the civil appointment to that admissible under the rules governing military furlough prevents many men from taking long leave, and so leads to deterioration, both mental and physical, owing to the Military Assistant Surgeon being unable to subsist on the furlough pay now obtaining.

That the members of the Indian Subordinate Medical Department be granted study leave under the same regulations as the Indian Medical Service, the allowances to be proportionately smaller according to rank. This will enable an officer to attend a post-graduate course as suggested in paragraph 4, especially if, as suggested in the last preceding paragraph, the furlough pay is raised.

58456. **(VI) Conditions of Pension.**—That the whole scheme of pension stands in urgent need of revision; in no case does the pension exceed Rs. 200 per month, and it often happens that an officer with 35 years' service, who has drawn the salary of Rs. 700 per mensem, retires on a pension of Rs. 175. That the pensions of the Civil side of the Indian Subordinate Medical Department be governed by Civil Service Regulations on the average of the last three years' pay.

That Local Governments should contribute at a Civil instead of a Military rate of pay, and that if the question of pensions of the Civil side alone cannot be altered, that of separating the Civil and Military lists be considered, or the whole pay and pension of Military Assistant Surgeons in general be examined, as it frequently happens that Military Assistant Surgeons, although professional men, earn smaller pensions than many Secretariat Assistants, altogether apart from those Assistants who have been promoted to Superintendents of Offices or Registrars. These latter, Provincial Service and other Provincial Civil Service officers, often receive nearly twice the pension of a Captain of the Indian Subordinate Medical Department. The cost of the scheme first mentioned would be inconsiderable, and would remove a cause of much natural discontent owing to this disparity between this and other analogous Provincial Services.

58457. **(VIII) Relations of the Service with the Indian Civil Service and other Services.**—The position which Civil Surgeons occupy in their relations with the Imperial Services has been referred to above (*vide* paragraph 48454), and the necessity of emoluments sufficient to maintain this position has there been emphasised.

58458. **(IX) Other points within the terms of reference not covered by the preceding.**—That the matter of recognition of Government diplomas and qualifying certificates be brought not only to the notice of Government in view of any legislation that may be contemplated for the regulation of private medical practice, but also to the notice of the General Medical Council of the British Isles. Such recognition should be made retrospective, 10 years' practice being held to entitle the candidate to go before a Selection Board, consisting of the Inspector-General of Civil Hospitals, Inspector-General of Prisons, Sanitary Commissioner and two other senior officers of the Indian Medical Service, who will declare the suitability or otherwise of the candidate for recognition by the Government or by the General Medical Council. This will remove the apprehension at present felt that officers of the Department are in danger of not being recognised as properly qualified medical practitioners. It is believed that all Local Administrations in India will support this suggestion, as Military Assistant Surgeons are serving Local Governments in varying numbers as Civil Surgeons and in other posts of trust and responsibility, requiring qualifications in no way inferior to some of those recognised by the General Medical Council. This difficulty which is apprehended was recently unpleasantly emphasised when a Congress of Medical Practitioners in Bombay resolved that Military Assistant Surgeons be excluded from the register of qualified medical men in India. Fortunately the Government of Bombay vetoed the proposal. This question of recognition by the General Medical Council is considered to be one of vital importance, and Military Assistant Surgeons would be most grateful of strong representation being made to the governing Medical Body in the British Isles.

That during recent years no encouragement has been given to Military Assistant Surgons to proceed to the British Isles to qualify, while other communities in India have received encouragement —as, for instance, by the grant of technical scholarships. Under the present conditions of pay and furlough allowances it is impossible for an officer to proceed to England with a view to obtaining a medical degree. Improvements in these respects, supplemented, if possible, by special pecuniary assistance to selected officers, would render possible the acquisition of an English degree, and officers of the Department could then obtain in some measure a share of the posts held by the Indian Medical Service, just as the Provincial branches of the Indian Civil Services are allowed some share in the Imperial appointments.

Designation.—That the Department be called, as it actually is, a Provincial Department of the Medical Services of India. The term "Subordinate" in the title is considered derogatory and is not used to designate officers of similar standing in the other locally recruited services of India.

58459. These briefly are some of the questions requiring examination.

Submitted on behalf, and at the request, of all Military Assistant Surgeons in Civil employ in the Central Provinces through the Inspector-General of Prisons and Inspector-General of Civil Hospitals, Central Provinces.

MR. R. T. RODGERS called and examined.

58460. (*Chairman.*) There were 14 members of his department in the Central Provinces and Berar.

58461. Witness was Superintendent of a second class central jail. District jails and second class central jails would offer a suitable field for the employment of Military Assistant Surgeons. A second class central jail accommodated about 1,000 Indian prisoners, and a district jail about 150.

58462. His colleagues asked that they should be given the opportunity of acquiring a qualification, which would be acceptable to the General Medical Council, in order that they might be placed on an equality with the Civil Assistant Surgeons. They would be prepared to go through a five years' course. If a rule to that effect came into force, it would have no injurious effect upon recruitment to the service, provided that its pay and prospects were improved. There was an adequate supply of members of the domiciled community of sufficient education to be able to meet any additional demand. He had obtained the opinions of the head masters of 10 European schools in India on this point. Of these, four considered that the age limit should be increased to from 20 to 21, whilst five thought that the school-leaving cerificate was a sufficient preliminary test, and this was a qualification accepted by the General Medical Council. All agreed to a five years' course, and one considered that the stipend should be increased. All held that the diploma granted should be registrable. Many emphasised that point as being of especial importance. Two considered that the period of compulsory military service should be raised from three to four or five years on account of the increased grant which Government would give. All agreed to the scale of the initial military rates of pay being raised. All, except two, who were in favour of Rs. 850,* agreed to the proposed scale of Civil pay rising to Rs. 1,000. All again thought that the handing over of the present prize appointments would affect recruitment. All, except two, were of opinion that a change of title would have a good effect on recruitment, and all, except one, considered that the pension should be half the pay drawn prior to retirement as in other Civil Services. These head masters represented the schools where members of the community recruited to the Service were usually educated.

58463. (*Lord Ronaldshay.*) It was a fact that the General Medical Council would accept a school-leaving certificate in lieu of a University qualification. It would not, however, accept the existing medical examination, which members of his service had to pass at the end of their college course. To get over that difficulty he would suggest that members of his service should do what the L.M. and S. men did at present. In other words, instead of there being an examination by the authorities of the College, there should be one by the University authorities.

58464. (*Mr. Chaubal.*) He was not aware that the Grant Medical College did not admit candidates until they had passed the Preliminary Examination, or until they produced a certificate from an Arts College showing that they had satisfactorily gone through a one year's course. If it were so, the Grant Medical College insisted on a higher standard than the General Medical Council. He was only speaking of what the General Medical Council required.

* Annual increments 50=400—50—1,000.

58465. (*Mr. Sly.*) On further consideration he admitted that it was impracticable to give Military Assistant Surgeons in civil employ a separate Civil pension.

58466. The request that the Service should be called the Provincial Department of the Medical Service was a mistake. The department actually was a locally recruited branch of the Indian Medical Service and should be so designated and treated.

58467. (*Mr. Fisher.*) Members of his community would be prepared to face the expense of an additional year in college in order to obtain the registrable qualification, provided that the conditions of the service were improved. The two proposals were interconnected.

58468. (*Mr. Madge.*) His colleagues desired a registrable qualification in order to remove the stigma, which at present attached to them on account of their not being on the Medical Register. If they were granted that qualification, many of them undoubtedly would go to England, and try for higher distinctions, or would enter the Indian Medical service if age permitted.

58469. There were 16 men in the Indian Subordineat Medical Department who possessed English qualifications, only one of whom had been chosen for the teaching profession.

58470. He did not think the claim that Indian Subordinate Medical Officers in civil employ should be given a special civil pension was unjust, but it was against precedent, and for that reason he did not press it. That did not mean that his colleagues did not want their pensions to be increased. There was a man of 38 years' service of the rank of captain who was about to retire on a pension of Rs. 195 a month. His present pay was Rs. 700.

58471. (*Mr. Abdur Rahim.*) He could not say what chairs he would like to see filled by members of his service. This was pointed out to show that just as Civil Assistant Surgeons held comparatively few Civil Surgeoncies so Military Assistants hold few (only two) teaching appointments. Two of the 16 men in the service who held British qualifications were F.R.C.S., three were L.S.A., and eight were L.R.C.S., Ireland, besides possessing other British qualifications. The reason why Military Assistant Surgeons get more pay than Civil Assistant Surgeons is (apart from the value which a military training and knowledge of obstetrics give the Military Assistant Surgeon and the different standards of living of the two classes) because from among a total cadre of 712 Military Assistant Surgeons, 337, or 47 per cent., were drawing salaries of Rs. 85 and 110 without any allowance whatever, and because of the nature of their duties and military surroundings at military duty no private practice is obtainable. He could say that 84 per cent. of Military Assistant Surgeons got absolutely no practice. He would certainly not agree that the Military Assistant Surgeons were better off than the Civil Assistant Surgeon. The initial rates of pay of the Civil Assistant Surgeons were much higher than those of Military Assistant Surgeons, and they also held extremely good stations. There were nine stations in the Central Provinces for Civil Assistant Surgeons which carried a practice of over Rs. 200 a month.

58472. (*Major Kendrick.*) Witness was at present Superintendent of a jail. He had been Civil Surgeon of a district for five and a-half years.

(The witness withdrew.)

At the India Office, London, Friday, 8th May, 1914.

PRESENT:

THE RIGHT HON. THE LORD ISLINGTON, G.C.M.G., D.S.O. (*Chairman*).

SIR MURRAY HAMMICK, K.C.S.I., C.I.E.
SIR THEODORE MORISON, K.C.I.E.
SIR VALENTINE CHIROL.
MAHADEV BHASKAR CHAUBAL, Esq., C.S.I.
ABDUR RAHIM, Esq.
FRANK GEORGE SLY, Esq., C.S.I.
HERBERT ALBERT LAURENS FISHER, Esq.
JAMES RAMSAY MACDONALD, Esq., M.P.

M. S. D. BUTLER, Esq., C.V.O., C.I.E. } *Joint Secretaries.*
R. R. SCOTT, Esq.

SIR CHARLES BENT BALL,* Bart., M.D., F.R.C.S., called and examined.

58473. (*Chairman.*) The witness represented the General Medical Council. The Council had before it no information with regard to the attractiveness of the Indian Medical Service in the medical schools of to-day, and had no statutory authority to obtain such information from the medical schools. He could, however, in his individual capacity, give the Royal Commission some information as to the present position in the University of Dublin, and he thought it was much the same in the other universities and schools.

58474. Twenty years ago the Indian Medical Service was the most popular Service amongst the graduates of Dublin University. Many of the best men went in for it, and it was considered the plum of the professional Services. Now things had altered. There were several reasons for that. In the first place an impression had got about that the opportunities for private practice had diminished, and that there had been a curtailment of the number of appointments open to officers on the civil side. The University authorities had, of course, no knowledge of the actual facts, but these were the allegations made by the men who came back from India, and the impression they created had the effect of stopping young men from going into the Service.

58475. Another and possibly a more important reason was that other Services had become more attractive. The Royal Army Medical Corps, for instance, before the Boer War, was certainly not a popular Service, especially with good men but after the war the whole Service was reorganised with most successful results. One of the important features of the reorganisation was that an officer could obtain promotion for purely scientific and professional work. Cases like those of Bruce, Leishman, and Davis, who had been promoted for research work in connection with Malta fever and sleeping sickness, pathology, and public health respectively, stirred the interest of the good men. He did not wish to imply that there had been no similar development in the Indian Medical Service, merely that the Royal Army Medical Corps had now become a rival of the Indian Medical Service. The attraction of the Home Army was now so considerable that it took a great many men who would formerly have gone to India.

58476. In Dublin University, again, the Colonial service had recently become extremely popular. Last year thirteen men went into this Service. Possibly that was due to the fact that one or two men from Dublin had made names for themselves on the West Coast of Africa in tropical medicine. It might be a passing phase, but at present the Colonial Service took away men who might otherwise go in for the Indian Medical Service. Opportunities for purely professional and scientific work had a great attraction for young men.

58477. Another reason, which to many would appear to be based on unreasonable prejudice, but it acted very strongly in preventing students from going into the Indian Service, was that in India men might be placed under Indian officers. Those who were placed under such officers spread the impression that their position was not the same as if they were under European officers. This sort of talk had been going on for the last four or five years, and rightly or wrongly had acted as a deterrent in the schools.

58478. No doubt the cases in which European officers were placed under Indian officers were rare, but the proportion of Indians in the Indian Medical Service was increasing, and the idea of subordination to them was unpopular. The talk on the subject was all very vague and irresponsible, but it went on and had a bad effect.

58479. As a member of the Advisory Board he had assisted in drawing up a scheme for the Royal Army Medical Corps examination. He and his colleagues on the board had framed the entrance examination for this Service on the assumption that a man, who had obtained a registrable qualification in the United Kingdom, possessed the amount of knowledge of anatomy, physiology, and other preliminary scientific subjects necessary for the practice of his profession and needed to be tested only in his ability to apply his knowledge. With this object the Royal Army Medical Corps examiner aimed at giving such question as a hypothetical clinical case—or it might be a real case from his own notes—and the candidate was given two or three hours to write his opinion about it. Similarly the candidate was given a case in a hospital to observe, and was told to record the important clinical facts about it. This weeded out the man who was able to pass an examination in such subjects as anatomy, physiology, and other preliminary subjects, but who was not capable of applying that knowledge to the practice of his profession. He had not looked at the scheme of the Indian Medical Service for some years, but believed that the candidates were still examined in anatomy and physiology. If this was so, there was need for a change to a more practical system.

58480. If the examination for the Indian Medical Service was remodelled on the lines he had suggested he did not think any additional difficulties would be placed in the way of Indians. If an Indian had been educated at a proper clinical hospital in India he ought to have acquired the necessary knowledge to pass a practical examination. The facilities for obtaining experience were probably as good in India as in England.

58481. The qualifying standards of the different medical schools varied. For instance, the degree of M.D. of London was considered to be worth more than that of M.D. of some other places, as was also the F.R.C.S. England. The duty of the Medical Council was to take care of the minimum. In pursuance of that task the Council had had to consider the sufficiency of the qualifications of the military assistant surgeons belonging to the Indian Subordinate Medical Department, and had framed the following six recommendations about them. In the last few days, however, a criticism of their proposals had been received from the Government of

* This witness did not submit a written statement.

India which had not as yet been considered by the Medical Council.

58482. *Recommendations.*—(As amended by the Council.)

1. That, in the absence of any sufficient evidence of the standard required, the Council advise the Licensing Bodies to refuse recognition to the first, second, and third Professional Examinations of Indian diplomates belonging to the Subordinate Medical Department. (This Recommendation does not apply to the holders of Indian Diplomas that are already registrable in the "Medical Register.")

2. That all candidates belonging to the Indian Subordinate Medical Department who apply for registration as Medical Students should be required to produce evidence of having passed one of the Preliminary Examinations in Arts recognised by the General Medical Council.

3. That no certificates of attendance on instruction or of examination other than Certificates in the form prepared by the India Office, of which copies are printed as an appendix to the Report, should be accepted by the Licensing Bodies.

4. That all the Licensing Bodies should be enjoined to require the production of such certificates by candidates from Indian Universities and Medical Schools.

5. That in no circumstance should the medical course in India of candidates belonging to the Subordinate Medical Department be accepted as equivalent to more than three of the five years of the medical curriculum.

6. That all candidates belonging to the Subordinate Medical Department should be required to take at least two years of study in the United Kingdom, and that the subjects of study in these two years should include the following subjects—namely, Pathology, Pharmacology and Therapeutics, Medicine, Surgery, Midwifery, Vaccination, Forensic Medicine, Hygiene, Mental Disease and Anæsthetics.

58483. There were two special difficulties with regard to the military assistant surgeons. In the first place, the Council could not depart in their favour from the view which they had always held strongly that every man should have a high standard of general education before he commenced his medical studies. The examinations in India recognised for admission to the students' register in England included the examination in arts of the Madras University; the first examination in arts, the matriculation examination, and the special entrance examination of Calcutta; the matriculation examination of Bombay; the entrance and intermediate examination of the Punjab; and the entrance and intermediate examination of the Allahabad Universities. These were not particularly high standards, but many of the members of the Indian Subordinate Medical Department came to England without having passed them.

58484. There was also a difficulty about the professional experiments in India. The military assistant surgeon went through a four years' curriculum, and then was examined for a diploma, having for the previous subjects to produce only certificates of class examinations conducted by his teachers. These could not be recognised, as the Council had no guarantee as to the quality of the test. All they could do was to give credit for the course of study. This the Council were ready to do, and if a military assistant surgeon produced evidence that he had passed a suitable examination in preliminary education, and a certificate, such as had recently been approved of by the Indian Government, that he had passed this and attended a prescribed course at a medical college, he would be given credit up to three years, but he would have to take a two years' additional course in the United Kingdom, and pass all the examinations in the preliminary subjects, as well as the final, before he could be registered.

58485. He had seen the list of the members of the teaching staff of the various Indian medical colleges. Generally speaking, their qualifications seemed to be good. The list, however, was not quite accurate. He had verified the entries about all the Irishmen on the list, and had found that only ten out of the 17 men put down as M.B.'s of Dublin were in fact members of that university. He had also noticed that a man had been put down as having special qualification in obstetrics because he was an M.B., B.Ch., Bach. in Obst. Sci. As a matter of fact, a man had to be at least a Bachelor in Obstetric Science before he could become an M.B., B.Ch. Again, there was a man on the list described as M.A., M.D. (Dublin), but he was really M.D. of Queen's University, Ireland, which was quite another thing. But looking at the lists broadly, the qualifications were fairly good.

58486. (*Sir Murray Hammick.*) No Indians were allowed to go up for the Royal Army Medical Corps. There was certainly some years ago a regulation that a candidate should not be passed by a medical officer unless he was of unmixed European blood. Occasionally there were discussions as to whether a candidate fulfilled this condition or not.

58487. The first man who obtained promotion in the Royal Army Medical Corps for purely scientific work was Colonel Sir David Bruce, who discovered the cause of Malta fever and the connection between the tsetse fly and sleeping sickness. The Advisory Board recommended the authorities to make him a Brevet Colonel on this account. Again, Leishman, who had done so much in connection with malaria, was made a colonel for his work. That had a great effect in attracting good men to the Service, as they felt there was some encouragement for good professional work.

58488. The uncertainty about the future, owing to recent orders, had had the effect of making the Indian Medical Service unpopular.

58489. (*Sir Valentine Chirol.*) If the Council had any doubt as to the sufficiency of any preliminary examination they sent an inspector to make an enquiry, but that had not been done in the case of India. The Council had relied on the general reputation of the universities as gathered from their published calendars. They had no information as to the standard of the preliminary examinations passed by men of the Indian Subordinate Medical Department. Examinations in India had to be taken at their face value, although the Council did not like doing so.

58490. Many of the inaccuracies he had mentioned in the lists of qualifications of members of the teaching staffs were ones of nomenclature, and he did not attach much importance to them. He mentioned them to show that the information was loosely given, not that it conveyed a false impression. He did not for a moment suggest that wrong information was given in order to produce a false impression, but he did feel that the effect of the mistakes was to make the different officers appear a little better qualified than they really were.

58491. Experience in England showed that there were certain professorial chairs to which men should devote themselves permanently, and such chairs were increasing in number every year. Subjects, for instance, like anatomy, physiology, and pathology should always be taught by whole-time men who had nothing else to do. In the future pathology was going to be a much more important subject than it was now.

58492. (*Mr. Abdur Rahim.*) He had not meant that there was at present no opportunity for private practice in India, but that the opportunities were not as good as they were formerly. The impression he had gained was that private practice had gone down partly owing to competition and partly owing to rules restricting it. There were still some men in the Service with considerable private practice, but twenty years ago the Indian Medical Service officer practically had it all his own way.

58493. The Indian Medical Service had been becoming less popular for at least the last ten years. It was very difficult to fix any more definite period than this. The best men were not now going into the Indian Medical Service.

58494. In Ireland men were not shifted from one chair to another. In anatomy and physiology and pathology, and all the whole time professorships there might be from one to three men working

under the professor who would be quite capable of taking his duty if anything happened. He did not remember a man ever having been appointed a professor without teaching experience, and he would not approve of such a practice. It was even less likely to occur in the future, because the number of assistants and demonstrators was increasing so much that it was always certain that any professorship which became vacant in the future would be filled by a man with teaching experience.

58495. He could not appraise the relative values of the different qualifications possessed by officers of the Indian Medical Service. It would be rather invidious to do so. It was always considered that a man who was registered had the necessary knowledge and skill for the practice of his profession.

