THE

REPORT

OF THE

MEDICAL AND PUBLIC HEALTH RETRENCHMENT COMMITTEE, MADRAS

MADRAS
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THE REPORT OF THE MEDICAL AND PUBLIC HEALTH RETRENCHMENT COMMITTEE.

Chapter I.—Introductory.

With a view to effecting an appreciable reduction in the expenditure of Medical and Public Health Departments, the Government in their Order No. 250, P.H., dated 9th February 1923, ordered the constitution of a Committee to examine the present system of administration and to devise practical measures, whether involving changes in policy or in procedure, that would reduce the expenditure on these departments. So far as changes of policy were concerned, the Committee were allowed to discuss alternative schemes, to indicate economies which might be effected if particular policies were either adopted, abandoned or modified and to suggest measures leading to increased efficiency without extra expense. They were not however to deal with the scales of pay or the strength of the cadre of the Indian Medical Service.

2. The Committee consisted of the following members:—

(1) Mr. A. Y. G. Campbell, C.I.E., C.B.E., I.C.S. (*Chairman*).
(2) Lieut.-Col. T. H. Symons, O.B.E., I.M.S.
(3) Major A. J. H. Russell, I.M.S.
(4) M.R.Ry. Rao Bahadur T. M. K. Nedungadi Avargal, L.M.S.
(5) Mr. H. A. Watson, I.C.S.
(6) M.R.Ry. Diwan Bahadur Sir T. Desika Achariyar Avargal, *Kt.*, M.L.C.
(7) ,, Rao Bahadur P. C. N. Ethirajulu Nayudu Garu, M.L.C.
(8) Mr. B. Rama Rau, I.C.S. (*Secretary*).

3. We commenced our work on the 27th of February and have held altogether eight meetings. We have met again to-day to adopt our report. Except on the question of the appointment of honorary physicians and surgeons, we have not examined any witnesses, and our recommendations are based on the information available in the Secretariat and in the Surgeon-General's office and such other information as we have been able to gather within the limited time at our disposal.

4. The other members of the Committee desire to place on record their high appreciation of the valuable assistance which they have received from Mr. Rama Rau, the Secretary, and of the able and efficient manner in which he has discharged his duties.

5. We submit our report under the following heads:—

(I) The Public Health Department.
(II) The Medical Department.
(III) Allowances.

Chapter II.—The Public Health Department.

6. The following statement shows the growth of expenditure in this department during the last five years:—

—	1918-19.	1919-20.	1920-21.	1921-22	1922-23, revised estimate.	1923-24, budget estimate.
	Rs.	Rs.	Rs.	Rs.	Rs.	Rs.
1. Establishment	2,44,211	2,71,493	3,17,199	3,70,793	3,89,600	6,12,400
2. Town-planning	6,578	259	457	35,468	29,800	33,756
3. Health officers	7,255	9,371	8,196	12,277	30,000	39,015
4. Epidemics	2,05,341	2,03,690	3,28,279	3,02,027	2,80,600	1,10,300
5. King Institute	86,565	1,29,316	1,26,521	1,83,815	2,35,900	2,61,400
6. Pasteur Institute	30,475	38,918	42,151	48,670	43,100	40,900
Total .	5,80,425	6,53,047	8,22,803	9,53,050	10,09,000	10,97,771

7. These figures do not include grants for major water-supply and drainage schemes, which are invariably given for specific works. Since these grants are of a non-recurring character they can be curtailed during a period of financial stringency, and we have therefore not taken them into consideration.

8. *Establishment.*—The staffs maintained by the Government and local bodies for the prevention of disease during 1922–23 consisted of the following officers:—

(1) For direction and control of sanitary work in general, the Government maintained, in addition to the Director of Public Health, a staff of five Assistant Directors. Three of these were in charge of ranges and two were stationed in Madras, one of them being in charge of vital statistics and the other in charge of fairs and festivals.

(2) Several boards maintained at their own expense a few sanitary inspectors for general sanitation work, and some of them also employed assistant surgeons as sanitary assistants to the District Medical and Sanitary Officer.

(3) For dealing with epidemics of cholera, the Government maintained eight cholera parties, each consisting of an assistant surgeon and ten trained sanitary inspectors, whose headquarters were in Madras. They were sometimes employed on anti-malarial and plague work.

(4) For vaccination work, local bodies maintained a large staff of vaccinators and the Government employed 106 Deputy Inspectors of Vaccination, who were controlled by the Assistant Directors of Public Health.

(5) In districts exposed to plague-infection a staff of plague inspectors was employed by the Collector at the expense partly of provincial and partly of local funds, but the staff employed has always been entirely under the control of the Collector, who is responsible under the Plague Standing Orders for all measures connected with plague.

9. The Government have already recognised the wastage involved in the employment of a different staff for dealing with each disease, especially as the periods of maximum incidence of cholera, smallpox, plague or malaria do not often coincide. In their Order No. 817, P.H., dated 10th June 1922, they have already directed the amalgamation of the cadre of Deputy Inspectors of Vaccination (to be hereafter designated health inspectors) with the staff of inspectors attached to cholera parties. They have also in their Order No. 1096, L. & M., dated 21st June 1922, directed local bodies to employ a district health officer whose pay is to be met from a provincial grant and have provided each district at the expense of the Government with a staff of district health inspectors, which is to consist partly of Deputy Inspectors of Vaccination and partly of sanitary inspectors hitherto attached to cholera parties. We understand that the main duties of the district health staff as reorganized by the Government in their orders referred to above will be

(*a*) the investigation and control of all outbreaks of communicable disease in rural areas and the carrying out of measures necessary to suppress epidemics of cholera, smallpox, plague, malaria, etc.;

(*b*) the supervision of all vaccination work;

(*c*) the supervision and improvement of the registration of vital statistics, which are to be made more detailed and much more accurate than at present;

(*d*) the drawing up of plans and estimates for simple sanitary projects and taking steps to remedy defects in village drainage, water-supplies, etc.;

(*e*) propaganda work; and

(*f*) supervision of sanitary arrangements in connection with fairs and festivals.

10. Although plague has not been specifically excluded from the duties of the district health staff, we observe that it is not the intention of the Government to relieve Collectors of their responsibility for plague measures and that a provision of nearly a lakh of rupees has been made by the Government in the budget for 1923–24 for "expenditure in connection with bubonic plague". We understand that the Government did not propose to abolish the plague staff now maintained, in view of the nature of the work involved in plague-preventive measures. Epidemics of plague require very prompt action, and very often the assistance of the revenue authorities and of the police is necessary for enforcing preventive measures, and the Government considered that presidents of district boards, who were often very busy

professional men and sometimes Members of the Legislative Council, might find it difficult to devote the time and attention necessary adequately to deal with such epidemics. We recognize the force of these objections to the transfer of plague work to a non-official agency, but we consider that the difficulties referred to above can be avoided if the Collector is associated with the health work in the district and the preventive staff is reorganized on a slightly different basis. We desire to point out that even now in public health matters the boards have necessarily to rely very largely on the reports and co-operation of the revenue officers and delay on the part of village officers in reporting epidemics, not only of plague but also of cholera, smallpox and other diseases, very often makes it impossible for the taluk board or the district board to adopt any effective preventive measures. Moreover, vital statistics upon which the whole policy of the public health administration must be based are recorded by village officers, who are under the control of the Collector. We understand that presidents of boards have sometimes asked for greater control in these matters over revenue subordinates, but we recognize that it is quite impracticable to comply with such requests which would involve placing the revenue subordinates under two independent masters. We consider that the objections to the transfer of the executive control of plague measures to the district board presidents apply, though perhaps not to the same degree, to all preventive measures connected with epidemics, and we therefore recommend that the entire district health staff should work under a district health board consisting of the Collector as chairman, and the District Medical Officer, the President of the District Board, the presidents of all taluk boards and the chairmen of all municipalities in the district as members. The district health officer should be the Secretary of the Health Board and its executive officer, but he should not in our opinion be a member of the board. The vaccinators may continue to be paid from local funds and to be under the control of local boards, but their work will, as hitherto, be supervised by the district health inspectors. We may point out that our proposal makes it possible to employ the district health staff in municipal areas and should ensure the adoption of a uniform policy throughout the district including the municipalities. One of the defects of the scheme sanctioned by the Government is that, although an epidemic may be raging within a municipality and is likely to spread to the surrounding parts of the district, and the municipal authorities may fail to take or be incapable of taking adequate measures to deal with it, the district health staff which is to be under the control of the district board cannot properly be employed there unless the services of certain members of the staff are placed at the disposal of the municipal council on the usual terms, for the president of the district board has no jurisdiction over municipal areas. If the district health staff can be placed under a board which has the Collector as the chairman and which contains representatives of municipalities, these difficulties will be overcome. We understand that in more than one case, where district health staffs have been in existence during the past year, municipalities have not only asked for the use of the district health staffs but have also asked to be admitted to the district health scheme.

11. We wish to emphasize that our proposal does not deprive the presidents of district boards of any powers or privileges that they have enjoyed hitherto. In the first place, the Collector and the District Medical Officer will be the only two official members of the board, and the representatives of the local boards and municipalities will still be in a position to lay down the *policy* as regards public health in the district. In the second place, the main work with which the district health staff is to be entrusted has hitherto been done through agencies *entirely under Government control.* The chief work of the district health staff, if reorganized as suggested by us, will be inspection of vaccination work, epidemics of cholera, plague preventive measures and propaganda work. Inspection of vaccination work has hitherto been done by deputy inspectors of vaccination now designated health inspectors), who are all Government servants under the direct control of the Assistant Directors of Public Health and the Director of Public Health, though presidents of District Boards have been given certain powers as regards transfer of these officers within their districts and punishment. Cholera epidemics have in the past been dealt with by the Provincial cholera parties, which also worked directly under the Director of Public Health. The Collector has been responsible for all plague preventive measures, and though he has employed the establishment necessary for the purpose partly at the expense of local funds, he has had absolute control over the staff under the Plague Standing Orders.

Propaganda work has hitherto been done by a special staff of health lecturers, also under the control of the Director of Public Health. The cost of all this staff will, under our proposals, be met as hitherto by the Government.

12. We consider that the services of the revenue staff are essential for purposes of public health unless a far larger public health staff is to be employed, and that the best arrangement in the circumstances is to place the *executive* control over the public health staff in the hands of the Collector as Chairman of the Public Health Board for his district. We therefore strongly recommend that the scheme outlined above be given effect to not only as a measure of economy but also in the interests of efficiency. Without a reference to the Collectors who employ plague staffs, we are not in a position to say what reduction can be made in the budget allotment if the scheme suggested by us is given effect to. But we estimate that the savings will not be less than Rs. 50,000 per annum.

13. We have so far dealt with the public health preventive staff in general and have indicated the lines on which it might be reorganized so as to secure economy as well as efficiency. We shall now treat of the individual classes of officers who constitute the preventive staff.

14. *Assistant Directors of Public Health.*—Up to 1913 there was only one Assistant Director of Public Health in this Presidency (then designated Deputy Sanitary Commissioner). He was also the Inspector of Vaccination. At that time none of the districts had any health officers, but some of the district boards employed at their own expense sanitary assistants to the District Medical and Sanitary Officer. These assistants, however, were ordinarily junior men without special training, and their duties were somewhat ill-defined and perfunctorily discharged. In 1913 the Government considered that the superior sanitary establishment was quite inadequate and therefore obtained the sanction of the Secretary of State to the creation of two additional appointments of Deputy Sanitary Commissioners, and the Presidency was divided into three ranges, one officer being placed in charge of each. One of these two posts was filled in December 1913, but the other remained vacant until 1918, as no suitable candidate was available during the War.

15. In 1920 the Government accepted a resolution in the Legislative Council recommending the appointment of a special officer to investigate into the sanitary condition of pilgrim centres. A temporary appointment was therefore created for the purpose for a period of one year and this work was assigned to one of the then existing Deputy Sanitary Commissioners. Meanwhile, the Surgeon-General again raised the question of increasing the number of superior officers in the Sanitary department as he found that the three officers then in service were not able to traverse the whole Presidency and devote adequate attention to vaccination work in addition to public health work in general. The Government agreed that if the various problems connected with public health were to be satisfactorily dealt with, it would be necessary to increase the expert staff as recommended by the Surgeon-General, and three more appointments were accordingly created with the sanction of the Secretary of State.

16. There are thus at the present time six sanctioned appointments, but the Government have decided to keep the sixth place vacant. Of the remaining five as we have already observed, three are in charge of territorial ranges, while the other two are attached to the Director's office, one of them being in charge of vital statistics and the other of fairs and festivals. We understand that the main work done by the territorial Assistant Directors of Public Health is (1) inspection of vaccination, (2) inspection of municipalities, (3) festival arrangements and (4) epidemics.

17. It will be observed that the major portion of this work will hereafter be transferred to the District Health Staff according to the scheme we have referred to in paragraphs 9 to 12, and we are informed that it is proposed to continue these Assistant Directors in their ranges only up to 1st October 1923, so that they might be able to guide, advise and instruct district health officers in the methods of administration and in the co-ordination of all branches of public health work. From 1st October 1923 these Assistant Directors are to cease to be territorial and are to be in charge of a branch of public health administration with their headquarters in

Madras. The distribution of work among the five Assistant Directors who are to be attached to the Director's office after October is, we understand, to be as follows:—

(1) Assistant Director of Public Health (fairs and festivals and epidemiology of infectious diseases).
(2) Assistant Director of Public Health (vital statistics and publicity).
(3) Assistant Director of Public Health (Vaccination).
(4) Assistant Director of Public Health (local public health administration and industrial hygiene).
(5) Assistant Director of Public Health (school hygiene and maternity and child welfare, including infant mortality work).

18. We recognize the importance of guiding the district health officers in the initial stages of the introduction of the district health scheme and we agree that the territorial Assistant Directors of Public Health should continue in their present ranges for at least six months after the introduction of the scheme. But we do not see sufficient justification at present for the maintenance of a staff of five Assistant Directors of Public Health to be attached to the Director's office, each in charge of a branch of the administration as indicated in the proposals outlined above. We presume that all routine inspection of vaccination will hereafter be done by district health officers and that the attention of the superior staff will be directed to the solution of the larger problems connected with epidemics of smallpox, and we do not think there is adequate justification for the employment of a whole-time Assistant Director to deal with vaccination and the epidemiology of smallpox. Nor do we consider that the superior staff should interfere with the detailed arrangements connected with the minor fairs and festivals. As we have already noted, an Assistant Director of Public Health was on special duty for over eighteen months to investigate the sanitary conditions of pilgrim centres. The Special Officer has submitted to the Government an exhaustive report on pilgrim centres dealing with all questions relating to sanitation, food supply, accommodation for pilgrims, communications, lighting arrangements, medical aid, police arrangements, management and finance, and has indicated in detail the arrangements to be made during large festivals and the precautions to be taken against outbreaks of epidemic diseases. With these detailed instructions before them, the district health staff ought, in our opinion, to be in a position to make all arrangements connected with fairs and festivals, and we do not consider that it should be part of the duty of any Assistant Director to direct or control these arrangements, except in the case of festivals of provincial importance such as the *duodecennial* festivals at Rajahmundry (Pushkaram), Bezwada (Pushkaram) and Kumbakonam (Mahamakham). We consider that one Assistant Director of Public Health should be entrusted with the work connected with the larger festivals and the epidemiology of infectious diseases. A second Assistant Director may, as proposed, be in charge of vital statistics and propaganda work. A third Assistant Director should be able to deal with vaccination and the miscellaneous work which is to be allotted to the fourth and fifth Assistant Directors of Public Health according to the proposal outlined in the preceding paragraph, especially as we understand that medical inspection of schools is to continue to be under the Education Department. We do not consider that it is possible for a single Assistant Director of Public Health adequately to inspect over 80 municipalities nor are we convinced that such inspections by Assistant Directors as have been made hitherto have resulted in any considerable improvement of sanitation in urban areas. Moreover, if the District Health Board is to be reorganized as suggested by us so as to include representatives of municipalities there is no reason why the District Health Officer should not also attend to urban sanitation in those towns which have got no health officer of their own. We do not therefore think that a separate Assistant Director of Public Health should be maintained for local public health administration and industrial hygiene as proposed.

19. The redistribution of work among the Assistant Directors of Public Health suggested by us in the preceding paragraph will involve the reduction of the number of these officers from five to three, and we recommend that two more of these appointments be abolished with effect from 1st October 1923; but if school hygiene and medical inspection of schools are transferred to the Public Health department, the matter may have to be reconsidered. We recognise however that in this Presidency preventive work on a systematic and scientific basis has only just begun and

that the epidemiology of diseases will have to be investigated in detail before any further advance can be made. We therefore strongly recommend to the Government that they should not hesitate to sanction the employment of one or more additional bacteriological units to be attached to the King Institute at Guindy as and when necessary, to facilitate such investigations. We understand that the bacteriological unit already sanctioned has been of the greatest value not only to the Public Health Department but also to the Jail and Forest departments.

20. The abolition of two appointments of Assistant Directors of Public Health will result in a saving of Rs. 36,000 approximately.

21. *District Health Officers.*—Health officers are now employed in every district except the Nilgiris and in the municipalities of Ootacamund, Trichinopoly, Madura, Salem, Negapatam, Rajahmundry, Cocanada, Tuticorin, Calicut and Coimbatore. The pay of municipal health officers is personal while that of district health officers is regulated by G.O. No. 533, P.H., dated 18th May 1921, according to which every first-class health officer should get the pay of civil assistant surgeons (that is, Rs. 200-15-350-20-450) and a local allowance on the scale given below :—

Service.	Per mensem.
	Rs.
1 to 5 years	100
6 to 10 years	150
11 to 15 years	200
16 to 20 years	250
Over 20 years	300

The second-class health officers, who are usually sub-assistant surgeons specially trained for public health work, are given the grade pay of a sub-assistant surgeon (that is, Rs. 75-5-175) with an allowance of half that sanctioned for first-class health officers. In addition to these allowances health officers in municipalities get, according to the Government Order referred to, a conveyance allowance of Rs. 50 a month.

22. These scales were fixed when it was very difficult to get any medical officers for the Public Health Department, since a large number of medical officers were on military duty. Many of these latter have now returned to civil employment and have displaced a large number of temporary assistant surgeons, and there is consequently no dearth of candidates now. In fact it has been found difficult in some cases to induce local bodies to adopt the scale sanctioned by the Government. The prospects of the health service have also been improved considerably by the decision of the Government to create 23 appointments of district health officers to be paid from provincial funds. It will be difficult to justify the payment of an allowance which in the case of an officer of more than 20 years service will amount to two-thirds of the pay of the appointment, and we consider that these allowances should be reduced substantially, especially as it is not difficult now to obtain the services of competent health officers. We understand that the object of the Government in placing the health officers on the cadre of civil assistant surgeons was to facilitate the transfer of health officers who are not fit for sanitary work to the Medical Department. We do not see the necessity for the provision of any permanent appointments for health officers who have been found incompetent for sanitary work, and we consider that the cadre of health officers should not be amalgamated with that of civil assistant surgeons. We recommend that a separate consolidated scale of pay, as shown below, should be sanctioned for all first and second class health officers and that municipal and district health officers should be included in the same cadre.

