ROYAL COMMISSION
IN THE
SUPERIOR CIVIL SERVICE IN INDIA
1922

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ON THE

SUPERIOR CIVIL SERVICES IN INDIA

1923

Submitted by the Officers of the Indian Medical Service, Madras Presidency

ANSWERS TO THE QUESTIONNAIRE OF THE COMMISSION

MADRAS
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PART I

Questionnaire on the Organization of the Services

We do not submit any detailed answer to these questions. We would however desire to point out to the Royal Commission the peculiar position of the Indian Medical Service as compared to the other Civil Services.

1. The Medical Services are military, and all officers spend from two to ten years on military duty before joining the Civil Department. This period varies from time to time and at present is long, due to (1) the reluctance of the Military Department to release Regular Officers and (2) the policy of the Madras Government to interpret Indianisation of the services as meaning Provincialisation (*vide* the following extract from a speech by Dewan Bahadur Krishnan Nair in the Assembly during a debate on the Ministry, published in the *Madras Mail* of November 28th :—

'Dewan Bahadur M. Krishnan Nair (Malabar Rural) said that the Madras Ministry had done more for the Indianisation of the services than any ministry in India. It was the present Madras Ministry which had appointed an Indian for the first time as Chief Engineer to the Government. It was the Madras Ministry again which had appointed an Indian as the head of the Health Department. In the Medical Department again as many as twenty-two appointments which used to be reserved for the I.M.S. men had been thrown open to officers of the Provincial Medical Service.')

Indianisation has already taken place in the I.M.S. to a very large extent (*vide* India Army List) and the proportion of Europeans to Indians in the junior ranks (Captains and Lieutenants) is 51·7 per cent European and 48·3 per cent Indian.

2. For some years it has been the policy at the Medical College to encourage and select the best students to join the Imperial Service. Such past students are now waiting for vacancies in the Civil Department, and see themselves being passed over by their fellows in the Provincial Service. Cases have occurred where Indians who received temporary Commissions during the war refused permanent Commission in the Indian Medical Service, which were offered them and preferred to join the Provincial Service as Assistant Surgeons.

We are therefore of opinion that, if Indianisation of the Medical Service is taken to mean Provincialisation, recruiting for the I.M.S. should cease, and that in any case such a policy should not be carried out until these officers already recruited in the service and who wish to join the Civil Department have been absorbed. There is no room for two superior services in the Medical Department; the best of our College students have been encouraged to join the Imperial Medical Service, and a policy of Provincialisation is very unfair to them as well as to their European brother officers still serving in the Military Department and waiting their turn for civil employ.

PART II

QUESTION 1

Taking into consideration the Government of India Act, do you consider that the position of the members of the services is adequately safeguarded as regards (*a*) pay, (*b*) allowances, (*c*) prospects, (*d*) pensions? If not, taking into consideration the constitutional position of India, have you any proposals to make?

ANSWER

(*a*) **Pay.**

(*b*) **Allowances.**

All pay and allowances which are non-votable may be considered sufficiently safeguarded. We consider it essential that all allowances for European Medical Officers should continue to be, or if not so at present, should be placed under the control of the Secretary of State. We fully endorse the remarks made by the Madras Association of European Government Servants on the subject of travelling allowances and would recommend that this allowance, so far as European officers is concerned, be placed under the control of the Secretary of State.

(*c*) **Prospects.**

Sufficient proof of the present unpopularity of the Indian Medical Service is to be found in the almost total cessation of European recruitment and in the increase in the number of early retirements which has taken place in recent years.

We believe that the main cause of the present discontent amongst members of our service is the feeling of insecurity and uncertainty as to the future, which has been created by hostile Indian opinion, often openly expressed in the press and on the platform, towards a service which has done so much in the past for the benefit of the country.

The rapid advancement of tropical medicine, with all the vast improvements in conditions of life in the tropics which have resulted from it, has been largely due to the discoveries of members of our service in this country. The present position of the Provincial Services, who now claim to be able to replace the I.M.S. is entirely due to the altruistic teaching of members of the service, who have, indeed, created Western Medicine in the East. Young European medical men in the past joined the service with higher ideals than merely to obtain a living. The great opportunities for research, teaching and for the practice of the higher branches of the profession have been the bait which has attracted the best men of the British medical schools to this country.

The feeling that good work, as such, is not wanted and that rapid Indianisation rather than efficiency is the sole aim has created an atmosphere of deep concern amongst the present officers of the service and is destroying the spirit and morale of the service as a whole. This feeling has been more than justified by the way in which medical appointments have been made the catspaw of party politics since the department has been handed over to a Minister, who, whatever his own views may be, is forced by the clamour of his party to oppose the nominations of the Surgeon-General in favour of Indians whenever an important vacancy occurs. The fact that vigorous protests have in certain cases prevented an injustice from being done and that the final approval for such appointments rests with His Excellency the Governor has not wholly sufficed to allay the anxieties of the service.