58496. There was a theoretical and a practical examination for the Indian Medical Service, and he would immensely increase the scope of the latter and diminish that of the former. Simply to have passed the Indian Medical Service examination was no proof by itself that a man was fit for a teaching appointment

58497. In India, judging by the calendars, the Council thought that the Arts examinations of the universities were sufficient. They had no knowledge as to whether the examinations passed by members of the Indian Subordinate Medical Department were sufficient. In estimating whether an examination was sufficient or not it was not enough simply to see the examination papers and to know the men who set them. The standard should be known. The scope might be quite sufficient as indicated by the papers, but the way in which the candidates' answers were marked might be a different matter.

58498. (*Mr. Macdonald.*) There were six subjects in the Indian Medical Service examination with a a total of 5,100 marks, and of those 2,650 were given for paper work. That was too much, even if no alterations were made in the subjects. In medicine, including therapeutics, there were 1,200 marks, 600 for the paper, 300 for the clinical examinations, and 300 for the oral. At most other examinations those figures would be absolutely reversed, and he would rather give 600 for the clinical and 300 for the paper. In surgery 400 marks were given for the paper, 400 for the clinical, 200 for the oral, and 200 for operations. That was a better distribution than the marks in medicine, but he would still cut down the marks for the paper very much. In pathology and bacteriology, out of a total of 900 marks 300 were given for the paper, 350 for practical work, and 250 for the oral, but he would make pathology all practical, and give very little for the paper and the oral. He would delete anatomy and physiology altogether. He had not looked at the examination syllabus recently, but was quite sure it might be amended with advantage. The working out of an examination should be done by a small committee of experts, who should thrash out the whole thing, but on the face of it he would say that the paper marks in every one of the subjects were far too high relatively to the other subjects.

58499. The following question set at a recent Indian Medical Service examination—Describe the structures contained within the capsules of the knee joint—was one that a man ought to be able to answer from his student knowledge. It was not calculated to test the power of the candidate to apply his knowledge in practice.

58500. There was a great field in India for scientific research work. It was an attraction to the best men to go into a Service if they gained thereby an opportunity of doing good professional research work. He would encourage in every way the precedent that had been set in the Bacteriological Department, where a man was seconded to study bacteriology in specially created laboratories in India. A man who had done that sort of work would certainly make a better professor than a man who had only been in general practice in the Indian Medical Service. It would help on the teaching work if the professorial chairs were given to men fairly early in their service, and were held for a much longer period than at present. This would not detract from the allurements of the Service. It would rather act beneficially, because it would show that a real effort was being made to cultivate the scientific aspect of the profession. This would attract the better class men.

58501. (*Mr. Fisher.*) In electing to a professorial chair in England or in Ireland he would attach some value to paper qualifications. The main point in electing a professor was first, teaching experience, and secondly research. Paper qualifications did not go very far. In India they would naturally have to go further than in England.

58502. On the whole, it was advisable that professors should be appointed fairly young and hold their chairs for some time. If that system were carried out in India it might be that fewer men would hold professorial chairs, but that was to the advantage of the schools. Pathology and bacteriology might well be put together in a school of moderate size, but in a large school they should be separated. Supposing it were impossible to fill the chairs satisfactorily from the Indian Medical Service, it would be possible to obtain professors from outside, as was done many years ago in the Royal Army Medical Corps. A pupil of his, Sir Almroth Wright, was taken on as professor of pathology at Netley, and was given £1,000 a year, but as far as he knew since then all professors in the Army Medical School had been selected from officers in the Royal Army Medical Corps.

58503. Every medical student had to do a little elementary physics and chemistry, and in universities lectures in these subjects were given by the university teachers. There were two classes of medical schools in the United Kingdom, the universities and the hospital schools. The hospital schools in London were smaller in size and very often had to join up professorships, but in the universities biology, chemistry, and physics would be taught by the men who taught art students. The courses given to art students would not generally be applicable to medical students. A great many men in Cambridge took physiology for the tripos without any idea of going into medicine. Where there were elementary science chairs now held by members of the Indian Medical Service he would prefer university instruction, if this could be got.

58504. (*Mr. Sly.*) The General Medical Council was not the authority responsible for deciding what qualifications should be registrable. The Medical Council was authorised by Act of Parliament to carry out the Medical Acts, and the qualifications for registration in medicine and surgery were stated by Act of Parliament. The Council could not add to the qualifications. Their duty was, by inspection and by supervision of all the teaching bodies, to see that the courses of study and the examinations to be gone through in order to obtain the qualifications were of such a character that the men were suitable for the practice of the profession. Certain qualifications of Indian medical schools had been admitted to the colonial list. The 1886 Act stated that certain colonies and dependencies of Great Britain might be taken into a list in which certain qualifications would be registrable. A man registered in the colonial list had all the advantages of a man registered in the home list. The application of the Act to a British possession had to be by Order in Council, and it was applied by Order in Council to India in 1892. The Indian universities whose degrees were registrable now in the colonial list were practically all the universities. A man taking a degree in medicine and surgery in Bombay could register in the colonial list and was exactly on a par with men on the home list.

58505. He had pointed out certain errors in the list of qualifications possessed by members of the teaching staffs, but there was no case, as far as he was aware, in which a different degree had been put down from that actually possessed.

58506. The difficulty of juniors being given facilities for operations was an enormous difficulty in the British army, because the amount of material for work was not sufficient to go round. No doubt, however, there were sufficient hospitals in India to furnish plenty of material. In British hospitals a visiting surgeon was responsible for all operations and an assistant surgeon took his duty when he was away, or the assistant surgeon might sometimes be given a few beds for himself. It was the surgeon to the hospital who was responsible for the work, and it depended on him whether his juniors would have much to do or not. It was not a usual practice for juniors to perform operations when the senior officer was present and under his guidance.

58507. (*Mr. Chaubal.*) The proposal that professorial appointments should be open to general practitioners with good degrees as well as to officers of the Indian Medical Service would be advantageous to the schools, but might be another grievance to the Indian Medical Service. Personally he should take the best man possible, whether an Indian Medical Service man or not. Professorial appointments were considered to be plums by Indian Medical Service officers. Any man who was really fond of his profession liked to have some teaching work in it.

58508. The Colonial Service was very popular with the students of Dublin University. There was no entrance examination for it. If a man was qualified he received a nomination from the Colonial Secretary. He could not say that the nature of the examination for the Indian Medical Service had anything to do with making the Service less attractive, but he thought the examination of the Royal Army Medical Corps was calculated to select a better and more useful class of man.

58509. (*Sir Theodore Morison.*) The Medical Register did not record distinctions obtained in any other faculty. It simply recorded registrable qualifications in medicine, surgery, and midwifery. A qualification in arts would not be put on the register. For example, the B.A. with honours in biology would not go on to the register. A man might get all the honours possible, but he would go on the register in the same way as a man who had obtained the minimum qualification. The register gave nothing except the actual legal qualifications a man had obtained. The qualifications M.B., B.Ch. (Dub.) were not the same as M.B., B.Ch. (R.U.I.). The R.U.I. degree was to a certain extent inferior to the degree of the Dublin University. The M.B. of Dublin showed that a man was a B.A. on a more comprehensive arts course, and in that way it meant a little more than the R.U.I. degree.

58510. By "consultant" was generally meant a man who was only called in by the medical practitioner attending the patient. It was quite true that anyone could go to a consultant in Harley Street direct. In London there was no restriction, but there was a restriction in some English country towns. Consulting practice might mean anything unless it was carefully defined. In many cases a consultant was a man who wrote a prescription, while the general practitioner was one who sent a bottle of medicine.

(The witness withdrew.)

LIEUTENANT-COLONEL R. H. ELLIOT, I.M.S.

Written Statement relating to the Medical Service, being a Memorandum prepared by the British Medical Association on the present position and future prospects of the Indian Medical Service.

UNSATISFACTORY RESULTS OF RECENT EXAMINATION.

58511. The results of recent examinations for entry into the Indian Medical Service have made it obvious to any one who is able to judge that there has been great diminution in the popularity of that Service during the last few years. For various reasons it is deemed unnecessary to discuss these results at length, but careful inquiries show that the standard of the competition has fallen even lower than the list would at first indicate. This is a danger signal which cannot be ignored. The issues involved are very large. If this grand old Service, with its magnificent past traditions, is to enlist in the future a stamp of man inferior to that of its present officers, very wide interests will inevitably suffer. The Government of India and the millions it rules will obviously be the first losers, and in this loss its European and Indian subjects will share alike. More gradually, but with equal certainty, the standard of education will fall, thereby inflicting lasting injury on the medical profession in India and reacting balefully on the health of the people. Last, but far from least, comes a grave moral question; India wants our best in all departments of Service. Those who know the Indian most intimately, and who admire most intelligently his many excellent qualities as a professional man, cannot blind themselves to the fact that his standards are still far from being those of his British brother. Much has been done during the last two decades to raise the tone of medical practice in India, but much assuredly remains to do, and for this work we want the best man we can get. Men unlikely to make a mark in other walks of life are useless for our purpose. History furnishes us with a recent object lesson in the experiences which followed the shutting of the portals of the larger medical schools to the Royal Army Medical Corps. It was not merely that that fine corps found its ranks filled with men who did not reach the high standard of efficiency the profession could have provided, but it took over twenty years of troublous times and patient weeding to bring it back into line again.

DISSATISFACTION OF PRESENT OFFICERS WITH THE CONDITIONS OF SERVICE.

58512. The Indian Medical Service is on the verge of just such another catastrophe to-day. Its own officers are spreading widecast their warning through the British schools, and advising the young medical man to "wait and see" what is to be the next move, before he links his fortunes with a Service which may bring him nothing but disappointment. For some years past communications both verbal and written have been received from officers of all ranks in the Indian Medical Service, and there can be no hesitation in saying that the present position is very grave indeed. It is not too late even now to avert disaster if those in authority will boldly face the position, but a mistake made to-day will take half a century to unmake, for it will not end with the retirement of the inferior men whose enrolment it will involve, but, snowball-like, will go rolling on in the lives and practice of the Indian profession, whose, duties, privileges, and tasks it is the lot of the Indian Medical Service officer to inspire.

58513. *Causes of Dissatisfaction.*—Before attempting to discuss the remedies for the evil indicated, it is obviously essential that the way in which the present position has arisen should be clearly understood. For this purpose we must go back some twenty to twenty-five years, to the time when the Indian Medical Service could command competition among the best men of the leading British schools. Less than a quarter of a century ago the private practice amongst all classes and races in India lay in the hands of the officers of the Indian Medical Service, and large fees were fairly frequently and comparatively easily obtained. Any man of average ability and industry could, especially in Civil employ, be sure of considerably augmenting his income by means of private practice, whilst a few made considerable sums thereby. A great change has come over the situation, and the medical practice of India is rapidly passing into the hands of the native medical practitioners trained in our colleges, with the obvious result

that in very many cases the Indian Medical Service officer has now to live on his pay alone, which is insufficient for the purpose. The second factor of importance is that the work expected of *all* officers in India has greatly increased during the last two decades, whilst in the Indian Medical Service, at least, allowances have been steadily and ruthlessly cut down. In consequence of the great increase in their official duties, many medical officers, who might otherwise still command private practice, find that they have neither the time nor the strength to give to it. It must be remembered that the climate of India in the plains where most of these officers serve is very exhausting, and that there is therefore a limit to the amount of work which even the most energetic and healthy man can do without breaking down. The third factor in the situation has been the steady rise in the cost of living. Every year sees prices going up. Rents are higher, food is dearer, and the standards of living are on the up-grade all round. A medical man is bound to live as those around him are doing. The result is that his pay does not suffice to enable him to keep up the position expected of an official of his rank. It is no exaggeration to say that the cost of living in India has gone up from 30 to 50 per cent. during the last two decades. Nor is there any chance of matters improving. The well-to-do Indian is adopting our standards of living and taking up the best houses, with the obvious result that house rent is rapidly rising, and in the Presidency towns is becoming prohibitive. Further, the rupee has depreciated enormously during recent years with the result that great hardship is entailed upon a married officer whose wife and children are residing in England.

Into a situation which has thus been yearly growing more tense, and more fully charged with possibilities of disruption, a new factor has been working its way, and this it is which has lately driven the officers of the Indian Medical Service to advocate what is practically a boycott of the entrance examination for their own Service. The causes of their misfortunes so far discussed, have come from without, and the medical officer has felt that they have been the automatic outcome of influences which neither could nor in most instances should be controlled. The fourth factor he regards from a widely different standpoint; he bluntly calls it "unjustifiable State interferences with his rights," and is not slow to say that the Government he serves has broken faith with him, and is prepared to do so again. This question will be considered in detail later on, but it may here be stated broadly that the Indian Medical Service officer holds that he came into the Service with the "right of private practice" assured to him. The first signal of alarm was hoisted when the Government of India introduced its very injudicious regulations limiting the fees of its medical officers. In response to a powerful agitation, in which the British Medical Association took the leading part, the objectionable regulations were repealed, but not until they had produced on the minds of the natives of India a lasting and very damaging impression that the Indian Medical Service had not the confidence of the Government. Before the Service had had time to recover from this shock it received one still more serious. A rumour, which soon received private official confirmation, was set on foot to the effect that Government meant to introduce regulations which would greatly curtail the "right to private practice" hithero enjoyed by its doctors. The motive of the move, like that of Lord Morley's memorandum, is said to be the encouragement of the indigenous practitioner. This is a question which we will discuss in all its bearings later on. It would, however, be a mistake to leave the impression that the movement emanates from the Government. It comes from the educated Indians who have been trained in our colleges, and is the expression of their very natural desire to share in the administration of their own country. It is essential that such ambitions should be considered in a large and statesman-like spirit, a spirit worthy of our great empire, and the Indian Medical Service officer will not be the last to exhibit such a spirit. On the roll of his great Service are borne many names distinguished in both peace and war, and the triumphs of its glorious past are not a few; but we venture to predict that in the judgment of generations still unborn no achievement of them all will outshine the work he has done in the medical colleges of India He has turned out a body of men of whom he well may be proud; the modern medical profession in that land is the child of the Service, and that child looks to its parent for sympathy, encouragement, and help. It will not look in vain—the traditions of our flag assure that. At the same time it is most essential that no precipitate action should be taken. We must move to our goal with "the ordered action" of our race. The time is not yet ripe for any wide or sudden change in past policy if the medical education of the rising generation, using the word "education" in its widest sense, is not to suffer; it is a vital necessity that the teaching staffs of the great Indian colleges should be maintained in the future at as high a level as, if possible even at a higher level than, in the past. This will most certainly not be the case if the competition for entry into the Indian Medical Service remains as low as it is at present, or if it falls still lower, as now threatens. Still more essential is it that the Government of India should do nothing which can be construed as a breach of faith with its officers. The effects of such an action would extend far beyond the vast tract it governs, and would be of the nature of an Imperial calamity.

THE METHODS OF RECRUITMENT FOR THE INDIAN MEDICAL SERVICE AND THE CONDITIONS OF SERVICE AND SALARY THEREIN.

58514. The scope of our inquiry is considerably widened by the fact that the Public Services Commission meets again in India very shortly to take up for the various Services in that land the very questions now under consideration. The Indian Civil Service was dealt with last year.

58515. *Method of Recruitment.*—The present method of recruitment for the Indian Medical Service is by competitive examinations held in England, and it is most important that this system should be continued and that the examination should be kept as practical as possible, stress being laid on the practical rather than on the theoretical side of the work. It is the "practical man" who excels in medicine and surgery, whilst unfortunately the tendency of the Indian is to break down on this side of his work, and to shine on the other. To flood the Indian Medical Service with unpractical men would be most injurious to the true interests of India. It is of little advantage that a man should be able to make high marks in a competitive entrance examination for a medical service, unless he has those attributes of mind without which he can never make a really good surgeon or physician. Hence it is necessary to insist that the examination shall be kept practical rather than theoretical. It is true that the syllabus as it stands at present is a practical one, but the importance of this aspect of the question should be brought prominently before the attention of the examiners. If this were done we could hardly hear of such glaring mistakes as are now commonly reported to have been recently made by candidates who have occupied high positions on the list.

Then, again, it is a very necessary part of the education of Indian medical students who desire to serve in the Indian Medical Service that they should learn enough of English ways, manners, and customs to enable them to live without mutual discomfort in the society of British officers and of other Europeans of the same class. For this reason we consider that candidates from India should be encouraged to spend as much time as possible in a British school of medicine. A period of three years would be none too long to permit a man to become acquainted with the methods of sanitation, the modes of living, hospital treatment and dietary, and the other features of medical practice which are so widely different in Europe and in India. Without this knowledge he cannot understand or treat the European in India, and this is no unimportant part of his work. Special hospitals for fevers and for nervous diseases are as yet non-existent in India, whilst in Europe they are considered very important for the instruction of students. As Europe is the home of Western medicine, the whole tone and atmosphere of a British medical school is better, higher, and more stimulating than that of an Indian medical college. The staff in a British school is much more numerous, whilst success in teaching—both by precept and example—forms there the avenue by which great medical men climb to fame. In short, British medical schools are far more efficient than Indian medical colleges. High aims, a sense of duty and of responsibility, and a knowledge of ordinary social convention are more easily, more certainly, and more soundly acquired in a British medical school than in an Indian medical college. This question of recruitment has been thus fully dealt with because there is a widespread belief that the aim and object of the Public Services Commission is to pave the way for the admission of a much larger proportion of Indians into the various services in India. In the case of the Indian Medical Service, at least, any such step must be taken most carefully if it is not to prove a most costly failure to the very part of the Empire whose sons it is intended to benefit.

58516. *Training in India.*—When a young officer has passed into the Service, he is sent for a period of training to Aldershot and to Millbank. All authorities are agreed that the time he spends at Aldershot in learning something of his relations with his future comrades in arms is very valuable, but there are many who think—and the opinion seems well grounded—that the Millbank course might be done away with, and that this part of an Indian Medical Service officer's professional training would be much better conducted in the large hospitals and schools of medicine in the Indian Presidency towns, where a course of study of tropical diseases, bacteriology, and hygiene could be carried out under ideal conditions. The Indian Government would in this way obtain a more highly-trained staff of officers, and at less cost, than is possible at present. The machinery for the work lies ready to its hand; all that is needed is to make use of it. The adoption of this proposal would also enable officers, while still on probation and unemployed, to acquire a sufficient knowledge of the language of the country they are to work in. If they were ensured six months' continuous residence in one place, they would be able to secure continuity of language teaching and good teachers, both of which they are now often prevented from obtaining, owing to the frequent transfers to which under the existing system they are liable in the early years of their service. Moreover, the proposed changes in system would enable the senior officers to become acquainted at an early stage with their juniors, and so to judge of their fitness for various important appointments at a later stage of their career. During this period of training, instruction in station hospital management, and in the hygiene of British troops could also easily be arranged for. Larger facilities should be afforded to medical officers for taking up resident appointments before going out to the East. The existing rules are sufficient if only they are carried out.

58517. *Too Frequent Transfers: Inadequacy of Transfer Allowance.*—There is a very strong feeling in the Service that officers are subjected to too frequent transfers. We recognise that the "exigencies of the Service" demand transfers, but these moves are said to be more frequent than in the other Government Services. Such sudden and frequent changes of station often entail heavy pecuniary loss. The majority of medical officers are married, and the whole cost of moving children, servants, household effects, horses, etc., falls on the officer, who is thereby out of pocket every time he is moved "in the interests of Government." Reasonable cost of transfer should be provided by Government instead of the present entirely inadequate allowances.

58518. *Life Insurance.*—All medical officers are compelled to subscribe to the Indian Service Family Pension Fund, whether they are otherwise insured or not. Yet the pensions awarded to widows and children under this fund are very inadequate; they do not afford a bare subsistence under present conditions. The original object of the Government in establishing this fund was to ensure that the dependants of any officer who died in the public service should not be left absolutely destitute, but should be in such financial circumstances as to assure the education and upbringing of the children in the same station of life as their father occupied. Considering that few officers have private means, and that the majority cannot possibly save much, the pensions thus provided for surviving dependants are quite inadequate. The pensions for sons cease at 21, the most critical period in their education or embarkation on a career in life; these pensions should continue up to the age of 25. 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 to an officer of all benefit from his past subscriptions in the event of the death of his wife or children is also a grave defect of the existing system. Many officers, without being in the possession of accurate actuarial knowledge, believe that many insurance offices would give much better terms than those of the Indian Service Family Pension Fund, and that the whole question should be thoroughly investigated. The Council believes that there are good grounds for this opinion, and that an independent inquiry, which will carry conviction to the officers concerned, is urgently called for alike in their interests and in those of the Government they serve.

58519. *Leave.*—So far as furlough is concerned, the conditions of leave as laid down in the Civil Service Regulations would be adequate, provided that the whole amount allowed could be taken during an officer's service. Under present circumstances, this is the exception and not the rule.