First-class health officers Rs. 250—20—450—25—600 (efficiency bar at Rs. 450).

Second-class health officers Rs. 100—10—300 (efficiency bar at Rs. 200).

We further recommend that the conveyance allowances now paid to municipal health officers be abolished. Similar allowances are not paid to officers of other departments in municipalities, and we do not see sufficient justification for the retention of this allowance.

23. If the allowances are abolished and the scales of pay suggested by us are adopted there will be a saving of Rs. 40,000 annually.

24. *District health inspectors.*—There are now 205 district health inspectors of whom 174 are to be on the scale of Rs. 60—5—120 and 31 (that is, 15 per cent of the total strength) are to be in the selection grade on Rs. 125—5—150. We observe that these officers undergo a training of only nine months at the most after the Secondary School-Leaving Certificate course before they are qualified for appointment as health inspectors, whilst in the Medical Department a sub-assistant surgeon who obtains a diploma after a fairly difficult course of at least four years in a medical school is entitled to a pay of only Rs. 75—5—175 with a selection grade on Rs. 200. We consider that the present scale for health inspectors is unnecessarily extravagant, especially as the maximum on the ordinary scale is reached after a service of only 12 years. We recommend that the following scale be adopted for this class of officers :—

Rupees 60—3—120 with an efficiency bar at Rs. 90.

Selection grade on Rs. 125—5—140 to be limited to 5 per cent of the cadre.

No officer who has not been on Rs. 120 for at least one year should, in our opinion, be promoted to the selection grade. Our proposals regarding the scales of pay for district health inspectors will result in an average saving of Rs. 24,600 annually.

25. *Public health laboratories.*—In connexion with our proposal for the reorganization of the public health preventive staff, we have already dealt with the next budget minor head, viz., 'Expenses in connexion with epidemic diseases' and we have very little to say regarding the expenditure under the remaining minor heads, viz., the Bacteriological laboratories and the Pasteur Institute.

26. *King Institute.*—We observe that the expenditure of the King Institute has nearly trebled during the last five years. Originally built for the preparation of vaccine lymph in 1901, this Institute now combines the functions of—

(1) a vaccine lymph manufacturing depot for the Presidency,

(2) a bacteriological laboratory for the manufacture of bacterial vaccines,

(3) a laboratory for the examination of clinical material for the Madras hospitals and the Presidency in general, and

(4) the Presidency Public Health laboratory.

We understand that the work of this Institute has more than doubled during the last ten years and that in recent years complicated and prolonged tests have been added to the ordinary routine laboratory work of the earlier years. This has meant a very considerable amount of additional work for the staff. In order to cope with the increased work the Director of the Institute drew up in 1922 a scheme of reorganization involving an additional expenditure of nearly Rs. 40,000 a year. The scheme was subjected to a very detailed scrutiny both by the Finance Committee and the Government and was finally sanctioned by Government so recently as November 1922, in spite of the great financial stringency existing at the time. We understand that the scheme has not yet entirely been given effect to, and we do not feel justified in making any recommendations for the reduction of expenditure at this stage, especially as the Government only five months ago considered that the extra expenditure was necessary. We have therefore no general recommendations to make as regards this institute. The allowances drawn by the individual medical officers at the institute will be dealt with subsequently.

27. *Pasteur Institute.*—This is a private institution managed by a society registered under the Societies Registration Act, but the pay of the Director and his assistant is paid from provincial funds and the Government also pay a fixed contribution of Rs. 7,000 per year. We do not recommend any reduction in the grant, since we understand that the financial position of the institution is not altogether satisfactory.

that the epidemiology of diseases will have to be investigated in detail before any further advance can be made. We therefore strongly recommend to the Government that they should not hesitate to sanction the employment of one or more additional bacteriological units to be attached to the King Institute at Guindy as and when necessary, to facilitate such investigations. We understand that the bacteriological unit already sanctioned has been of the greatest value not only to the Public Health Department but also to the Jail and Forest departments.

20. The abolition of two appointments of Assistant Directors of Public Health will result in a saving of Rs. 36,000 approximately.

21. *District Health Officers.*—Health officers are now employed in every district except the Nilgiris and in the municipalities of Ootacamund, Trichinopoly, Madura, Salem, Negapatam, Rajahmundry, Cocanada, Tuticorin, Calicut and Coimbatore. The pay of municipal health officers is personal while that of district health officers is regulated by G.O. No. 533, P.H., dated 18th May 1921, according to which every first-class health officer should get the pay of civil assistant surgeons (that is, Rs. 200-15-350-20-450) and a local allowance on the scale given below :—

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22. These scales were fixed when it was very difficult to get any medical officers for the Public Health Department, since a large number of medical officers were on military duty. Many of these latter have now returned to civil employment and have displaced a large number of temporary assistant surgeons, and there is consequently no dearth of candidates now. In fact it has been found difficult in some cases to induce local bodies to adopt the scale sanctioned by the Government. The prospects of the health service have also been improved considerably by the decision of the Government to create 23 appointments of district health officers to be paid from provincial funds. It will be difficult to justify the payment of an allowance which in the case of an officer of more than 20 years service will amount to two-thirds of the pay of the appointment, and we consider that these allowances should be reduced substantially, especially as it is not difficult now to obtain the services of competent health officers. We understand that the object of the Government in placing the health officers on the cadre of civil assistant surgeons was to facilitate the transfer of health officers who are not fit for sanitary work to the Medical Department. We do not see the necessity for the provision of any permanent appointments for health officers who have been found incompetent for sanitary work, and we consider that the cadre of health officers should not be amalgamated with that of civil assistant surgeons. We recommend that a separate consolidated scale of pay, as shown below, should be sanctioned for all first and second class health officers and that municipal and district health officers should be included in the same cadre.

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23. If the allowances are abolished and the scales of pay suggested by us are adopted there will be a saving of Rs. 40,000 annually.

24. *District health inspectors.*—There are now 205 district health inspectors of whom 174 are to be on the scale of Rs. 60—5—120 and 31 (that is, 15 per cent of the total strength) are to be in the selection grade on Rs. 125—5—150. We observe that these officers undergo a training of only nine months at the most after the Secondary School-Leaving Certificate course before they are qualified for appointment as health inspectors, whilst in the Medical Department a sub-assistant surgeon who obtains a diploma after a fairly difficult course of at least four years in a medical school is entitled to a pay of only Rs. 75—5—175 with a selection grade on Rs. 200. We consider that the present scale for health inspectors is unnecessarily extravagant, especially as the maximum on the ordinary scale is reached after a service of only 12 years. We recommend that the following scale be adopted for this class of officers :—

Rupees 60—3—120 with an efficiency bar at Rs. 90.

Selection grade on Rs. 125—5—140 to be limited to 5 per cent of the cadre.

No officer who has not been on Rs. 120 for at least one year should, in our opinion, be promoted to the selection grade. Our proposals regarding the scales of pay for district health inspectors will result in an average saving of Rs. 24,600 annually.

25. *Public health laboratories.*—In connexion with our proposal for the reorganization of the public health preventive staff, we have already dealt with the next budget minor head, viz., 'Expenses in connexion with epidemic diseases' and we have very little to say regarding the expenditure under the remaining minor heads, viz., the Bacteriological laboratories and the Pasteur Institute.

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We understand that the work of this Institute has more than doubled during the last ten years and that in recent years complicated and prolonged tests have been added to the ordinary routine laboratory work of the earlier years. This has meant a very considerable amount of additional work for the staff. In order to cope with the increased work the Director of the Institute drew up in 1922 a scheme of reorganization involving an additional expenditure of nearly Rs. 40,000 a year. The scheme was subjected to a very detailed scrutiny both by the Finance Committee and the Government and was finally sanctioned by Government so recently as November 1922, in spite of the great financial stringency existing at the time. We understand that the scheme has not yet entirely been given effect to, and we do not feel justified in making any recommendations for the reduction of expenditure at this stage, especially as the Government only five months ago considered that the extra expenditure was necessary. We have therefore no general recommendations to make as regards this institute. The allowances drawn by the individual medical officers at the institute will be dealt with subsequently.

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Chapter III.—The Medical Department.

28. In the list * given below is shown the number of appointments held by the different classes of officers who constitute the Medical Department :—

Grade of officers.	Number of appointments reserved.	Number of officers now employed.
(1) Indian Medical Service	52	45
(2) Civil surgeons (non-Indian Medical Service) ...	8	8
(3) Civil and military assistant surgeons holding appointments reserved for the Indian Medical Service or for civil surgeons		15
(4) Military assistant surgeons	23	27
(5) Civil assistant surgeons	236	234 (+ 3 local fund civil assistant surgeons).
(6) Sub-assistant surgeons	821	784 (+ 44 local fund sub-assistant surgeons).

Of the civil surgeoncies two are reserved for military assistant surgeons, and of the civil assistant surgeons 156 are in Government employ, 48 in local fund employ, and 33 under municipalities. Similarly, there are 387 sub-assistant surgeons holding Government appointments, 376 in local fund employ and 69 under municipalities.

29. The Government maintain practically all the Presidency hospitals, 24 hospitals at the headquarters of districts and 4 women and children's hospitals (Calicut, Mangalore, Salem and Vizagapatam). Eighty-seven hospitals in charge of assistant surgeons and 74 in charge of sub-assistant surgeons are under local board or municipal management. There are also 341 dispensaries in charge of sub-assistant surgeons maintained by local bodies. Almost all the medical officers employed by local bodies are Government servants lent to local bodies, who pay an annual contribution equivalent to the average salary of the class of officer employed. At present the Government pay a contribution of a certain percentage of the salaries of medical officers employed by local bodies in return for services rendered to the Government, such as post-mortem examinations, attendance on Government officers, etc. This percentage has been fixed at 5 and 10 in the case of sub-assistant surgeons employed by municipalities and local boards respectively, and $17\frac{1}{2}$ and $22\frac{1}{2}$ in the case of civil assistant surgeons. The Government also pay half the cost of all local fund and municipal medical institutions opened after 9th March 1915. These grants amount in all to 1·80 lakhs.

30. We shall deal with the medical establishment first. The cost of the medical establishment has gone up from Rs. 4·43 lakhs in 1917–18 to Rs. 9·58 lakhs in 1922–23 as shown below :—

	Rs.		Rs.
1917–18	4,43,205	Revised estimate—	
1918–19	4,62,845	1922–23	9,58,200
1919–20	5,91,663	Budget estimate—	
1920–21	7,12,971	1923–24	8,87,300
1921–22	11,29,059		

This increase is partly due to the larger number of officers now employed under Government on account of the taking over of the headquarter hospitals, but is mainly due to the revision of salaries during this period. The salary of Indian Medical Service officers was revised in December 1918 and again in January 1920, while that of civil assistant surgeons was revised with effect from 1st April 1920. The pay of sub-assistant surgeons was raised twice during this period, once in March 1918 and again in March 1921. A statement showing the increases of pay due to these revisions is given in Appendix B. Under devolution rule 12, framed under the Government of India Act, the Local Government is bound to employ "such number of Indian Medical Service officers in such appointments and on such terms and

* The figures are taken from the Quarterly Civil Medical List corrected up to the 31st December 1922.

conditions as may be prescribed by the Secretary of State in Council." We understand that the Government have already submitted their recommendation to the Government of India as regards the number of appointments they are prepared to reserve for the Indian Medical Service, and we have been specifically asked not to deal with the scales of pay or strength of the cadre of the Indian Medical Service. The allowances drawn by individual officers of this service will, however, be dealt with subsequently.

31. As regards the pay of the civil surgeons we have no recommendations to make. These officers hold appointments similar to those reserved for the Indian Medical Service officers and we do not consider that the sanctioned scale is too high. Nor do we recommend any reduction in the scale of pay sanctioned for assistant surgeons and sub-assistant surgeons. We wish it to be clearly understood that all our recommendations regarding the abolition or reduction of allowances drawn by these officers are subject to the condition that the sanctioned time-scales of pay are not altered.

32. *The Surgeon-General's office.*—We understand that Mr. Schmidt, the Director of Office Systems, has made a very detailed inspection of the Surgeon-General's office and has made definite recommendations for the reorganization of the office and for the reduction of the establishment. Mr. Schmidt's scheme has already been given effect to, and we are informed that the question of reducing the establishment is under the consideration of the Government. We do not therefore propose to make any recommendations as regards the office establishment of the Surgeon-General. But we consider that the appointment of a temporary assistant surgeon for statistical work at the Surgeon-General's office is unnecessary. The Personal Assistant to the Surgeon-General is now a whole-time officer, and it should be possible to get the work done by a clerk under the supervision of the Personal Assistant. We therefore recommend that this appointment be abolished with effect from July 1923.

33. *Appointments held by the Indian Medical Service.*—The following is a list of the appointments and collateral charges normally held by Indian Medical Service officers doing professorial work :—

Appointment.	Collateral charges.	Allowances per mensem.	Enhancement of pay.
		Rs.	Rs.
1. Chemical Examiner ...	Professorship of Chemistry ...	Nil.	250
2. First Surgeon, General Hospital.	Professor of Surgery, Superintendent, General Hospital.	150	250
3. Second Surgeon, General Hospital.	Port and Marine duties, Professor of Medical Jurisprudence.	200	...
4. Third Surgeon, General Hospital.	Professor of Biology	200	...
5. Surgeon, Second District.	First Physician, General Hospital. Professor of Medicine, Principal, Medical College.	150	250
6. Surgeon, Third District.	Second Physician, General Hospital, Professor of Physiology.	...	250
7. Surgeon, Fourth District.	Superintendent, Royapetta Hospital, Professor of Hygiene and Bacteriology.	200 (*a*) 200 for three months (*b*) 200 (*c*)	... ...
8. Third Physician, General Hospital.	Professor of Pathology	200	...
9. Fourth Physician, General Hospital.	Professor of Materia Medica ...	200	...
10. Superintendent, Maternity Hospital.	Professor of Midwifery	...	250
11. Superintendent, Ophthalmic Hospital.	Professor of Ophthalmology, Medical Officer, Civil Orphan Asylum.	...	250
12. Superintendent, Lunatic Asylum.	Lecturer in Mental Diseases ...	...	250

(*a*) for clinical teaching of Rayapuram Medical School students.
(*b*) for post-graduate training of sub-assistant surgeons.
(*c*) for minor professorship.

Appointment.	Collateral charges.	Allowances per mensem.	Enhancement of pay.
		Rs.	Rs.
13. Professor of Anatomy ...	(This Professorship is now filled up by civil assistant surgeons who get a consolidated pay of Rs. 800—100 triennial—1,300 a month).	...	...
14. Director of the King Institute.	.....	200	250

Of these fourteen appointments six are classed as major professorships, which are paid according to an enhanced scale (i.e., the grade scale of the Indian Medical Service plus an allowance of Rs. 250 a month), and five are classed as minor professorships which carry an allowance of Rs. 200 per month. It will be observed that all the professorships except the Professorship of Anatomy are held as collateral charges by the surgeons and physicians attached to the Presidency hospitals or by specialists like the Chemical Examiner, the Superintendent of the Government Ophthalmic Hospital and the Superintendent of the Lunatic Asylum. We understand that although the minor professorships carry an allowance of only Rs. 200, the holders of some of these appointments, such as the Professor of Pathology and the Professor of Hygiene and Bacteriology, have to spend more time on their teaching work than some, at any rate, of the major professors. We do not see any justification for any differential treatment as regards the allowances paid for professorial work, and we consider that it should be definitely recognized that these are professorial appointments. We recommend that there should be 14 professorial appointments on the enhanced scale of pay (separate scales of pay being fixed for Indian Medical Service and non-I.M.S. officers), and that the work which is now allotted to these fourteen officers (including that of the Port and Marine Surgeon) should be redistributed in such a way that the holder of any of these appointments does not normally have more than a full day's work. We consider that when the enhanced scale of pay is introduced, all the allowances now drawn by these officers should be abolished except the following, which may be retained on account of the added administrative responsibility involved :—

	Rs.
(1) Director of King Institute	200
(2) Principal of the Medical College	150
(3) Superintendent, General Hospital	150

34. The main work of the District Surgeons in Madras is (*a*) postmortem examinations, (*b*) grant of certificates to Government servants and others and (*c*) attendance on Government officers. For this work they are given the assistance of an assistant surgeon and, in the case of Rayapuram, also a sub-assistant surgeon. We consider that the work of the 2nd and 3rd districts relating to the first two items should be transferred to the 1st and 4th districts and that a civil assistant surgeon should be attached to the Royapetta hospital to do the work of the 2nd, 3rd and 4th districts and the civil orphan asylum. He may be given a motor-cycle allowance of Rs. 25 a month. As regards attendance on Government officers, the Surgeon-General should be requested to divide the city into convenient divisions and distribute the work among such of the officers as have not a full day's work. These proposals will involve the abolition of the two civil assistant surgeons who are now serving in the 2nd and 3rd districts and of the sub-assistant surgeon who is serving in the 1st district, and the creation of a new appointment of assistant surgeon to be attached to the Royapetta hospital. This latter officer may also be given work at the hospital, and the possibility of reducing the staff of the hospital by one officer may be considered in consultation with the Surgeon-General.

35. The redistribution of work suggested by us will not result in any appreciable saving in the total pay and allowances now paid to officers holding Indian Medical Service appointments, but the officers entitled to free quarters will hereafter be made to pay house rent, and it will also no longer be necessary to pay to the Port and Marine Surgeon the fees prescribed in paragraph 507 of the Civil Medical Code, which amounted to nearly Rs 5,000 in 1922. According to the Civil Medical Code, a Port Health Officer is granted an additional allowance of one-thirtieth of a month's pay for each Sunday or 'close' holiday or part of it, on which he is unavoidably required

to perform inspection work in connection with plague, sleeping sickness and other diseases and also for all unavoidable medical inspections of ships on such days. We understand that this provision, which was obviously intended to be applied to exceptional cases, has become the source of a regular monthly income for the Port and Marine Surgeon. We learn that during the year 1922 the Port and Marine Surgeon performed his inspection work only on Sundays and 'close' holidays and that he attended the port on almost every Sunday or other holiday. We do not see any justification for the payment of these fees, which, as we have observed, amounted to Rs. 5,000 during the last year. We recommend that this practice should be immediately stopped and that the work now done by the Port and Marine Surgeon should be definitely assigned to one of the fourteen professorships referred to above.

36. These proposals for the redistribution of work among the officers holding Indian Medical Service appointments will result in a saving of about Rs. 15,000 annually.