The service appreciates the difficulties of a Minister, who is the servant of his party, but would urge that appointments in a Scientific Department must primarily depend upon professional and academic merit and not upon political patronage.

Further evidence of the unhealthy influence of politics when applied to a Scientific Department is the present tendency of subordinates to seek advantage by private and direct communication with the Minister on official subjects without the knowledge of their own immediate superiors. The knowledge that such a state of affairs can exist is extremely distasteful to the European official for it destroys all confidence in the loyalty of subordinates and by so doing renders impossible that co-operation which is so essential to efficiency.

PRIVATE PRACTICE

It is natural that the Indian should prefer to receive treatment wherever possible at the hands of his own countrymen, and we would lay stress on the fact that we do not complain of curtailment of our activities in this direction. On the contrary, we welcome it as evidence of the growth and prosperity of the independent medical profession for whose existence we, as a service, have been responsible. At the same time we would point out that the prospects of private practice so alluringly held out by the Secretary of State in his advertisements for recruits for the Indian Medical Service do not now exist and the loss of income entailed thereby is considerable.

This has added greatly to the difficulties of members of the service who have had to face the increased cost of living on a rate of pay which was fixed on the understanding that it would be considerably augmented by means of private practice.

PROPOSALS

Until, the declared hostility against the service disappears and the cry of rapid Indianisation and Provincialisation at all costs is checked, we are of opinion that there can be little improvement in the popularity of the service so far as the European element is concerned.

So long as these conditions prevail, we consider it of vital importance that the interests of the service be effectually safeguarded from encroachments on its integrity made from political motives.

This has already been done to a certain extent by the writing of the long-delayed Devolution Rule 12 in which the Secretary of State has laid down a specific list of posts to be reserved for Officers of the Indian Medical Service.

We are strongly of opinion, however, that the interests of this Presidency would be best served if all the appointments enumerated at the end of this statement were reserved for Officers of the Indian Medical Service. It must be pointed out that the service contains an increasing number of medical graduates of Indian Universities, who have been especially selected for appointment to the Imperial Medical Service. A policy of too rapid provincialisation will result in these officers being unfairly passed over by men of less professional merit.

We consider it essential that the appointment of the Director of Public Health, in particular, should be retained. The prevention, as opposed to the cure, of disease is now of such vast and far-reaching importance to the people of India and so much yet remains to be done in this direction that the complete Indianisation of the Public Health Department at this time would be, to say the least of it, premature.

We understand that one of the appointments of Assistant Director of Public Health is reserved for a member of the I.M.S. (in accordance with Devolution Rule 12). The transference of the Directorship of Public Health to a private individual or to a member of the Provincial cadre is thus open to serious objection, for it subordinates an officer of an All-India Service to a member of the Provincial Service.

The tendency to be guided by political expediency rather than by professional merit in making appointments must be a continual source of friction between a Minister and the officers of a transferred subject. We would, therefore, recommend that all appointments to posts reserved under Devolution Rule 12 be made by His Excellency the Governor himself acting on the advice of his Chief Medical Advisor, the Surgeon-General to Government. Appointments in the Provincial Service should be entirely in the hands of the Surgeon-General.

We also hold that no decisions dealing with medical personnel or policy should be taken without consultation with the Surgeon-General.

Status of Heads of the Medical Department

We are in complete agreement with the views already enunciated by the United Provinces, I.M.S. Officers with regard to the status of the head of the Medical Department.

The Director-General, I.M.S. and the Provincial Surgeon-Generals should rank as Secretaries to their respective Governments and should have all the privileges of that position.

It is difficult, if not impossible, for a lay officer, however brilliant, to grasp adequately the problems of a highly technical subject such as medicine, and much correspondence, which is essential at present, would be avoidable if the head of the Medical Department was a Secretary to Government and had direct access to the Minister. Further, it is only such a status which will ensure that close connection with His Excellency the Governor which we consider essential for the future safety of the service.

(*d*) **Pensions.**

The officers of the service are not satisfied regarding the security of their pensions. This anxiety has been fully expressed in the evidence presented by the Associations of Government Servants, and we would urge that an adequate guarantee be given for its security. Failing a guarantee, commutation of the whole pension should be permissible.

QUESTION 2

Have you any observations to offer on the scheme for retirement on proportionate pension announced in the Government of India, Home Resolution, dated November 8, 1921, No. F, 149-1 (Establishment) as subsequently amended?

ANSWER

In this matter we are in entire agreement with the statement put before the Commission by the All-India Association of European Government Servants and have nothing to add.