Under Article 302, Civil Service Regulations, the maimum amount of furlough that may be taken by an officer is six years, but under present conditions such an amount of leave cannot possibly be taken by an officer during his service. Should an officer not be able to take the full period of leave to which he is entitled, he should be allowed to take the balance due to him under much more favourable rates of pay. But if the Government of India is to enjoy a reputation for fair play it is essential that an officer should be allowed to take the leave due to him, and to take it when it falls due, instead of having, as too often happens at present, to forego it for long periods, or else to "go sick." The situation has been aggravated owing to the fact that on many occasions during the past twenty years leave has been entirely closed to the Indian Medical Service officer on account of war, famine, and plague. Between the years 1895 and 1901 such periods of stoppage were both frequent and prolonged. The leave thus stopped has too often been entirely lost instead of being merely deferred as should have been the case under the Civil Service Regulations.

In the matter of casual leave, too, the Indian Medical Service has a very real grievance. The ordinary civil officer can always count on his Sundays, and on the numerous gazetted and seasonal holidays, while the medical officer has to work the whole year round. It would be in the interests of the Government and of the Service if a more liberal grant of casual leave were made to the Indian Medical Service. There is also a very strong feeling that the granting of this form of leave should lie entirely in the hands of the local Surgeon-General, who is the official responsible that in an officer's absence his duty is satisfactorily performed. At the present time the local Governments have hedged this form of leave about with regulations of their own, with the result that the heads of the Medical Service can only sanction a very limited allowance on their own responsibility. When a reference is made on this subject to the local Government, it sometimes acts with a most regrettable want of generosity towards its medical officers.

THE RIGHT OF PRIVATE PRACTICE IN THE INDIAN MEDICAL SERVICE.

58520. Reference has already been made to the changes in the conditions of life of the medical officer in India, which have served greatly to lessen the solid advantages he formerly enjoyed. Those changes are due:

(*1*) To the greatly diminished purchasing power of the rupee, and the consequent rise in the cost of living.

(*2*) To the rise in the standard of expenditure, which obviously accentuates the last factor.

(*3*) To the enormous increase of official work now thrown on Government medical officers as compared with what was expected of them in the past.

(*4*) To the fact that the Indian practitioner has gradually acquired much, and is acquiring more, of the private practice once undisputedly enjoyed by the officers of the Indian Medical Service.

It is proposed now to discuss the vexed question of the "right to private practice" which is claimed so tenaciously by the officers of the Indian Medical Service that any further interference therewith will prove the rock on which this old and distinguished Service may find shipwreck. This question must be approached from the point of view of supply and demand alone. The Indian Government can no more obtain first-class medical men at the wage of second-class men than it can buy silk in the open market for the price of cotton. This puts the whole case in a nutshell. What price does the Secretary of State mean to give in the future? and what class of man does he wish to recruit? The medical market awaits the reply to these questions, suspending its judgment and already in anticipation withholding the pick of its supply.

There can be no doubt that the interference of the Government of India with the fees received by its officers in private practice was a serious mistake. The fact that that Government has had to withdraw from its original position sufficiently indicates this. Unfortunately the results of its action remain behind in resentment in the hearts of its officers, and in the widespread impression naturally conveyed to the minds of Indians that the Medical Department does not enjoy the full confidence of its rulers. Profoundly as the Government has modified its orders, nothing less than their complete withdrawal with the restoration of the *status quo ante* would suffice to allay the irritation produced, and to undo the mischief done. Even then, years of careful administration would be needed. It should in this connection be borne in mind that a barrister or a private medical practitioner may demand any fee he cares to fix without in any way being interfered with. It is idle to say that there were instances in which the privilege of private practice was abused. This argument is often used with bated breath, as though the facts had never been allowed to creep out to the light of day, whereas they have long been well known. There is no defence for improper conduct, and none is made, but it is submitted that the duty of a Government is to face such situations boldly, and punish the offenders. To make all the innocent suffer for a few guilty is always a course to be avoided, and yet this is what has been done with the Indian Medical Service.

58521. *Government Encouragement of Hospital Abuse.*—On the top of this unfortunate "limitation of fees" incident came an order issued by one of the local Governments in September, 1908, dealing with its State hospitals, and prohibiting "the making of any distinction between out-patients who are really or apparently poor and out-patients who are really or apparently rich." Older still is the practice of the various local Governments of permitting the admission to the special paying wards of the Presidency State hospitals of both male and female patients, whether they are Government servants or not, and their treatment whilst in those wards, at very cheap rates, by Indian Medical Service officers, the fees being credited to Government. The effect of this ruling and practice is to diminish private practice by bringing into the State hospitals for free treatment patients who are well able to afford treatment in their own homes.

When this fresh departure (1908) of a local Indian Government was brought to the notice of the British Medical Association, it drew the attention of the Secretary of State for India to it, urging strongly that it was an abuse of hospital relief, and that it was unfair both to the Indian Medical Service officer and to the local medical man. After a very long period of delay the Government of India issued an order, which plainly showed that the action of the local Government had been taken without either its advice or consent, but the information available is to the effect that, so far as practical results are concerned, nothing has yet been changed.

58522. *Further Suggested Curtailment of Private Practice.*—Of late years the various Governments have shown a tendency to add to the list of those officers who are excluded from the privilege of practice. This has caused a good deal of uneasiness in the Service, but nothing to that excited by the rumour that a further large curtailment of private practice is intended. The first step contemplated would appear to be the limitation of the right to practice of professors in the colleges of the Presidency towns in their own speciality, and to "consulting" practice only.

(*2*) The terms of the letter of the Government of India are not calculated to dispel the apprehension very generally felt that an interpretation both rigid and unusual will be given to the word "consulting." Is it to be understood that the new rules, which are avowedly framed in the interests of the independent medical practitioner, are intended to define and limit consulting practice as practice in relation to patients brought to the officer by other, that is, by Indian practitioners? At the present time these officers of the Indian Medical Service who confine themselves to one line of practice—and their number, already considerable, is steadily increasing—interpret the term "consulting practice" in the same sense as it is interpreted by leading specialists in London and elsewhere throughout the world. It is a recognised rule that a specialist is at liberty to see a patient who seeks his special services and to operate if necessary in the patient's own house or in a nursing home. To put any other interpretation on the term would either compel patients to pay a double fee every time they wish to consult the medical man of their real choice, for they would be obliged to pay the man who brought them as well as the consultant, or it would drive them, from a consideration of expense alone, to resort to what they themselves consider inferior advice.

(*3*) It is necessary to bear in mind that though the professors may be assumed to be the pick of the Service, not a few of them find that they cannot contrive to live in a Presidency town if they confine themselves to their own speciality in their earlier years of professorship. Again, Government does not always permit an officer to keep to one line of work in the Indian colleges. The "exigencies of the service" render universal complete specialisation impossible. So it may easily come to pass that a man may be teaching one subject for a few years and may then be transferred to teach another. Something very like this occurs no doubt amongst the junior men of much older universities and schools of medicine, but not to the same extent as in India, where it is necessary that a man should be much more a "jack of several trades" than it is in Europe. Such a man has little chance of building up a specialist practice in his early days, and in some departments there would be little to get, even were he to keep to one line. It must also be remembered that the professorial staffs are largely recruited from the appointments in which general practice is the main occupation of the officer. Such men, even for years after entering a special appointment, remain most excellent general practioners, and their services are greatly sought after in that

capacity in the Presidency towns by both Europeans and Indians. The time is not ripe for any sudden or violent action, and the more so because natural conditions are slowly eliminating this class of man. Much greater care is taken now than formerly to find out the line of work for which an officer is best suited, and to keep him to it as far as possible. Changes in professorial work are now less frequent than formerly, with the result that the specialists are more expert and that there is a growing tendency in the Presidency towns for men to confine their practice, especially if they have time to take firmer root, to their own speciality. The administrative officers are not slow to foster this tendency, and a definite move in the direction of specialists confining themselves to their own speciality in private work is unmistakably in progress. If Government would stand aside and allow this evolution to take place gradually, there can be no doubt of the issue. A word to the administrative officers in the various Presidencies and provinces would undoubtedly hasten the process. The Indian Medical Service officer, with long years of discipline behind him, will not be slow to be led by his own senior officer, but he will strongly resent being driven, when he considers that such action is a violation of a definite agreement made with him before he entered the Service, and as such he most undoubtedly does consider it.

(*4*) The opinion of the Indian Medical Service officer is formulated by the question so often heard, "Why can Government not let the matter work itself out along ordinary lines, without unfair interference with the Service, and without a breach of faith with us in the matter?"

So widespread and deep-rooted is this view that it is impossible to examine the grounds on which the position rests. Reliance is placed on three main contentions:

(i) The pay of Indian Medical Service officers was fixed on the assumption that they could considerably augment it by private practice (*vide* paragraph 44 of the Report of the Commission on the Indian Medical Service, dated Calcutta, March 7th, 1866). This is the reason why the Civil Surgeon draws less pay than a Medical Officer in medical charge of a regiment, although his work is admittedly much harder, and far more responsible and trying.

(ii) To the young medical man who desires information as to the terms of service under the Government of India, His Majesty's Secretary of State has for many years used, and to this day still uses, the following words in his memorandum regarding the position of officers appointed to His Majesty's Indian Medical Service: "Medical Officers are not debarred from taking private practice so long as it does not interfere with their proper duties." In view of this very explicit statement, it is difficult to understand how any Government within the Empire could venture to change so essential a condition of service without very fully compensating those of its officers who would be deleteriously affected by such a change.

(iii) One of the principal attractions of the Indian Medical Service is, and always has been, that private practice is available for those who desire it. The keenest men of the Service naturally gravitate to posts in which they can exercise this right. It has always been the case that most capable surgeons, physicians, and research workers have been found in the ranks of the civil side of the Indian Medical Service. It is obviously to the advantage of Government to preserve the attractions of the civil branch of the Service.

(*5*) It has always been understood that private practice was one of the rights of the Indian Medical Service, this right being founded on the East India Company's Act of 1772 (13 Geo. III, c. 63).

> "24. And . . . from and after the first day of August one thousand seven hundred and seventy-four no person holding or exercising any civil or military office under the Crown or the said United Company in the East Indies shall accept, receive, or take, directly or indirectly, by himself or any other person or persons on his behalf, or for his use or benefit, of and from any of the Indian princes or powers, or their ministers or agents (or any of the natives of Asia), any present, gift, donation, gratuity, or reward, pecuniary or otherwise, upon any account or on any pretence whatsoever; or any promise or engagement, or any present, gift, donation, gratuity, or reward. . . .
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> "25. Provided always . . . that nothing herein contained shall extend or be construed to extend to prohibit or prevent any person or persons who shall carry on or exercise the profession of a counsellor of law, *a physician or a surgeon*, or being a chaplain, from accepting, taking, or receiving *any* fees, gratuity, or rewards in the way of their profession. [The italics are not in the original.]"

Further comment on the "right" of private practice seems superfluous. It has been admitted by the Government of India as a powerful factor in fixing the scale of pay of its medical officers at a low rate as compared with that of its other Services. It is held out as an inducement by the Secretary of State for India to young medical men who are thinking of joining the Indian Medical Service, and it is assured to the Service by an Act of Parliament. The next move lies with the India Office, and the whole medical profession will await it anxiously. On it hangs the future of a Service with great past traditions and with a magnificent present mission.

THE INDIAN MEDICAL SERVICE AS A WAR RESERVE FOR THE ARMY IN INDIA.

58523. The Indian Medical Service officers in civil employ form a medical war reserve for the army, both European and Indian, and may be called upon at any moment to take the field with troops. No one who knows the facts will be likely to dispute that the civil side of the Indian Medical Service forms the finest medical war reserve in the world. The officers have all had military training with troops, and most of them have seen active service. They have all had considerable administrative experience, that of many of them being very large indeed. Professionally they are an exceptional class of men, whose work has covered a very large field, and whose services to an army in war time are an asset no nation can afford to lose without very serious reason for so doing. Most important of all, they are a body of officers who know the customs, the habits, the prejudices, and the languages of Indian peoples, as well as they know the climatic conditions, the peculiarities of sanitary requirements, and the variations of the manifestations of disease in the land of their adoption. To know India and its peoples a European requires to give his life to the task. To serve usefully with an army in the field a surgeon or a physician must have been "broken" to discipline, and trained to the methods by which an army works. This medical war reserve has been extensively drawn upon on many occasions during the last quarter of a century, and when any serious trouble is afoot on the frontier a large number of officers in civil medical employ are called to the colours. The Indian Medical Service officer is always in expectation of such a call, and responds to it quickly, smoothly, and as a matter of course. As soon as the trouble is over, he slips quietly back into civil life again, and takes up his interrupted duties as though he had only left them for a short period of leave. It is most important that no officers should be found in the Indian Medical Service who would naturally shrink from active service, or whom it would be considered inadvisable to send on active service. In this connection it is necessary to bear carefully in mind that many of the Indians who have in the past obtained commissions in the Indian Medical Service have belonged to the non-martial races of India, from amongst which Sepoys are very sparingly or not at all enlisted. This in large measure explains the very strong objection which

combatant officers have to the appointment of Indians as medical officers to the units they command or serve with. That this objection is founded on actual experiences in the past it is impossible for any one who has moved in army circles in India to deny. At the same time, a tribute of admiration is due to those Indian officers of the medical service whose performance of the difficult and dangerous duties of war-time has won them a warm place in the regard of their comrades in arms. Yet another difficulty arises from the prejudices of the Indian peoples themselves, for we find that the combatant native officer, who is sometimes of better family and higher caste than the Indian commissioned medical officer, considers himself unfairly treated, in that he has not the same army rank and is not admitted to the British officers' mess, as is the Indian commissioned medical officer. Yet, at the same time, the combatant Indian officer not seldom looks down on his brother Indian of the Indian Medical Service for availing himself of the privilege of mixing with the British officer and thereby damaging his caste. The question is very complicated.

Moreover, difficulties always arise, even in peace time, and still more in time of war, when it becomes necessary to place the medical charge of European troops in the hands of non-European medical officers. The British soldier resents this more quickly, more determinedly and with less attempt at concealment than his officer. The result is constant friction for all concerned.

Though it seldom finds voice, the same feeling, probably all the deeper for being usually mute, underlies far other relations in life. Both in the army and in the civil Services the wives of European officers strongly object to treatment by non-European medical men, especially in cases of confinements, or of diseases peculiar to women. The restrained and weighty protest of the European Defence Association, issued last July, will, without doubt, evoke a very wide response in Great Britain.

The question naturally asked is, What is the price which India pays for this magnificent medical war reserve, a reserve which has been at once the envy and the admiration of Europe, America and Japan? The answer is a sufficiently surprising one: that price is the maintenance of the civil side of the Indian Medical Service, the maintenance in fact of a Department which by its genius, labour, and devotion to duty, has done such work as should wipe out all petty considerations of the cost of its upkeep. The routine administration of the many Indian hospitals, the creation of a Western School of Medicine in India, and the great work done in connection with research, sanitation, and preventive medicine, have entitled the civil medical officer to be considered a benefactor to the land "where he spent his toil." His Department owes but little to India, as compared with India's debt to it. To what fortunate circumstance, then, is the Government of India indebted for the possession of a war reserve as cheap as it is efficient? The answer is shortly that it has always been the great attraction of the Indian Medical Service that facilities are afforded for practice among the civil population in addition to experience acquired in military life. It is therefore essential that these facilities should be preserved, and that no new restrictions be imposed, provided always that Government work is performed to the satisfaction of the head of the Department and of the Government.

The line of reasoning is very easy to follow. India, by virtue of the attractions of the civil side of the Indian Medical Service, possesses a war reserve of great value and of undisputed efficiency at a very low cost. The maintenance of that reserve hangs on the prosperity of the Civil Medical Department; injudicious legislation or undue interference will shatter that prosperity in a very brief period, whilst it will take a very long time to re-establish it, if, indeed, that end could ever be achieved.

ALLEGED MOTIVE OF NEW RESTRICTIONS ON PRIVATE PRACTICE.

58524. The question naturally arises, What is the alleged motive of the new restrictions on private practice? It is said to be a move "in the interests of the Indian medical practitioner." This aspect of the case, therefore, deserves the most careful study. It is alleged that the Indian medical officer interferes with the practice that rightly belongs to the Indian practitioner. No one can attempt to dispute that the Indian Medical Service officer not only originally built up this medical practice, but that he has trained the men by whom it is now proposed so light-heartedly to replace him. Nor can any one who knows the facts doubt for a moment that during the last 25 years the teacher has been largely replaced by his pupil in this lucrative field, and that it will go on increasing in the future. 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. All this notwithstanding, it need not be denied that a large imperial policy might demand and even justify the replacement of the men of the governing class by those of the governed, provided that it could be shown that the time had come for such a step, and provided always that the men replaced were compensated on such a scale as to remove all trace of a suspicion that they had been unfairly treated. The Council would insist that the time had *not* come, and that for many long years India will need the best men the profession at home can supply to foster and to care for its still immature profession. High standards of work and morals must be set before the Indian students, and any tendency to be satisfied with low ideals must be zealously combated by both precept and example; this high standard of action can only be set by men whose enthusiastic devotion to duty, and unhesitating obedience to a high code of probity and honour are the inheritance of long generations of thought and training. To take the step now contemplated by the Government of India is to cut off the supply of such material at its source, and there can be no doubt that, apart from the effect on the war reserve, the result would be a widespread deterioration in the morale, the training, and the efficiency of the medical profession in India.

There is a tendency to lose sight of the fact that at the present time the ratio of the number of civil Indian Medical Service officers who are eligible for private practice to the population is less than one in a million. It cannot be pretended that so small a proportion as this can seriously check the spread of indigenous medical enterprise. If the Indian medical practitioner of to-day were of the same mental and moral fibre as his teacher, the European Indian Medical Service officer would speedily be swept away by a force which would prove irresistible. The medical profession in India is but a small quota of the total population—smaller far than in European countries—and the interests of the masses and of the army which safeguards them must not be lost sight of in those of a minute section of the community. It would be most impolitic to forget the "toiling millions," or to neglect "the suffrage of the plough," in response to the organised agitation of a particular profession. Even small sections have their rights, and are entitled to fair consideration, when big questions are being approached, and the position of Englishmen, and still more of English women and children, in India must not be forgotten when the subject of the provision of medical aid for the country is being handled.

PROPOSED PROVINCIAL MEDICAL SERVICE

58525. Sufficient reasons have been given for the assertion that interference by Government with the "right" of its medical officers to practise their profession in a private capacity would be a grave mistake from every point of view. A larger and more statesmanlike method of dealing with the present situation would be by the creation of a Provincial Medical Service on lines similar to those of the Provincial Civil Service. In this way Western medicine, with all the blessings it brings, could be pushed much farther into the country districts and small towns of India, where it is now practically unknown. Better educated medical men, and more of them, better equipped hospitals in the small towns, and more of them—these are some of the pressing needs of India. They have been brought prominently before the notice of the various Governments on many recent occasions. Money will be needed and good organisation. Neither of these requirements will prove insuperable obstacles if once the conviction that the need really exists is seriously brought home to the mind of the Viceroy's Government. In any case, nothing should be done in India at the present time to weaken the European medical officer's position as an educationalist, as an exponent of all that is best in the practice of Western medicine, or as a unit of the extremely important war reserve. These three strands of his work are so closely bound up with each other that it is impossible to injure one without injuring all three.

SOME OTHER GRIEVANCES OF THE INDIAN MEDICAL SERVICE.

58526. The above paragraphs have not exhausted the list of grievances of the officers of the Indian Medical Service. With many of them it does not seem necessary or expedient to deal at present, but reference must be made to a few of the really big questions which have not hitherto been discussed.

58527. *Period on Probation.*—The first of these is the question of counting the period spent on probation, and the time from completing the period of probation until arrival in India, towards an officer's service for promotion. Previous to the year 1892 this privilege was enjoyed by all officers of the Indian Medical Service; then it was withdrawn and lay in abeyance for a period of fifteen years, until, in response to representations, it was restored to the Service. The large body of officers who have been adversely affected by the rule have long felt it a grievance that, when the Secretary of State acknowledged that a mistake had been made, as he clearly did when he restored the privilege to those who came after, they should have been left out from participation in the benefits enjoyed by so large a proportion of their comrades. All officers now in the Service should be treated alike in this matter. If it has been considered equitable for a certain number of officers, it is equally so for all alike.