37. *Honorary physicians and surgeons.*—We have been specifically requested by the General Retrenchment Committee to examine the question of appointing honorary physicians and surgeons in the hospitals in this Presidency. This question was first raised by Dr. T. M. Nair in an article in the "Antiseptic" in February 1910. Medical opinion was sharply divided on the question and objections were raised to the proposal on the ground (1) that there were very few qualified medical practitioners who would care to accept such appointments, (2) that friction would result between them and the assistant surgeons and sub-assistant surgeons in the hospitals. As an alternative it was suggested that the system of appointing consultants who could be called in when necessary by the regular staff or if desired by the patients might be tried. The Government, after a careful consideration of the alternative suggested, decided to attach an honorary surgeon or physician to each of the hospitals at Royapetta and Rayapuram to begin with. Rules were framed to regulate to work of these officers, who were assigned specific duties in their respective hospitals and were made responsible for the care and treatment of the patients in their charge, but the District Surgeon retained the powers of disciplinary control which he was exercising before. The work of the officers appointed was reported to be satisfactory, and the question was then raised whether the system might not be extended to other hospitals in the city. There were, however, some difficulties in the way of extending the scheme to the General Hospital, for it was feared that it would interfere with the clinical instruction of the Medical College students, since honorary workers could not be compelled to attend at fixed hours. Moreover, the system of appointing house physicians and surgeons had just then been introduced, and it was feared that the appointment of honorary physicians and surgeons would deprive the house surgeons and physicians of the facilities for practical work which formed the chief attraction to such posts. The Government ultimately decided to drop the proposal for the time being.

38. We have given our careful consideration to the question and have examined Colonel Elwes and Dr. Natesa Mudaliyar on the subject. A copy of their evidence is given in Appendix C. We would have been prepared to recommend that one hospital should be entirely handed over to a staff of honorary physicians and surgeons, but we were informed that the general opinion among the practitioners likely to take up honorary work was that this arrangement would not be acceptable. We have come to the conclusion that the scheme of appointing honorary physicians and surgeons in all the Presidency hospitals and the bigger mufassal hospitals is sound, but we consider that, until the system has been tried for some time, the honorary physicians and surgeons should be attached as supernumeraries and should not displace permanent officers. The adoption of our proposal will not therefore involve any reduction in the staff employed at present. We submit the following detailed proposals in respect of the Presidency hospitals for the consideration of the Government :—

Royapetta Hospital.—One honorary physician and one honorary surgeon may be appointed as supernumeraries for this hospital and each may be given charge of certain specified beds, but the Indian Medical Service officer will remain in administrative charge of the institution. The honorary physician and honorary surgeon should also do the clinical teaching in connexion with the beds in their charge.

General Hospital.—We consider that the General Hospital should be divided into two units, one surgical and the other medical, and that an honorary surgeon and an honorary physician should be attached to each of these two units respectively as supernumeraries.

Rayapuram Hospital.—One honorary physician and one honorary surgeon may be appointed as supernumeraries on the same conditions as at Royapetta.

Ophthalmic Hospital.—One honorary ophthalmic surgeon may be appointed as supernumerary on the same conditions as at Royapetta.

Maternity Hospital.—One honorary gynaecologist and obstetrician may be attached as supernumerary on the same conditions as at Royapetta.

Tuberculosis Hospital.—One honorary physician may be attached as supernumerary on the same conditions.

Caste and Gosha Hospital.—One honorary lady physician may be appointed as supernumerary.

Lunatic Asylum.—One honorary trained alienist may be attached as supernumerary.

Children's Hospital (when opened).—One honorary physician and one honorary surgeon on the same conditions as at Royapetta.

39. We consider that only medical practitioners who possess a degree recognized by the British Medical Council in England should be appointed as honorary physicians or surgeons. The appointments should be made by the Government on the recommendation of the Surgeon-General, if and when suitable persons can be found for such appointments. The number of beds to be in charge of an honorary physician or surgeon and the hours of work should be determined by the Surgeon-General, and it should be made a condition of appointment that clinical teaching should be given by such honorary physician or surgeon in connexion with the beds in his charge in any institution in which teaching is given.

40. *Military assistant surgeons.*—There are altogether 23 appointments which are reserved by the Government for military assistant surgeons (including the charge of the Government House dispensary), but there are now 27 officers actually in service. This arrangement, which has been in force since 1892, was intended to provide a sufficient reserve of warrant medical officers for duty in time of war. It was an essential part of the original scheme that neither the Local Government nor the Government of India should be put to any extra expense on this account, but it has been found in actual practice that the military assistant surgeons are much more expensive than the civil medical officers. The Madras Government pointed this out to the Government of India in 1896, but accepted the additional charge as they considered it was the duty of the Provincial Governments to assist in the maintenance of a war reserve. The professional qualifications of military assistant surgeons are inferior to those of civil assistant surgeons, but the scale of pay has been fixed considerably higher as will be observed from the statement given below :—

Pay of military assistant surgeons—

	Rs.
Fourth class (7 years)	200
Third class (5 years)	275
Second class (5 years)	350
First class	*400
Senior grade (Lieutenant)	500
,, (Captain)	650
,, (Major)	700

Pay of civil assistant surgeons—

Rs. 200—15—350—20—450.

Two appointments of civil surgeons are also reserved for military assistant surgeons. Excluding these two officers and also the one employed in Bangalore in

* Officers recruited efore March 1908 will draw Rs. 450 after 20 years' service.

an appointment normally held by a European or Anglo-Indian civil assistant surgeon, there are now 24 military assistant surgeons in this Presidency, whose pay is shown in the statement below :—

6 on Rs. 700	2 on Rs. 275
1 on ,, 650	—
6 on ,, 450	24, average pay Rs. 479 a month.
5 on ,, 400	—
4 on ,, 350	

The average pay drawn by these officers at the present time thus amounts to Rs. 479 a month, while the average pay of civil assistant surgeons is only Rs. 344 a month in spite of the fact that the qualifications of the former are inferior.

41. Under the Reforms, the finances of Local Governments have been definitely separated from those of the Imperial Government, and under the Government of India Act and the Devolution Rules framed under it, the Local Governments are under no obligation to provide employment for Military Assistant Surgeons, although they are bound to employ a certain number of officers belonging to the Indian Medical Service. We do not however suggest that the Local Government should not assist in the maintenance of a war reserve, but we consider that if the Government of India desire the Local Government to provide employment for these officers the difference between the pay of a civil assistant surgeon and that of a military assistant surgeon should be debited to the Army Department or paid as a contribution from the Central Revenues. We understand that the Government of India have already agreed to pay the cost of training military assistant and sub-assistant surgeons in the medical college and schools of this Presidency, and we do not see on what grounds the additional burden involved in the maintenance of a war reserve can be thrown on the Provincial Governments. We have been told that military assistant surgeons are useful in certain classes of appointments (such as the Resident Medical Officers of the Presidency hospitals) where driving force and exercise of disciplinary control are essential for the successful discharge of the duties entrusted to such officers. We do not however consider that this would be a sufficient justification for the retention of these officers if the Government of India refuse to pay the difference in salary as suggested by us, for a large number of civil assistant surgeons were on field service and it should not be difficult to find among them suitable substitutes even for appointments where military training is found useful.

42. We observe, however, that the difference in pay between a military assistant surgeon and a civil assistant surgeon is almost negligible until the former reaches the rank of Lieutenant and we consider that it would be sufficient if the Government of India are asked to pay only the difference between the salaries of all military assistant surgeons who are Lieutenants, Captains and Majors and the average pay of the same number of civil assistant surgeons. According to our proposal the Government of India will have to pay at present a sum of Rs. 29,304 a year.

43. Incidentally, we also recommend that of the two appointments at Bangalore now included in the cadre of civil assistant surgeons, one may be reserved for a military assistant surgeon and the other for a civil assistant surgeon, but a military assistant surgeon may be appointed to the latter if no suitable civil assistant surgeon is available.

44. *Civil assistant surgeons and sub-assistant surgeons—Reserve medical subordinates.*—The Government at present maintain a leave and casualty reserve of 15 per cent of the total number of sanctioned appointments for civil assistant surgeons and 25 per cent of the appointments for sub-assistant surgeons. The actual strength of the cadre on the 19th July 1922 was as follows :—

Civil Assistant Surgeons.		
Permanent appointments (including six civil surgeoncies)	181	
Leave reserve at 15 per cent	27	
	208	
Temporary appointments	28	
	236	

Sub-Assistant Surgeons.	
Number of appointments	657
Leave reserve at 25 per cent	164
	821

Of this reserve four civil assistant surgeons and 100 sub-assistant surgeons were not on that date holding any sanctioned appointment, but were attached as supernumeraries to certain hospitals, although the actual strength of the cadre was at that time less than the sanctioned number by ten assistant surgeons and ten sub-assistant surgeons. That is, if the strength of the cadre had been at its sanctioned strength there would have been on that date, fourteen assistant surgeons and 110 sub-assistant surgeons unemployed. We understand that the main reason why such a large percentage of reserve is normally unemployed is that sub-assistant surgeons do not usually take all the leave to which they are entitled. We consider that there is no justification for the maintenance of such a big reserve, for if at any time on account of plague or famine the strength of the cadre is found insufficient for additional work, it will always be possible for the Government to sanction temporary additions to the cadre to the extent actually necessary. We recommend that the reserve of sub-assistant and assistant surgeons should be reduced to 10 per cent of the number of sanctioned appointments. If our proposal is adopted, the strength of the cadre will have to be reduced by nine appointments of assistant surgeons and 131 appointments of sub-assistant surgeons. This will result in an average saving of Rs. 2,51,340; but we understand that the cadre is not at the sanctioned strength at present and that it will be actually necessary to discharge 108 sub-assistant surgeons. We would recommend in this connexion that the persons whose services are to be dispensed with should, as far as possible, be officers who are entitled to a full pension and who are not worth retaining in service.

45. *Substitution of sub-assistant surgeons for civil assistant surgeons.*—We understand that the standard of teaching at the medical schools has been raised very considerably during the last decade and also that a very much higher standard is expected of the candidates for the diploma of L.M.P. In fact it has been suggested to us by an Indian Medical Service officer who has had considerable administrative experience of the department that the cadre of assistant surgeons could without serious inconvenience be abolished entirely and sub-assistant surgeons appointed in their places. We cannot endorse this suggestion, for hardly any sub-assistant surgeon is competent to hold any of the appointments which are now reserved for the Indian Medical Service, and if the suggestion is adopted the Government will have to depend on sub-assistant surgeons to carry on the work of the officers reverted to military duty during a war; nor do we consider that the sub-assistant surgeons can adequately discharge the duties which are now entrusted to assistant surgeons. We agree, however, that it should be possible to substitute sub-assistant surgeons for assistant surgeons in some of the hospitals and dispensaries in this Presidency, and we recommend that the Surgeon-General should be requested to examine very carefully the list of appointments now reserved for assistant surgeons and to state in what stations sub-assistant surgeons can be appointed in the place of assistant surgeons.

46. *Hospitals and dispensaries.*—We have so far discussed the possibility of reducing the scales of pay and the cadre of the different classes of officers that constitute the Medical Department, and we now proceed to deal with the expenditure incurred on the maintenance of hospitals and dispensaries by the Government and local bodies. The expenditure on the hospitals and dispensaries maintained by Government is shown in the statement given below:—

		Rs.			Rs.
1917–18	...	11,84,432	1921–22	...	31,72,504
1918–19	...	15,50,955	1922–23 (Revised Estimate).		33,81,700
1919–20	...	21,58,533			
1920–21	...	26,83,740	1923–24 (Budget Estimate).		32,33,200

It will be observed that the expenditure has gone up from Rs. 11·84 lakhs in 1917–18 to 33·82 lakhs in 1922–23. The increase is largely due to the transfer of the mufassal headquarter hospitals and some of the Presidency hospitals to the Government in pursuance of the recommendation made by the Decentralization Commission. Twenty-four headquarter hospitals including the women and children's hospitals at Calicut, Mangalore and Salem were taken over by the Government between 1st December 1917 and 1st January 1921. The Royapetta hospital became a Government institution in 1919, the Victoria Caste and Gosha hospital in 1920 and

the Tuberculosis Institute in 1921. The Government Tuberculosis Hospital was also opened in 1921. The cost of maintenance of the headquarter hospitals in 1921 was Rs. 8·19 lakhs and of the four Presidency hospitals referred to above Rs. 3·54 lakhs. These institutions account for an increase of Rs. 12 lakhs out of the 22 lakhs shown in the statement given above. The remainder is due to the rise in prices and the revision of salaries of all grades of officers, medical as well as non-medical. In Appendix D we give a comparative statement of the expenditure on each of the medical institutions taken over by the Government, during the last five years.

47. *Presidency hospitals—House physicians and surgeons.*—The visiting staff of the General Hospital consists of three surgeons and four physicians each of whom has an assistant surgeon and as a rule two house surgeons and house physicians who are provided with free quarters but do not receive any salary. These assistant surgeons have no duties to be conducted at the Medical School or the Medical College. We understand that these assistant surgeons consider themselves entirely responsible for the wards in their charge and consequently the house physicians and house surgeons have no real responsibility and in this respect their training is deficient. We are informed that in England house surgeons and house physicians are in sole subordinate charge of the wards under the visiting staff and that the system has been working very efficiently and has enabled the house physicians and surgeons to obtain a really good practical training. We do not see why the same system should not be tried at the General Hospital provided adequate arrangements are made so as to ensure that some experienced medical officer whom the house surgeons and physicians can consult is always present at the hospital. We recommend that the house surgeons and physicians who are to take the place of assistant surgeons now in charge of the wards should in addition to free quarters get a ration allowance of Rs. 50 per month and we also consider that, in order to ensure an adequate supply of house surgeons and physicians, the Government should make it a rule that no one shall be appointed as a permanent civil assistant surgeon unless he has had at least one year's approved service as house surgeon or house physician in a selected Government hospital. These appointments will normally be held by graduates who have recently passed out of the Medical College, and since the visiting staff of physicians and surgeons of the General Hospital all have duties in connexion with the Medical College, they will be in a position to choose the best of the candidates for such appointments.

48. The Superintendent of the Maternity Hospital has no objection to the adoption of the scheme recommended above and he is prepared to substitute three house surgeons for two of the civil assistant surgeons and the junior military assistant surgeon now employed in the hospital; we understand that quarters are available for these officers.

49. The Superintendents of the Rayapuram and Royapetta hospitals are not in favour of any changes at present.

50. The scheme outlined above will result in a saving of Rs. 35,280 per annum.

51. We now proceed to deal with the expenditure on the maintenance of the Presidency hospitals. In Appendix E we give a comparative statement showing the expenditure on the different institutions during the last five years under the following heads:—

(1) Medical officers.
(2) Nursing staff.
(3) Clerical and other establishment.
(4) Menials.
(5) Medicines.
(6) Dieting charges.
(7) Contingencies.

52. *Rayapuram Hospital.*—The number of beds at this institution has risen from 192 in 1917–18 to 250 in 1921–22 but the cost of the establishment has trebled while dieting charges have increased nearly five times. We understand that further additions to the staff have been applied for in connexion with the opening of the new clinical block recently constructed. Rents, rates and taxes (most of these in 1921–22 were charges levied by the Corporation for water supplied to the institution) have increased from Rs. 720 in 1917–18 to Rs. 10,169 in 1921–22.

53. *Leper Hospital.*—The average strength of this hospital was 222 in 1918 and 279 in 1922. The cost of the staff has increased from Rs. 8,208 in 1917–18 to

Rs. 16,620 in 1921-22 and there was a similar increase under dieting charges from Rs. 18,924 to Rs. 35,813. The increase under contingencies from Rs. 4,795 to Rs. 18,890 is attributed to the shifting of the hospital to the Emigration Depot, high prices, the Corporation water charges, etc.

54. *General Hospital.*—The number of beds at this institution has risen from 500 in 1917–18 to 520 in 1920–21. The cost of the establishment rose by 59 per cent during these five years and of diet by 124 per cent. The expenditure under rents, rates and taxes rose from Rs. 2,000 in 1917–18, 1918–19 and 1919–20 to nearly Rs. 15,000 in 1920–21 and 1921–22.

55. *Royapetta Hospital.*—This institution was taken over from the Corporation on the 1st October 1919 and the expenditure on the staff has gone up by 55 per cent and of dieting charges by 59 per cent.

56. *Ophthalmic Hospital.*—The average strength of this institution has risen from 205 in 1918 to 245 in 1922 or by about 20 per cent. The cost of the staff has risen more than 100 per cent but an assistant superintendent, a sub-assistant surgeon, a steno-typist, a store-keeper and some menial servants have been added to the staff. Dieting charges have increased from Rs. 23,484 to Rs. 55,490. The Superintendent proposes to restrict admissions and to modify the diet so as to secure a saving of about Rs. 7,000 a year. He has also suggested reductions amounting to Rs. 3,700 a year under bedding, clothing, hospital necessaries, rents, rates and taxes, electric lights and fans.

57. *Victoria Caste and Gosha Hospital.*—The average attendance at this hospital has been more or less stationary, but the cost of the staff has trebled during the last five years mainly owing to considerable additions to the staff found necessary for the efficient administration of the hospital. Dieting charges have increased from Rupees 6,250 to Rs. 15,286.

58. *Lunatic Asylum.*—The strength of this asylum has also been more or less stationary but the expenditure under staff has risen by nearly 60 per cent and under diet by nearly 128 per cent. The Superintendent considers that the cost of diet can be reduced by Rs. 30,000 a year. He states that patients are detained too long and on very costly 'extras'. He has also suggested the following reduction of staff:—

(1) substitution of a sub-assistant surgeon for the Deputy Superintendent,
(2) reduction of nurses from 8 to 5,
(3) reduction of Anglo-Indian attendants from 5 to 3, and
(4) the number of dhobis from 6 to 2.

We are not in favour of reducing the superior staff or the nursing staff but we consider that the number of dhobis should be reduced to 2 as suggested by the Superintendent. Until quite recently, we understand that only one dhobi was employed and he was assisted by the patients, many of whom wash their own clothes. The Superintendent reports that the dhobis are mostly employed in washing the clothes of the staff. So the reduction we have proposed will not result in any inconvenience, except possibly to the staff.

59. The Superintendent's statement that a reduction of at least Rs. 30,000 under dieting charges and hospital necessaries is possible, is borne out by the following statement showing the actual retrenchment he has been able to effect during February and March 1923:—

Diets and hospital necessaries.

	1922	1923
	Rs.	Rs.
February	12,162	9,968
March	13,413	8,929
Total ...	25,575	18,897

Thus, during these two months under only two heads of expenditure there has been a reduction of Rs. 6,678. This indicates a possible reduction of Rs. 40,000 a year. The Superintendent also states that under other heads he expects a saving of

Rs. 10,000 to Rs. 20,000 during the current year. We, therefore, recommend that the allotment for the Lunatic Asylum for the current year be reduced by Rs. 40,000.

60. *Maternity Hospital.*—The number of beds in this hospital has remained stationary throughout the last quinquennium. The expenditure on almost all heads has, however, doubled.

61. *Hospital contracts.*—We shall briefly describe the arrangements for the supply of the articles of diet to the General hospital which were approved by the Government in 1904. The method of purchase prescribed is a combination of the contract and the departmental systems. Tenders are called for half-yearly in the form prescribed by the Government for such articles as rice, dholl, condiments, etc., which can be stored in bulk, while perishable articles, such as chickens, cheese, biscuits, etc., are purchased departmentally from markets or from local firms. These latter, which are articles of luxury, are only purchased in small quantities as required and paid for from the permanent advance, and they are chiefly supplied to patients who pay for them. When tenders are received, they are opened by the Senior Medical Officer in person and contracts are entered into by that officer. Such articles as are received in bulk are usually obtained in sufficient quantities to last for about six months and are stored in the hospital stores. Milk, which is one of the most expensive items in hospital diets owing to the large quantity required, is obtained on an annual contract, the condition being that the contractor shall keep a sufficient number of cows on the hospital premises to meet the requirements of the hospital morning and evening. The method of purchase of diet articles in the other medical institutions in the City is more or less similar to that described above.