QUESTION 3

What are your views with regard to the present rates of pay? Give any figures available to you, e.g. family budgets, distinguishing between expenditure in India and expenditure involving remittance to the United Kingdom. If a new scale of remuneration were fixed now, how would you provide for its adjustment to meet future variations in prices and exchange?

Answer.—The main reasons for the inadequacy of pay are (1) the increase of Indian prices prior to, during, and after the war, (2) the increased cost of living in England, (3) the failure to give sufficient financial relief to the service during and after the war, (4) the enhanced cost of passages to England. These matters have been dealt with in detail in the note prepared by the Madras Association of European Government Servants, with which we are in agreement.

Our claim for an increase of pay is based on the rise in the cost of living in recent years, and on the fall in the sterling value of the rupee since pay was revised in 1920. The burden falls more heavily on the married than the unmarried officer, and we would therefore ask that the special position of the former should be recognized (1) by an increased concession in the matter of free passages, and (2) by the grant of a married allowance of Rs. 150 a month throughout service. In the British Medical Service (R.A.M.C.) this position is recognized by the grant of married allowances which vary from £94 per annum in the case of a Captain to £72 in the case of a Major-General.

Officers holding administrative appointments, e.g. Surgeon-Generals, Inspector-Generals, and Directors of Public Health who are not at present entitled to overseas allowances should be entitled in future to draw both overseas allowance and overseas family pay at maximum rates. They should also be entitled to passage concessions. Our claim for an increase of pay is, we consider all the more reasonable on account of the almost total cessation of private practice which we have already referred to in our answer to Question 1.

The scales proposed are shown below

Year of Service.	Year of Age.	Rank.	Present rate of overseas pay.	Proposed scale of overseas pay.	Proposed overseas family allowance to be drawn by married officers only and after 3 years' service.	Present pay of service excluding overseas allowance.
			RS	RS	RS	RS
1	25	Lieutenant.	150	150	...	500
2	26		150	150	...	500
3	27		150	150	...	500
4	28	Captain.	150	150	150	650
5	29		150	200	150	650
6	30		150	250	150	650
7	31		200	250	150	750
8	32		200	250	150	750
9	33		200	250	150	850
10	34		200	300	150	850
11	35		200	300	150	850
12	36		200	300	150	850
13	37	Major.	250	300	150	950
14	38		250	350	150	950
15	39		250	350	150	950
16	40		250	350	150	1,100
17	41		250	350	150	1,100
18	42		250	400	150	1,250
19	43		250	400	150	1,250
20	44		250	400	150	1,250
21	45	Lieutenant-Colonel.	250	450	150	1,500
22	46		250	450	150	1,500
23	47		250	500	150	1,500
24	48		250	500	150	1,600
25	49		250	500	150	1,600
26	...		250	500	150	1,700
27	...		250	500	150	1,850
Selected list Inspector-Generals Surgeon-Generals Sanitary Commissioners		...	...	500	150	...

QUESTION 4

What are your views with regard to the question of passage allowances for officers in the services and their families? If such allowances were granted would you prefer they should take the form of an increase of overseas pay to all officers or the grant of a certain number of passages during an officer's service to himself, his wife and family?

ANSWER

In this matter we are in entire agreement with the views which have been put before the Commission by the Madras Association of European Government Servants, and would press for the grant of free passages to officers and their families as proposed in detail by them and by the All-India Association of European Government Servants.

QUESTION 5

Have you any criticism to make regarding the allowances payable to the services?

ANSWER

We are in complete agreement with the note on allowances which has been placed before the Commission by the Madras Association of European Government Servants and have nothing to add.

QUESTION 6

Have you any observations to offer regarding the withdrawal of exchange compensation allowance?

ANSWER

We consider that the services have as good a claim now to the reintroduction of the exchange compensation allowance based on a rupee at two shillings, seeing that their present pay was fixed on the assumption that the rupee would not fall below that level, as they had to the original introduction of the allowance.

We would refer to the note of the All-India Association of European Government Servants on this matter.

QUESTION 7

Do you consider that any grievance exists in respect of house accommodation, the rent chargeable for official residences, or the house rent allowances granted when no official residence is available?

ANSWER

Government houses are provided for officers in some of the mofussil stations, and to a very few officers holding certain appointments in Madras. The majority of officers have to find suitable residences for themselves. This is becoming increasingly difficult on account of shortage of houses.

In addition to the difficulty of finding suitable residences officers in Madras have to pay exorbitant rents. In the smaller district stations the average rent for an officer's bungalow is about Rs. 100. In Madras it is Rs. 250 to Rs. 300. So that it has become almost the rule for officers to share bungalows, or to take paying guests. If the officer has a family, however, it may not be possible for him to lessen the burden of house rent in this way.

This burden of house rent in the Presidency Town is such a heavy one that it may make it impossible for an officer to accept an appointment in Madras which does not carry a Government residence with it.