58528. *The Position of the Surgeon-Generals in their Relations to the Local Governments.*—Under present conditions the Surgeon-General, who is the head of the Medical Department in his Presidency, advises Government on medical questions and gives reasons for his opinion. These are transmitted to Government through the Secretariat, and are there criticised by non-medical men. Unless the Government chooses to ask any further questions of the Surgeon-General, the matter is settled and orders are passed. Often no opportunity is given to the Surgeon-General of supporting or refuting the opinions expressed by the Secretariat. The Surgeon-General is, in fact, in the position of a debater who moves a motion in a debating society, but who is not entitled to hear the debate or to reply, and to whom the results of the debate are communicated as a Government order. The natural result is that a number of regrettable mistakes are made, simply through lack of expert guidance. For the undoing of such mistakes a complicated machinery has to be set in action, and much valuable time is lost thereby. Not seldom, however, the mistake once made is allowed to stand, however glaring it may be, rather than that it should be acknowledged.

To avoid such unedifying spectacles the Surgeon-General should be a Secretary to Government, and the personal assistant to the Surgeon-General an Under-Secretary to Government in the Medical and Sanitary Departments, both being paid as such.

It is true that a local Government occasionally consults the Surgeon-General (by unofficial reference) on the different points raised by the Secretaries and others, through whose hands the files pass in the Secretariat; but this is not the routine procedure. If he were a Secretary to Government all files would necessarily come through his office. The Medical Department is just as technical as the Public Works Department, which is represented by two Secretaries to Government, each with an Under-Secretary. The arrangement proposed would facilitate work and relieve the Chief Secretary from a burden which is daily increasing. It would also rid the Indian Medical Service of a serious grievance and of a very real and constant source of irritation. When a medical officer in charge of a large district or of an important institution has made carefully considered recommendations, which he has ascertained beforehand to have the approval of the head of his Department, it is most galling to him to have them thrown out or altered, and to find grounds given for such action which are patently in contradiction of the elementary principles of professional knowledge; yet this is what not infrequently happens in India at the present time.

58529. *Status of District Medical Officer.*—Nor is the Surgeon-General the only officer who is treated in this off-hand fashion. The district medical and sanitary officer of a district should, in the interests of discipline and efficiency, have complete control over his medical subordinates, including vaccinators, as regards transfers from one station to another within the district. The present system by which transfers of medical subordinates can only be carried out with the sanction of the President of the District Board tends to lower the status of the district medical and sanitary officer in the eyes of his subordinates, who are aware that he has no real power over them. The provincialisation of all district headquarter hospitals should be the first step in the direction of this very necessary reform.

58530. *Confidential Reports.*—At the end of every year each Indian Medical Service officer is reported on confidentially by the Surgeon-General; this report is sent to the local Government, which adds its own remarks. The report is then forwarded to the Director-General, Indian Medical Service, who files it for reference until the question of selecting the officer for promotion arises. When the time of selection comes, these confidential reports are scrutinised, first by the Director-General, Indian Medical Service, and then by the Government of India, and are used in forming a judgment on the suitability or otherwise, for promotion, of the officer in question. It will be seen, therefore, that it is of the utmost importance that the remarks of the Surgeon-General and of the local Government should be absolutely self-explanatory and clear, because when this scrutiny occurs the officers responsible for these remarks and reports may have long since left the country, and no explanation of an ambiguous remark is available. Should an unfavourable remark be entered in these confidential reports, it is laid down in regulations that it shall be communicated to the officer concerned, either verbally or in writing, but there is nothing which compels the Government to give reasons for their opinions, should the officer reported on consider them unjust. It is important, therefore, that no remark contained in these reports should be of an ambiguous nature, in order that an officer may be in no doubt as to the nature of his alleged deficiency or transgression, and may therefore be in a position to correct his fault, or to prefer an appeal, according to the course he wishes to pursue. Another very important point is that in all matters which affect the professional conduct or qualifications of a medical officer, it should not be open to any lay authority to override or disregard the Surgeon-General's opinion. Should such a lay authority be dissatisfied with the Surgeon-General's opinion, the matter should be referred to the Director-General of the Indian Medical Service whose decision should be final.

LIEUT.-COLONEL ELLIOT, called and examined.

58531. (*Chairman.*) The witness was a member of the Indian Medical Service. He was at present on leave. He came before the Royal Commission as the representative of the British Medical Association. He had been nominated by the Madras officers of the Indian Medical Service as their representative in India to give evidence before the Royal Commission, but had had to leave for England on sick leave before he could appear.

58532. The written statement of the British Medical Association had been drawn up by the editor of the "British Medical Journal" in consultation with the secretaries of the Association, and had been passed by the Naval and Military Committee of the Association. They had acted on a number of communications from officers of the Indian Medical Service in India. It had been the intention of the Association merely to publish the statement in the "British Medical Journal," but a letter was received from the India Office asking for an expression of opinion on the questions which were dealt with in the statement, and it was decided to send it to the India Office. This was before the question of its submission to the Royal Commission came up at all. Subsequently it was decided to publish the statement in the Journal as a supplement, and that had been done.

58533. The British Medical Association represented medical practitioners in all parts of the Empire, inclusive of Indian members of the Indian Medical Service and Indian medical practitioners in private practice in India.

58534. The written statement might be to a large extent a verbatim reproduction of the memorandum put before the Royal Commission by the officers of the Indian Medical Service in Madras, but it went further. In drawing it up the Committee of the Association had before them the memoranda of officers of the Indian Medical Service in Bombay and the Punjab and in other parts of India and Burma as well. No doubt the Naval and Military Committee adopted the Madras memorandum as a foundation, as it had been very carefully drawn up—so much so that he believed he was right in saying that the Indian Medical Service officers in a number of other provinces had also made it the basis of their memoranda. He could not say whether the British Medical Association had also before them the views of those members of the medical profession in India who did not sympathise with the Indian Medical Service presentation of the case. Nor could he say that the Association had endeavoured to obtain an expression of those views so far as he was aware. Only the Indian Medical Service view had been laid before the Association, and they had acted on that. The Association had had no opportunity of sending out a Commission of Inquiry on the spot, but they had endeavoured to deal as fairly with the matter as was possible.

58535. (*Sir Theodore Morison.*) There was information before the Association to the effect that officers of the Indian Medical Service were advising students not to go into the Service until they saw what its future was going to be. The stories being spread were those referred to in the memorandum; for instance, the changes in the conditions of the Service, the enormous increase of official work, the fact that private practice was passing into other hands, and the fear that further changes were imminent. For these reasons officers of the Indian Medical Service were advocating a boycott. When officers were asked whether they would advise a young man to go into the Indian Medical Service they said it was not worth the while of a first-class man.

58536. (*Mr. Chaubal.*) He could not say what was the total number of members of the Association, but the figure was a very large one. He did not know the number of Indian members. The memorandum had been circulated throughout India, and he presumed it had been seen by the Indian members of the Association, whether they were in the Indian Medical Service or in private practice, as the document was published in the "British Medical Journal," and naturally members of the British Medical Association would read the Journal. It was published on the 7th of September, and he understood that no communications unfavourable to it had been received.

58537. The fall in private practice was indisputable, both in the Presidency towns and in the districts. He had been 22 years in India, and had been in contact with officers the whole time, and was told that men were making practically nothing in the country districts.

58538. (*Mr. Sly.*) Rules were published in 1911 on the subject of private practice, and there had been other rules published from time to time. The rules of 1911* were approved by the British Medical Association, but there was great anxiety at present about the question of consulting practice. There was a rumour throughout India that consulting practice was to be interpreted as meaning that a man could only take such practice as was brought to him by a medical man, and if that was the interpretation men could not live in professorial appointments in the Presidency towns, or indeed anywhere in the world. If consulting practice was interpreted as it was at present in Harley Street, Berlin, and Paris, and a consultant could see people who came to him without the intervention of a general practitioner, the condition was entirely different. The number of appointments in which a man made a reasonable income nowadays was very small, and every single one would be seriously affected by any such regulation. It would take away the incentive to men to be really efficient and to qualify for the higher appointments of the Service. He believed if things were left alone the probability was that everything would quiet down, but there was a feeling of apprehension that there were to be considerable further changes.

58539. (*Mr. Fisher.*) If the frequency of transfers was very largely diminished, private practice would increase, and it would be good for everybody. If the Government paid the cost of transfer in every case, he believed it would not operate to diminish the frequency of transfers, but he could not really say. There was a strong feeling against frequency of transfers and an effort was being made in the Madras Presidency to diminish them, and there had been a great improvement. When he first went out to India men were moved from appointment to appointment in a most callous way, but in recent years there had been a great difference. The matter had been brought prominently before the Surgeon-general, and everything had been done to diminish transfers.

58540. (*Mr. Macdonald.*) The members of the Naval and Military Committee of the British Medical Association were, he believed, all officers either in the Indian Medical Service, the Royal Army Medical Corps, or the Naval Service, and therefore it might be called a Service Committee. They had had before them a large number of letters and memoranda, setting forth the grievances of the Indian Medical Service officers, and in framing the written statement had endeavoured honestly to consider the needs of all concerned.

58541. The phrase "injudicious regulations" in the written statement did not refer to the regulations and rules of which the British Medical Association approved in 1911. There was a very bitter feeling indeed about Lord Curzon's previous regulations, limiting the fees of medical officers, and those were the ones referred to in the written statement.

58542. He had had several conferences with the editor of the "British Medical Journal" and had given him a great deal of information. He had also given him the Madras memorandum, but he was not responsible for the methods of expression used by the Naval and Military Committee or by the Association.

58543. He had held the chair of ophthalmology in Madras, and had also been professor of physiology. In the old days when he was professor

* Appendix XL. These rules are still in force.

of physiology the chair of ophthalmology and physiology were one. He had been instrumental in breaking up this arrangement. After being professor of physiology he became professor of anatomy for a short time, and later on professor of biology, also for a short time. He had qualifications for all these posts.

58544. (*Mr. Abdur Rahim.*) There were no Indians on the Committee which prepared the written statement of the Association. He believed the Committee had received representations from Indians, because letters had appeared in the "British Medical Journal" on the subject. The statement, however, did not embody those representations, no doubt because they were sent in after it had been drawn up. It might be said, therefore, that the views of the Indian members of the Service and of Indian medical practitioners in private practice in India were not represented, but all who made representation were fairly and fully dealt with. The statement contained the views of the English members of the Indian Medical Service. He could not say that efforts were made to obtain the views of Indian practitioners and Indian members of the Indian Medical Service before the statement was drawn up. He could only say that the Committee had considered all the views which had been put before them.

58545. The witness then asked permission to dissociate himself from anything in the written statement, which a servant of the Government should not have said. He had come before the Royal Commission at the request of the British Medical Association, but was not responsible for the wording of their written statement.

(The witness withdrew.)

SIR A. PEDLER, C.I.E., F.R.S., Vice-President of the Institute of Chemistry of Great Britain and Ireland.

Written Statement, being a Memorandum prepared by the Institute of Chemistry of Great Britain and Ireland.

58546. The Council of the Institute of Chemistry having had under consideration the conditions attaching to professional chemical appointments under the Government of India, desire to submit, for the information of the Royal Commission on the Public Services in India, particulars of the objects of the Institute, and recommendations in support of representations made to the Commission by official professional chemists engaged in various Departments.

The Objects of the Institute.—The Institute of Chemistry of Great Britain and Ireland was founded in 1877 and incorporated by Royal Charter in 1885 for objects, including those specified in the following abstracts from the petition:—

"That the profession of Analytical and Consulting Chemistry is one of great importance to the public, and having regard to the rapidly increasing application of chemistry to legal investigations, to public health, to the adulteration of food, to agriculture, and to the arts and manufactures, it is desirable that persons practising the profession of Analytical and Consulting Chemistry should have both a practical and scientific knowledge thereof."

"That it is a matter of increasing importance to Government Departments, corporate bodies and others requiring the assistance of persons competent to practise in Analytical Chemistry, and to advise in Technological Chemistry, that such persons should be properly trained, and that their qualifications should be attested by certificates of competency granted by a scientific body possessing sufficient status, and that at present there is no institution or corporate body which has power to issue such certificates."

Accordingly, the Council, under powers conferred by Royal Charter, have prescribed Regulations with which candidates are required to comply before admission to the membership.

Qualifications for Membership.—Every candidate is required to pass three examinations:—

I. Preliminary, in subjects of general education. The standard is equal to that demanded by other professional bodies;

II. The Intermediate,* in general Theoretical and Practical Chemistry, extending over four days; and

III. The Final,† in a special branch of Chemistry, to be selected from a list prescribed by the Council, extending over five days, theoretical and practical, with an oral examination in general Chemistry, and translations from French and German technological literature.

The education of a professional chemist is analogous to that of other professional men, extending as it does over at least four years' systematic training, and involving at least an equal standard of general culture and the maintenance of an equal social status.

Candidates for the Fellowship of the Institute must have been registered as Associates for at least three years, and have been continuously engaged during that period in the study and practical work of Applied Chemistry in a manner satisfactory to the Council.

Under the provisions of the Royal Charter and the Bye-Laws, the Institute elects Censors who exercise control over the professional conduct of the Fellows and Associates.

The professional education of the Fellows and Associates of the Institute is of University character throughout, and over 40 per cent. hold Degrees.

The Register of the Institute contains the names of over 1,400 Fellows and Associates, of whom rather more than 15 per cent. are engaged in Government Service at home or abroad.

The qualifications F.I.C. and A.I.C. are recognised by the principal Government Departments at home, in India, and in all parts of the British Empire, as evidence of competency for appointments requiring chemical knowledge and skill

58547. *Official Professional Chemical Appointments in India.*—The Public Appointments which necessitate the services of highly competent professional chemists in the Service of the Government of India include:—

(*a*) Chemical Examiners.

(*b*) Professors and Teachers of Chemistry in the Educational Department.

(*c*) Chemists in the Imperial Department of Agriculture, and attached to the Agricultural Departments of Presidencies and Provincial Governments.

(*d*) Chemists in the Ordnance Department of the Government of India.

(*e*) Assay Masters in the Mints, Bombay and Calcutta.

(*f*) Chemists engaged in sundry other Departments, such as the Excise Laboratory, Kasauli, Punjab; the Laboratory of the Indian Government Railway Board, Kalimati; the Cinchona Plantations and Quinine Factory, Mungpoe,

* Every candidate for admission to the Intermediate Examination must have been trained for at least three years, in a university or college recognised by the Council, in Chemistry, Physics, and Mathematics, and one other scientific subject, and have passed the class examinations in the subjects taken;

or have worked for two such years in a recognised university or college, and for two years in the laboratory of a Fellow of the Institute;

or have taken a degree in Science, including Chemistry, Physics and Mathematics.

† Every candidate for admission to the Final Examination must have passed the Intermediate Examination;

or have taken a degree in Science in a recognised university with First or Second Class Honours in Chemistry, and have complied with the regulations as to training in Physics and Mathematics;

or obtained a diploma of similar standard recognised by the Council for this purpose.

Sonada, Bengal; and the Indian Museum, Calcutta.

(*g*) Chemists engaged on special service. Investigation of economic problems, etc.

58548. *General.*—(*1*) The Council of the Institute desire to make it quite clear to the Commission that the Institute represents consulting, analytical and technological chemists, but not pharmaceutical chemists. Misunderstandings have frequently arisen from a want of proper appreciation of the distinction between a scientific chemist and a "chemist and druggist."

(*2*) European professional chemists as a class are not numerous in India, and have therefore experienced considerable difficulty in establishing the status to which they are entitled by their education and technical training. The Council of the Institute regret to state that they have repeatedly heard of official slights, in most cases probably unintentional, but due to a lack of knowledge and a proper appreciation of a comparatively recently organised profession.

(*3*) On the question of Precedence, which is of such importance in the social life of young professional men in India, especially if they are married and stationed near Government headquarters, the Council of the Institute is aware that professional chemists occupying high official positions, men of University education and who have rendered distinguished service, are placed in the fourth class or lower, while such officers as Superintendents of the Geological Survey and Principals of Colleges, who are ordinarily regarded as their social equals in England, are placed in the third class.

(*4*) The Council of the Institute find that it is almost invariably the custom to select for certain chemical appointments referred to in this Memorandum, officers of the Indian Medical Service, or other military officers.

The Council would point out that a medical training does not fit men for the practice of analytical chemistry, and that a military training is not an essential qualification for the management of a chemical factory or the control of scientific operations.

The Council submit that such procedure is not in the interests of the public service, in view of the fact that fully trained professional chemists are obtainable: that the existence of such chemists should be ignored not only discourages the chemical profession, but deprives the public service of skilled professional advice.

(*5*) In view of the fact that the Institute has been frequently asked to assist in securing the services of professional chemists for various Departments of the Government of India, the Council submit for the consideration of the Commission their views on matters concerning several appointments specified.

(*6*) *Recruitment.*—The Council of the Institute of Chemistry venture to suggest that in the recruitment of professional chemists for various Departments of the Government of India, the Secretary of State should appoint to any Board entrusted with such appointments scientific men who have had experience of the conditions of service in India, and who are able to judge of the probable suitability of candidates to work under such conditions. The Board should be supplied with full details of the vacancy to be filled, and the personal and technical qualifications necessary for the duties and responsibilities involved. Candidates should be able to obtain full information as to the positions they are to occupy.

58549. *Chemical Examiners to the Government of India.*—(*7*) Chemical Examiners are usually selected from the officers of the Indian Medical Service. With the view of encouraging such officers to qualify in chemistry, the Government of India have decided that in selecting a probationer for the Chemical Examiner's Department preference shall, *cæteris paribus*, be given to an officer who has passed the intermediate or final examination of the Institute of Chemistry of Great Britain and Ireland, or any equivalent examination; and that for appointment as Chemical Examiner preference shall, *cæteris paribus*, be 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. Qualified officers are attached for a year or more as probationers to a Chemical Examiner's Department (usually at Calcutta, Bombay, or Madras), where they are trained and examined as to their practical efficiency by the Chemical Examiner. Each Chemical Examiner has a staff of native assistants, usually medical graduates or licentiates of Indian universities who have passed through probationary courses of training in a Chemical Examiner's Department. The duties undertaken by the Chemical Examiners are of very varied character, and include:—Medico-legal investigations in suspected cases of poisoning of men or cattle; water analyses for the Engineering and Sanitary Departments; commissariat analyses of supplies to troops; Customs analyses; articles to be tested for purity and percentage of adulteration under the Merchandise Marks Act, including analyses of oils, fats, waxes, paints, varnishes, drugs and perfumes; examination of medicines from the Medical Store Department, for the estimation of alkaloids, and for general purity and strength; agricultural analyses (soils, lime, cement, etc.) for various Government Departments; general food analyses for municipalities, under the Sale of Food and Drugs Act.

(*8*) The Commission will observe that, with one exception, every existing Chemical Examiner has been selected from the Indian Medical Service and that preference is given to candidates who have secured qualifications such as the Fellowship or Associateship of the Institute. Within recent years, two officers have been allowed special leave for the purpose of preparing for and taking the examinations of the Institute; these have duly passed the examinations and have been appointed. Their cases, however, were somewhat exceptional, for had they not received systematic training in chemistry and allied sciences quite apart from their medical training they would have had no claim (as medical men) to competency for the official positions they occupy. It has been suggested that frequently occurring investigations in supposed cases of poisoning render it advisable to select Chemical Examiners from the medical profession, but in these cases the investigation is essentially one for a professional chemist, and in matters of such vital importance it is not in the public interest that investigations should be entrusted to men who have not been specially trained and have little or no experience in the solution of such problems. Similarly for the other duties entrusted to Chemical Examiners, extended systematic training and experience in chemistry are essential.

(*9*) The Council suggest that Chemical Examiners in the future should be selected from the profession of chemistry.

58550. *Professors and Teachers of Chemistry in the Education Department.* — (*10*) Professors and Teachers of Chemistry in educational institutions are, in the superior grades of the Service, appointed to the Education Department by the Secretary of State; those in state-aided or private institutions are usually appointed by the governing bodies of the institutions concerned.

(*11*) The Council of the Institute are of opinion that the Commission on enquiry will find that the conditions of service under the Education Department are unsatisfactory, and therefore invite attention to the following points:—

Pay.—The pay and prospects of officers of the Indian Educational Service after their first ten years' service compare unfavourably with those existing in other Government Departments.

Status.—Owing to the professional qualifications demanded—university honours degree or its equivalent together with teaching experience—officers of the Indian Educational Service, in common with other professional technical men, usually enter the Department at a later age than is customary in other superior grades of Government employment not involving technical training and experience. Yet the official status accorded to Educational officers compares most unfavourably with that of officers in other Services who enter Government employ at an earlier age.

Precedence.—The last reorganisation of the Indian Educational Service in 1896 had the effect of excluding altogether the majority of Education officers from the Royal Warrant of Precedence. In many of the leading technical institutions in India, where it is still customary to appoint military officers, without previous educational experience, to the Professional staff, the disparity between the official status of military officers engaged in educational work and the status of officers of the Indian Educational Service is glaringly apparent. The disadvantages under which civilian officers are placed in those institutions cannot but adversely affect the social and academic life of the Colleges concerned.