62. We shall first deal with the question of rates of supply. We have obtained for each article of diet statements from all the Presidency institutions showing the quantity purchased and the rates charged by the contractor. As we have noted, the Superintendent of each hospital makes separate arrangements for the supply of articles of diet required for his institution. Only in the case of one article, viz., firewood, is the contract entered into by the Surgeon-General for all the hospitals together. Consequently, there are large variations in the rates tendered and accepted for different hospitals. The following are typical instances:—

The rate for fish at the Rayapuram hospital was annas four a pound, at the General hospital annas eight and at the Rayapetta hospital annas six and pies six. For butter the rate was Rs. 1-3-0 a pound at the Rayapuram hospital, Rs. 1-4-0 at the General hospital and Rs. 1-6-0 at the Rayapetta hospital. For boiled rice in 1920–21 the rate at the Rayapuram hospital was annas two a pound, at the General Hospital annas two and pies five and at the Rayapetta hospital annas two and pies six. For milk in 1920–21 the rate at the Rayapuram hospital was annas three and pies four per pint, at the General Hospital annas three and pies nine and at the Rayapetta hospital annas three and pies three, and so on. We understand that these variations are partly, if not entirely, due to the fact that in the case of hospitals which obtain large quantities, more favourable rates are obtained as wholesale merchants are in a position to tender for such institutions. We recommend that, so far as the main articles of diet are concerned, the Surgeon-General should in future contract for all the Presidency hospitals for each article separately. Basing our calculations on the lowest rates tendered for each article during last year, we estimate that the procedure suggested above will result in a saving of over Rs. 30,000 a year.

63. We shall now deal with the consumption of articles at the different Presidency institutions. The following statement shows the quantity consumed per patient at the Rayapuram, the General and the Rayapetta hospitals. We have taken only these three institutions into consideration for comparative purposes, for the other hospitals are all special institutions such as the Maternity and Tuberculosis hospitals where special articles of diet have very often to be used. We give a statement below for these articles:—

(1) Sugar, white and brown,
(2) Boiled rice,
(3) Bread,
(4) Butter,
(5) Chicken,
(6) Eggs,
(7) Fish,
(8) Milk,
(9) Mutton with bone, and
(10) Mutton without bone.

Comparative statement showing the quantity and the price of articles of diet purchased at the Presidency Hospitals during the last five years.

Articles.	Year.	Rayapuram Hospital.				General Hospital.				Government Royapetta Hospital.			
		Average strength.	Quantity purchased.	Rate	Quantity per patient.	Average strength.	Quantity purchased.	Rate.	Quantity per patient.	Average strength.	Quantity purchased	Rate.	Quantity per patient.
				Rs. A. P.				Rs. A. P.				Rs. A. P.	
Sugar (astagram) (lb.).	1918-19	149	350	0 3 0	2	404	..	..	..	84	..	..	..
	1919-20	178	340	0 3 3	2	422	7,206	..	17	87	..	..	..
	1920-21	217	1,350	0 5 5	6	428	11,887	..	28	88	2,725	0 6 6	31
	1921-22	226	1,710	0 5 6	8	459	11,049	..	24	104	3,685	0 3 8 (18 8 0 per packet of 80 lb.)	25
	1922-23	..	1,300	0 3 3	..	..	..	..	..	..	2,320	0 3 8 (18 8 0 per packet of 80 lb.)	..
Sugar (brown) (lb.).	1918-19	149	4,600	0 2 0	31	404	..	..	..	84	..	..	..
	1919-20	178	5,601	0 1 11	31	422	6,721	..	16	87	..	..	..
	1920-21	217	7,896	0 3 4	36	428	3,123	..	7	88	..	..	..
	1921-22	226	6,680	0 3 3	30	459	2,668	..	6	104	160	..	1
	1922-23	..	7,500	0 2 8	..	..	..	..	..	..	2,400	18 0 0 per packet of 80 lb.	..
Rice (boiled) (lb.).	1918-19	149	30,400	0 1 7	204	404	..	..	..	84	..	..	..
	1919-20	178	36,378	0 2 0	204	422	48,113	0 2 4	114	87	..	..	..
	1920-21	217	44,000	0 2 0	203	428	50,010	0 2 5	116	88	14,800	0 2 6	168
	1921-22	226	44,200	0 1 11	196	459	59,781	0 1 9	130	104	16,200	0 2 0	156
	1922-23	..	40,000	0 1 7	..	..	..	..	..	..	15,480	0 1 8	..
Bread (lb.).	1918-19	149	9,394	0 1 10	63	404	..	..	..	84	..	..	..
	1919-20	178	15,422	0 2 5	87	422	49,361	0 2 5	117	87	..	..	..
	1920-21	217	23,081	0 2 4	106	428	53,216	0 2 6	124	88	6,961	0 2 8	79
	1921-22	226	20,355	0 2 3	90	459	55,141	0 2 4	120	104	8,967	0 2 3	86
	1922-23	..	20,011	0 2 0	..	..	..	..	..	..	9,523	0 2 2	..
Butter (lb.).	1918-19	149	45	0 12 0	·3	404	..	..	..	84	..	..	..
	1919-20	178	74	1 4 0	·4	422	2,119	1 6 6	5	87	..	..	..
	1920-21	217	320	1 2 0	1·4	428	2,295	1 7 0	5	88	92	1 8 0	1
	1921-22	226	225	1 3 0	1	459	2,206	1 4 0	5	104	97	1 6 0	·9
	1922-23	..	208	1 3 0	..	..	..	..	..	..	36	1 3 0	..
Chicken (No.).	1918-19	149	18	0 6 0	·1	404	..	..	..	84	..	..	..
	1919-20	178	71	0 9 6	·4	422	11,598	0 9 0	27	87	..	..	..
	1920-21	217	636	0 11 0	3	428	13,524	0 10 0	32	88	34	0 14 0	3
	1921-22	226	234	0 11 0	1	459	9,832	0 10 0	21	104	58	0 12 0	5
	1922-23	..	33	0 10 6	..	..	..	..	..	..	17	0 11 0	..
Eggs (No.).	1918-19	149	3,027	0 0 7	20	404	..	..	..	84	..	..	..
	1919-20	178	4,941	0 0 9	28	422	58,451	0 0 7	139	87	..	..	..
	1920-21	217	14,615	0 0 11	67	428	81,267	0 0 10	190	88	5,075	0 1 0	58
	1921-22	226	17,768	0 1 0	79	459	61,181	0 0 10	133	104	8,838	0 1 0	85
	1922-23	..	14,653	..	..	..	..	..	..	..	6,398	0 0 10	..
Fish (lb.).	1918-19	149	1,233	0 4 0	8	404	..	..	..	84	..	..	..
	1919-20	178	2,136	0 4 6	12	422	4,450	0 6 0	11	87	..	..	..
	1920-21	217	2,509	0 4 0	12	428	4,654	0 7 0	11	88	1,027	0 6 0	12
	1921-22	226	2,267	0 4 0	10	459	5,376	0 8 0	12	104	986	0 6 6	9
	1922-23	..	2,545	0 4 0	..	..	..	..	..	..	1,015	0 7 0	..
Milk (pints).	1918-19	149	51,562	0 1 9	346	404	..	..	..	84	..	..	..
	1919-20	178	75,944	0 3 8	427	422	250,119	0 3 7	593	87	..	..	..
	1920-21	217	122,864	0 3 4	566	428	268,405	0 3 9	627	88	35,732	0 3 3	406
	1921-22	226	127,649	0 3 8	565	459	252,608	0 3 6	550	104	39,261	0 3 6	378
	1922-23	..	116,979½	0 3 2	..	..	..	..	..	..	43,127	0 3 2	..
Mutton with bone (lb.).	1918-19	149	1,246	0 5 3	8	404	..	..	..	84	..	..	..
	1919-20	178	2,528	0 5 3	14	422	11,458	0 5 0	27	87	..	..	..
	1920-21	217	6,027	0 6 0	28	428	14,143	0 7 0	33	88	..	..	..
	1921-22	226	3,766	0 8 0	17	459	13,121	0 8 0	29	104	..	..	..
	1922-23	..	2,773	0 8 0	..	..	..	..	..	..	..	..	..
Mutton without bone (lb.).	1918-19	149	6,366	0 6 0	36	404	..	..	..	84	..	..	..
	1919-20	178	8,301	0 6 0	47	422	14,509	0 5 10	34	87	..	..	..
	1920-21	217	11,187	0 6 9	52	428	15,170	0 8 6	35	88	4,377	0 7 6	50
	1921-22	226	11,505	0 9 0	51	459	17,296	0 9 0	38	104	4,559	0 8 6	44
	1922-23	..	8,289	0 8 6	..	..	..	..	..	..	3,510	0 8 0	..

It will be observed that the quantity of milk consumed per patient has increased from 346 pints to 565 pints at the Rayapuram hospital, the quantity of mutton from 36 lb. to 51 lb., the number of eggs from 20 to 79, and the quantity of bread from 63 to 90 lb. There are similarly large variations in the quantities consumed by each patient at the different institutions. It would be difficult to explain these variations except on the supposition that there is a considerable amount of wastage. We are convinced that the expenditure on diet can be very considerably reduced, but within the time at our disposal it has not been possible

for us to examine in detail the accounts of each of these hospitals and to discover where the leakage has been taking place. We strongly recommend that a Deputy Collector to be responsible to the Surgeon-General should be appointed immediately to see that contractors supply to the hospitals the quantities indented for and that the materials are of the quality required, and to control, inspect and supervise internal economy in general. The Deputy Collector, who should be a selected officer, may be appointed for three years at a time on the ordinary scale of pay *plus* the usual Presidency allowance. His business will be to see that economy is exercised in respect of indents and the consumption of stores of all kinds in all the Presidency hospitals, including the Lunatic Asylum. He will not have, of course, power to issue orders to the officers in charge of the hospitals, but he should have free access at all hours of the day and night to the hospitals and he should be allowed to inspect diet sheets and all documents and accounts relating to the stewards' department and the stores (including medical stores) of hospitals. He should have power to inquire at any time into the recovery of hospital stoppages. He should be given a small clerical and menial staff to assist him.

64. The specific proposals we have made regarding the Lunatic Asylum and hospital contracts will result in a saving of Rs. 70,000 per annum, and we are convinced that if a competent Deputy Collector is placed in charge, the total savings in the expenditure on all the Presidency institutions will not be less than Rs. 2 lakhs.

65. *Reorganization of medical relief.*—We have reserved this subject to the last, for we are not in a position to make definite proposals for the reorganization of medical relief owing to the fact that the Government have not yet decided exactly how much they will be able to spare for subsidising medical institutions maintained by local bodies. As we have already noted, in addition to the Presidency hospitals, the Government maintain 24 district headquarter hospitals and four institutions for women and children. As regards hospitals and dispensaries maintained by local bodies, the Government provide medical officers out of the Provincial cadre on payment of a fixed annual contribution equivalent to the average salary of the class of officers employed. The local bodies are under no obligation to employ these officers, and the powers of control which the Government can exercise under the Local Boards and District Municipalities Acts are quite inadequate for administrative purposes. Local bodies, however, receive heavy subsidies from Provincial funds for the administration of the services entrusted to them, and the Government have been able to enforce efficiency as regards medical institutions by insisting on the appointment of Government Medical officers, who are under the disciplinary control of the Surgeon-General, at local fund and municipal institutions. Thus the efficiency of any system that may be proposed will depend on the financial pressure which the Government can bring to bear on local bodies. We cannot, therefore, formulate any detailed proposals for the reorganization of medical relief until the Government decide what the Provincial subsidy for medical institutions is to be. We shall, however, indicate the general lines on which medical relief can, in our opinion, be more economically reorganized.

66. We have already recommended that the scales of pay recently sanctioned for civil assistant surgeons and sub-assistant surgeons should be retained. But we consider that the employment of these officers in the minor hospitals and dispensaries maintained by local bodies is an unnecessary waste of money. We submit the following recommendations for the consideration of the Government:—

(1) The Government should continue to maintain the district headquarter hospitals, but it should be possible to have a combined headquarter hospital for two districts in some cases. For instance, we consider that there is no justification for the maintenance of a headquarter hospital at Ramnad, which is a comparatively unimportant town. The headquarters of the principal district officers are at Madura, which is the most central place in respect of communications for both districts. We recommend that on the appointment of district health officers for Madura and Ramnad, the two districts should be placed in the medical charge of the same district medical officer who should, however, be given a civil surgeon to assist him in all branches of his work, including school, hospital and inspection work. Since, however, the Government have definitely bound themselves to maintain a medical

institution at Ramnad, a hospital in charge of an assistant surgeon will have to be retained at Ramnad, but our proposal will enable the Government to dispense with a portion of the establishment now maintained at the Ramnad hospital. We would also suggest that the justification for the maintenance of a headquarter hospital at Chingleput be examined in consultation with the President of the District Board and the Surgeon-General, since the Madras hospitals are always available for the inhabitants of this district.

(2) In addition to the maintenance of the headquarter hospitals, we consider that Government should pay half the cost of one or two surgical centres to be maintained in each district. These surgical centres should have a civil assistant surgeon as well as a sub-assistant surgeon, and the Government grant should be made subject to certain conditions as regards maintenance and equipment.

(3) As regards other medical institutions in the district we consider that it would be sufficient to maintain a district cadre of medical officers, provided the actual appointment is in each case subject to the approval of the Surgeon-General. The Government contribution to these institutions may be a percentage of the cost of maintenance of these institutions, the percentage to be determined by the Government with reference to the total amount available for subsidies towards the medical institutions and the needs of each district, taking into consideration the facilities for medical relief already available.

67. If our proposals are given effect to, the provincial cadre of medical officers will be restricted to the number required for service at the Government medical institutions and at the surgical centres we have referred to. The Surgeon-General should have absolute control over these officers and the grant towards the maintenance of these surgical centres should be made subject to this condition. The officers who are to be employed by the district boards and who will constitute the district cadre will not be liable to transfers out of the district and they will be entirely under the control of the district board. The Government will be in a position to ensure efficiency by insisting on the approval of the Surgeon-General for the initial appointment of all district officers and by making subsidies towards the medical institutions subject to the condition that the district medical officer certifies that the institutions under their charge have been maintained efficiently.

68. It is not possible for us to estimate what reduction in the expenditure on local fund and municipal institutions will result from our proposals, but it is likely to be several lakhs of rupees, for the total contribution to provincial funds now paid by local bodies for the medical officers lent to them amounts to Rs. 11·70 lakhs a year. We have been informed that in some districts it will be practicable to appoint honorary physicians to the medical institutions under the local bodies. At any rate, it is likely that the salary demanded by local medical practitioners will be very much lower than that sanctioned for Government medical officers. These practitioners will probably be inferior to the Government medical officers, but we have proposed that they should be employed only at the less important institutions and subject to adequate safeguards against incompetency.

69. We observe that the adequacy of medical relief in all the districts has been exhaustively reviewed by the Government in their Order No. 1606, P.H., dated 28th November 1921. The Government have already pointed out the wastefulness of employing a whole-time officer in a dispensary which does not provide sufficient work for a whole-time man, and they have suggested that such dispensaries should be closed for two or three days in a week and the medical officer in charge required to tour, visiting specific places on specific week days. In the annexure to that Order the Government have also suggested the possibility of abolishing certain dispensaries. We recommend that local bodies be induced to give effect to these proposals as early as possible.

70. *Medical College and Schools.*—The Government maintain the Medical College in Madras and the Medical Schools at Rayapuram, Tanjore, Calicut, Vizagapatam and Madura. The expenditure on these institutions during the last five years is shown in the statement below :—

	Rs.
1917–18	3,58,596
1918–19	4,55,766
1919–20	5,79,335
1920–21	6,84,715
1921–22	9,21,215
1922–23	7,64,900
1923–24	8,18,900

71. *Medical College.*—Until 1914, the fees levied at the Medical College from students for the L.M. & S. and M.B. courses were Rs. 470 and Rs. 610 respectively for the whole course, if paid in instalments, or Rs. 400 and Rs. 500, if paid in a lump sum. In that year, the course of training for the L.M. & S. was extended from four to five years and the curriculum of studies for the two courses made identical. The Surgeon-General then recommended that the fees for either course might be fixed at Rs. 750, that is, Rs. 150 a year. It was considered that this rate would still be very cheap. The Government did not however consider it necessary to raise the fee as suggested and sanctioned a fee of Rs. 120 a year (i.e., Rs. 600 for five years) or Rs. 540 for the full course if paid in a lump sum. This rate is still in force. The cost of the institution has more than doubled during the last five years, and we are of opinion that the decision referred to above should be reconsidered now. The number of applications for admission has increased from 159 in 1918 to 309 in 1921 and to 251 in 1922. Of the candidates for admission in 1922 only 91 could be admitted to the College. We do not consider that the raising of the fees will appreciably affect the number of admissions. The cost of educating one student at the Medical College is approximately Rs. 900 per annum and the fee paid by the student is a small fraction of the actual cost of his education. We therefore recommend that the fees at the Medical College be raised to Rs. 200 per year or Rs. 900 for the whole course subject to a suitable number of scholarships being awarded on the result of an entrance examination. It has been represented to us that the raising of the fee will be a great hardship on the middle classes, from among whom the students of the College are mainly drawn, but we do not consider that this would be an adequate justification for burdening the general taxpayer with a large proportion of the cost of this institution.

72. This proposal will bring in an additional income of about Rs. 40,000 per annum.

Chapter IV.—Allowances.

73. We shall deal in this chapter with the large number of allowances which are a striking feature of the Medical and Public Health budget. We have already in the last chapter suggested a redistribution of the work now allotted to the officers holding professorial appointments in the Presidency town, and we have suggested that they should be placed on an enhanced scale of pay and that all the allowances except those which are given for definite work of an administrative nature should be abolished. We now proceed to examine the list of allowances prepared by Mr. R. W. Davies, the Secretary of the General Retrenchment Committee. He has classified them under the following heads :—

Class I.	Added responsibility.
,, II.	Specific additions to work.
,, III.	Arduous or dangerous.
,, IV.	Unhealthy localities.
,, V.	Expensiveness of locality.
,, VI.	Unattractive localities (None in the Medical Department).
,, VII.	Conveyance allowance.
,, VIII.	Allowance for special qualifications.
Class IX.	General (including house-rent and free quarters).
,, X.	Tentage (None in the Medical Department).
,, XI.	Travelling allowance.
,, XII.	Uniform allowances (Dealt with under class XIV).
,, XIII.	Private practice.
,, XIV.	Miscellaneous.

Class I. Allowances—Added responsibility.