To remedy these grievances and to put all officers on the same footing in this respect we would ask that Government should be responsible for providing a house for every officer, either by giving him a Government bungalow, or by renting one for him. This principle would appear to have been conceded by the Government of India in building officers' houses in Delhi.

Further, we consider that in most cases 10 per cent of pay is too high a rent to charge for a Government bungalow. Government should not make a profit from officers house. 7 per cent of pay would approximate to the rent which a military officer has to pay to a private owner for a suitable house in an average cantonment, and it would appear that Government ought to be able to provide houses for its officers at a rent not higher than that which satisfies a private owner in a moderate sized place. The rent should also be a consolidated one on a definite percentage basis, and should not be liable to additions for electric and sanitary fittings, etc.

QUESTION 8

Have you any criticism to make regarding the leave rules?

ANSWER

We would urge that the restriction on the commutation of half-pay furlough into leave on average pay should be removed and that officers subject to the special leave rules should be allowed to enjoy the whole of the leave entered in their leave account on average pay.

QUESTION 9

Do you consider that the pension rules and scales are satisfactory? If not, give reasons in detail for any proposals you may have to make. Do you consider that subscriptions to Provident Funds by Government in lieu of pension should be adopted for (1) officers now in the services and (2) future recruits? Have you any observations to make on the rules governing commutation of pensions and in particular the existing one-third restriction on the proportion of pension which may be commuted?

ANSWER

The complaint concerning the inadequacy of the pension for officers in the Indian Medical Service has been acknowledged and to some extent met by the grant of a small increase, but this new pension is subject to revision in 1924. The old pension dates from 1882. The small increase which has been granted is not commensurate with the increased cost of living, and the Indian Medical Service stands in the same position as the other Civil Services in India with regard to the necessity for relief.

We would, therefore, submit that the service is entitled to substantial relief in the matter of pension, and would ask that the pensions earned after twenty years' service may be increased in acccordance with the following scale :—

Years of service for pension.	Old rate of pension 1882 to 1919.	Present rate of pension.	Proposed rate
	£	£	£
17	300	400	400
18	320	430	430
19	360	460	460
20	400	500	500
21	420	540	550
22	440	580	600
23	460	620	650
24	480	660	700
25	500	700	750
26	540	750	800
27	580	800	850
27½	600	...	850
28	620	...	900
29	660	...	950
30	700	...	1,000

(1) The additional pensions for administrative officers should remain as at present. They are earned by a very small percentage of officers in the service.

	£
Colonel after two years' active service as such	125
Colonel after four years' active service as such	250
Major-General after one and a half year active service as such	300
Major-General after three years' active service as such	350

(2) We do not desire the substitution of a Provident Fund for our present pension provided adequate security is given.

(3) Commutation of pension should be a right, not a concession. The amount of commutation to be allowed depends upon the question of guarantees. The rates of commutation allowed are apparently based upon a lower expectation of life than are those of a first class insurance company and we would suggest that the figures require investigation.

QUESTION 10

What is your opinion of the comparative merits of family pension and provident funds as provision for the families of deceased officers?

Answer.—We regret that we are not in a position to give an opinion as to the comparative merits of family pension and provident funds in the absence of any definition of what is meant by a Provident Fund.

If the intention is to provide a similar fund to that at present in operation in certain Railway Companies, where the officer subscribes one-twelfth of his pay annually and the Company adds a similar amount, we believe that on the whole a Provident Fund would provide a better provision for the family than the present pension fund to which we subscribe. The officer's subscriptions to such a fund however, are much higher than those at present subscribed and could not be met with the present scale of pay.

A Provident Fund run on the present rates of subscription would not give such satisfactory results as the present Indian Military Service Family Pension Fund.

We hold that, whatever the final decision with regard to pension and provident funds may be, the present Indian Military Service Family Pension Fund is capable of improvement in certain directions and would bring forward the following recommendations :—

(1) The officer, who is the sole subscriber to the fund, does not know the actual state of the fund, either so far as capital or the disposal of interest is concerned. No balance sheet is issued by Government. We consider that a periodical review of the state of the fund should be issued to all subscribers.

(2) The rates of pension allowed are very low and certainly do not now provide a 'living wage' for a widow and children. An investigation should be made into the present state of the fund with the view to increasing the existing rate of pensions.

(3) The fund limits itself to the payment of pensions alone. Only a very small portion of the capital sum paid by the married officer can be claimed by him on withdrawal.

We consider that an abatement of some proportion of the previous married subscription should be made to widowers, similar to the present regulation which permits married officers on withdrawal from the fund to draw such portion of their contributions as is in excess of the risk borne during their term of membership. Some abatement of the married donation should be made to officers wishing to remarry, in view of the fact that they have already paid one married donation.