(*12*) The Council of the Institute suggest that unless some improvement in the status and emoluments of chemists employed as professors and teachers of chemistry under the Education Department is effected, the Indian Educational Service will no longer attract teachers of the high type necessary for educational work in India.

58551. *Professional Chemists in the Imperial Department of Agriculture, and attached to the Agricultural Departments of Presidencies, and Provincial and Local Governments.*—(*13*) The appointments in the Indian Agricultural Service include those of Deputy Directors of Agriculture; Agricultural Chemists; Economic Botanists; Mycologists; Entomologists; Bacteriologists; Professors of Agriculture, Chemistry and Botany at Agricultural Colleges; and the like. Some of these are included in the Imperial Department of Agriculture under the direct control of the Government of India, but the majority are included in the Departments of Agriculture of the several provinces. The qualifications required for these appointments are an honours degree or its equivalent.

58552. *Probation.*—(*14*) In some cases, candidates are appointed directly to these positions; but usually they are appointed as supernumeraries, undergo a course of training (in India) in Indian agriculture, and are eligible to be appointed to positions on the regular establishments as vacancies occur. An officer on probation is required to remain in India for three years whether or not he may be found suitable for confirmation in the Service. If he resign before the expiry of the term of probation, he is required not only to pay his return passage to England but also to refund the amount of his outward passage. If Government and the officer concerned were mutually agreed as to the advisability of the latter's relinquishing his appointment before the expiry of his three years' probation, it is suggested that the refund of the outward passage should not be enforced, and that the officer should receive the amount of his return passage to England, as would be the case if he stayed during the full period of his probation.

58553. *Pay.*—(*15*) In the Indian Agricultural Service the pay is uniform, namely, Rs. 400-430-460 per mensem for the three years of probation, usually with quarters or house allowance. If the appointment be confirmed the pay is Rs. 500, rising by annual increments of Rs. 50 per mensem up to a maximum of Rs. 1,000, the officer paying rent for quarters equal to 10 per cent. of his salary; so that, in his fourth year, he actually receives less than in his third year, before confirmation. It is suggested, in order to do away with this anomaly, that the pay in the fourth year be Rs. 550 per mensem, instead of Rs. 500. After deduction of house rent, this would represent a fourth year's salary of Rs. 495 per mensem. In comparison with the earlier years of other Services, except the Indian Civil Service, these conditions compare about equally, except that officers of the Indian Medical Service are allowed to conduct private practice.

The maximum pay is ordinarily reached in from ten to thirteen years; so that, under the present conditions, officers have to remain on this pay for the last fifteen or twenty years of their service. In this respect the Agricultural Service suffers a marked disability when compared with all other Imperial Services. In the Public Works Department, for instance, an officer is practically certain of a salary of Rs. 1,250 per mensem; he has a very fair chance of reaching Rs. 2,000 per mensem, and a certain number have the opportunity of becoming Chief Engineers on Rs. 2,500 per mensem. Conditions are similar in the Forest Department. Moreover, officers of the latter service receive part of their training after they become Government servants, whereas members of the Agricultural Service, as a body, have already qualified by prolonged technical training at their own expense before entering the Service. The lack of highly-paid posts and the fact that all officers in the Agricultural Service are in the same grade prevent any addition to pay by the holding of acting appointments, such as frequently occurs in other Services; and there is no great inducement to them to remain in the Service after they have reached their maximum pay.

(*16*) The Council of the Institute suggest (*a*) that the probationary grade should be abolished, in any event in the case of purely scientific men; (*b*) that the pay of an officer, after passing through the probationary grade, should rise from Rs. 500 to Rs. 1,500 per mensem in 20 years and that, for officers of over 20 years' service, whose work is of special merit, a grade carrying still higher pay should be created.

58554. *Leave.*—(*17*) The European Civil Services generally have the same Leave Rules, namely (*i*) one month privilege leave per annum on full pay, which may be accumulated up to three months, and (*ii*) one year furlough on half-pay after each four years of active service of which not more than two years may be taken at one time. Privilege leave may be added to furlough with the restriction that the sum of the two may not be less than six months nor more than two years at one time.

The Council are informed that revised conditions of leave which are at present before the Government of India are generally regarded as satisfactory; they do not, however, provide with sufficient certainty that an officer may be allowed, as far as possible, to take advantage of leave as soon as he has earned it. This is a matter in which the interests of Government and its officers are identical, and any rule which tends to put obstacles in the way is to be deplored. The too arbitrary interpretation of a rule limiting the proportion of officers who may be on leave at the same time may come into this category; but the lack of a sufficient leave reserve is far more serious.

There is at present no *Leave Reserve* in the Imperial Agricultural Service, and, in view of the fact that in the course of the next two or three years practically every officer in the Service will have earned his first furlough, the result must be either great delay in the granting of leave which is due or very serious disorganisation of the work. It is suggested that the Secretary of State should increase the cadre of the Service by four appointments annually for the next five years. If the intention of making these appointments were known, students would prepare themselves with the object of becoming candidates for them.

Study Leave.—Certain periods of leave have been allowed to officers of the Indian Medical Service for the purpose of studying in England or other countries. The allowances are the same as for furlough—half-pay—but a small "lodging allowance" is added. The members of the Indian Medical Service may *claim* this study leave. The Indian Agricultural Service have a similar privilege, except that they *cannot claim* it, but only obtain it by special sanction. A young officer, with comparatively little experience in his profession and without any experience of Indian problems, after a few years in India will have formed certain definite ideas of special problems to be solved. To him it will often be a great advantage to go to Europe or to America to study some special branch. The Council consider that the Government would be well repaid by facilitating the grant of study leave to the officers of the Agricultural Service.

58555. *Pension.*—(*18*) In common with members of other Services, the officers of the Agricultural Service consider that a system of pensions more generous than those now in force should be introduced, and that that system should include the principle of progressive pensions. The maximum pension obtainable under present conditions, *i.e.*, £437 10s. per annum, is too small, in view of the increased cost of living, both in India and in England, to enable an officer to provide for the proper education of his family. A scheme which appears to meet the case is one which, commencing with an invalid annuity of £200 after 10 years' complete service, would rise by increments of £25 per each additional year of service. In the Indian Medical Service, Civil Veterinary Department, Forest and Ecclesiastical Services, a retiring pension is granted after a minimum service varying between 17 and 20 years. The Council of the Institute suggest that the system of progressive pensions could be introduced on the lines of the suggestions set forth above, allowance being made for voluntary retirement after 20 years' service.

58556. ***Relation with Indian Civil Service and other Services.***—(*19*) The higher appointments of the Service consist of a Directorship of Agriculture in each Province and the Directorship of the Agricultural College at Pusa with which is incorporated the Agricultural Advisorship to the Government of India. The two permanent incumbents of the latter post have both been members of the Agricultural Service, though members of the Indian Civil Service have officiated in the appointment. No member of the Agricultural Service has, as yet, held permanently the Directorship of Agriculture in any Province; but it does not appear to be necessary that a Director, if a member of the Agricultural Service, should be a practical Agriculturist by profession. Such is not the case in other countries; for instance, the Director of Rothamstead is a chemist; the Imperial Commissioner of Agriculture for the West Indies is a chemist; the Directors of Agriculture for British Guiana, Jamaica, Trinidad, are chemists; the Director of Agriculture for the Malay States is a mycologist; and similar cases could be quoted. Certainly the balance of advantage in the case of a scientific officer as compared with an Agriculturist is sufficiently even to allow of a disinterested selection being made according to general capacity and suitability for the post. The Council desire to support the representations of members of the Agricultural Service that these posts should be filled ultimately from the Service.

58557. *The Indian Ordnance Department.—Constitution.*—(*20*) The Indian Ordnance Department is a Military Department, and the more highly paid and responsible positions in it are open only to commissioned officers of the Royal Artillery.

In consequence of the scientific nature of the work now carried on in certain Ordnance Establishments, it has, during the last ten years, been found necessary to appoint to the Department a staff of fully qualified chemists and civil engineers. Hitherto, it had for long been the custom for the Stores Department of the India Office to engage men of the artisan class from the Home Ordnance Establishments and send them out to the Indian factories, these men being known officially as "Civilian Mechanics" and holding positions as foremen or leading hands. Such men were definitely recognised as subordinates and ranked with, or below, military non-commissioned officers. The first professional chemists appointed, notwithstanding the fact that they were men of high scientific attainment and held recognised professional qualifications, were engaged through the Stores Department upon agreements identical in form with those of the artisans mentioned. They were, however, in England given gazetted rank and treated as officers, receiving the travelling allowances to which commissioned military officers are entitled; but upon their arrival in India they found themselves classed with and treated as "Civilian Mechanics."

This state of things naturally led to great dissatisfaction, but it was only after years of continuous agitation that an attempt was made to deal with the position. The conditions, however, are still far from satisfactory.

58558. *Existing Causes of Dissatisfaction—Prospects.*—(*21*) Men who have made applied science their profession find, upon entering a Government factory, all the more responsible positions closed to them in favour of those who have received a military training. The Council are of opinion that this cannot form a basis for contented service.

58559. *Recruitment.*—(*22*) No definite principles appear, at present, to be followed in selecting chemists for this Department. An attempt was made to obtain men for the cordite factory through the Cambridge University Appointments Committee, and one Cambridge Honours man was engaged through their agency, whilst on another occasion an advertisement was inserted in "The Chemist and Druggist"—one of the pharmaceutical trade journals—inviting applications from experts in the chemistry of explosives, the authorities being apparently under the impression that a pharmaceutical chemist would be a suitable man for the vacant position. That the Ordnance Chemists are (like the civilian subordinates in the Department) engaged through the agency of the Stores Department, whilst men of similar standing in other Departments are engaged directly by the Secretary of State, is likely to lead to the impression that their position is inferior to that of those of their profession in other Departments.

58560. *Appointments included in Subordinate Lists.*—(*23*) The posts of the Ordnance Chemists—who are gazetted officers—are included in lists among subordinate appointments in "Army Regulations, India." This is liable to render the position of these men difficult with regard to the subordinates whom it is their duty to supervise.

58561. *Pay.*—(*24*) The commencing pay of the Ordnance Chemists—Rs. 500 per mensem—is not unsatisfactory, but the prospects attaching to their position are altogether inadequate. There are at present two chemical positions in the Ordnance the salary of which rises automatically to a maximum of Rs. 1,000 per mensem. To one of these positions a man, junior to three of the four chemists at the cordite factory, has been appointed, and it is, in the ordinary course, a practical impossibility that all three of the junior chemists at the cordite factory can be promoted to the other, the utmost that one of these men can thus hope for is a maximum salary, even after 30 years' service, of Rs. 650 per mensem.

58562. *Leave.*—(*25*) The question of leave is one of the very first importance to men engaged in dangerous work, yet it has recently been ruled that the junior chemists at the cordite factory, the men most directly engaged in the supervision of manufacture, shall in future serve under the Indian Leave Rules. Memorials on this subject have, however, been already addressed to the Secretary of State.

58563. *Pensions to Widows.*—(*26*) The direct supervision of the manufacture of explosives is one of the most dangerous occupations in which a man can be engaged. Yet it would appear from regulations that the very greatest provision that *could* be made for the widow and children of an Ordnance Chemist would be a life annuity of £26 5s. to the widow. In this connection it is noted that the lowest pension that can be given to the widow of a Lieutenant in the Army is one of £40 a year, with an extra allowance of £10 a year for each child.

58564. *Suggested Remedies.*—(*27*) The only action that would be entirely satisfactory to the men concerned would be the reorganisation of the manufacturing division of the Ordnance Department under civilian control. It is difficult for the unofficial mind to appreciate the objections to civilian control of the factories, civilian experts are admittedly necessary in the factories, and the fact that men have received a university education is not, in other Departments, held to render them unfit for administrative posts. The full control of the methods and processes of production should be left to skilled scientific officers.

If, however, the civilian reorganisation of the Ordnance Factories is held to be impossible, the following ameliorations of the present conditions of service of the civilian officers are suggested:—

(*1*) That only duly qualified professional chemists should be appointed and that the appointments should be made directly by the Secretary of State.

(*2*) That all mention of the Ordnance Chemists should be removed from "Army Regulations, India."

(*3*) That the pay of the chemists should rise automatically to a maximum of at least Rs. 1,500 per mensem in 20 years, and that the pay of the two appointments "Manager of the Cordite Factory" and "Chief Chemical Examiner" should rise to a maximum of Rs. 1,750 per mensem.

(*4*) That, in the event of the death of an Ordnance Chemist being brought about by an accident when he is on duty, his widow should become entitled to a pension under a scale approximating to that laid down for invalid pensions in Art. 474 C.S.R.

(*5*) That the Ordnance Chemists should serve under European Leave Rules.

58565. ***Assay Department of the Finance Department, Government of India.***—(*28*) Assay Masterships and Deputy Assay Masterships are held by officers of the Indian Medical Service, or Royal Engineers or Indian Army Officers, who are required to have qualified for the appointment by a course of instruction and examination at the Royal School of Mines, London, and the Royal Mint, London, and, in addition, to have passed a probationary course of instruction in one or other of the Indian Assay Offices.

58566. (*29*) The Council of the Institute suggest that these appointments should be open to metallurgical chemists who have been properly educated as such and who have obtained the Associateship of the Royal School of Mines, the Associateship of the Institute of Chemistry in this Department of work, or similar qualification.

58567. *Other Official Chemical Appointments* (*see paragraph* 58547).—(*30*) The Council have received no representations from professional chemists holding any of the appointments referred to under (*f*) and (*g*) on pages 13 and 14; but they desire that the attention of the Commission should be drawn to the fact that consulting and analytical chemists are required, from time to time, in various administrative departments to whose appointments conditions should apply similar to those suggested in respect of other chemical officers referred to in greater detail in this Memorandum.

58568. In conclusion, the Council express the hope that the Commission will consider carefully the suggestions advanced in this Memorandum in order that professional chemists of the highest competency and standing may be attracted to the service of the Government of India.

SIR A. PEDLER called and examined.

58569. (*Chairman.*) The witness represented the Institute of Chemistry of Great Britain and Ireland. This body was in a position to provide trained chemists for service in India. At present shift was often made there with officers borrowed from other Services. For example, chemical examiners were taken almost wholly from the Indian Medical Service. He had been 34 years in India himself, and only remembered two exceptions to this rule. Again, professors and teachers of chemistry for the higher ranks of the Educational Department were recruited by the Secretary of State from England. Such men were required to have taken an honours degree, and were not necessarily Fellows of the Institute. A similar procedure was followed with regard to the chemists attached to the various agricultural departments. Assay Masters for the mints of Bombay and Calcutta were borrowed from the Indian Medical Service and so on. This was not a satisfactory arrangement. It would be more satisfactory in every case, in which a trained chemist was required, to appoint professional chemists trained as such. The Institute of Chemistry could put forward thoroughly capable men, and could be held responsible for so doing. No man could become a Fellow of the Institute without six years' training and actual experience in chemical work, and a man of that kind must be more valuable than one who had only studied chemistry as a side issue.

58570. The following universities, colleges and institutions were recognised as centres for the training of candidates for the examinations of the Institute of Chemistry:—

Aberdeen, The University; Aberystwyth, The University College of Wales; Bangor, University College; Belfast, Queen's University; Birmingham, The University; Bristol, Merchant Venturers' Technical College (Faculty of Engineering of the University of Bristol), The University; Cambridge, The University; Cardiff, University College; Cork, University College (National University of Ireland); Dublin, Royal College of Science for Ireland, Trinity College; Dundee, University College; Edinburgh, The Heriot-Watt College, The University; Galway, University College (National University of Ireland); Glasgow, The University, The Royal Technical College; Leeds, The University; Liverpool, The University; London, *City and Guilds Engineering College, City and Guilds Institute, Technical College, Finsbury, King's College, *The Royal College of Science and the Royal School of Mines, †School of the Pharmaceutical Society of Great Britain, University College; Manchester, The Victoria University, Municipal School of Technology (Faculty of Technology in the Victoria University); Newcastle-on-Tyne, Armstrong College; Nottingham, University College; Oxford, The University; Sheffield, The University; St. Andrews, The University; Adelaide, South Australia, The University; Melbourne, Victoria, Australia, The University; Montreal, Canada, McGill University; Sydney, N.S.W., The University; Toronto, Canada, The University.

If it was desired to train candidates from India for service in that country, the Institute of Chemistry would be ready to give them facilities. Two or three of his own Indian students had, in fact, come to England, and taken the Fellowship of the Institute, and had done very well. The Institute was not asking for places for Europeans. They would be very glad to see Indians encouraged. What they held out for was that the men taken should be efficient. This meant, ordinarily, a training in England, as the facilities in India were as yet inadequate. The Institute had examinations in various centres, and could hold them in India, if necessary.

58571. (*Mr. Abdur Rahim.*) He had heard that the laboratory in the Presidency College at Calcutta had been considerably improved recently, but the training there was not as good as could be obtained in England. The Institute had held several examinations in India, and had recently offered to examine some Indian gentlemen there, but they had not yet come forward.

58572. (*Mr. Macdonald.*) The written statement was drafted by a Committee and approved by the Council of the Institute. For a considerable time the Institute had been keeping its eye on the position of chemical work in India, and the memorandum was the result of a continuous examination on the part of the Council of the needs of Indian chemistry.

* Imperial College of Science and Technology.
† For Chemistry and Botany.

58573. (*Mr. Fisher.*) A considerable improvement might be effected if the chemical examiners in India were drawn direct from England from officers who held the Fellowship of the Institute.

58574. He could not say what would be the average salary of a young chemical examiner in England. The public analysts, about 96 per cent. of whom were Fellows of the Institute, got salaries which ranged from £350 to £1,200 a year. But these appointments could be held with other appointments, so that anything from £600 a year upwards might be earned. There were already about 1,500 men on the list of the Institute, and many of them would no doubt go out to India. The present cost would not, however, be reduced, because some of the salaries now paid were as low as they possibly could be. He did not advocate the scheme of the Institute in the interest of economy, but of efficiency.

58575. (*Mr. Sly.*) For all the appointments mentioned in the written statement, the opinion of the Institute of Chemistry was that a Fellowship of the Institute was a highly desirable qualification. He did not desire to recommend that it should be a rule of recruitment that a man must be a Fellow, but preference should be given to one who had had five or six years' practical training and experience in chemistry. He did not believe in a man with a three months' training setting up as an analyst.

58576. He would not make it a hard and fast rule that no appointment should be made in India. If there was an Indian Medical Service officer who was a Fellow of the Institute he might certainly be taken.

58577. (*Sir Theodore Morison.*) It would be quite possible for the Institute of Chemistry to send representatives to sit upon the Selection Committee at the India Office, but the Institute had never been asked to do so. They had sometimes been asked to find candidates for appointments. He should like to see a man on the Selection Board of the India Office who knew something of India and who was also a chemist, and the Institute could always provide a chemist of experience for that purpose. He did not think it was necessary that the Institute should have direct representation.

(The witness withdrew.)

At the India Office, London, Thursday, 11th June, 1914.

PRESENT:

THE RIGHT HON. THE LORD ISLINGTON, G.C.M.G., D.S.O. (*Chairman*).

THE EARL OF RONALDSHAY, M.P.
SIR MURRAY HAMMICK, K.C.S.I., C.I.E.
SIR THEODORE MORISON, K.C.I.E.
SIR VALENTINE CHIROL.
MAHADEV BHASKAR CHAUBAL, Esq., C.S.I.
ABDUR RAHIM, Esq.
WALTER CULLEY MADGE, Esq., C.I.E.
FRANK GEORGE SLY, Esq., C.S.I.
JAMES RAMSAY MACDONALD, Esq., M.P.

M. S. D. BUTLER, Esq., C.V.O., C.I.E.
R. R. SCOTT, Esq. } *Joint Secretaries.*

SIR T. CLIFFORD ALLBUTT,* K.C.B., M.D., called and examined.

58578. (*Chairman.*) The witness was Regius Professor of Physic at Cambridge University. He had no direct knowledge of the Indian Medical Service, but was aware that during recent years its popularity had been continually decreasing with graduates of the medical schools. The impression in the schools was that the pecuniary prospects of the Service were not as good as they were. The expenses of living in India were believed to have very considerably increased—he had been told from 20 to 30 per cent.—and there was also said to be a diminution in the income derived from other sources, such as from factory and gaol appointments, and so on. There were also, he believed, other reasons of sentiment which affected recruitment to the Service. The reduced opportunities for private practice were also a very considerable factor in the prevailing unreadiness of the young men to join the Service. They were told of the disadvantages by officers of the Indian Medical Service, who were dissatisfied with their conditions, during visits to the schools.