74. *Resident Medical Officer, General Hospital.*—This appointment is normally held by an officer of the Indian Medical Service, who draws an allowance of Rs. 200 as Resident Medical Officer on account of the 'additional duties and responsibilities' attaching to the post. We understand that certain specific duties are allotted to the Resident Medical Officer and it is not easy to define what these additional duties and responsibilities are. We observe however that the Resident Medical Officer is

debarred from private practice, and we consider that the allowance of Rs. 200 now drawn by him should be definitely recognized as compensation for loss of private practice and that it should be classified as a private practice allowance under class XIII; but we consider that no allowance as such need be paid to him, and that he should get pay according to the second enhanced scale, that is, the grade pay of the Indian Medical Service plus Rs. 200 in the case of Indian Medical Service officers. We also recommend (by a majority, Colonel Symons and Major Russell dissenting) that the Resident Medical Officer should be charged rent for the house he is required to occupy.

75. *Director of the King Institute.*—The appointments in the Bacteriological Department carry the enhanced rates of pay (that is, the grade pay of the Indian Medical Service plus Rs. 250) and Directors of first-class Provincial Laboratories are also granted an allowance of Rs. 200 a month. The Directors of Pasteur Institutes get an allowance of Rs. 100 per month. We do not see sufficient justification for the grant of a charge allowance to these Directors, but as we have noted all officers in the Bacteriological Department who are in charge of such institutes are given this allowance. The appointment of officers to these posts is made by the Government of India, and we consider that a reduction or the abolition of the charge allowance will make it difficult for the Government of India to post a competent officer to the institutes in this Presidency, if such allowances are normally granted in other provinces. In view of these circumstances we recommend that this allowance be retained, unless the Government of India decide to abolish this allowance throughout India.

76. *Civil assistant surgeons and military assistant surgeons holding Indian Medical Service posts in the mufassal—Rs.* 100 *or Rs.* 150.—This allowance was sanctioned in 1917 on account of the 'increased work and responsibility devolving on assistant surgeons when holding Indian Medical Service appointments'. As the rules stand at present a permanent civil surgeon in charge of a district which is not reserved for the Indian Medical Service gets only his scale pay, that is, Rs. 500—50—900 but an *assistant surgeon acting* as a District Medical and Sanitary Officer is entitled to the same scale of pay and in addition an allowance of Rs. 100, and his officiating service is also counted for incremental purposes. Thus an assistant surgeon acting as the District Medical and Sanitary Officer of Anantapur gets a higher salary than a permanent civil surgeon who is the District Medical and Sanitary Officer of Ramnad. The position is anomalous, and we have been unable to discover any justification for the retention of this allowance. We recommend that it be abolished. There are now fifteen officers of the Provincial Service acting in Indian Medical Service posts. The abolition of the allowance will result in a saving of Rs. 18,000 a year.

77. *Assistant surgeon as Assistant Superintendent, Ophthalmic Hospital—Rs.* 100 *a month.*—This appointment although created for an officer of the Indian Medical Service has always been held by an assistant surgeon. Our recommendation regarding Civil Assistant Surgeons holding Indian Medical Service posts will therefore apply to this case. The allowance should, we consider, be abolished.

78. *Civil and military assistant surgeons—Charge allowance—Rs.* 30 *a month.*—This allowance which was sanctioned in 1905 is paid to all civil and military assistant surgeons who are in independent or subordinate charge of hospitals or who are holding sanctioned appointments either in the Presidency town or in the districts. The question of abolishing this allowance has been discussed on several occasions. In 1913 and 1916 when the question of the revision of the pay of assistant surgeons was under consideration the possibility of abolishing this allowance was discussed, but the Government then decided to retain it because the minimum pay of this class of officers was only Rs. 100 and also because the new scale of pay sanctioned in 1916 benefited only the senior officers and junior officers would consequently suffer if the allowance was abolished.

79. The pay of assistant surgeons has again been revised and the minimum pay raised to Rs. 200, i.e., an increase of 100 per cent. The pay of the service has thus been twice revised. Prior to 1916 civil assistant surgeons were getting Rs. 100, Rs. 150 and Rs. 200. In 1916 they were placed on a time-scale ranging from Rs. 200 to Rs. 300 with two senior grades on Rs. 325 and Rs. 350. In 1920

the pay was revised to a time-scale ranging from Rs. 200 to Rs. 450. It will be observed that this allowance has never been sanctioned for any specific addition to work, and its retention has always been justified on account of the inadequate pay paid to these officers. Since the pay has now been very substantially raised, we do not consider there is any justification for the retention of this allowance. We also observe that the Surgeon-General has recently suggested that it might be abolished. We recommend that the Surgeon-General's proposal be given effect to.

80. There are now 145 appointments carrying this charge allowance. The abolition of this allowance will result in a saving of Rs. 52,200 as shown below :—

	Permanent.	Temporary.
Government appointments	37	23
Local fund and municipal appointments	85	...
Total number of appointments carrying the allowance ...	145	
Total saving (145 × 30 × 12 =)	Rs. 52,200	

81. *Assistant surgeons as Assistants to District Medical and Sanitary Officers—Duty allowance—Rs.* 50 *a month.*—These assistants now get an allowance of Rs. 50 per month in lieu of the charge allowance of Rs. 30 referred to above, because when the District Medical and Sanitary Officer occasionally goes on tour they are in sole charge of the district headquarter hospital. We do not see sufficient justification for the payment of a regular monthly allowance for occasional work of this sort. These assistant surgeons are stationed at the headquarters of the district where opportunities for private practice are usually greater than in outlying stations. The allowance, we consider, should be abolished.

82. There are 23 such officers, and the abolition will result in an annual saving of Rs. 13,800.

83. *Civil Assistant Surgeon, St. Bartholomew's Hospital, Ootacamund—Allowance Rs.* 50.—This allowance was originally granted not because the officer was an Assistant to the District Medical and Sanitary Officer but on account of the 'important and difficult nature' of his charge. We are unable to discover why the duties at this hospital have been considered to be more important and difficult than similar duties elsewhere, and we also understand that this hospital has now become the headquarter hospital of the district. We therefore consider that there is no longer any justification for the retention of this allowance, and recommend that it be abolished immediately.

Class II.—Allowances—Specific additions to work.

84. In the Medical Department there are a large number of posts to which collateral charges are attached, and in almost every case an allowance is given for the additional work assigned to the medical officers. These allowances have been justified on the ground that in fixing the pay of medical officers the Government have assumed that the officers will have a reasonable amount of time at their disposal for private practice and they would consequently be in a position to add to their income by means of such practice. We have been asked to consider to what extent the Government have a claim upon its medical officers. According to the Civil Medical Code an officer in the district is expected to be three hours in the morning at the hospital and two hours in the afternoon. But the Government have never attempted to define exactly how much work may be expected of medical officers. We are unable to lay down any hard-and-fast rules on the question and we have therefore decided to deal with each individual case on its merits. In the last chapter we have already recommended that the Director of King Institute, the Principal of the Medical College, and the Superintendent, General Hospital, should be given an allowance of Rs. 200, Rs. 150 and Rs. 150, respectively, on account of the administrative responsibility involved. We now proceed to deal with the other allowances included in Mr. Davies's list.

(i).—Gazetted Officers.

85. *Surgeon, First District, and Superintendent, Rayapuram Hospital.*—This officer now gets an allowance of Rs. 200 as Superintendent of the Medical School and Rs. 75 as Medical Inspector of Emigrants. We consider that the officer discharging the work

of these appointments should be designated the Superintendent of the Medical School, Rayapuram, but he should continue to discharge the duty of Superintendent of the Rayapuram Hospital, Surgeon, First District, and Medical Inspector of Emigrants. We recommend that the appointment of Superintendent, Medical School, Rayapuram, should be included among those who are entitled to the enhanced scale of pay as Professors at the Medical College and that all the allowances drawn by him should be abolished.

86. *Surgeon, Fourth District, and Superintendent, Royapetta Hospital.*—This officer now receives an allowance of Rs. 200 for three months for teaching sub-assistant surgeons undergoing the Post-Collegiate course. We consider that a fixed fee of Rs. 500 would be more appropriate for a course of this kind, and we recommend that this allowance may be abolished.

87. This officer also receives an allowance of Rs. 200 for imparting clinical instruction to students from the Rayapuram Medical School. We have already recommended that this officer who is also a Professor at the Medical College should be placed on the enhanced scale of pay, and we recommend that this allowance may be abolished.

88. *District Medical and Sanitary Officers, Vizagapatam, Tanjore, Calicut and Madura.*—These officers now get an allowance of Rs. 150 each for being in charge of the Medical school at these places. Since the charge of a medical school involves additional administrative work which cannot be regarded as a part of District Medical officer's duty we consider that an allowance is justifiable for added responsibility, but we recommend that it should be reduced to Rs. 100 a month and that it should be included in class I.

89. *District Medical and Sanitary Officer, Chingleput.*—This officer gets an allowance of Rs. 100 a month as Superintendent of the Reformatory School at Chingleput. We understand that an officer of the Education Department is in administrative charge of the school, and we consider that this allowance should be abolished.

90. *District Medical and Sanitary Officer, Calicut—charge of Lunatic Asylum—Rs. 50 a month.*—We consider that, as there is a resident assistant surgeon in direct charge of the Asylum and as the treatment of mental diseases in the Lunatic Asylum is the legitimate work of the District Medical Officer, no allowance should be paid to the District Medical and Sanitary officer for the charge of the Lunatic Asylum. The allowance may therefore be abolished.

91. *District Medical and Sanitary Officer, Ganjām—Rs. 75 (District Jail allowance).*—This is the only district jail of which the District Medical and Sanitary Officer is at present in charge. We consider that there is very little justification for the grant of an allowance for the *medical* charge of jails, but for the administrative charge of jails which cannot be considered to be the legitimate work of a medical officer the allowance should be paid. We therefore recommend that this allowance may be retained under class I on the distinct understanding that it is for the administrative charge of jails and not for the medical treatment of prisoners.

92. *Military assistant surgeons in charge of the Koraput and the Russellkonda Sub-Jails—Rs. 25.*—Since these appointments involve additional administrative work we consider that this allowance may be retained under class I.

93. *Dental Surgeon, General Hospital.*—This officer receives Rs. 200 per month for six months for Post-Collegiate work and the second Dental Surgeon receives Rs. 100 a month for six months. We consider that a consolidated fee of Rs. 1,000 should be paid to the Dental Surgeon and a fee of Rs. 500 to the second Dental Surgeon and that the allowances should be abolished. A fixed fee is more appropriate in this case, as we understand that the courses are not held every year.

94. *Superintendent, Lunatic Asylum—Allowance Rs. 200 a month.*—We have already recommended that the enhanced scale of pay should be attached to this appointment and we recommend that this allowance be abolished on the introduction of the enhanced scale of pay.

95. *Deputy Superintendent, Lunatic Asylum, Madras.*—This officer is a military assistant surgeon who draws the following allowances:—

(1) A Lunatic Asylum allowance which varies from Rs. 75 to Rs. 200 according to the length of service.

(2) An allowance of Rs. 40 for assisting the Superintendent of the Asylum in giving clinical training in mental diseases to Medical College students.

(3) An allowance of Rs. 50 for teaching the Rayapuram Medical School students for three months.

(4) Rupees 50 for one month for teaching students from mufassal medical schools.

He is also entitled to freequarters. We do not see sufficient justification for the payment of such a large number of allowances and we consider that this officer should get a consolidated allowance of Rs. 200 under class III (Arduous or Dangerous) for all the work which he is now doing, including clinical teaching. He should get no other allowance, and he should also be charged rent for the house which he is required to occupy.

96. *Assistant Surgeon, Lunatic Asylum, Madras.*—This appointment carries an allowance of Rs. 50 for three months for clinical teaching to Rayapuram School students. We understand that although the assistant surgeon is entitled to this allowance, it has actually been drawn by the military assistant surgeon who is Deputy Superintendent. We recommend that it should be definitely abolished. The Deputy Superintendent will continue to do the work as part of his ordinary duties.

97. *Teaching allowances.*—We now proceed to examine the justification for the grant of a special allowance to the Assistant Professors at the Medical College, the Lecturers at the medical schools and the Assistant Lecturers at the medical schools. The question of constituting an entirely specialized and separate teaching service within the medical service was considered in 1918. The idea then was that the officers entering this service should regard teaching as their life-work and should continue in that branch for the whole of their service. A special scale of pay was to be attached to this service and the teaching allowance hitherto granted was to be abolished. The Government were, however, opposed to the theory of a teaching branch of the medical profession, because they feared that an officer in that service would be cut off from the full tide of medical work and would consequently soon become out-of-date, stale and indifferent. Medical officers, are therefore, now not graded into a teaching profession, and we do not recommend any change in the policy of the Government as regards this point. Since the very best men are required for teaching work at the college and at schools, the present system involves the transfer of very competent officers from stations in the mufassals to the Madras City or to Rayapuram, Vizagapatam, Tanjore, etc., where medical schools are located. An assistant surgeon in an outlying mufassal station is the chief medical officer in the place and has the advantage of private practice among a large population, and if he is transferred from such a position to a teaching appointment his position and prospects are radically changed. His teaching work prevents him from being able to take much practice even if it could be obtained, but in addition to this he finds himself in competition with all the other teaching officers in the school or college and also other medical officers at these big cities. In consequence, the private practice which a teaching officer gets either in Madras or in the cities where medical schools are located is comparatively small. If on any grounds an additional allowance is not given to this class of officers, we fear that the Lecturers and Assistant Professors will be very discontented and that the quality of the instruction will suffer considerably. We are, therefore, of opinion that a teaching allowance is thoroughly justified, but in view of our recommendation that the charge allowance of Rs. 30 should be abolished, we consider that the special remuneration may be fixed at Rs. 75 per month in the case of assistants to professors at the Medical College and Rs. 100 in the case of lecturers in medical schools.

98. We do not recommend, however, that this sum should be given as a definite allowance. We have already suggested in the case of the Indian Medical Service that all the Professors should be placed on an enhanced scale. We would suggest that a similar enhanced scale of pay be created for each class of medical officer, i.e., civil surgeons, assistant surgeons and sub-assistant surgeons, the enhanced

scale of pay in each case to be the grade pay plus an allowance of Rs. 150 in the case of civil surgeons, Rs. 100 or Rs. 75 in the case of assistant surgeons and Rs. 30 in the case of sub-assistant surgeons. We also recommend that the list of appointments to which the enhanced scale of pay is to be attached should not be confined to the teaching appointments, but should also include other appointments to be held by selected officers. We give below a tentative list of appointments for which, in our opinion, the enhanced scale of pay may be sanctioned :—

I. *Civil surgeons.* (Allowance of Rs. 150 per month)—
  (1) Assistant to the Chemical Examiner.
  (2) Civil Surgeons at the Guindy Institute.

II. *Assistant surgeons.*—
  (*a*) First enhanced scale (Rs. 100 per month).
    (1) Lecturers in medical schools.
    (2) Assistant Superintendents of medical schools (these officers should be given an additional allowance of Rs. 50 per month for administrative work connected with the school).
  (*b*) Second enhanced scale (Rs. 75 per month).
    (1) Assistant Professors at the Medical College.
    (2) Surgical and Medical Registrars.
    (3) Anaesthetist at the General Hospital.
    (4) Assistant Surgeon in charge of the clinical laboratory at the General Hospital.
    (5) Assistant Surgeons at the Tuberculosis Institute.

III. *Sub-assistant surgeons* (Rs. 30 per month)—
  (1) Assistant Lecturers and Demonstrators.
  (2) Sub-assistant surgeons at the Guindy Institute and the Tuberculosis Institute.

99. We would also suggest that the Surgeon-General be requested to state whether any additions to the list are necessary in accordance with the principle we have enunciated above. The allowances now drawn by these officers should be abolished, when they are placed on the enhanced scale.

100. *Civil Assistant Surgeon, Royapetta Hospital, (Rs. 50 for two months).*—This officer gets an allowance of Rs. 50 for two months for teaching the sub-assistant surgeons undergoing the post-graduate course. We have already recommended that a consolidated fee of Rs. 500 for the post-graduate course should be sanctioned. We suggest that this amount should be distributed by the Surgeon-General among the officers who do the teaching work. The allowance may therefore be abolished.

101. *Assistant Surgeon, Royapetta Hospital.*—This officer gets an allowance of Rs. 50 per month for the clinical teaching of Rayapuram medical students. We consider that clinical teaching should be part of a medical officer's duty and that this allowance should be abolished.

102. *Military Assistant Surgeon, Government House Dispensary.*—This officer gets an allowance of Rs. 50 for carrying out plague measures. The allowance was granted in 1904. Plague measures are no longer necessary, and we do not see any justification for the retention of this allowance which, we consider, should be abolished immediately.

103. *Allowances for instruction in first aid and stretcher drill.*—The military assistant surgeon at the Medical College is given an allowance of Rs. 100 for three months in the year for such instruction, and an assistant surgeon in the medical schools at Rayapuram, Tanjore, Madura, Calicut and Vizagapatam, also gets Rs. 20 per month for similar instruction. We have already suggested that these officers who are attached to the school or college should be placed on the enhanced scale, and we recommend that all these allowances should be abolished.

104. *District Medical and Sanitary Officer—Medical charge of a Central Jail.*—This allowance stands on a somewhat different footing from the allowance granted to a District Medical Officer who is Superintendent of a District Jail and is therefore in administrative charge of the jail. We recognize that the medical charge of a Central Jail involves a considerable amount of additional work for the District Medical and Sanitary Officer; but so long as the work of the medical officer does not exceed what may be expected of a Government servant and so long as the work is connected

with the profession to which the officer belongs, we do not think that an additional allowance should be granted. We, therefore, recommend that in the case of central jails, if there is no medical officer in administrative charge of that jail, an assistant surgeon should be appointed to be in subordinate medical charge of the jail. If this proposal is accepted, we recommend that the allowance now paid to District Medical and Sanitary Officers in charge of central jails may be abolished.

105. *Borstal Institute, Tanjore.*—The District Medical and Sanitary Officer, Tanjore, draws an allowance of Rs. 100 for being in medical charge of the Borstal Institute. We understand that the number of inmates in this jail is considerably less than in a central jail, and we do not consider that an assistant surgeon is necessary for the subordinate medical charge of this institution. We recommend that the allowance may be abolished.

106. *Indian Medical Service officers in administrative charge of central jails.*—We have considered the question whether any special allowance should be granted to Indian Medical Service officers when they are placed in administrative and medical charge of central jails. We recommend that in view of the greater responsibility devolving on these officers, they should be placed on an enhanced scale of pay, that is, the pay of an Indian Medical Service Civil Surgeon *plus* Rs. 150 a month. We further recommend that they should be required to pay house-rent for the quarters provided for them.

107. *District Medical and Sanitary Officer, Vizagapatam—For charge of Lunatic Asylum—Rs. 50.*—Our remarks with regard to the Lunatic Asylum, Calicut, apply to this case, and we recommend that this allowance should be abolished.

108. *District Medical and Sanitary Officer, the Nilgiris—Rs. 50 as Consultant, Lawrence Memorial School.*—The District Medical and Sanitary Officer, the Nilgiris, is the consulting physician of the Lawrence School, Lovedale, situated about five miles from Ootacamund. This allowance of Rs. 50 is paid from the Memorial School Funds to which the Government contribute. If, as we presume, the District Medical and Sanitary Officer does not draw travelling allowance for his journeys to Lovedale, we consider that this allowance should be retained.