(4) Some provision should be made whereby an officer can, if he so desires, improve his wife's pension.

(5) At present the pension provided for children varies according to their age and is very small indeed for young children. The full pension permissible should, if the fund permits, be granted to children regardless of their age.

(6) The conditions upon which commutation is permitted are very limited. The rules should be relaxed and should follow generally those suggested for officers' pensions.

(7) The widow's pension is now open to the same objection so far as security is concerned as is the present officer's pension. We would ask that adequate security be given for the future payment of these pensions.

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QUESTION 11

Do you consider that suitable provision is made for medical attendance for officers and their families? If not, have you any proposals to make?

ANSWER

The answer to this question is governed by the demand made by European officers for the provision of European (i.e. British) medical attendance on themselves and their families. They assert that this demand is not a prejudice especially confined to India, but that in other and foreign countries where there are British communities (e.g. Paris and other large Continental towns) the services of British medical men are preferred and are available even though the doctors of the countries of their exile are men of very high skill and attainments.

The present provision for medical attendance on officers, and their families in Madras Presidency is as detailed below :—

1. Families

The rules regarding medical attendance are laid down in the Civil Medical Code, paras. 397 to 407 and authorize the charging of fees for attendance on the families of Government servants.

Any objection which I.M.S. Officers may have to free medical attendance on wives and families is based on the experience that such a privilege is generally abused, and that in such cases medical officers are burdened with a lot of extra, often unnecessary work which interferes with their legitimate Government duties. Generally the service would have no real objection to the free treatment of officers' families in the officer's own district, but it would be impracticable in hill stations where the medical officer is already overworked during the season. In the Presidency town free medical attendance on families would require the services of a whole-time medical officer, as the medical officers are already fully occupied with their College and other Government work.

2. General provision for Government servants

A. MADRAS (PRESIDENCY TOWN)

There are four district surgeons, who provide the medical treatment for Government servants in the four districts into which Madras is divided. All four are at present reserved for and held by I.M.S. Officers. One of these appointments is at present held by an Indian I.M.S. Officer who is responsible for an important European Residential District (Royapettah).

All these officers hold teaching appointments and are in charge of a large number of beds in hospitals in addition to their duties as District Surgeons. They may also be in administrative charge (e.g. Principal, Medical College, or Superintendent of a Hospital).

B. MADRAS DISTRICTS (MOFUSSIL)

Twenty-three Headquarter appointments and one Civil Surgeoncy were formerly reserved for Commissioned I.M.S. Officers. This allowed for the presence of one European trained medical officer in

practically each district of Madras Presidency. These appointments are now held as follows :—

By an I.M.S. Officer	By an Assistant Surgeon (*Provincial Medical Service*)
1. Vizagapatam (An Indian I.M.S. Officer).	1. Ganjam.
2. Salem.	2. Godavari.
3. Trichinopoly.	3. Kistna.
4. Tanjore (An Indian I.M.S. Officer).	4. Guntur.
5. Coimbatore.	5. Nellore.
6. Madura.	6. Kurnool.
7. Nilgiris (Ootacamund).	7. Anantapur.
8. South Canara.	8. Bellary.
9. Coonoor (Civil Surgeon).	9. Cuddapah.
10. North Arcot (An Indian I.M.S. Officer).	10. Chinglepet.
	11. South Arcot.
	12. Tinnevelly.
	13. Malabar (Calicut).
	Chittoor and Ramnad. **Reserved for Civil** Assistant Surgeon.

There are Missionary Doctors with English or American qualifications at :—

Berhampore, Nellore, Rajahmundry, Vellore, Narasapur, Madura, Guntur and Ongole, Madanapalle and Ramnad and a few other small towns.

Railway Doctors are available at Trichinopoly, Negapatam and Coimbatore.

Of the above twenty-three reserved appointments eight are to be given up immediately and reserved for Civil Assistant Surgeons of the Provincial Service. Details as to these have not yet been decided by Government.

The number of European Medical Officers in the District is rapidly dwindling. A recent Indian Army list shows 171 officers of the I.M.S. (Captains and Lieutenants) who are available and can be selected for appointments in the Civil Department. Of these officers 70 are Europeans and 101 are Indians. It should be noted that civil employment in general is not popular with European officers at the present time, on account of the exile which such a life entails in most cases.

3. Specialist Medical Treatment.

The Government do not undertake to provide officers with the services of a specialist (G. O. No. 402, Finl., dated June 1905).

The provision of specialist treatment is a matter for consideration now that skilled European Medical Services are not available in the majority of the districts. I.M.S. Officers in Madras hold Professorships at the Medical College, and they are fully qualified to provide skilled service in the various specialities, i.e. Medicine, Surgery, Midwifery and Ophthalmology. The appointments in Madras, excluding Royapuram and Royapettah Hospitals, where the duties are very similar to those of a District Medical Officer, are

General Hospital.—Four Physicians, three Surgeons, one Resident Medical Officer.