58579. There were also causes at work in England which operated to interfere with recruitment. Some years ago, when many of the best men went into the Indian Service, the Royal Army Medical Corps was unpopular. Now it was attracting the good men. Again, the prospects of the medical profession in Great Britain had increased by leaps and bounds within the last year or two. Far fewer men were now going away from this country.

58580. In considering the question of pay, the cost of the previous education and the age at which men went into the Service had to be taken into account. He found Cambridge men did not enter the Service much before the age of 25 or 26, and that meant a long and costly education. The expense of the education justified an increase of pay. The popularity of the Service largely depended on the money put into it.

58581. The entrance examination for the Indian Medical Service was a good one, but too much weight was given to paper work. To meet this the clinical examination should come first, and only those who passed this test should be admitted to a written examination. The clinical marks should be high. In Cambridge the university had been continually cutting down the paper marks and raising the clinical marks. The marks given in the Indian Medical Service examination, namely, 600 for paper and 300 for clinical work, should be reversed. At Cambridge comparatively little weight was attached to written answers, as many men had good memories and could reel off any quantity of matter obtained from books. If the clinical marks amounted to 50 or 60 per cent. the Cambridge examiners turned to the marks for the papers; but if the clinical marks were under 50 or 60 per cent. the paper marks were not considered, and the man was cast. That system, perhaps, was peculiar to Cambridge, but he should like to see it made universal. All men who did not come up to 50 per cent. in their clinical work should be returned straight away.

* This witness did not submit a written statement.

58582. He had looked through the papers which had been sent to him with reference to the qualifications of the present Indian Medical Service professors. Several of the entries struck him as peculiar, though no doubt the personal qualities of the men might be excellent. For instance, a professor of pathology was shown as having been formerly a professor of materia medica, which was an exceedingly alien pursuit. He had also been a demonstrator in physiology, which was not quite pathology, and a teacher of a nursing staff of a European hospital in Bombay. That did not seem to have any bearing on pathology. He had also been surprised to find that in some cases "coaching" had been put down as a qualification. He himself should have been disposed to disqualify a man who had been a coach, because he was a crammer. There are certainly many admirable teachers amongst men who had been engaged in coaching, but they had no access to practical work. The private teacher or coach had no beds in a hospital and no laboratory, and possessed none of the instruments of teaching; it was entirely rote work. In another case a professor of biology had been a senior resident surgeon and surgical registrar, appointments which he no doubt fulfilled admirably, but which had little to do with biology. He had also taught pathology at the Queen's College, Belfast, but pathology again was not biology. Again, a professor of bacteriology was put down as having studied bacteriology at a postgraduate class for three months, which did not seem a very long apprenticeship for an important science. It looked to him on the whole as though the number of applicants was limited and the qualifications in some cases inadequate, but he wished to be understood as speaking quite impersonally, and safeguarded himself by saying that no doubt the electors in each case knew their man.

58583. (*Sir Theodore Morison.*) The number of men joining the medical profession had been declining somewhat at Cambridge, and he believed it had declined greatly in other schools. There was a dip in the curve during the Boer War. He had been told that in certain medical schools the numbers had absolutely declined. On the other hand, not only was the demand for medical officers increasing but the supply was actually diminishing, probably owing to the very long and costly education. He considered, however, that those who now went in for medicine were more efficient than formerly; they were probably men who were better off and had obtained a public school education, and therefore came to the university better instructed and with more advantages than some of the former men possessed. At one time there was always a tail end of men who scraped through with difficulty, but there were not so many men of that sort now.

58584. For certain chairs, such as biology, chemistry, and bacteriology, it was necessary that a man should devote his whole career to his subject. For those chairs a life spent for the most part in general practice was a disqualification, as, generally speaking, the man would necessarily have drifted into rule-of-thumb methods which were not scientific. There were other chairs in which experience in clinical work was of great value, such as surgery, medicine, and midwifery. Most of the professors, such as the professors of pathology, opthalmology, physiology, and, in special lines of work, operative surgery, ought to have obtained an M.D. degree, but that of course would not apply to the professor of chemistry. Professors of bacteriology and hygiene and public health ought also to have taken the M.D. and afterwards have devoted their time entirely to specialising in their particular subjects. Unless a man had taken the M.D. he had not a grip on the whole scope of teaching.

58585. He would not like to say that an Indian Medical Service officer, most of whose previous service had been in general practice, would not be competent to fill scientific chairs, but he would scarcely anticipate that many of them would be fitted to do so. With regard to surgery, medicine, and midwifery, it was different. Under scientific chairs he included those of bacteriology, ophthalmology, public health, hygiene, pharmacology, which was a branch really of physiology, and physiological chemistry. For these a professor ought first to have obtained the M.D. and then devoted his life to the special science.

58586. A man would not be able to prepare himself for a chair such as bacteriology under the age of 30 to 35, as he might not have chosen his line for specialising for some little time and might have held subordinate appointments. It would be possible to get an adequately trained man between the ages of 30 and 35 and secure the best of his life for the Service. Men would be quite willing to take up such posts if the pay was adequate. In that way many scientific chairs might be better filled than if men were taken from the Indian Medical Service; though no doubt there were juniors working in university laboratories, and so on, in India who would be quite proper persons to be promoted.

58587. (*Mr. Sly.*) In chemistry and ancillary sciences such as physics, etc., the teaching might be done by the ordinary science staff of the university and not by special medical men. For such subjects there was no need to have medical officers at all, rather the contrary. For the chairs of surgery, midwifery, and medicine officers of the Indian Medical Service holding charge of a large hospital at headquarters and visiting charge of dispensaries, would form a very promising class from which to draw professors. The same applied to special chairs such as for diseases of the eye. In such cases ordinary practice would not disqualify, as the broader the foundation the better, if the men had been trained in accurate methods.

58588. The decrease in popularity of the Indian Medical Service was largely due to the lack of material prospects. There was no general disinclination on the part of students to enter the Indian Medical Service or to take service in India, so that if the material prospects were improved a good standard of medical student would be attracted from the English schools.

58589. (*Mr. Macdonald.*) He had not found that within recent years difficulties had grown up in Cambridge of a racial character. It was remarkable how well the Oriental students settled down with the English undergraduates. English, Chinese, Japanese, Indians all seemed to be quite friendly and there appeared to be no racial prejudice. There had been a good deal of unrest a little time back owing to the idea that there were certain persons who were deliberately stirring up discontent, but well-conducted Indians got on quite well with the undergraduates.

58590. It would be a great advantage to encourage the Indian students to go to the medical schools of Cambridge and elsewhere before entering the public service in India, and he was certain there was not the smallest obstacle in Cambridge to Indians being given hospital practice. He had been on friendly terms with good men from India, both Europeans and Indians, and he was sure not the slightest difference was made between them. A small hospital with small classes could not be compared with hospitals like St. Bartholomew's, and the number of Indians who went through the Cambridge school was very small, they drifted off to the London hospitals; but the few who remained at Cambridge had the same freedom in the hospital as Europeans. He was not able to remember whether any Indian student had held an appointment in the Cambridge hospital, but he was perfectly certain there would not be the smallest objection to his doing so.

58591. (*Mr. Madge.*) It might be said that provincial schools gave a somewhat inferior training to that which could be acquired in Cambridge, in the sense that they had not the residential college life which was such an important factor in education. In his opinion every university ought to be

made a residential one if possible. For mere scientific training, however, residential colleges were not necessary. When the student at Cambridge had been through his full scientific courses in anatomy, physiology and pathology, etc., he was encouraged to go away from a comparatively narrow clinical sphere like Cambridge to the larger hospitals of Liverpool, Manchester, Leeds, Birmingham, London, and other large centres. A student in a provincial school which was well staffed might obtain a much better access to the teaching than he would have at a very large London hospital.

58592. He had not sufficient knowledge of the conditions in India to say how far the importation of professors from England would add to the unpopularity of the Indian Medical Service by reducing its prizes, but he thought it would be possible to have a ladder by which men could climb from one post to another. A man who had a strong turn for pathology might be quartered near a pathological laboratory, and work up to higher positions, but he could not do that without special advantages being given to him.

58593. (*Mr Abdur Rahim.*) He did not know how far the temporary cloud on the Indian Medical Service, if there was one, had settled upon the professorial chairs, and how far the professors were dissatisfied and discontented.

58594. He could not say what pay would attract a proper class of man to India because he did not know what was the cost of living in India. A clever physiologist had just gone to an important Canadian chair on an offer of £800 a year, with the probability of rising up to £1,000. Of late he had had something to do with filling chairs in England and had found that £800 or £900 a year had to be offered, or £1,000 with the possibility of rising to £1,200, and perhaps men would expect more if they went out to India.

58595. Private practice should only be allowed to professors of surgery, midwifery, and medicine, and on no account to other professors. There might be a little difficulty with regard to bacteriology, because the services of bacteriologists were in constant requisition by the public, but that would not be ordinary practice as the professor would be consulted in his own laboratory. He certainly ought not to be allowed to go outside to treat people. The question of permitting professors of surgery, midwifery, and medicine to have consulting practice was disturbing the London schools very much at present, and people's minds were by no means made up. On the whole the prevalent opinion appeared to be that a professor, of medicine for instance, should give at any rate four and a-half or five days to his professorial work; he might have one day or two afternoons free for private work. There was no difference of opinion that professors in scientific chairs ought not to be allowed private practice.

58596. (*Sir Valentine Chirol.*) It would certainly modify the criticism he had made as to one of the professors of pathology having held the position of professor of materia medica if it was true that that description had been put in simply in order to show that he had had teaching experience. But a professor of a subject at his best was not a man who turned from one subject to another as opportunities offered themselves, but a man who had a special bent towards a particular subject and who was well equipped and endowed for it. It would not be possible to expect excellence from a professor who had gone about from one kind of chair to another.

58597. A professor would not go to India for anything less than £800 a year. A position such as that of professor of physiology at a large university was a considerable promotion for a young man, if it was generally understood that it would be the beginning of a career and that the salary would become larger later on.

58598. It was very important that large opportunities and ample rewards should be given to men for research work. When men had shown a talent for research work, which was often very laborious and offered little reward in itself, they ought to have some exceptional countenance given to them, in money, position or some other way. Such men were of immense importance to society and very often men of real genius.

58599. (*Chairman.*) If a medical school was a small one and could only afford a limited staff and was therefore obliged to give two offices to one man, bacteriology might be grouped with pathology, and pharmacology attached to physiology. Chemistry might also be joined up with physiology, as physiological chemistry, which was a large and elaborate subject. Subjects were increasing every day and had their own ramifications, and men were becoming more and more specialists. In the larger schools a professor once put into a chair should remain there and regard it as his calling for life. The tendency in the large schools was for the same professor to continue in a chair without change. When he himself was a student young physicians who were looking forward to getting on the staff of hospitals would take professorial or teaching posts of various kinds on their way up, but that was now quite at an end in England and Scotland.

58600—61643. (*Sir Theodore Morison.*) It would not be possible at Cambridge now-a-days to promote a man who had been professor of anatomy to be professor of surgery; though in one distinguished instance this had been done. Yet even in this case the professor, always a great clinical surgeon, had for a time taken charge of anatomy classes.

(The witness withdrew.)

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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.

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.

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 7¾, 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, 1893, 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'Kinealy, 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.

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 Pathalogy, 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 Zürich.

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 Gynæcology, 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 Gynæcology 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 Gynæcology 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 Lieut.-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.

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, 1906, *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 MacGilchrist, 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 MacGilchrist, 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 Assayist, 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, Frankfort, 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, 1908, *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.

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 R. 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 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* 12*th February*, 1914, *and enclosures.*

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

(i.) *Despatch from the Government of India, No.* 20 *(Army Department), dated the* 12*th 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 pesons 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 PETITIONERS.		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		
Senior grade.					
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.

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—

(*a*) that 30 senior assistant surgeons be added to the cadre of the Indian Subordinate Medical Department;

(*b*) that on promotion to the honorary rank of Major, they should be regarded as supernumerary to the authorised number of Captains;

(*c*) 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	43,962
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.]

1. Letter from the Director-General, Indian Medical Service, and enclosure. No. 9019, dated 27th December, 1907. (*Not reprinted.*)
2. Memorandum from the Controller of Military Accounts, Eastern Circle, and enclosures. No. S.E./5548, dated 28th March, 1908. (*Not reprinted.*)
3. 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.*)
4. Endorsement from the Home Department, and enclosures. No. 1341, dated 19th December, 1910. (*Not reprinted.*)
5. Letter from the Government of Burma. No. 885-6X-52, dated 23rd December, 1910. (*Not reprinted.*)
6. Letter from the Government of Burma. No. 1101-6X-6, dated 27th January, 1911. (*Not reprinted.*)
7. Letter from the Government of Burma. No. 248-6X-6, dated 7th February, 1911. (*Not reprinted.*)
8. Letter from the Government of Burma. No. 308-6X-6, dated 8th February, 1911. (*Not reprinted.*)

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. $\frac{317}{023}$/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 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 if 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

* Not reprinted.

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.
	Rs.		Rs.		Rs.
4th class (1 to 5 years).	85	1 to 7 years ...	100	1 to 5 years ...	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
				18 years to selection	350
Lieutenant ..	300	Lieutenant ...	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.

11. In paragraph 3 (3*b*) 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. 28,200 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 may men would avail themselves of the concession, if granted.

12. In paragraph 3 (3*c*) 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 (3*d*) 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 memoralists 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.

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:—

	Number.	Monthly 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
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 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.

* Not reprinted.

[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. 847/2-12, 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 only 30 admissions are to be made, it has not been possible to avoid selecting candidates who obtained less that 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.

* Not reprinted.

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.

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.

(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 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 No. V.

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

Statement I to show for 1885 *and* 1913 *the number of Civil appointments in the Indian Medical Service by Administrations.*

——	1885.	1913.
Under the Government of India, Home Department.	5	9
Under the Government of India, Foreign Department.	27	39
Under the Government of India Finance Department.	4	3
Under the Government of India, Department of Education. (*a*)	...	16
Under the Government of Madras ...	46	51
„ „ „ Bombay...	49	51
„ „ „ Bengal ...	55	46
„ „ „ the United Provinces.	46	46
„ „ „ the Punjab	31	32
„ „ „ Burma ...	10	32
„ „ „ Bihar and Orissa.	...	20
Under the Chief Commissioner of the Central Provinces and Berar.	18	19
Under the Chief Commissioner of Assam.	8	11
Under the Chief Commissioner of Coorg.	...	1
Plague appointments	...	20
	299	396 (*b*)

(*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.

Statement II to show for 1885 *and* 1913 *the different classes of work on which officers of the Indian Medical Service were employed.*

——	1885.	1913.
1. Administrative	7	10
2. Staff Officers	4	7
3. Civil Surgeons and Presidency Surgeons.	167	165
4. Professors, whole time, other than the 4 Madras ones who are also Presidency Surgeons.	24	29
5. Alienist Department	2	6
6. Jail Department	19	(*a*) 38
7. Chemical Department	4	6
8. Assay Department	4	3
9. Foreign Department	27	(*b*) 38
10. Sanitary Department	20	(*c*) 30
11. Resident and other college appointments.	5	18
12. Bacteriological Department ...	...	12
13. Plague appointments	...	20
14. Miscellaneous	16	14
TOTAL	299	396

(*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, Mahableshwar ...	1	1
Superintendent, Matheran	1	1
Presidency Surgeons	7	6
Residency Surgeon, Travancore ...	1	...
Professors	23	29
TOTAL	190	194

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 (*d*).
		In Civil Employ.										
	In Military employ (*a*).	2nd class Civil Agency and Presidency Surgeons (*b*).	Professors.	Sanitary Commissioners.	Deputy Sanitary Commissioners and Health Officers.	Bacteriological.	Jails, 1st class (*c*).	Asylums.	Chemical Examiners.	Plague.	Principals of Colleges.	
1. Lieutenant ...	500 (450)	450	750		700	650	650	650		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	...	...	...	...	...	...	...	...	...	...	2,200

All ranks Rs. 1,500, rising by Rs. 80 increments to Rs. 1,800; except in Central Provinces, where it is Rs. 1,250—50—1,750.

All ranks Rs. 800, rising by Rs. 70 increments to Rs. 1,500.

(*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 differenes 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 inade-

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

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 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 furbishing 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

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.
Tutorships and Minor Chairs:—					
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 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 the 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. Sivaswamy 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 introdue 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

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 prophlaxis, 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 adinistration 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

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 Dysentry 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

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 Donovani," 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. There 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 Spirochætæ, 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 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 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 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 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—1,450
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 (over 25 years' service, 1,550).
Superintendent, Punjab Lunatic Asylum	600—1,402	600—1,402	650—1,550

The only allowances drawn by Indian Medical Service officers are for the executive charge of district jails, for attendance on railway employés, 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 employés, sanctioned in 1892, is paid in accordance with the following scale:—

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

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-Asistant 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 Commisioners 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 Profesorship.

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 authorised 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

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 accordingly as 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 Obstectric and Gyneological 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
Nowlucka (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
	9

Special.	
Sanitary Inspector and Laboratory Assistant to Health Officer, Simla	1
Imperial Appointments.	
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
	5

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 Punjam 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.

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

8. 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 specialized 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.

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:—

	Indian Medical Service.			Royal Army Medical Corps.
	Military (in charge of regiment).	*Civil.* 1st class Civil Surgeon.	*Civil.* 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.
15	

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.

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

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 consideration in connection with the increase in salaries proposed above.

* Not reprinted.
† *Vide* paragraph 56467.
‡ *Vide* paragraph 56554.

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. Rs.	Proposed civil surgeon. Rs.	Difference. 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

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."

13*th 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 convenanted 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

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 [illegible] among independent practitioners has been [illegible] 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.

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APPENDIX XVII. (*continued*).

Appointment.	Pay in 1890. Consolidated pay.	Brigade Surgeon.	Surgeon Major.	Surgeon.	Surgeon on probation.	Pay in 1900. Consolidated pay.	Lieutenant-Colonel.	Major.	Captain.	Lieutenant.	Remarks.
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 Resident Surgeon, Medical College Hospital	...	...	...	450		...	...	...	450		In 1890 the Resident Physician used to lecture on Pathology, and was in receipt of an allowance of Rs. 300 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.
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. *Lunatic Asylum allowance.* Rupees 250 and 150 according to the number of inmates.
Ditto 2nd class...	...	950	750	550	400	...	950	750	550	400	
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. Consolidated pay.	Lieutenant-Colonel specially selected for increased pay.	Lieutenant-Colonel after 25 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.	Remarks.
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. Resident Surgeon, Medical College Hospital.	...	...	...	...	...	800 +200	...	...	600 +200	550 +200	500 +200	An allowance of Rs.200 is granted for lectures and demonstrations to students studying for University degrees.
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	
Civil Surgeons, 1st Class.	...	1,450	1,350	1,300	950	850	750	700	650	600	550	*Allowance for Jails.* Rs. 1st class ... 150, 2nd „ ... 100, 3rd „ ... 75, 4th „ ... 50. *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	

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
	39
Officiating appointments	15†
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 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 mufassil the Indian medical practitioner is often able to hold his own against the member of Indian Medical Service.

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

† Includes five Resident appointments and Police Surgeon.

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:—

In 1890—

		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	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. 100 S. A.
5. Other Military Assistant Surgeons, Presidency General Hospital	50 S. A.
6. Assistant to the Civil Surgeon, 24 Parganas	Rs. 100 L. A.
7. Superintendent and Medical Officer, Juvenile Jail ...	200 L. A.
8. Deputy Superintendent, Berhampore Lunatic Asylum ...	50 S. A. for 1st 3 years. 75 S. A. from 4 to 9 years. 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 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.
	Rs.		Rs.
0–2	100	19	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		
17	250		350
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.	Other Schools.
	Rs.	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:—

1. Two Casualty or Emergency officers, Medical College Hospital, Calcutta, on Rs. 50 each a month.

2. Two Assistant Surgeons appointed to instruct the native police in Calcutta in ambulance work on Rs. 70 each a month.

3. Assistant Surgeons instructing the district police in ambulance work on Rs. 10 each a month.

(4) Assistant Surgeon attached to the Sambhunath Pandit Hospital, Bhowanipore, on Rs. 50 a month.

5. 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.

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 consideing 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 occassioned 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 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.e.*, with a daily average population of 500 or more prisoners	150
Second class district jails, *i.e.*, with a daily average population of 300 and not more than 499 prisoners	100
Third class district jails, *i.e.*, with a daily average population of 150 and not more than 299 prisoners	75
Fourth class district jails, *i.e.*, 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,

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 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:—

	Rs.
Jails	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 Inspctor-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

Appointments.	Rates of pay and allowances in force in 1890.	Rates of pay and allowances in force in 1900.	Rates of pay and allowances in force in Present time.	Remarks.
(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.*	First class. Second class.	First class. Second class.	First class. Second class.	
1. Lieutenant-Colonel selected for special rates of pay.	...	...	1,450 1,350	
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.	If drawing a salary not exceeding Rs. 1,000 a month these officers also receive a Burma allowance of Rs. 100 a month.
5. Superintendent, Lunatic Asylum, Rangoon.	...	...	Grade pay + a staff allowance varying from Rs. 300 to Rs. 550 according to rank.	
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	

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 negatived 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 Direcor-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.