109. *District Medical and Sanitary Officer, the Nilgiris, for medical attendance on the Chitrali Prisoner—Rs. 15 a month.*—This is paid by the Government of India. The allowance may be retained.

110. *Assistant Surgeon, Police Hospital, Vellore—First Aid lectures to Police school students.*—We do not see sufficient justification for this allowance of Rs. 30 a month, as the Assistant Surgeon is attached to the Police Hospital and his work is comparatively light. We consider that lectures in first aid should specifically be included amongst the duties attached to the post and that the allowance should be abolished.

111. *Assistant Surgeon, Municipal Hospital, Kodaikānal—Vaccination—Rs. 10 a month.*—We have not been able to discover the justification for the extra allowance for vaccination work, which is purely a medical duty. We recommend that this allowance be immediately abolished.

(ii) Non-gazetted Officers.

112. We now proceed to deal with the allowances drawn by non-gazetted officers for specific additions to work.

113. *Sub-Assistant Surgeon, Police Hospital, Sivakasi.*—This officer receives an allowance of Rs. 10 for being in charge of the Local Fund Dispensary at Sivakasi. In 1902 a proposal to open a dispensary at Sivakasi was considered and abandoned, as the Local Board was unable to provide the funds required. Subsequently the Taluk Board agreed to provide the necessary funds by converting the Sattur Hospital into a dispensary. As the hospital was popular, the Government did not consider it advisable to convert it into a dispensary. In view, however, of the necessity for providing facilities for medical relief to the inhabitants of Sivakasi and of the inability of the Taluk Board to meet the entire cost of maintenance, the Government agreed to permit the sub-assistant surgeon attached to the Police Hospital to be in charge of the Local Fund Hospital. For this additional duty, the Taluk Board was paying an allowance of Rs. 10 to the sub-assistant surgeon. Sivakasi has now become a

municipality and, under the District Municipalities Act, it is one of the obligatory duties of every municipality to make adequate provision for the treatment of the sick poor within the municipality. We consider that the allowance of Rs. 10 now paid to the sub-assistant surgeon in charge of the Police Dispensary should be credited by the Municipal Council to provincial funds and that the question whether a separate Police Hospital at Sivakasi is necessary should be investigated in the Judicial Department.

114. *Sub-Assistant Surgeon, Cantonment Hospital, St. Thomas, Mount.*—This officer now gets an allowance of Rs. 10 for treating the Police sick and for sub-jail work. We consider that this allowance should be retained, but it should be paid to the Government of India as a contribution to salary and not to the Sub-Assistant Surgeon in charge of the Cantonment Hospital.

115. *Sub-Assistant Surgeon, Municipal Hospital, Cannanore.*—This officer gets an allowance of Rs. 10 for the additional charge of the Police Hospital. We understand that the Police Hospital is close to the Municipal Hospital, and we do not see sufficient justification for the payment of an extra allowance, which may be abolished.

116. *Compounder, Cantonment Hospital, St. Thomas' Mount—Sub-Jail and treatment of Police sick—Rs.* 5.—Our recommendation as regards this allowance is the same as for the allowance given to the sub-assistant surgeon at the same place.

117. *Sub-Assistant Surgeon, Amindivi Dispensary.*—This officer gets an allowance of Rs. 10 for vaccination work in the islands. We do not see any justification for an allowance for vaccination work, but this allowance should be retained and transferred to Class V (Expensiveness of Locality).

118. *Sub-assistant surgeon, Residency Hospital, Travancore.*—This officer receives a local allowance of Rs. 10 from the Central Government. We do not see any reason to justify a local allowance at this place, and we recommend that it should be abolished.

119. *Senior Compounder, Ramachandrajetti, Headquarter Hospital, Tanjore.*—This compounder gets an allowance of Rs. 2 for sterilising instruments and dressing. There is obviously no necessity for an allowance for such work, and we recommend that it should be abolished.

120. *Gymnastics and Drill Instructor, Vizagapatam.*—The present incumbent of this appointment gets a duty allowance of Rs. 10 for additional work as an artist for the Medical School. We understand that although gymnastics and drill instructors are not ipso-facto artists, a single man is very often employed in the two capacities in several educational institutions. We recommend that this allowance should be abolished ; but the appointment should carry a consolidated pay as in the Education Department.

121. *Ward attendant, Lunatic Asylum, Waltair.*—This attendant gets an allowance of Rs. 2 for washing clothes. We consider that this should be abolished or transferred to contingencies if the allowance is really necessary.

122. *Gymnastic Instructor, Rayapuram Medical School.*—This instructor gets an allowance of Rs. 10 for clerical work connected with the hostel. Since the hostel duties cannot be considered to be the legitimate work of a gymnastic instructor, we consider that this allowance should be retained.

123. *Sub-Assistant Surgeon, Local Fund Dispensary, Tittagudi.*—The sub-assistant surgeon at Tittagudi has to visit the dispensary at Toludur twice a week to attend on the Public Works Department staff employed for the Toludur project. He receives a fixed travelling allowance of Rs. 10 and also a duty allowance of Rs. 20. We are not sure that a sub assistant surgeon is at all necessary at Toludur, in view of the fact that the project has almost been completed. But if he is still considered necessary, we suggest that the allowance to the sub-assistant surgeon should be debited to the cost of the scheme. We also recommend that the sub-assistant surgeon be given a consolidated allowance to cover travelling expenses and the extra work involved.

124. *Sub-Assistant Surgeons at the Medical Schools at Rayapuram, Calicut, Tanjore, Madura and Vizagapatam.*—One of the sub-assistant surgeons at each of these institutions receives for three months in the year an allowance of Rs. 20 a month for instruction in stretcher drill and first-aid. As we have already recommended in a similar case, we consider that this work should be recognized as part of the duties of the medical staff and this allowance should be abolished.

125. *Sub-assistant surgeon, Dugarajapatnam.*—This Local Fund officer gets an allowance of Rs. 10 for attending bi-weekly the dispensary at Armaghon. Since Government contribute a percentage of the salary of all Local Fund subordinates, we do not consider there is sufficient justification for the retention of this allowance. The officer may, however, be allowed a fixed travelling allowance.

126. *Sub-assistant surgeon, Kavali.*—This officer gets an allowance of Rs. 10 for visiting the criminal settlement. As we have noted, the Government pay a percentage of the salary of Local Fund officers for work connected with the Government. The allowance may therefore be abolished.

127. *Medical officer, Civil Debtors Jail.*—The appointment of Medical officer at the Civil Debtors Jail was at one time a whole-time appointment, and the officer received usually a jail allowance of Rs. 30 on the score of being debarred from private practice. The duty is now attached to one of the sub-assistant surgeons at the Rayapuram Hospital, and the allowance has been continued on account of the additional work. The Civil Debtors Jail is near the Rayapuram Hospital and no conveyance allowance is required; and the work is Government medical work, and we see no reason why it should not be recognized as the duty of one of the sub-assistant surgeons at Rayapuram Hospital. The allowance may be abolished.

128. *Sub-assistant surgeon, Police Hospital, Koraput.*—This officer is given an allowance of Rs. 10 for assisting the assistant surgeon in charge of the sub-jail. Since the assistant surgeon is in administrative charge of the jail, we do not think that this allowance for assisting him in his medical work can be justified. The allowance may therefore be abolished.

129. *Matron, Victoria Gosha Hospital—Rs.* 30 *for training nurse pupils.*—We consider that this should be recognized as part of the work of the matron and that the allowance should be abolished.

Class III. Allowances—Arduous or Dangerous.

(i) Gazetted Officers.

130. *Civil assistant surgeons, X-Ray work.*—There are two assistant surgeons at the General Hospital who are doing X-Ray work. One of them is also Assistant Professor of Surgery at the Medical College and draws a teaching allowance of Rs. 100 in that capacity. We understand that owing to the dangerous nature of X-Ray work, assistant surgeons are very reluctant to take up this work and that the Surgeon-General has addressed the Government for an increased allowance for officers in charge of X-Ray work. We, therefore, consider that this allowance should be retained and that it should be given to all assistant surgeons doing X-Ray work.

131. We have in this connexion considered the question as to what portion of the fees realized for private X-Ray work should be credited to the Government in consideration of the use of their apparatus. We understand that according to the arrangement with Captain Barnard, the officer in charge of the X-Ray Institute, he is allowed to take 96 per cent of the fees collected from private patients. At our instance, the matter was further considered by the Superintendent of the General Hospital in consultation with Captain Barnard, and the latter has agreed that 25 per cent of the fees collected may be credited to the Government. We recommend the adoption of this proposal.

132. *Assistant surgeon, Leper Hospital.*—This officer gets an allowance of Rs. 100 per month for work at the Leper Hospital. Although this work is not dangerous, it is obviously unpleasant and not altogether devoid of risk. We consider that the present allowance of Rs. 100 should be retained.

133. *Civil assistant surgeons in subordinate charge of Lunatic Asylums.*—There are at present three assistant surgeons employed in Lunatic Asylums. One is the Deputy Superintendent of Lunatic Asylum, Madras, who is a military assistant surgeon and receives a special remuneration as Deputy Superintendent. We have already dealt with his case. The other two assistant surgeons, one stationed in Madras and the other at Calicut, draw an asylum allowance of Rs. 30 in addition to

their charge allowance of Rs. 30. We doubt if work at the Lunatic Asylum can be described as arduous or dangerous, but it is obviously disagreeable and we recognize that, if no extra allowance is given, it might be difficult to recruit officers for these posts. We therefore recommend that these two assistant surgeons should get a consolidated allowance of Rs. 50 and that they should not be entitled to any other allowance. They should also be charged rent for the houses they are required to occupy.

(ii) Non-Gazetted Officers.

134. *Sub-assistant surgeon, Leper Hospital.*—We recommend that this officer should continue to get an allowance of Rs. 50 a month, but he should be required to pay rent for the quarters provided.

135. *Compounder and ward attendants, Leper Hospital.*—The compounder gets an allowance of Rs. 5 and each of the ward attendants also gets Rs. 3 owing to the unpleasant nature of the work. We consider that these allowances should also be retained, but house-rent should be charged for the quarters provided.

136. *Sub-assistant surgeons, Lunatic Asylum.*—These officers in Madras and Vizagapatam get an allowance of Rs. 50, as they are debarred from private practice and also as the work is unpleasant. We consider that the allowance should be retained but it should be reduced to Rs. 30. The sub-assistant surgeons should be required to pay house-rent for the quarters provided.

137. *Compounders, Lunatic Asylum, Madras, Calicut, Vizagapatam—Rs. 5 per month.*—It is not obvious to us how the compounders of Lunatic Asylums are exposed to any risk, and we do not see any justification for these allowances as the work is neither dangerous nor arduous. We recommend that this allowance should be abolished.

138. *Sub-assistant surgeons on epidemic duty.*—These officers are entitled to an allowance of Rs. 50 per month when they are appointed Plague Inspectors or when they are on plague, cholera, epidemic and festival duty. We do not consider that these duties are either arduous or more dangerous than other medical work, and we recommend that the allowance be abolished.

139. *Sub-assistant surgeons doing plague work.*—These officers get an allowance not exceeding one-fifth of their salary when they are doing plague work in addition to their ordinary duties. Plague and inoculation work should be recognized as a part of a medical officer's duty, and we do not consider that a separate allowance for this duty can be justified. We recommend that this allowance may be abolished.

140. Nurses and midwives are also entitled to a similar allowance for the same reasons. We suggest that this allowance should also be abolished.

141. *Sanitary Inspectors, Cholera parties—Risk allowance of Rs. 10.*—The cholera parties have all been disbanded and the sanitary inspectors attached to these parties now form part of the District Health Staff. We understand that the risk allowances paid to these officers have already been abolished.

Classes IV and V. Allowances—Unhealthy and expensive localities.

142. In Appendix F we give a list of allowances drawn by medical officers employed in unhealthy and expensive localities. We understand that the general Retrenchment Committee have laid down a scale according to which allowances in unhealthy and expensive localities may be granted in all departments. Since the recommendation of the general Retrenchment Committee will apply also to medical officers, we do not propose to make separate recommendations. We, however, consider that, so far as the Presidency town is concerned, the Surgeon-General should be requested to submit to the Government for approval a list of the medical appointments the holder of which should be definitely debarred from private practice and should be given a Presidency allowance.

Class VII.—Conveyance Allowance.

(i) Gazetted Officers.

143. *District Medical and Sanitary Officer, South Arcot.*—This officer gets a conveyance allowance of Rs. 25 for visiting the jail. We understand that the

general Retrenchment Committee have decided to confine conveyance allowance to cases in which the officers are expected or required to use a particular type of conveyance. We do not see sufficient justification for a conveyance allowance in this case; but if the jail is at a considerable distance from the headquarters of the officer, a fixed travelling allowance may be sanctioned.

144. *Assistant surgeon, 3rd District.*—This officer gets a conveyance allowance of Rs. 45 per month for attending the Civil Orphan Asylum. We have already suggested the abolition of this appointment and the payment of a moter-cycle allowance of Rs. 25 to an assistant surgeon to be attached to the Rayapuram Hospital.

145. *Lady assistant surgeon, Maternity Hospital.*—This lady gets a conveyance allowance of Rs. 30 for visiting the sick in paracheris. We have considered the possibility of entrusting the work to the maternity and child welfare association, but we understand that the association cannot take up the work. We, therefore, recommend that the allowance be retained.

(ii) Non-Gazetted Officers.

146. *Sub-assistant surgeon, Municipal Hospital, Cannanore.*—This officer gets a cycle allowance of Rs. 5 for being in charge of the Police Hospital at the same place. We understand that the Municipal Hospital is close to the Police Hospital, and we do not see sufficient justification for a cycle allowance, which may be abolished.

147. *Conveyance allowance paid to plague inspectors, sub-assistant surgeons on famine duty or plague duty, temporory plague inspectors and others.*—These officers are all paid a conveyance allowance, the amount varying with the nature of conveyance used. We consider that all these allowances should be abolished and that a fixed travelling allowance sanctioned instead, if necessary, after an examination of each case on its merits.

Class VIII.—Allowances for Special Qualifications.

148. A list of allowances drawn by medical officers for special language qualification is given in Appendix (G). We consider that no allowance should be given for language qualifications but suitable rewards should be given for passing examinations in Oriya, Khond and Savara.

Class IX.—General.

149. *House-rent allowance.*—In Appendix H is given a long list of gazetted and non-gazetted officers who receive either house-rent allowances or free quarters. We do not consider that either free quarters or house-rent allowances should be allowed to any officers of the medical department except house physicians and surgeons and the nursing staff. Nurses are given free quarters throughout the British Empire and the terms of service on which nurses are engaged are always understood to include the provision of free quarters. We therefore consider that no rent should be charged for quarters provided for the matrons and nurses, whether European or Indian, and that this fact should be taken into consideration in fixing the pay of the nursing staff. House physicians and house surgeons are all honorary at present, and even if our proposal in the last chapter is accepted, they will only get a ration allowance of Rs. 50 a month. Unless free quarters are provided, it is not likely that many will volunteer for such work.

150. Sub-assistant surgeons have enjoyed the privilege of free quarters or have been granted house-rent allowances ever since 1894. The allowances or quarters are provided by local bodies in the case of officers employed under them. The allowances have also been subject to the condition that the officer provided himself with quarters within a convenient distance of his duties and approved by the authority under whom he has been serving. Thus the main justification originally for the allowance was the fact that the officers were required to live close to their work. When revising the scale of pay of these officers in 1910, the Government, however, extended this concession to officers not holding sanctioned appointments in order to popularize the service.

151. The pay of sub-assistant surgeons has undergone revision on several occasions since 1894, as shown in the statement below :—

Year.	1894.	1901.	1910.	1916.	1918.	1921.
Grades of pay.	Rs. 25 35 55	Rs. 25 35 45 55 70	Rs. 30 40 50 60 70 80	Rs. 30 45 55 65 80 100	Rs. 50 55 60 65 70 75 80 90 100 110 120	Rs. 75—5—175—200

It will be observed that the pay has been very substantially raised; the initial as well as the maximum pay has been doubled since 1916 and sub-assistant surgeons are also eligible for appointments in the assistant surgeons' grade, and we do not see sufficient justification for retention of this allowance. We understand that in some cases the quarters provided by the local bodies for sub-assistant surgeons are at a considerable distance from the hospital. We agree, however, that it would be desirable to have the doctor close to the hospital, and we recommend that quarters should be provided for all sub-assistant surgeons subject to payment of rent. The allowance may be immediately abolished.

Class XI.—Travelling Allowance.

152. *Vaccinators and Deputy Inspectors of Vaccination.*—We consider that the fixed allowance of Rs. 10 now paid to vaccinators may be retained. As regards deputy inspectors who are now designated district health inspectors, we understand that the Government have already dealt with this allowance, and we have no recommendation to make.

Class XIII.—Private Practice.

(i) Gazetted Officers.

153. *The Resident Medical Officer, Rayapuram Hospital.*—This officer gets an allowance of Rs. 100 as lecturer in the medical school, Rs. 30 as hospital allowance and Rs. 70 as duty allowance. He is also entitled to free quarters. We recommend that he should get a consolidated addition to pay of Rs. 150 a month for all the work that he is doing now. He should receive no other allowance and should be charged rent for the quarters he is required to occupy. He should also be debarred from private practice.

154. *Resident Medical Officer, Maternity Hospital.*—This officer, who is a military assistant surgeon, gets an allowance of Rs. 100 as Assistant Professor, Medical College, and a duty allowance of Rs. 70 as a Resident Medical Officer and also an allowance of Rs. 50 for training Anglo-Indian midwives. He is also entitled to free quarters. We recommend that he should be paid a consolidated allowance of Rs. 100 per month for all the work that he is now entrusted with. He should pay house-rent for the quarters provided, and he should also be debarred from private practice. He should not be given any other allowance.

155. *Resident Medical Officer, Ophthalmic Hospital.*—Our recommendation as regards this officer is the same as for the Resident Medical Officer, Maternity Hospital.

156. *Civil assistant surgeon on statistical duty, Surgeon-General's office.*—This officer is employed for six months in the year and gets an allowance of Rs. 50 as compensation for loss of opportunity for private practice. We have already suggested the abolition of this appointment, we do not therefore make any recommendation as regards this allowance.

157. *Civil surgeons and assistant surgeons at the Guindy Institute.*—These officers get an allowance of Rs. 100 or Rs. 150 according to the length of service partly because they belong to a specialist department, and partly because their private practice has been restricted to bacteriological cases. We have already suggested that, since these officers are specially selected men, they should be placed on the enhanced scale. The allowance now paid may be abolished when the enhanced scale of pay is introduced.

158. *Civil surgeons and assistant surgeons under the Chemical Examiner.*—We consider that these officers should be on the enhanced scale of pay and that they should be entitled to the Presidency allowance sanctioned for all officers in this city. They should however be definitely debarred from private medical practice.