Maternity Hospital.—One Superintendent, one Assistant Superintendent.

Ophthalmic Hospital.—One Superintendent, one Assistant Superintendent.

Lunatic Asylum.—One Superintendent, one Assistant Superintendent.

Of these appointments, five are to be given up and reserved for the Provincial Service Assistant Surgeons (Devolution Rule 12). Details have not been published but at the present time the following appointments are held by Indian Doctors of the Madras Provincial Service :—One Physician, General Hospital and the Assistant Superintendents at the Maternity and Ophthalmic Hospitals.

4. European Officers' Quarters.

Officers' quarters are provided at the General Hospital, eight for men and four for women. There are five at the Maternity Hospital.

European Officers' Quarters were originally meant for European servants of Government, who have still a prior claim to them, but recent Government Orders have altered their name to first class paying wards and have thrown them open to Indians, who have adopted European styles of living. The scale of charges varies with an officer's salary and all fees collected go to Government.

The running expenses of these quarters to Government in 1922–3 excluding the share of cost of upkeep of buildings and of Medical Officers' salaries was about Rs. 5 per patient daily. A Government servant is often charged as much as Rs. 18 a day Hospital charges to these wards.

PROPOSALS.

1. Districts.

The problem of providing British Medical Officers for the Districts has become a very difficult one, quite apart from the demands of Indians of the Provincial Medical Service for a large and increasing share in important appointments. With this demand the Imperial Service which has been responsible for their medical training and education has every sympathy. But in addition British Medical Officers, for reasons which have already been detailed, are scarce.

To some extent the problem can be met by grouping the districts of the Presidency as proposed below, and by insisting that there should be a British Medical Officer always posted to one station in a group. The Headquarters of such grouped districts should be within easy reach of each other by rail, and if reasonable facilities were given in the provision of travelling allowance the services of British doctors could be made available for officers posted to them. It is, of course, assumed that no advantage would be gained to Government or the service by posting a highly trained and well qualified Medical Officer to the worst equipped and least responsible district in each group.

2. Specialist Treatment.

The science and art of the medical profession have increased enormously since the issue of G. O. No. 402, Financial, dated 2nd June, 1905, which declines responsibility for the provision of specialist treatment to Government servants. No doctor can now hope to have an intimate knowledge of all its branches. As medical men we would most strongly urge that it is incumbent on Government to provide specialist treatment for its officers, in medicine, surgery, ophthalmology and diseases of women and, for the reasons already referred to, by British Medical Officers.

Skilled service in these branches is provided by professors at the Medical College in Madras where opportunities for practice research and teaching are equal to those of English hospitals. The difficulties met with in proposing any scheme are: (1) It is these appointments which are most coveted, and which the Indian doctor regardless of his academic qualifications most desires, and (2) No doctor however high his academic qualifications may be, can retain his skill without the practice obtained from constant hospital work.

We consider, however, that British Medical Officers must be retained in such a proportion of these teaching appointments as will provide one expert and one understudy in each of the subjects mentioned.

To meet this demand the special appointments in Madras should be considered as four groups and two appointments in each group should be held by British Medical Officers. The scheme is shown in the attached list of appointments which we propose should be retained for the Indian Medical Service.

By these proposals we do not suggest that the remaining appointments at the Medical College should be immediately handed over to the Provincial Medical Service. This would be unfair to the Medical College and to the Indian Officers of the Indian Medical Service, who were picked men of their year in their Medical College and recommended as suitable candidates for the Imperial Service. These officers who entered the service with hopes of civil employment and have completed a period of military duty are now in danger of being passed over by less suitable men from the Provincial Medical Service. We are not opposed to a fair measure of Indianisation, but to Provincialisation of appointments, and that for so long as officers whether British or Indian remain in and are recruited for the Imperial Service. We, therefore, consider that eleven appointments at the Medical College, and in addition the Superintendents of the Royapuram and Royapettah Hospitals, the Resident Medical Officer, General Hospital, one Assistant Superintendent at the Maternity Hospital and one Assistant at the Ophthalmic Hospital should be reserved for officers of the Indian Medical Service. Further, while asking that the proportion suggested above should be held by British Officers, we would again emphasize that all these appointments should be made on academic merit, professional qualifications and experience alone. The only person who can accurately gauge these is the Medical Head of the Department and we would again urge that they should never be the subject of political patronage.

SCHEDULE OF PRINCIPAL MEDICAL APPOINTMENTS ON MADRAS PRESIDENCY CADRE

A. Administrative Appointments.

SURGEON-GENERAL.

PERSONAL ASSISTANT TO THE SURGEON-GENERAL. — Formerly an I.M.S. appointment, now held by an officer of the Provincial Medical Service.