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 1890.	Rates of pay and allowances in force in 1900.	Rates of pay and allowances in force in Present Time.	Remarks.
(1)	(2)	(3)	(4)	(5)
	Rs.	Rs.	Rs.	
(1) *Uncovenanted Medical Officers and Military Assistant Surgeons above the grade of third class in independent Medical charge of Civil Stations*				
(*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) *Military Assistant Surgeons in subordinate charges*—				
(*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 1890 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 1890 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	...	...	

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—			
(*a*) Senior grade	Nil	300+50 Burma allowance	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.
(*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-Assistant 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 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	*Nil*
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 *Sawbwa* of Yawnghwe 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— Rs.

3 1st grade jailors on ...	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:— Rs.

3 1st grade jailors on ...	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:— Rs.

2 1st grade jailors on ...	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* 17*th 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.

Mr. C. Martin, L.R.C.P. & S. (Edin.).
Mr. J. A. Maddox, L.R.C.P. & S. (Edin.).
Mr. R. A. Hollingsworth, L.R.C.P. & S. (Edin.).
Mr. H. E. Wells, M.B., C.M., (Edin.).
Mr. H. J. Augustine, L.R.C.P. & S. (Edin.).
Mr. C. G. Evers, L.M.S. (Mad.), L.R.C.P. & S. (Edin.), D.P.H. (Edin.).

* 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

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.

4. 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 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.

(*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."

(*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.

(I) 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.

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 depôt	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 depôt 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	300
Senior Assistant Surgeon with the honorary rank of Captain	400

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	300
Senior Assistant Surgeon with the honorary rank of Captain	400

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

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 Government 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

ıeir ambitions should be provided. Owing to the ɔsence of large hospitals or of any medical college ı this Province, it is impossible to expect that ıe Service will remain contented and efficient ıder the present system. I hope, therefore, that, rimarily in the interests of the officers themɛlves, and secondarily in those of the Province, y recommendation will be accepted.

3. Apart, however, from the question of a joint ıdre with Bengal, it seems to me that the present ɛale of pay is out of date, at any rate as regards ıis Province. In years gone by there was some rivate practice among the tea gardens, but, now ıat the gardens have appointed their own Euroean medical officers, there is little or none. fficers of the Indian Medical Service are called ı occasionally in consultation by Assistant or ub-Assistant Surgeons, who monopolise the ractice among Indians, but even this form of ractice is on the decrease, owing to the tendency Indians to resort to big centres like Calcutta ɔr medical treatment. Officers of the Indian ledical Service must, therefore, more and more ɔok to their pay as their sole method of support, hey are now paid scarcely as well as officers of ıe Forest and Public Works Departments. The ıembers of the Service will, no doubt, make out ıeir own case under this head.

4. *Proposed restrictions on recruitment to the Indian ledical Service and private medical practitioners.*—now turn to the important questions raised in the ɔrrespondence initiated by the Government of ıdia, Home Department, Medical letter of the ɔth February, 1909, forwarding despatches from ıd to the Secretary of State, as indicated below.* he orders contained in that correspondence laid own that no further increase of the Civil side of ıe Indian Medical Service would be allowed, and ıade proposals for fostering the growth of an ıdependent medical profession in India, in articular, for appointing private practitioners to ɔme of the posts now held by officers of the Indian ledical Service. In the first place, the situation dominated by the fact that a large proportion of ıe officers of the Indian Medical Service form the ar reserve, and, as such, are conveniently emloyed on the Civil side in times of peace, but have ɔ be surrendered in case of mobilisation. Thus, ɛ 12† officers of the Indian Medical Service in this rovince, seven are required in case of mobilisaon. This leaves only five officers for purely Civil uties. Even, therefore, if these few posts were ırrendered to private medical practitioners, little r nothing would be done to further the object in iew. Even these five posts, however, could not in ny case all be given up. Thus, the post of Inspecɔr-General of Civil Hospitals is one which bviously could not be surrendered, while that for ıe North-East Frontier, which is for *quasi*-military uties, would not, for obvious reasons, be suitable. here remain, therefore, three only which would ɔme within the pale of possible discussion. This ; the first and most important point.

5. The next point of importance is that the prite medical practitioner is not suitable for the ind of work which has to be done by officers of the ıdian Medical Service. The ordinary duties of ıch officers include, besides the medical charge f officials, police, etc., and other work at headuarters, the administration and inspection of all ospitals and dispensaries in the district, inspection 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 Europeons 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 some 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, ılitary, dated the 9th August, 1907, and enclosures.
2. Despatch to the Secretary of State, No. 20, dated ıe 28th August, 1908.
3. Despatch from the Secretary of State, No. 225, ılitary, 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
— 12

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 ,, ...	677	6	11
,, ,, ...	12 ,, ...	640	14	6

Rank.	Years' service.	Indian pay and allowance *per mensem*. A When not receiving any staff allowance. Rs.	A.	P.	B When receiving staff allowances in addition. 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 ...				
Fort Surgeon with Port and Marine duties and Professor of Anatomy, Medical College				
Ophthalmic Surgeon and Professor of Ophthalmology, Surgery and Physiology, Medical College	1,250	1,050	850	700
Superintendent, Government Lying-in (now called Maternity) Hospital and Professor of Midwifery, Medical College				
Chemical Examiner and Professor of Chemistry				
Resident Surgeon, General Hospital, and Professor of Pathology, Medical College	...	...	800	
Assistant Physician, General Hospital, and Professor of Hygiene			700	
Second Surgeon, General Hospital, and Professor of Materia Medica and Pharmacy			700	
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 *				
Superintendent, Lunatic Asylum, Madras †			1,000	
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.

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, 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.

(*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
,, ...	900
Major after three years' service	750
,, ...	650
Captain after ten years' service	550
,, after seven years' service ...	500
,, after five ,, ...	450
Captain	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. Selected.	Above 25 years.	Lieutenant-Colonel.	Major. Above 3 years' service.	Major.	Captain. Above 10 years.	Above 7 years.	Above 5 years.	Under 5 years.	Lieutenant.
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 ...										
3. Second Surgeon, General Hospital, with Port 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.	1,450	1,350	1,300	950	850	750	700	650	600	550
8. Surgeon, Third District, and Second Physician, General Hospital.										
9. Surgeon, Fourth District										
10. District Medical and Sanitary Officers, first-class stations.										
11. Residency Surgeons, first-class stations.										
12. Third Physician, General Hospital										
13. Fourth Physician, General Hospital										
14. Third Surgeon, General Hospital...	1,350	1,250	1,200	850	750	650	600	550	500	450
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.

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

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 Chitralis 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 liable 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.

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.

* 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.

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 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

§ 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.

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 admissable), 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:—

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, Kodaikanal	S.A. 30, A. for Chitralis 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, *i.e.*, 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 Chitralis = Allowance for Chitralis. 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
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. Rs.
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

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. Rs.	Local allowance. Rs.
Third	100 ...	100
Second	150 ..	100
First	200 ...	150
Senior	300 ...	150
Senior after 25 years' service, of which a minimum of 15 years in Bacteriological Department ...	...350-30-500	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. Rs.	Staff allowance. 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. Rs.	Staff allowance. 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
198	

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.

(*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 dimploma 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. Rs.
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.
1890—		
Inspector-General of Prisons		RS. A. P. 1,833 5 4
Superintendents of Central Jails, first class.	When held by Indian Medical Service officers	RS. 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		RS. A. P. 1,833 5 4
Superintendents of Central Jails, first class.	When held by Indian Medical Service officers	RS. 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
	" "	1,400
	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
Superintendents of Central Jails, second class.	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.
		RS.	RS.
1890	Superintendent of the Penitentiary, Madras	125	50
1900	" "	125	30
1913	" "	125	30
	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 Professorial 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

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 Gynæcology (*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 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 (Gynæcological 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 Gynæcology on the continent. Has been "specialist on Midwifery and Gynæcology" while in Military employ. While Resident Medical Officer at the Government Maternity Hospital for about three years was Lecturer on Midwifery and Gynæcology.

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. Donavan 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 C. 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

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, 1906—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.

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. Illius (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, ¾, 3, 4 and 3 years.*

Clinical Surgery.—No separate chair.

Anatomy—1891-1913.—Five permanent officers, 11, 1½, 3, 3 and 1½ 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, 19 and 2½ 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.

1.—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 Gynæcology.—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 Gynæcology.—Of the three officers 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 Gynæcology, 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 Biology, 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 the 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. Bainbridge 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 Gynæcology 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 durisg 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.C.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.

(*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, 1960, 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.I., 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., LM. 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 Coaching 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

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, 1898; 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 existing 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-

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 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. Hutchinson, 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 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.
Major L. P. Stephen.	(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, Thána, Násik. *Numbers 2, 3 and 4 are not kindred subjects.*
Lieut.-Col. T. E. Dyson.	(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. *Numbers 2 and 4 are not kindred subjects.*
Major S. C. Evans.	(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. *Numbers 2, 3, 4 and 5 are not kindred subjects.*
Major Tuke.	(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. *Numbers 2, 3 and 4 are not kindred subjects.*
Major Norris.	(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. *Numbers 2, 3, 5 and 6 are not kindred subjects.*
Major Gordon Tucker.	(1) Civil Surgeon, Surat, 9th September, 1905, Dhárwár, 9th November, 1906, Sholápur, 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. *Numbers 2, 3, 4, 5 and 6 are not kindred subjects.*
Lieut.-Col. Prall.	(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. *Numbers 2, 3 and 4 are not kindred subjects.*
Major Hutchinson.	(1) Physiology and Hygiene, April, 1902, to November, 1907. (2) Pathology 27th March, 1911, to 31st May, 1911, additional. *Not kindred subjects.*
Lieut.-Col. L. F. Childe.	(1) Pathology, and in addition, Physiology, and Chemical Analyser and Professor of Chemistry and Medical Jurisprudence on three occasions. *Not kindred subjects.*

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* 1*st 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* 4*th 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	With an extra allowance for charge of Lunatic Asylums, Colleges, or administrative charge of Jails, which will be fixed in the Civil Department			
	1,050	850	650	500
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 ... Presidency Surgeons, 2nd and 3rd Districts	1,450	1,350	1,300	950	850	750	700	650	600	550
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. R., 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).

(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* 1*st 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.

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.
	Rs.	Rs.	Rs.	Rs.	Rs.		Rs.	Rs.	Rs.	Rs.	Rs.		Rs.	Rs.	Rs.
Surgeon-Major Deputy Sanitary Commissioner, Western Registration District.	800	100	150	20	1,070	Major Deputy Sanitary Commissioner, Western Registration District.	800	100	...	20	920	Major Deputy Sanitary Commissioner, Western Registration District.	1,100	20	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.	200 150	...	C.A. 30	...	380	†Assistant Surgeon Superintendent of Vaccination, Presidency Circle, Bombay.	200 150	...	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* 1*st 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 at the following rates has been sanctioned 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, Sátára 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 outhorised 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 Governement.

(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* 1*st 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 outhorised 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.*

APPENDIX XXXIV. (*continued*).

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. 2,000	Rs. T. A. 200			Rs. 2,000	Rs. T. A. 200			Rs. 2,000	Rs. T. A. 200
1	Inspector-General of Prisons ...	...	...	1	Inspector-General of Prisons ...	...	...	1	Inspector-General of Prisons ...	...	...
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	...	3	Superintendents, Central Prisons	650—1,450 According to Military rank	...	3	Superintendents, Central Prisons	650—1,450 According to Military rank	...
11	*Ex-officio* Superintendents* ...	...	...	8	*Ex-officio* Superintendents* ...	...	...	9	*Ex-officio* Superintendents* ...	...	...
7	Resident Superintendents (Non-Medical) ...	200—500	...	5	Resident Superintendents ...	200—600	...	5	Resident Superintendents ...	200—600	...
1	Superintendent and Medical Officer	Pay of rank as Assistant Surgeon	200+20 Horse Allce.	1	Superintendent and Medical Officer	Pay of rank as Assistant Surgeon	250+20 Horse Allce.	1	Superintendent and Medical Officer	Pay of rank as Assistant Surgeon	250+20 Horse Allce.
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—50	...	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	105—130	...	5	European Warders	105—130	...
4	Matrons	20—30	...	6	Matrons	10—50	...	13	Matrons	10—50	...
1	Head Accountant	100	...	1	Head Accountant	100—125	...	1	Head Accountant	100—125	...
1	Steward	90	...	1	Steward	90	...	1	Steward	90	...
1	Deputy Accountant	80	...	1	Deputy Accountant	90—100	...	1	Deputy Accountant	90—100	...
19	Head Clerks	40—100	...	17	Head Clerks	40—80	...	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 Thána 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 Karáchi is the Medical Officer of the Karáchi 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.

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.
		Rs.			Rs.			Rs.	Rs.
1	Inspector-General of Prisons ...	2,000	1	Inspector-General of Prisons ...	2,000	1	Inspector-General of Prisons ...	2,000	
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	
			1	Do.	550—50—700	1	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 Prison	Central Prison abolished				
1	Do. do. ...	200—10—250							
1	Do. do. ...	300—10—350	1	Resident Superintendent	350—20—450	1	Resident Superintendent	350—20—450	450—10—500
1	Do. do. ...	200—10—250	1	Do.	200—10—250	1	Do.	200—10—250	300
1	Do. Deccan Convict Gang	350	1	Do.	350	1	Do.	450—30—600	
1	Superintendent and Medical Officer, Sind 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

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. 6719, 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	90	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
								105	(2) 125 (1) to be abolished.
3	Do.	100	2	Do.	100	2	Do.	50	
2	Matrons	30	1	Matron	40	1	Matron	40	
1	Matron	25	1	Do.	30	1	Do.	20	
1	Do.	20	1	Do.	20	1	Do.	17	
			2	Matrons	17	2	Matrons	15	
						2	Do.	13	
			1	Matron	13	2	Do.	12	
						3	Do.	10	
						1	Matron	80	
2	Head Clerks	100	2	Head Clerks	100	3	Head Clerks	70	
5	Do.	60	1	Head Clerk	60	1	Head Clerk	65	
1	Head Clerk	55	1	Do.	55	1	Do.	60	
2	Head Clerks	50	7	Head Clerks	50	4	Head Clerks	55	
9	Do.	40	6	Do.	40	1	Head Clerk	50	
						4	Head Clerks	40	
						4	Do.	70	
1	Clerk	70	1	Clerk	70	1	Clerk	60	
1	Do.	60	1	Do.	60	1	Do.	55	
1	Do.	55	1	Do.	55	1	Do.	50	
2	Clerks	50	3	Clerks	50	4	Clerks	45	
1	Clerk	45	1	Clerk	45	2	Do.	40	
1	Do.	40	1	Do.	40	5	Do.	35	
1	Do.	35	1	Do.	35	4	Do.	30	
5	Clerks	30	7	Clerks	30	9	Do.	25	
5	Do.	25	5	Do.	25	10	Do.	20	
6	Do.	20	3	Do.	20	1	Clerk	15	
1	Clerk	15	7	Do.	15	3	Clerks		

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.*

(i) *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 1906 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 Commisioner 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

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 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

* 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.)

* *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.)

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.

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.

* 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.)

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 Subordinate Medical Department published by the Office of the Director-General of the Indian Medical Service.

The Indian Subordinate Medical Service is designed to furnish Subordinate Medical Officers for employment with European troops, and is therefore recruited exclusively from Europeans and Anglo-Indians.

Military Assistant Surgeons selected for Civil employment are on probation for five years.

They form a portion of the War Reserve and all these officers may be recalled to Military duty, when occasion arises.

(*c*) PROVINCIAL SUBORDINATE MEDICAL SERVICE.

The regulations relating to the Provincial Subordinate Medical Service (Civil Assistant Surgeons) are as follows:—

Recruitment.—Two Senior College scholarships and one Graduate's scholarship, tenable at any College of Medicine in India for two years, are annually awarded in the Central Provinces and Berar on the results of the Final Arts or Intermediate examination (in the case of the former) and of the B.A. examination (in the case of the latter) of the Calcutta and Allahabad Universities. If the parents or guardians of the student execute a security bond to the effect that they will refund to Government the whole amount of expenditure incurred for his education, in case the student on passing the final examination does not serve under Government, the scholarships are extended with the express sanction of the Director of Public Instruction to such further period as may, in the circumstances of the particular case, be desirable to enable the scholarship-holder to complete the course of study. The value of the Senior College scholarships is Rs. 15 per mensem and of the Graduate's Rs. 20 per mensem. No candidate is eligible for these scholarships who has not resided in the Central Provinces or Berar for two years previous to the date of the commencement of the Matriculation examination, and no candidate is eligible (1) for the Senior College scholarships whose age exceeded 21 years on the date of the commencement of the examination, and (2) for the Graduate's scholarship whose age exceeded 23 years on the date of the commencement of the B.A. examination.

Training.—The selected scholarship-holders have to undergo five years' course of study in a Medical College or University, and the names of those who pass the final L.M. and S. or M.B. examination are intimated by the Director of Public Instruction to the Inspector-General of Civil Hospitals.

Selections are made by the Inspector-General of Civil Hospitals from passed candidates who have been given scholarships and from registered candidates according to the number of vacancies in the Provincial Service. Before joining their appointment selected candidates are required to produce a medical certificate signed by the Civil Surgeon of their physical fitness for Government Service and to execute a declaration bond that they will serve Government in the Subordinate Medical Department for five years or in default pay a penalty of Rs. 500.

Probation.—The men thus selected are appointed on probation for a period of six to twelve months.

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.*—

(*a*) INDIAN MEDICAL SERVICE.

In 1890—*Pay.*	Per mensem. Rs.	a.	p.
1 Deputy Surgeon-General and Sanitary Commissioner, Central Provinces—Consolidated pay ...	1,800	0	0
2 Brigade Surgeons	1,093	2	0
2 Surgeon Majors	1,050	0	0
2 ,, ...	950	0	0
1 Surgeon Major	750	0	0
5 Surgeons at	550	0	0
1 Surgeon at	304	14	2
4 Surgeons at	286	10	0

Allowances.	Per mensem. Rs.	a.	p.
1. To Civil Surgeons, Jubbulpore, for holding medical charge of Thuggi Jail	100	0	0
2. To Civil Surgeons, Jubbulpore and Nagpur, as Superintendents of Lunatic Asylums ...	250	0	0
3. To Civil Surgeon, Raipur, for holding additional charge of Central Jail	150	0	0
4. To Civil Surgeon as Superintendent District Jail at Saugor	75	0	0
5. To Civil Surgeons, Seoni, Khandwa, Bilaspur, Chindwara, Betul, Damoh, Hoshangabad and Chanda, as Superintendents District Jails	50	0	0

In 1900—*Pay.*	Per mensem. Rs.	a.	p.
1 Colonel—Deputy Surgeon-General and Sanitary Commissioner—Consolidated pay	1,800	0	0
3 Lieutenant-Colonels at	1,050	0	0
1 Lieutenant-Colonel at	1,000	0	0
3 Majors at	750	0	0
1 Captain at	550	0	0
2 Captains at	300	0	0

Allowances.	Per mensem. Rs.	a.	p.
1. To Civil Surgeon, Jubbulpore, for Medical charge of Reformatory	100	0	0
2. To Civil Surgeons, Jubbulpore and Nagpur, as Superintendents Lunatic Asylums ...	150	0	0
3. To Civil Surgeons, Saugor and Bilaspur, as Superintendents District Jails	75	0	0
4. To Civil Surgeons, Chindwara, Khandwa, Seoni, Betul and Hoshangabad, as Superintendents District Jails	50	0	0
5. Allowance to Civil Surgeons for inspection of factories employing less than 200 operatives at	16	0	0 for each inspection.
6. Allowance to Civil Surgeons for inspection of factories employing over 200 operatives at ...	32	0	0 for each inspection.