159. *Itinerating dispensaries.*—Officers in charge of these dispensaries are now granted an allowance of Rs. 50 in addition to the usual charge allowance on account of their being debarred from private practice. We do not see sufficient justification for the prohibition of private practice in the case of medical officers in charge of such dispensaries, and we consider that this allowance should be abolished and that these officers should be paid a fixed travelling allowance, to be determined in each case with reference to local circumstances.

160. *Military assistant surgeon, Lawrence Memorial School, Lovedale.*—This officer is entitled to an allowance of Rs. 50 for loss of private practice. We consider that this allowance should be abolished and that the Military Assistant Surgeon should be allowed to have private practice.

161. *Military assistant surgeon, Alipuram Jail (Bellary district).*—This officer gets an allowance of Rs. 200 for loss of private practice. We understand that medical officers on jail duty are to be allowed consulting practice, and we do not see sufficient justification for the grant of an allowance of Rs. 200 as compensation for loss of private practice. If it is given for the responsible nature of the work it should be definitely recognized as such, and it should not be classed as a 'private practice' allowance.

(ii) Non-gazetted Officers.

162. In Appendix K is given a list of sub-assistant surgeons who draw a jail allowance of Rs. 30 as compensation for loss of private practice. We understand that it has been recently decided to allow them to have consulting practice and that jail duty or service in unpopular stations is an incident in the career of every sub-assistant surgeon. No compensatory allowance has been given or will ever be given for service in a station where scope for private practice is restricted, not on account of the personal qualifications of an individual officer, but on account of local circumstances such as the poverty of the people, etc. In both cases, the restriction of private practice is due to the action of the Government; in the one case, to the posting of an officer to a particular duty and in the other to the posting of the officer to a particular station. We consider that there is as little justification for an allowance for jail duty as there is for service in unpopular stations. We recommend, therefore, that this allowance should be abolished.

163. *Sub-assistant surgeons in charge of itinerating dispensaries.*—As in the case of assistant surgeons we recommended that the compensatory allowance these officers get should be abolished and that they should be allowed to have private practice.

164. *Sub-assistant-surgeon attached to the Chenchu Officer, Atmakur.—Rs.* 50.—We consider that this allowance which is really granted on account of the unhealthy nature of the locality should be retained but that it should be included in class IV—Unhealthy localities. The actual amount should be that recommended by the General Retrenchment Committee for unhealthy localities.

165. *Sub-assistant surgeons in connexion with the anti-hookworm campaign, Madras.*—These officers who are three in number get an allowance of Rs. 50 each for loss of opportunity for private practice. Since they are not definitely debarred from private practice, we recommend that this allowance should be abolished.

166. *Sub-assistant surgeons attached to the Pasteur Institute.*—These officers get an allowance of Rs. 30 as compensation for loss of private practice and also draw a local allowance of Rs. 10. Since they are not debarred from private practice the compensatory allowance should, we consider, be abolished.

167. *Sub-assistant surgeon attached to the Forest College.*—This officer gets an allowance of Rs. 50 for loss of private practice. We have already recommended that this should not be recognised as sufficient justification for an allowance unless the officer has been definitely debarred from private practice, and we recommend that it should be abolished, as also a similar allowance which, we understand, is paid to the sub-assistant surgeon attached to the Engineering College at Guindy.

Class XIV.—Miscellaneous.

(i) Gazetted Officers.

168. *Dr. O'Brien Beadon.*—This lady, who is the Superintendent of the Victoria Hospital, Triplicane, gets a personal allowance of Rs. 500. We understand that this allowance is given to the present Superintendent of the hospital since her services are required for the Medical School for women to be started in July next and since she would actually be getting this pay had she continued as Superintendent of the Agra Medical School. We therefore recommend that it should be retained.

(ii) Non-Gazetted Officers.

169. *Private sub-assistant surgeons employed for temporary duty.*—These are granted 25 per cent in addition to the grade pay of sub-assistant surgeons, on account of the temporary nature of their appointment. We consider that there is no sufficient justification for the grant of this additional pay and recommend that it should be abolished.

170. *District Board Medical Storekeeper, Vizagapatam.*—We understand that the Vizagapatam District Board employs a compounder for the charge of the reserve stock of medicines required for local fund medical institutions. The services of this compounder are also utilized for the Government headquarter hospital at Vizagapatam, and he is paid an allowance of Rs. 15 a month from provincial revenues. No other district board employs a separate compounder for keeping the stock of medicines, and we do not see any necessity for the retention of this appointment at Vizagapatam. We recommend that the appointment should be abolished immediately.

171. *Ration and uniform allowances.*—We recommend that these allowances should be continued to the members of the nursing staffs of Government hospitals, but at slightly revised rates as shown below :—

	Ration allowance.		Uniform allowance.
	Presidency town. Per mensem.	Mufassal. Per mensem.	Per annum.
	Rs.	Rs.	Rs.
Matrons and sisters	25	20	100
Nurses—Europeans and Anglo-Indians...	25	20	75
Do. Indians	15	15	75
Pupil nurses—Europeans and Anglo-Indians	25	...	50
Pupil nurses—Indians	15	15	50

A. Y. G. CAMPBELL.
T. DESIKACHARI.
(*Subject to a note.*)
H. A. WATSON.
A. J. H. RUSSELL.
P. ETHIRAJULU NAYUDU.
(*Subject to a note of dissent.*)
T. H. SYMONS.
K. NEDUNGADI.
B. RAMA RAU.

OOTACAMUND,
11*th June* 1923.

MINUTE OF DISSENT BY SIR T. DESIKACHARIYAR.

I have to add this note to the recommendation in paragraphs 10 to 12 of the Committee's report, though at the meeting of the Committee held on the 27th February 1923 I did advocate the constitution of the District Health Board with the Collector as its Chairman. Since then I have had occasion to examine this matter afresh, and I am inclined now to the view that the President of the District Board and not the Collector should be the Chairman of the Health Board and that the latter should be entrusted with the executive control over the Health staff newly employed in each district.

2. It is no doubt true that the help and co-operation of the subordinate Revenue officials and the Police who are subordinate to the Collector and District Magistrate, are needed for the adoption of preventive and remedial measures in connexion with the work of the Public Health staff. At the same time, it must be borne in mind that the promotion of public health and sanitation and the discharge of the duties set out in paragraph 6 of the report are essentially those of local bodies, and local boards are bearing from local rates a proportion of the expenditure for services rendered by them along with the Provincial Government who pay their share from the General Revenue.

3. It is urged that district boards have discharged their duties on the whole, well, and it is not desirable that anything should be done which is calculated to create an impression that their presidents are being superseded by Collectors, by means of the arrangement suggested in paragraph 10 of the report. The argument that hitherto deputy inspectors of vaccination were paid from the public revenues or that the control of them and of cholera parties was in a great measure with the Sanitary Commissioner is of no direct measure bearing on the problem for solution.

4. The Collector at present controls only the measures adopted for the prevention and spread of plague. But this could be quite as well effected by the district board being directed to co-operate with the Collector, in the employment of the Health staff for plague purposes. I do not see why plague should be treated differently from cholera, smallpox, or relapsing fever now that evacuation, disinfection and inoculation are the only expedients thought of to combat with the epidemic.

5. The help and co-operation of the subordinate Revenue officials and the Police may be made available to the Health Board by administrative orders issued by Collectors and District Magistrates. If the Collector be made a member of the Health Board, responsible for shaping its policy, it must be easy to enforce the prompt obedience of revenue subordinates to the orders of the Chairman of the Health Board be he the President of the District Board or anybody else.

6. The area under the control of the local boards must be obviously very much larger than the area within the jurisdiction of all the municipalities put together in each district. The Collector and District Magistrate has now nothing to do with medical aid, sanitation or vaccination, arrangements at fairs and festivals and propaganda work, and he is only vested with powers where the control of plague is concerned. If the policy of the Government is to associate non-official agency in ever increasing degree in the administration of local affairs for the progressive realization of responsibility nothing would be more consonant with that policy than to place the President of the District Board at the head of the Health Board.

7. In the practical working of the existing plague rules I experienced no difficulty in the deputation of the District Health Officer at the instance of the Collector for plague work or at the instance of the Director of Public Health for work in a Municipality which had no Health Officer of its own. As District Board President I placed the Health establishment in my district at the disposal of the Collector who appointed the District Health Officer as Special Plague Officer. Likewise the Health Staff was directed by me to work in the Srirangam Municipality during the last Ekadasi festival. There was no hitch whatever and there is absolutely no reason why such co-operation should not be within the range of practical politics throughout the Presidency.

8. If village officers are enjoined to co-operate with the Health staff and discharge their duties in recording vital statistics, the promotion of rural sanitation and the

adopting of measures for combating epidemics, there need be in practice no difficulty in the enforcement of their duties by the mere fact that they are subordinate to the Collector. The fact that a large non-official agency has taken over the work of Collectors and Divisional Officers could afford no just grounds for the Revenue subordinates refraining from performing services which they were rendering when they were working under Collectors or Revenue Divisional Officers as District and Taluk Board Presidents.

9. The Local Boards Act studiedly eliminated the executive control of Collectors and Divisional Officers from the administration of local affairs and it would be going back on the policy of the statute to now introduce the official element in departments of activity entrusted to local bodies.

10. I am not unalive to the difficulties which in existing conditions beset the administration of local affairs by non-official agency, as such agency has at every turn looked forward for help to the Collector and District Magistrate and his subordinates. But the difficulties are by no means insuperable.

11. If Collectors and District Magistrates serve on the Health Board and sympathise and co-operate with local bodies, there could be no lack of efficiency by the executive control over the Health staff being vested in the President of the District Board nor need there be a larger Health staff than now to carry on the work. On the other hand, it is likely to create an impression that the Health Board is another body created in each district to belittle the prestige and narrow the scope of usefulness of non-official presidents of local boards, if the Collector is appointed as the Chairman of the Health Board.

T. DESIKACHARI.

MINUTE OF DISSENT BY MR. P. C. ETHIRAJULU NAYUDU.

[*Note.*—The following minute by Mr. P. C. Ethirajulu Nayudu was received four days after the report had been adopted and signed. As some of the suggestions in the minute had not been made earlier by Mr. Ethirajulu Nayudu, he was informed that it might be necessary to have a meeting of the Committee to consider them, but he has replied that this is unnecessary].

With reference to the report of the Retrenchment Committee for the Medical and Public Health Departments appointed under G.O. No. 250 P.H., dated 9th February, 1923, I have the honour to submit the following separate note about the proposal raised therein.

2. *Allowance.*—I agree generally with the Committee regarding the abolition of the allowances hitherto granted to Civil Assistant Surgeons and Sub-Assistant Surgeons. I, however, think that the question of reduction or abolition of teaching allowance should be considered more carefully and if there is likely to be any loss of effieiency from suitable candidates not coming forward to take up these appointments willingly, I think the allowances need not be reduced. I understand that lecturers of Medical Schools were drawing a teaching allowance of Rs. 100 and a charge allowance of Rs. 30, i.e., Rs. 130 per mensem. As the charge allowances for all civil assistant surgeons has been abolished, the reduction of the teaching allowance to Rs. 70 is not called for. I do not think there is any necessity to curtail their scope for private practice, as these men being specialists in their particular subjects, would be useful to the general public and their services, if available, should not be denied to the public. As there is no such restriction in the case of Professors of the Medical College, I fail to see any need for it in the case of lecturers of Medical School.

3. The allowance of Rs. 100 to Rs. 150 hitherto drawn by civil assistant surgeons who were acting in appointments held by Indian Medical Service officers has been abolished and I think for a similar reason the allowance drawn by civil surgeons in the Bacteriological Department should also be abolished.

4. *Leave reserve.*—It is surprising to note that there were over 100 sub-assistant surgeons on reserve duty who had no substantive post to hold. The leave reserve should be curtailed to 10 per cent of the sanctioned cadre and I think the reduction should be done by retiring officers who have put in 25 to 30 years of service.

5. *Abolition of certain appointments in the General Hospital.*—I regret I am unable to agree to this proposal of the Committee. The economy that may result from such a proposal is but a trifle, but the loss of efficiency will be great. The General Hospital is about the largest of its kind in this Presidency and it is necessary to maintain it at a high level of efficiency and as a model for District Centres. To propose to run it with freshly passed out medical graduates and a set of Consulting Surgeons and Physicians seems to me to be a retrograde proposal not calculated to safeguard the satisfactory working of this institution. As I understand it, the Surgeons and Physicians of the Hospital work between 10 a.m. and 1 p.m., and a very large amount of the routine work is entrusted to the Assistant Surgeons of the different wards. The Officers in charge do not visit their cases in the evening nor are they generally available at other hours. In fact they fill the role of Consultants and have hitherto depended upon the Assistant Surgeons for carrying out the details of the treatment. To entrust this work to young and freshly passed out graduates does not certainly appeal to a lay mind.

6. The argument that there is always a medical officer resident who can be called in consultation does not seem to solve the difficulty. The Resident Medical Officer will generally be a junior officer probably freshly recruited to the Civil and it is no reflection on his professional attainment to say that it is hardly likely he will be in a position to understand the needs of the large number of cases or to attend to both surgical and medical cases.

7. The House Surgeons themselves would be glad to have the assistance of the Assistant Surgeons in the discharge of their duties, and while I certainly agree that these House Surgeons should be given greater facilities for practical training, I think there is need for supervision and help in the interests of the patients.

8. I also am of opinion that in a training centre where a large number of medical students are passing through every year, the need for experienced medical men to guide these young men is obvious. The clinical training is given by the Professors but much of the routine work and details have to be learnt through the Assistant Surgeons and from the students' point of view it would obviously be a mistake to abolish these posts.

9. This raises the very important question of medical education in this country. The Committee have not gone into this question, but I think there is a prima facie case for enquiry, and I would earnestly commend the need for such an enquiry to the notice of the Government. The Madras Medical College has been in existence for nearly seventy years, and I believe that the College has been sending its *alumni* as medical graduates for well nigh forty years. It is not a little surprising that in spite of this long period of its existence it should be necessary for our young men to go to other countries for specializing in different branches of Medical Science, while from all accounts there is scope here for such work to be carried on. So far as I understand there is but the ordinary instruction for general qualifications and no specialization has been attempted. Thus various branches like Diseases of Nose, Ear, Throat, Mental Diseases, Dentistry, etc., there is no scope for young men to specialize and this is a subject well worth full enquiry. As a lay man I can only suggest that a Committee should be immediately appointed on which there would be representatives of the College, University and Private Medical Practitioners who will report on the possibilities and the mode of starting these post-graduate courses and specialized studies. If this suggestion be considered by the Government sympathetically, they would be convinced that far from abolishing these Assistant Surgeons from the General Hospital there is need for increase and what is wanted seems to me to utilize them to the fullest advantage. A criticism has been passed by some of the Professors of the College themselves and my attention was drawn some time ago to a contribution in a medical journal that compared with British and particularly American universities the proportion of teachers to students in the Madras Medical College is disproportionately small. I do not see how consistently with such opinions it could now be suggested that these posts in a teaching centre could be abolished. Really the craze for economy should be tempered with the need for efficiency.

10. *Honorary Surgeons and Physicians.*—Ten years ago the Government tried this scheme but gave it up for reasons which it would be futile to discuss at present. Considering the shortage of Medical staff in the Hospital I think the scheme can well be tried, and selected Medical Practitioners taken on as Honorary Surgeons and

Physicians and given responsible work with same amount of clinical teaching. I agree that these should be persons with high academic qualifications and professional skill. Perhaps the best way to associate honorary workers with the Hospitals would be to entertain specialists to fill in the gaps that are now unfilled. Thus special departments could be opened in the general hospitals with their help and they could be utilized in the scheme of post-graduate study I have outlined above.

11. *Fees earned for private work.*—It is curious that medical officers in charge of Government institutions should be given facilities to earn from private practice during their official hours of work and with all the aid of the Government behind. Moreover I understand that at the King Institute, Guindy, and the X-ray department of the General Hospital, 96 per cent of the fees collected is taken by the Medical Officers and their establishment, while a paltry 4 per cent is credited to the Government. I do not know who is responsible for such an arrangement, but it seems to me that the system is iniquitous. It has the evils of a State subsidy with the additional disadvantage that it gives a scope for neglect of legitimate work for the sake of the private practice. It is absurd to suppose that in the X-ray department for instance, the use of the X-ray apparatus, the electric consumption, the use of photographic plates, the developing media and the prints would all come to only 4 per cent of the amount collected, while 96 per cent would be needed to recompense the labour involved. To my mind it seems pretty plain that the Government have lost heavily in the past in magnanimity to provide for facilities for private practice to the officers concerned. Similarly at the King Institute I must confess to my inability to believe that 4 per cent represents the cost of material utilized. And if it is, is it an act of grace or of charity by which this sum of 4 per cent is credited to the Government? Apart from these absurdities, there is this additional fact to be borne in mind that so long as this unfair State subsidy is allowed, the private practitioner has got a legitimate grievance, and his attempts at starting private institutions are bound to failure. I have no hesitation therefore in condemning the whole system and think it should be abolished at once. If this is impossible at present, I would suggest strongly that 90 per cent of the fees collected should be credited to the Government. The very plausible argument may be urged that the general public might suffer. I am not so easily convinced of these shibboleths, for I find already private enterprise come into the field, and if Government should only take a firm stand, the demand will be fully satisfied by some of the officers in these departments opening their laboratories and X-ray plants in the immediate future. I trust the Government will look into this matter carefully.

12. *Transfer of Medical Officers.*—There has been a general complaint that medical officers are transferred too frequently and to long distances and a great deal of economy could be effected by curtailment of such transfers. I think the arrangement by which the Presidency is mapped out in four or five areas probably on a linguistic basis and Medical Officers posted to one of these areas would meet with the requirements of the situation. Specialists could of course be transferred wherever their services be needed, but the general practitioners who form the majority may choose the circles and be subject to transfers within the circles ordinarily. I would also encourage the system of mutual transfer at the cost of the individual concerned.

13. *Medical Districts in the City : I district.*—There is no necessity for a separate Sub-Assistant Surgeon only doing office work. The post should be abolished and the work can easily be managed as in the IV district by one of the staff in Royapuram. There are no less than eleven Assistant Surgeons and eighteen Sub-Assistant Surgeons, and it is surprising that a Sub-Assistant Surgeon should have been retained so long for doing only office work.

14. *Second and third districts.*—I cannot agree to the suggestion that the work of these two districts should be transferred to the first and fourth districts and that a Civil Assistant Surgeon should be attached to the Royapetta Hospital to do the work of the district and Civil Orphan Asylum. The District Surgeons of the first and fourth districts are already overworked and I think it is unfair to add to their burdens further. The Surgeon, First District, for instance, has multifarious duties to perform. He is the Surgeon for a large area, is the Superintendent of the Government Rayapuram Hospital, of the Raja Sir Ramaswami Lying-in-hospital—two big institutions in the north of the city. He is besides the Superintendent of the

largest Medical School in India, is Medical Inspector of Immigrants, has to superintend over the Monegar Choultry and has a number of miscellaneous duties to perform. In fact his work is so voluminous that there is room for considering whether he should not be relieved of some of these responsibilities and under these circumstances I do not think it is just on the part of the Government to increase it. Similarly the Superintendent of the Royapetta hospital has enough to look after. I propose that the second and third districts may be amalgamated into one district under the second district surgeon and treated in the mill area. The following staff may be sanctioned :

(1) One civil assistant surgeon,

(2) One clerk-typist, two peons and one sweeper.