DIRECTOR OF PUBLIC HEALTH.—Formerly a reserved I.M.S. appointment but we understand is not so now. The officer at present acting in this appointment is an Indian on the Provincial cadre (*vide* remarks in answer to Question 1).

ASSISTANT DIRECTORS OF PUBLIC HEALTH (3).—All three appointments are now held by members of the Provincial Service. One appointment is reserved for an I.M.S. Officer.

N.B.—Appointments reserved for the Bacteriological Department and Jail Department are not included in this list.

B. List of District Medical Officers and Civil Surgeons Appointments

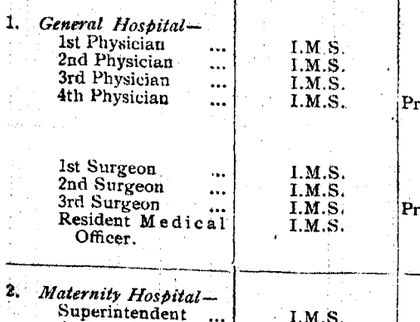
Name of District.	Officer sanctioned before the Government of India Act.	Officer now sanctioned under Devolution Rule 12.	Officer now proposed.	Grouping proposed (*vide* Map) one Medical Officer in each group to be a European.
1. Ganjam	Provincial Service	Provincial Service	Provincial Service	Group 1.
2. Vizagapatam ... ... (Agency Division) ...	I.M.S.	I.M.S.	I.M.S.	
3. Godavari	Provincial I.M.S.	Provincial Medical Service	Provincial I.M.S.	
4. Kistna	I.M.S.	I.M.S.	I.M.S.	Group 2.
5. Guntur	I.M.S.	I.M.S.	I.M.S.	
6. Nellore	I.M.S.	Provincial Medical Service	Provincial Medical Service	
7. Kurnool	I.M.S.	I.M.S.	I.M.S.	Group 3.
8. Bellary	I.M.S.	I.M.S.	I.M.S.	
9. Anantapur	I.M.S.	I.M.S.	I.M.S.	
10. Cuddapah	I.M.S.	Provincial Medical Service	Provincial Medical Service	
11. North Arcot	I.M.S.	Provincial Medical Service	I.M.S.	Group 4.
12. Chittoor	Provincial Medical Service	Provincial Medical Service	Provincial Medical Service	
13. Chingleput	I.M.S.	Provincial Medical Service	Provincial Medical Service	
14. Madura	I.M.S.	I.M.S.	I.M.S.	Group 5.
15. Ramnad	Provincial Medical Service	Provincial Medical Service	Provincial Medical Service	
16. Tinnevelly	I.M.S.	I.M.S.	I.M.S.	
17. Tanjore	I.M.S.	I.M.S.	I.M.S.	Group 6.
18. Trichinopoly	I.M.S.	I.M.S.	I.M.S.	
19. Arcot, South	I.M.S.	I.M.S.	I.M.S.	
20. Coimbatore	I.M.S.	I.M.S.	I.M.S.	Group 7.
21. Salem	I.M.S.	I.M.S.	I.M.S.	
22. Malabar	I.M.S.	I.M.S.	I.M.S.	Group 8.
23. South Canara... ...	I.M.S.	I.M.S.	I.M.S.	
24. Cochin	I.M.S.	I.M.S.	I.M.S.	
25. Nilgiris (Ootacamund).	I.M.S.	I.M.S.	I.M.S.	Group 9.
26. Coonoor	I.M.S.	I.M.S.	I.M.S.	Group 10.

The remaining Civil Surgeons' appointments (8) are held by members of the Provincial Medical Service or by Military Assistant Surgeons. They are located in the above districts and therefore fall into the suggested groups.