In 1913—*Pay.*	Per mensem. 1st Cl. Rs.	2nd Cl. Rs.
Colonel—Inspector-General of Civil Hospitals, Central Provinces	2,000	—
Lieut.-Cols. (specially selected)	1,450	1,350
Lieut.-Cols. (after 25 years' service)	1,350	1,250
Lieut.-Colonels	1,300	1,200
Majors—after 3 years as such ...	950	850
Majors ,...	850	750
Captains—after 10 years' service	750	650
,, ,, 7 ,,	700	600
,, ,, 5 ,,	650	550
Captains	600	500
There are no Lieutenants in the Central Provinces, but the rate of pay is	550	450

Allowances.	Per mensem. Rs.	a.	p.
1. To Civil Surgeon, Nagpur, as Superintendent Lunatic Asylum	150	0	0
2. To Indian Medical Service Officers officiating in the Central Provinces—acting allowance as Civil Surgeon	100	0	0
3. To Indian Medical Service Officer holding medical charge of Pachmarhi	100	0	0
4. To Civil Surgeons, Akola and Amraoti, as Superintendents District Jails, third class ...	75	0	0

APPENDIX XXXVI. (*continued*)

Allowances.

	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 Depôt. There is also a Military Assistant Surgeon in charge of the Raipur Central Jail.

When a v[illegible] 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. 30 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	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 30
(9) Civil Assistant Surgeons for attendance on students in Hostels attached to Government Schools	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.)

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31
—

ıe 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 Depôt, 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

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.
		Rs.			Rs.			Rs.
(*a*)	...	...	(*a*)	...	...	*Inspector-General of Prisons.*	1	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—			Superintendent of 2nd Class Central Jail—		
			Raipur	1	550—50—700.	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 derserving man is available. This is the pay of the appointment when held by a Military Assistant Surgeon.

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.
		Rs.
Inspector-General of Prisons—Lieutenant-Colonel	1	1,500
Superintendents, 1st Class Central Jail—Majors	2	1,050
Do. —*Captain—Officiating in absence on leave of one of the above officers.*	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.

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	1 ...	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 Re. 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.

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 Rs. 30.	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.		
Civil Assistant Surgeon, Khamgaon.	Grade pay *plus* local allowance Rs. 50.	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. .....
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. 16 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* 20*th 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 Employés in each Grade or Class.															
				Hindus (including Sikhs and Parsis).												
	Total.	Europeans.	Anglo-Indians.	Brahmans (including Shenvis).	Kshatryas.	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).	Muhammadans.	Indian Christians.	Buddhists.
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.																
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	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1,800—2,000	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—
2,500—3,000	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.															
				Hindus (including Sikhs and Parsis).												
	Total.	Europeans.	Anglo-Indians.	Brahmans (including Shenvis).	Kshatryas.	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).	Muhammadans.	Indian Christians.	Buddhists.
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	—	—	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 XLI. (*continued*).

V.—*The United Provinces of Agra and Oudh.*

Pay.	Number of Employés in each Grade or Class.															
				Hindus (including Sikhs and Parsis).												
	Total.	Europeans.	Anglo-Indians.	Brahmans (including Shenvis).	Kshatryas.	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).	Muhammadans.	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	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	9	1	—	—	—	—	—	1	—	—	1	—	1	—
400—500	3	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—
500—600	14	8	4	—	—	—	—	—	—	—	—	—	—	1	—	1
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 XLI. (*continued*).

VIII.—*The Central Provinces.*

Pay.	Number of Employés in each Grade or Class.															
				Hindus (including Sikhs and Parsis).												
	Total.	Europeans.	Anglo-Indians.	Brahmans (including Shenvis).	Kshatryas.	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).	Muhammadans.	Indian Christians.	Buddhists.
1.	2.	3.	4.	5.	6.	7.	8.	9	10.	11.	12.	13.	14.	15.	16.	17.
Rs.																
200—300	3	—	—	—	—	3	—	—	—	3	—	—	3	—	—	—
300—400	6	—	3	2	—	—	—	—	1	3	—	—	3	—	—	—
400—500	2	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—
500—600	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—
600—700	5	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—
700—800	3	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—
800—900	3	2	—	1	—	—	—	—	—	1	—	—	1	—	—	—
900—1,000	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1,200—1,400	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1,400—1,600	2	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
2,000—2,500	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total ...	28	14	6	3	—	3	—	—	1	7	—	1	8	—	—	—

IX.—*Assam.*

Rs.																
200—300	3	—	—	—	—	3	—	—	—	3	—	—	3	—	—	—
300—400	4	—	1	2	—	1	—	—	—	3	—	—	3	—	—	—
400—500	3	2	1	—	—	—	—	—	—	—	—	—	—	—	—	—
500—600	2	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—
600—700	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—
700—800	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—
800—900	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
900—1,000	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—
2,000—2,500	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total ...	20	11	3	2	—	4	—	—	—	6	—	—	6	—	—	—

APPENDIX No. XLII.

Statement of the Civil Appointments on Rs. 200 *a Month and over held by Europeans, Anglo-Indians, and Indians, on the* 1*st April,* 1913, *in the Indian Subordinate Medical Department—(Appointments under the Government of India).*

Pay.	Number of Employés in each Grade or Class.															
				Hindus (including Sikhs and Parsis).												
	Total.	Europeans.	Anglo-Indians.	Brahmans (including Shenvis).	Kshatryas.	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).	Muhammadans.	Indian Christians.	Buddhists.
1.	2.	3.	4.	5.	6.	7.	8.	9	10.	11.	12.	13.	14.	15.	16.	17.
Rs.																
200—300	3	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—
300—400	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—
700—800	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—
Total ...	5	1	4	—	—	—	—	—	—	—	—	—	—	—	—	—

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.															
				Hindus (including Sikhs and Parsis).												
	Total.	Europeans.	Anglo-Indians.	Brahmans (including Shenvis).	Kshatryas.	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).	Muhammadans.	Indian Christians.	Buddhists.
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	—	1	—	—	—
1,800—2,000	4	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—
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	—	—	—	—	—	—	—	—	—	—	1	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.															
				Hindus (including Sikhs and Parsis).												
	Total.	Europeans.	Anglo-Indians.	Brahmans (including Shenvis).	Kshatryas.	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).	Muhammadans.	Indian Christians.	Buddhists.
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	—	—	—	—	—	—	—	—	—	—	—	—	—	—
700—800	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
800—900	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
900—1,000	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1,000—1,200	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1,400—1,600	2	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
2,000—2,500	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	—	—	—	—	—	—	—	—	—	—	—	—	—	—
500—600	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
800—900	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1,000—1,200	1	1	—	—	—	—	—	—	—	—	1	—	1	—	—	—
1,800—2,000	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total ...	13	5	1	2	—	—	—	—	2	4	1	—	5	2	—	—

V.—*The United Provinces of Agra and Oudh.*

Rs.																
800—900	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1,200—1,600	5	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—
2,000—2,500	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total ...	7	7	—	—	—	—	—	—	—	—	—	—	—	—	—	—

VI.—*The Punjab.*

Rs.																
200—300	5	1	—	—	2	—	—	—	—	2	1	—	3	1	—	—
700—800	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—
900—1,000	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	—	—	—
400—500	4	2	1	—	—	—	—	—	—	—	—	—	—	—	—	—
500—600	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
600—700	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1,800—2,000	1	1	—	—	—	—	—	—	—	—	—	1	1	—	—	—
Total ...	12	5	6	—	—	—	—	—	—	—	—	1	1	—	—	—

APPENDIX XLIII. (*continued*).

VIII.—*The Central Provinces.*

Pay.	Number of Employés in each Grade or Class.															
				Hindus (including Sikhs and Parsis).												
	Total.	Europeans.	Anglo-Indians.	Brahmans (including Shenvis).	Kshatryas.	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).	Muhammadans.	Indian Christians.	Buddhists.
1.	2.	3.	4.	5.	6.	7.	8.	9	10.	11.	12.	13.	14.	15.	16.	17.
Rs.																
600—700	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—
1,000—1,200	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1,400—1,600	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total ...	4	3	1	—	—	—	—	—	—	—	—	—	—	—	—	—

APPENDIX No. XLIV.

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* 1*st April*, 1913, *in the Sanitary Department.*

TOTAL STATEMENT.

Pay.	Number of Employés in each Grade or Class.															
				Hindus (including Sikhs and Parsis).												
	Total.	Europeans.	Anglo-Indians.	Brahmans (including Shenvis).	Kshatryas.	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).	Muhammadans.	Indian Christians.	Buddhists.
1.	2.	3.	4.	5.	6.	7.	8.	9	10.	11.	12.	13.	14.	15.	16.	17.
Rs.																
200—300	5	—	3	2	—	—	—	—	—	2	—	—	2	—	—	—
400—500	2	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—
500—600	5	—	1	1	—	1	—	—	—	2	—	1	3	1	—	—
600—700	1	—	—	1	—	—	—	—	—	1	—	—	1	—	—	—
700—800	8	6	1	1	—	—	—	—	—	1	—	—	1	—	—	—
800—900	6	4	—	—	—	—	—	—	1	1	—	1	2	—	—	—
900—1,000	3	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1,000—1,200	5	4	1	—	—	—	—	—	—	—	—	—	—	—	—	—
1,200—1,400	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1,400—1,600	3	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1,600—1,800	3	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1,800—2,000	3	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total ...	45	27	8	5	—	1	—	—	1	7	—	2	9	1	—	—

DETAILS BY PROVINCES.

I.—*Madras.*

Rs.																
800—900	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1,400—1,600	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total ...	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—

APPENDIX XLIV. (*continued*).

II.—*Bombay.*

Pay.	Number of Employés in each Grade or Class.															
				Hindus (including Sikhs and Parsis).												
	Total.	Europeans.	Anglo-Indians.	Brahmans (including Shenvis).	Kshatryas.	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).	Muhammadans.	Indian Christians.	Buddhists.
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.															
				Hindus (including Sikhs and Parsis).												
	Total.	Europeans.	Anglo-Indians.	Brahmans (including Shenvis).	Kshatryas.	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).	Muhammadans.	Indian Christians.	Buddhists.
1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.	15.	16.	17.
Rs.																
200—300	3	—	2	1	—	—	—	—	—	1	—	—	1	—	—	—
400—500	2	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—
700—800	2	—	1	1	—	—	—	—	—	1	—	—	1	—	—	—
800—900	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
900—1,000	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1,000—1,200	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—
1,800—2,000	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total ...	11	3	6	2	—	—	—	—	—	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.) Equitation.

† 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.

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, 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.
	England and Wales.
General	London:—
	Charing Cross.
	Guy's.
	King's College.
	London.

APPENDIX XLV. (*continued*).

Nature of Hospital.	Hospital.
	England and Wales.
General	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.
	Scotland.
	Aberdeen:—Royal Infirmary.
	Dundee:—Royal Infirmary.
	Edinburgh:—Royal Infirmary.
	Glasgow:—
	Royal Infirmary.
	Western Infirmary.
	Victoria Infirmary.
	Ireland.
	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'.
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.

* For Medical Appointments only.

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 commissison, 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 lieutenent 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-payt 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.

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:—

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).
	Rs.	Rs.	Rs.	Rs.	Rs.
Lieutenant	420	350	150	425	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.

† 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.

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, Larynology, 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 office, after which they are placed while unemployed on the following scale of pay:—

	Surgeon-General. Per diem. £ s. d.	Colonel. Per diem. £ 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.

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:—

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		
Professorial 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 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 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.

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.

1. Lieutenant-Colonel Sir J. R. Roberts, I.M.S., C.I.E., Surgeon to His Excellency the Viceroy.
2. Dr. C. A. Owen, M.D., F.R.C.S., Medical Practitioner, Lahore.
3. M. K. Dixit, Esq., Barrister-at-Law.
4. M. M. Ohdedar, Esq., Medical Practitioner, Lucknow.
5. Major W. E. McKechnie, I.M.S., Civil Surgeon of Etawah.
6. Lieutenant W. Marchant, I.S.M.D.
7. Col. C. J. Bamber, I.M.S., Inspector-General of Civil Hospitals, Punjab.
8. Lieutenant-Colonel J. R. Adie, I.M.S., Civil Surgeon.
9. Lieutenant-Colonel H. Austen Smith, M.B., I.M.S., Civil Surgeon, Simla East.
10. Lieutenant-Colonel P. St. C. More, I.M.S., Civil Surgeon, Sialkot.
11. Major J. A. Black, I.M.S., Chemical Examiner to Government, Punjab.
12. Major W. H. C. Forster, I.M.S., Professor of Pathology, Medical College, Lahore.
13. Major M. Corry, I.M.S., Civil Surgeon, Multan.
14. Major J. G. Swan, I.M.S., Civil Surgeon, Jullundur.
15. Captain S. H. Lee Abbott, I.M.S., Civil Surgeon, Ferozepore.
16. Captain N. M. Wilson, I.M.S., Officiating Civil Surgeon, Dera Ghazi Khan.
17. Captain R. T. Wells, I.M.S., Officiating Deputy Sanitary Commissioner, Punjab.
18. Captain R. H. Bott, I.M.S., Professor of Anatomy, Medical College, Lahore.
19. Assistant Surgeon W. C. Deeks, Civil Surgeon, Gujranwala, and seven other assistant surgeons.
20. Lieutenant C. W. E. Kerr, I.S.M.D., North-Western Railway Hospital, Rawalpindi, and seven other assistant surgeons on railways.
21. Rai Sahib Lachhman Das, V.H.A.S., Civil Surgeon, Mianwali.
22. Senior Assistant Surgeon Rai Sahib Pandit Balkishan Kaul, Lecturer on Medicine, Materia Medica and Hygiene, Medical School, Lahore.

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. Lubeck, 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 Chuitman 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).

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	2·08	3806—3186	nil
1912 January	12	38	3·16	24	2·00	3447—2958	3
„ July	12	31	2·58	29	2·41	3718—3068	1
1913 January	12	28	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* ($\frac{Sanitary}{Medical}$), *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.)

(i) *Despatch from the Government of India to the Secretary of State for India, No. 21, Home Department* ($\frac{Sanitary}{Medical}$), *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

which was required for administrative duties was neither expedient nor practicable, and added that it was of material importance that no impediments should be placed in the way of the gradual spread through the interior of India of an independent medical profession, which alone could adequately supply the needs of the people.

2. Lord George Hamilton reverted to the question in his Despatches No. 29, dated the 15th March, 1900, and No. 157, dated the 13th December, 1900, in connection with a scheme for improving the administration of asylums in India by the appointment of officers of the Indian Medical Service as whole-time superintendents. In the former he raised the question whether, if persons possessing special knowledge and experience of mental diseases were required, it would not be better to obtain, at the beginning, one or more experts from England for the purpose. In the latter he said that the point for discussion was whether Government were bound to provide from the Indian Medical Service for the growing needs, beyond the ordinary administrative duties, of the country in respect of medical relief, and suggested that the time might have come for determining whether the Indian Medical Service should continue to be treated as the sole source of supply for demands that were sure to multiply indefinitely, and that were provided for in other countries by resort to an open profession. He then went on to urge the advisability of giving some of the appointments which were reserved for the Indian Medical Service to men selected from the medical profession generally. He observed that such men existed at present in India in limited numbers only, but that that was partly the result of their practical exclusion from all official recognition in connection with public offices. He added that it would be of great benefit to India generally if medical men were to establish themselves in private practice in the country in the same way as they did in other parts of the Empire, without increasing the medical service connected with the Army. In his Despatch No. 43, dated the 26th April, 1901, he repeated several of these arguments, and emphasised the fact that the Indian Medical Service was primarily a military service, and that its first and only indispensable duty was the medical charge of the Indian Army. Lord Curzon's Government, in paragraph 14 of their Despatch No. 86, dated the 13th June, 1901, expressed their full concurrence in Lord George Hamilton's opinion that it was most undesirable to attempt to provide from the Indian Medical Service for the growing needs, beyond the ordinary administrative duties, of the country in respect of medical relief. They observed that the growth of an independent medical profession in India was a development which they would welcome, and that they would be ill-disposed to recommend any measures which might retard it. On the other hand, they expressed the opinion that the development of such a profession must necessarily be a slow and gradual progress.

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

4. In 1908 we pointed out that about one-third of the civil appointments now held by the Indian Medical Service do not form any part of the war reserve, and that consequently there would be no objection, from a military point of view, to their transfer to medical men not belonging to that service. Starting from that premise, we concluded that, subject to certain specified conditions, a considerable number of the appointments not included in the war reserve might gradually be transferred to medical men not belonging to the Indian Medical Service. We had not at that time had the advantage of the opinions of local Governments, and we regret to find that we gravely underestimated the objections, on other grounds than those connected with the requirements of the Indian Army in time of war, to the transfer of appointments which we contemplated. We have now given the whole question our most careful consideration in the light of the opinions of local Governments, copies of which are enclosed with this despatch. We recognise most fully the importance of encouraging the growth of a private medical profession and the impossibility of the Indian Medical Service being expanded so as to meet all the medical needs of India. But we feel bound to recede from the position which we previously took up, because on further consideration of the question we are convinced that the mere transfer of a certain number of Government appointments from the Indian Medical Service to private practitioners would do practically nothing to encourage the growth of an independent profession; that most of the civil appointments now held by the Indian Medical Service could not suitably be given to men not in regular Government service, with whom their private practice would be the first consideration; and that the retention of a considerable number of superior civil medical appointments for the Indian Medical Service is essential, not only in the interests of administrative efficiency, but also for the purpose of making the service itself attractive to able medical men. In short, while we adhere to the views previously expressed, that it is impracticable to provide from the Indian Medical Service for the growing needs, beyond the ordinary administrative duties, of the country in respect of medical relief, we hold strongly that the appointments now held by officers of the Indian Medical Service are required strictly for ordinary administrative duties, which cannot suitably be performed by men otherwise recruited.

5. As indicated above, the most important question which we have to consider is what can be done by Government to encourage the development of an independent medical profession. It has been assumed in previous correspondence that the chief, if not the sole, cause operating against the development of such a profession is the fact that most medical appointments have hitherto been retained for the Indian Medical Service. The letters received from the Local Governments prove conclusively that this is not the case. In the

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

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

(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 *kaviraj* and other practitioners trained according to indigenous methods. Any measure which purported to confer benefits on medical practitioners, qualified according to Western methods, and consequently the rivals of the *kaviraj* and the like, was bound to provoke opposition. It was therefore necessary to wait until the former class had become considerable both in point of numbers and influence before action could profitably be taken. The Government of Bombay have now proposed to enact a local Registration Act and to provide for the creation of a medical council. They propose to secure their object as far as possible in the first place by the grant of privileges to qualified practitioners, rather than by the infliction of penalties upon unqualified persons. When a register of qualified practitioners has been framed, the fact of being a registered practitioner will in itself be a qualification; unqualified practitioners will be sufficiently marked out by the fact that they are not registered; and registered practitioners will take care to make the most of the fact. The registered practitioners, backed by the Medical Council, will in course of time become a powerful body capable of making their influence felt; and then it will be easy, if it is thought desirable to do so, to make the provisions of the law more stringent. The Government of Bengal, which also desires to legislate on the subject, have been advised to frame their Bill on similar lines.

8. We propose to examine separately a suggestion made by the United Provinces Government that the rules regarding 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.

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 47⅔ 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 acceptaince 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 47⅔ 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, 1908, that there would be no objection, from a military point of view, to the transfer to independent practitioners of all the civil appointments held by that one-third, it is obvious that, if all or a large number of these appointments were to be given away to private medical practitioners, the attractiveness of the Indian Medical Service would be greatly diminished. We admitted in that Despatch that this danger existed, but we were inclined to think that as the process would be gradual, and as, by the time that a large number of local candidates was forthcoming, it was possible that the number of medical schools and professorial chairs would have increased, there would be no difficulty in retaining for the Indian Medical Service a proportion of prize appointments sufficient to maintain its attractive-

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

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

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.

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

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 Jamsetji 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* 22*nd 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 Kingdom, otherwise than through the Indian Medical Service. But I am not prepared to say that this course should never be adopted. Circumstances have arisen in the past in which there was immediate need for men of special experience who were not available in India either from the Indian Medical Service or otherwise, and I know of no reason to suppose that a case of the kind will never occur again. Such a case must be dealt with on its merits, and if a man has to be recruited specially from the United Kingdom for a particular post a special contract should be made with him, the terms of which in each case will require the closest scrutiny.

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

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

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* 23*rd 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, Vaids*, and such practitioners, in the exercise of their profession. On the other hand, they consider that the public is clearly entitled to be protected against a practitioner who professes to treat his patients according to the European system of medicine under cover of spurious qualifications, whether conferred by one of the correspondence colleges of America, or by proprietary institutions such as exist in Calcutta or Dacca.

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

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

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

(1) to prohibit—

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

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

(2) to penalise—

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

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

8. If the principle of this legislation is agreed to the Government of India would ask you to consider further whether a bill to effect the registration of medical practitioners should not also be introduced with the object of providing that the control of the registration of degrees in each province may be placed in the hands of a Medical Council (such as has already come into existence in Bombay), which will declare what degrees, licences, and diplomas are registrable, and will take disciplinary action against medical practitioners convicted of crime or of misconduct.

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

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

(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* 23*rd 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.

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

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