C. Appointments in the Presidency Town (Madras)

Name of Appointment.	Grade of Officer sanctioned before the Government of India Act.	Grade of Officer now sanctioned under Devolution Rule 12.	Grade now proposed.	Remarks.
1. *General Hospital*—				Group 1. Medical
1st Physician ...	I.M.S.	I.M.S.	I.M.S.	Two of these appointments to be held by European officers of the I.M.S.
2nd Physician ...	I.M.S.	I.M.S.	I.M.S.	
3rd Physician ...	I.M.S.	I.M.S.	I.M.S.	
4th Physician ...	I.M.S.	Provincial Service.	I.M.S.	
				Group 2. Surgical
1st Surgeon ...	I.M.S.	I.M.S.	I.M.S.	Two of these appointments to be held by European officers of the I.M.S.
2nd Surgeon ...	I.M.S.	I.M.S.	I.M.S.	
3rd Surgeon ...	I.M.S.	Provincial Service.	I.M.S.	
Resident Medical Officer.	I.M.S.	I.M.S.	I.M.S.	
2. *Maternity Hospital*—				Group 3. 1 and 2 to be European officers of the I.M.S.
Superintendent ...	I.M.S.	I.M.S.	I.MS. (1)	
Assistant Superintendent.	I.M.S.	Provincial Service.	I.MS. (2)	
Assistant Superintendent.	...	*Nil.*	Provincial Service or I.M.S.	
3. *Ophthalmic Hospital*—				Group 4. One of these appointments to be a European officer.
Superintendent ...	I.M.S.	I.M.S.	I.M.S.	
Assistant Superintendent.	I.M.S. (?)	Provincial Service.	I.M.S.	
4. Royapuram Hospital and Medical School, 1st District.	I.M.S.	I.M.S.	I.M.S.	
5. Royapettah, 4th District.	I.M.S.	I.M.S.	I.M.S.	
6. Superintendent, Government Lunatic Asylum.	I.M.S.	I.M.S.	I.M.S.	
7. Chemical Examiner to Government.	I.M.S.	I.M.S.	I.M.S.	

The appointments in Madras are here listed according to the Hospital duties which they carry. All except four are employed in teaching at the Medical College in addition, but these details are not necessary for our argument.



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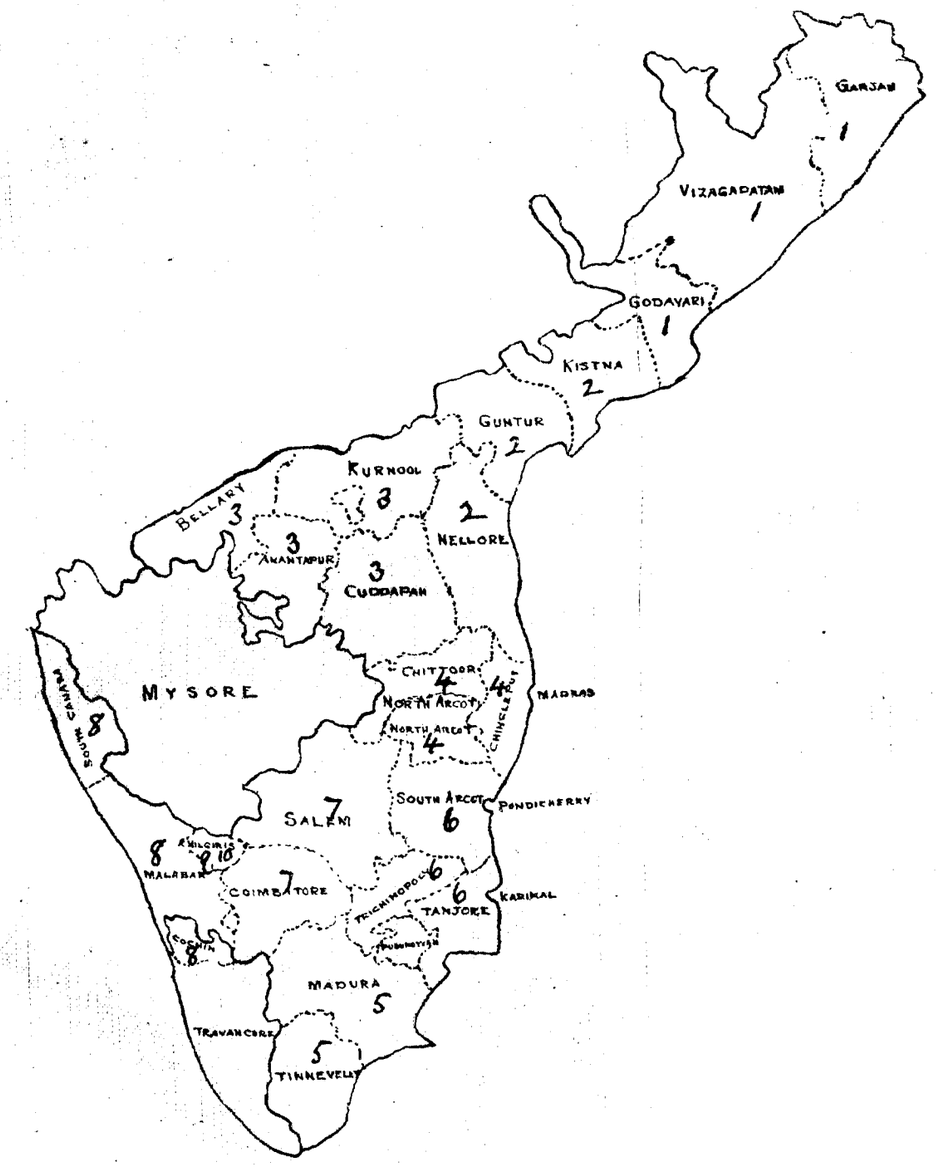

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