By so doing one civil assistant surgeon pay, house-rent, etc., can be saved.

15. *Mufassal.*—Small dispensaries in the mufassal should be made centres of medical work for a distance of at least ten miles around them, the medical officers in charge being made to tour this distance on definite days in the week to render medical aid to villages within this distance. Every taluk headquarters must have a hospital fully equipped and maintained by the Government.

16. *Military Assistant Surgeons.*—This class of officers are primarily recruited for the Army from a body of men who have general and professional qualifications inferior to those possessed by the University graduates. Whatever might have been the reasons in the past there seems little justification to continue this practice at present. While the sanctioned strength is only twenty-one there are at present nearly twenty-eight men employed in this Presidency. It is not known under whose authority or for what reason these extra men were drafted. When scores of medical graduates who have for five and six years done good military service are being summarily given notice of discharge, it is manifestly unfair that the local Government should go abegging to the Government of India for men with inferior qualifications and pay them actually Rs. 100 on an average more than for the civil men. Obviously the local Government is under no obligation to entertain these men as in the case of the Indian Medical Service officer. I think prima facie there is a strong case for stopping this practice altogether.

17. In the interests of efficiency I also hold that these men should not be posted to teaching institutions and to responsible posts in the State hospitals in the city. The present paradox where military assistant surgeons hold all the best posts in the city hospitals open to the assistant surgeons' cadre must cease. For teaching appointment only those with the highest qualifications should be chosen.

18. *General.*—Local bodies should be given the option of—

(1) Employing their own staff required for their dispensaries.

(2) They should be allowed to open ayurvedic or unani dispensaries within their area.

(3) They should also be given the liberty to indent for medicines and surgical instruments required for their institutions on tender system.

19. I may perhaps conclude by stating that the inquiry of the committee was far too limited to go into any large question of policy fully. There is scope for further enquiry into the following question :—

(1) The re-organisation and improvement of medical education.

(2) The administration of State hospitals.

(3) The extension of medical relief in the mufassal and the system of working of itinerating and travelling dispensaries.

(4) The re-organisation of the medical staff in various dispensaries and hospitals I have only touched on a few of the subjects dealt with by the committee. Were it not that the order definitely stated that the committee will not deal with the scales of pay or strength of the cadre of the Indian Medical Services, I should have been tempted to give my views on the subject. Still as the subject has been discussed to some extent in the local Council, I trust the Government is not unaware to the views of the non-official body with regard to this question.

20. *Hospital contracts.*—I consider the system which permits of such serious variations in the contract rates for diet articles at the different hospitals in the city is certainly defective. The market prices do not fluctuate in the different parts of the city and therefore it should be possible to get an uniform rate for different

articles. I therefore agree to the proposal of the committee that so far as the main articles of diet are concerned, the Surgeon-General should in future contract for all Presidency hospitals for each article separately.

21. I also agree that it is very desirable to appoint a senior Deputy Collector to see that the contractors supply the necessary articles and to control, inspect and supervise the internal economy in general. He would be the supervising officer of the Stewards' departments in the various hospitals and may report to the Surgeon-General whenever he thinks it necessary. I would however suggest that this officer should be directly responsible to the Government working through the Secretariat and not as suggested by the committee responsible to the Surgeon-General. In any case it should be clearly understood that he is not a subordinate officer to any of the officers in charge of the various State hospitals.

22. In case concerning supply of Government hospitals in the mufassal I would suggest that a committee comprising the District Medical and Sanitary Officer, chairman of his headquarter municipality, president, district board and the Collector of the district be appointed to select the contractors and approve the tenders and to supervise occasionally about the quality and quantity of articles supplied to the Headquarter Government hospital.

23. *The reorganization of medical relief.*—This should have formed the most important point of discussion with the committee and although we have been fully alive to the need for such a discussion, it has not been possible to collect the evidence or examine the necessary witnesses to enable us to arrive at a definite conclusion. With this handicap I may be privileged to place my view before the Government for their consideration.

The points that suggest themselves for consideration are—

(1) The substitution of the Provincial officers for Imperial Service officers.
(2) The substitution of an honorary staff for a paid staff.
(3) The substitution of sub-assistant surgeons for civil assistant surgeons.
(4) The employment of local medical men by district boards and municipalities in place of Government medical men.
(5) The employment of honorary workers to mufassal dispensaries.
(6) The opening of ayurvedic and unani dispensaries in villages.

24. So far as the first proposal is concerned the terms of reference preclude my discussing it here but I understand recommendations have already been sent to the Government of India to throw open some of these places hitherto reserved for Indian Medical Service officers to provincial men. I have already adverted to the employment of honorary staff in the State hospitals in the city but it is a little premature at present to suggest that they should replace the permanent staff. So far as the other proposals are concerned. I think it is necessary that a list of stations should be drawn up where important hospitals exist and these should be well equipped and taken over by the Government. The institutions being run by the Government as District headquarters hospitals are at present

25. With regard to all other institutions I would suggest they be classified as class A or B institutions—class A being institutions where either of their importance as a pilgrim centre or their unfavourable locality or for other reasons it is desirable that the institutions should run as at present by the local body concerned, the Government providing the necessary funds and the Medical Officer as well—class B are institutions which can be left entirely to the management of local bodies and they may make their own arrangements about recruiting the medical staff, etc., but subject to inspection by the District Medical Officer from time to time so far as the professional part of it is concerned.

26. The district boards may encourage medical practitioners to settle down and open new dispensaries in villages, the cost of running the dispensary being met by the district board and the medical practitioner offering his services honorary under some safeguards. I am also strongly of opinion that to provide medical relief to remote village parts, the district boards should open ayurvedic or unani dispensaries.

OOTACAMUND,
12*th June* 1923.

P. ETHIRAJULU NAYUDU,

APPENDIX A.

ESTIMATE OF SAVINGS.

(A)—Savings due to retrenchments effected by the department before the constitution of the Committee.

		Per annum.
		RS.
1.	Abolition of the system of paid house surgeons and physicians ...	26,580
2.	Reduction of the menial staff in the Medical Department	2,334
3.	Abolition of the Stone House Hill dispensary	4,800
4.	Abolition of stipends in Medical schools	88,200
5.	Abolition of the third year class in the Calicut Medical school	11,520
6.	Discontinuance of admissions to the Lady Apothecary class in the Madras Medical College	18,000
	Total ...	1,51,434

(B)—Estimate of savings that will result from the Committee's proposals if accepted.

		Per annum.
		RS.
	I.—THE PUBLIC HEALTH DEPARTMENT.	
1.	Reorganization of the Public Health staff (roughly)	50,000
2.	Abolition of two appointments of Assistant Directors of Public Health.	36,000
3.	Revision of the scale of pay of Health Officers	40,000
4.	Do. do. District Health Inspectors	24,600
	II.—THE MEDICAL DEPARTMENT.	
5.	Abolition of the temporary post of assistant surgeon for Statistical work in the Surgeon-General's Office	2,364
6.	Re-distribution of the work of officers holding Indian Medical Service appointments	15,000
7.	Appointment of Honorary Physicians and Surgeons (no immediate saving)	Nil.
8.	Contribution to be made by the Government of India towards the cost of employing military assistant surgeons	29,304
9.	Reduction of the leave and casualty reserve of civil assistant surgeons and sub-assistant surgeons	2,51,340
10.	Substitution of sub-assistant surgeons for civil assistant surgeons ...	(Not known)
11.	Substitution of house surgeons and physicians for civil assistant surgeons	35,280
12.	Reduction of expenditure in the Madras Lunatic Asylum	40,000
13.	Revision of the system of contracts for hospital supplies	30,000
14.	Appointment of a Deputy Collector to supervise internal economy in hospitals	1,30,000
15.	Reorganization of medical relief	(Not known)
16.	Enhancement of fees in the Medical College	40,000
	III.—ALLOWANCES.	
17.	Recovery of house-rent from the Resident Medical Officer, General Hospital	900
18.	Abolition of the allowance granted to civil assistant surgeons officiating in Indian Medical Service appointments	18,000
19.	Abolition of the allowance of the Assistant Superintendent, Ophthalmic Hospital	1,200
20.	Abolition of the charge allowance of civil assistant surgeons	52,200
21.	Do. duty allowance of Assistants to District Medical and Sanitary Officers	13,800
22.	Abolition of the duty allowance of the assistant surgeon in the Ootacamund Hospital	600
23.	Reduction of the allowance of the Surgeon, First District	300
24.	Reduction of allowance of District Medical and Sanitary Officers, Vizagapatam, Tanjore, Malabar and Madura, for charge of Medical Schools	2,400
25.	Abolition of the allowance of District Medical and Sanitary Officer, Chingleput, as Superintendent of the Reformatory School	1,200
26.	Abolition of the allowance of the District Medical and Sanitary Officer, Malabar, for charge of the Lunatic Asylum	600
27.	Substitution of fixed fees for the allowances granted to the two Dental Surgeons	500
28.	Reduction of the allowances of the Deputy Superintendent, Madras Lunatic Asylum, and recovery of house-rent	720
29.	Substitution of enhanced scales of pay for the allowances drawn by assistant professors, lecturers, etc.	23,100

Estimate of savings—cont.

III.—ALLOWANCES—*cont.*

	Per annum.
	RS.
30. Abolition of the allowance given to the assistant surgeon in the Royapetah Hospital (Rs. 50 for two months)	100
31. Abolition of the allowance given to the two assistant surgeons in the Royapetah Hospital for clinical teaching of medical pupils	1,200
32. Abolition of the allowance given to the military assistant surgeon, Government House Dispensary	600
33. Abolition of the allowances granted for instruction in first-aid and stretcher-drill	600
34. Abolition of the allowance of District Medical and Sanitary Officers for medical charge of Central jails	6,000
35. Abolition of the allowance of District Medical and Sanitary Officer, Tanjore, for medical charge of the Borstal Institute	1,200
36. Abolition of the allowance of District Medical and Sanitary Officer, Vizagapatam, for charge of Lunatic Asylum	600
37. Abolition of the allowance of the assistant surgeon in the Police hospital, Vellore	360
38. Abolition of the allowance of the assistant surgeon, Municipal Hospital, Kodaikanal, for vaccination work	120
39. Abolition of the allowance granted to the sub-assistant surgeon, Police hospital, Sivakasi, for charge of the Municipal dispensary	120
40. Abolition of the allowance granted to the sub-assistant surgeon, Cantonment hospital, St. Thomas' Mount	120
41. Abolition of the allowance granted to the sub-assistant surgeon, Municipal hospital, Cannanore	120
42. Abolition of the allowance granted to the compounder, Cantonment hospital, St. Thomas' Mount	60
43. Abolition of the allowance granted to the sub-assistant surgeon, Residency hospital, Travancore	120
44. Abolition of the allowance granted to the senior compounder, Ramachandrajetti Headquarter hospital, Tanjore	24
45. Abolition of the allowance of the ward attendant, Lunatic Asylum, Waltair, for washing clothes	24
46. Abolition of the allowance of the sub-assistant surgeon, Kavali, for visiting the criminal settlement	120
47 Abolition of the allowance granted to the sub-assistant surgeon, Rayapuram Hospital, as Medical Officer, Civil Debtors' Jail	360
48. Abolition of the allowance granted to the sub-assistant surgeon, Police hospital, Koraput	120
49. Abolition of the allowance granted to the Matron, Victoria Caste and Gosha Hospital, Triplicane, for training nurse pupils	360
50. Allowances of assistant surgeons in Lunatic Asylums	—480
51. Recovery of house-rent from assistant surgeons in Lunatic Asylums ...	946
52. Reduction of the allowance of sub-assistant surgeons in Lunatic Asylums	480
53. Abolition of the allowance given to compounders in Lunatic Asylums...	180
54. Abolition of the allowance given to sub-assistant surgeons on epidemic duty	(Not known)
55. Abolition of the allowance given to nurses and midwives on epidemic duty	(Not known)
56. Reduction of the conveyance allowance of the assistant surgeon, Third District	240
57. Abolition of the cycle allowance of the sub-assistant surgeon, Municipal hospital, Cannanore	60
58. Abolition of the conveyance allowances of the sub-assistant surgeons, Plague Inspectors, etc., on famine or plague duty	(Not known)
59. Abolition of the house-rent allowances and the concession of free quarters to sub-assistant surgeons	70,000
60. Abolition of the house-rent allowances and the concession of free quarters to others	21,000
61. Grant of a consolidated allowance to the Resident Medical Officer, Rayapuram hospital	240
62. Grant of a consolidated allowance to the Resident Medical Officer, Maternity hospital	1,440
63. Grant of a consolidated allowance to the Resident Medical Officer, Ophthalmic hospital	840
64. Abolition of the allowances of the assistant surgeons in the King Institute, Guindy	1,800
65. Abolition of the allowances of the military assistant surgeon, Lawrence Memorial School, Lovedale	600
66. Abolition of the jail allowance of sub-assistant surgeons	6,120
67. Abolition of the allowance given to sub-assistant surgeons in charge of itinerating dispensaries	2,400

Estimate of savings—cont.

III.—ALLOWANCES—*cont.*

	Per annum.
68. Reduction of the allowance given to the sub-assistant surgeon attached to the Chenchu Officer, Atmakur	300
69. Abolition of the allowance given to sub-assistant surgeons employed in connexion with anti-hookworm work	1,800
70. Abolition of the allowance given to sub-assistant surgeons in the Pasture Institute	720
71. Abolition of the allowance given to sub-assistant surgeons in the Forest College and in the Engineering College, Guindy	900
72. Revision of the scale of ration allowances	3,420
73 Abolition of the allowance given to the reserve compounder, Vizagapatam	180
74 Abolition of the extra pay to private sub-assistant surgeons temporarily entertained	(Uncertain)
Total saving per annum (exclusive of items in regard to which the exact amount cannot be estimated)	9,64,722
Grand total (*A*) and (*B*) ...	11,16,156

APPENDIX B.

Revisions of pay of officers in the Medical Department.

INDIAN MEDICAL SERVICE OFFICERS.

Appointments.	Pay prior to 1918 per mensem. RS.	As revised in 1918 per mensem. RS.	As revised in 1920 per mensem. RS.
Civil Surgeoncies—			
First class	550 to 1,450 / 450 to 1,350	550 to 1,750	650 to 2,100
Second class	750 to 1,650	800 to 2,000	900 to 2,350
Professorships	650 to 1,600	800 to 2,000	900 to 2,350
Bacteriological Department ...	2,500	3,000	3,000
Surgeon-General ...	1,500—60—1,800	1,800—60—2,100	2,100—60—2,400
Director of Public Health ...			

NOTE.—The above list refers to the main classes of appointments and is not exhaustive.

PROVINCIAL MEDICAL SERVICE.

	Pay prior to 1st April 1920.	As revised
Civil Assistant Surgeons ...	Rs. 100—100—10—300, 325, 350 (average 190·23).	Rs. 200—15—350—20—450 (average 344).
Civil Surgeons	Rs. 400—20—500	Rs. 500—50—900, 1,000.

SUB-ASSISTANT SURGEONS.

Pay prior to 1st March 1918...	Rs. 30 to 100 (average 56).
Pay as revised in 1918 ...	Rs. 50 to 100, 110, 120 (average 76).
,, in 1921 ...	Rs. 75—5—175, 200 (average 136·25).

APPENDIX C.

Appointment of Honorary Physicians and Surgeons.

Evidence given by Lieut.-Col. F. F. ELWES, C.I.E., I.M.S., and M.R.Ry. Rao Bahadur C. NATESA MUDALIYAR Avargal, M.L.C.

Colonel Elwes stated that he had no objection to the appointment of honorary physicians and surgeons as supernumeraries, but there would be difficulties if the proposal was that they should replace permanent officers, for a physician or surgeon at the General Hospital has to spend about three hours in the morning in the hospital and also do lecturing work in the afternoons. He stated that there were two possibilities in connexion with the appointment of honorary physicians and surgeons:

(1) That they should replace members of the staff.
(2) That they should be appointed in addition to the present staff

As regards No. (1) Colonel Elwes considered it impracticable as no private practitioner could afford to give some five hours of his time for doing hospital and college work, and in addition to this, practically all the members of the staff have additional duties. It would therefore be necessary to appoint two or three men to replace each member of the staff.

As regards No. (2) Colonel Elwes said he would welcome the appointment of additional honorary physicians and surgeons, but they must be prepared to undertake clinical teaching, as, if they did not do this, the beds under their charge would be struck off the list of those used for clinical teaching purposes, and this would be very bad for the students, as even now there are barely sufficient beds for clinical instruction for the large number of students attending.

Normally there are between 250 and 300 students working in the hospital. The honorary physician or surgeon will not be in a position to choose his own time and he will have to be at the hospital at fixed hours. He thought it was very unlikely that any honorary physician or surgeon in Madras would consent to put five hours of honorary work at the hospital and that too at fixed hours.

He considers that the lowest qualifications for an honorary physician should be M.B. or M.D. In England every honorary physician is either an M.D. or M.R.C.P. and every honorary surgeon an F.R.C.S. or M.S.

Questioned as regards the possibility of enforcing discipline, Colonel Elwes stated that an honorary physician or surgeon could not be relied upon to be at his task at the appointed time.

He strongly advocated Colonel Symons' proposal to divide the General Hospital into two units, one surgical and the other medical. He pointed out that the first physician and first surgeon have to sign every clinical certificate for the University and if honorary physicians and surgeons are to be appointed, they should be made responsible to the Professors of Medicine and Surgery

In reply to Dr. Nedungadi he stated that the average number of beds in the charge of a physician at the General Hospital was about 75. He thought that the number could be reduced to 50 and instead of 7officers, 10 officers could be employed. He considered that it would be a good thing for every leading private practitioner to have been a house physician or house surgeon, and that the system of appointing house physicians and surgeons should be encouraged.

In reply to further questions by Dr. Nedungadi, he stated that most Indian Medical Service officers had had teaching experience in England as house physicians and surgeons and that if a sufficient number of house surgeons could be appointed in this country, a great many of them would be quite capable in course of time of doing teaching work. He said that, on the whole, Indian Professors had done very well at the Medical College.

Dr. Natesa Mudaliyar heartily approved of the proposal to appoint house physicians and surgeons and was of opinion that persons will freely volunteer to work as supernumeraries if invited to do so.

———

I.—Unhealthy Localities—*cont.*

(ii) *Non-Gazetted Officers.*

Appointment.	Station.	Existing classification.	Amount of allowance per mensem.	Remarks.
			Rs.	
	Malabar.			
1. Sub-Assistant Surgeon, Sultan's Battery Dispensary.	Sultan's Battery ..	Wynad	25	
2. Sub-Assistant Surgeon, Local Fund Dispensary.	Tamaracheri	Do.	10	
	Chingleput.			
3. Sub-Assistant Surgeon, Local Fund Dispensary.	Pulicat	Malarial ..	15	
	Coimbatore.			
4. Sub-Assistant Surgeon, Local Fund Dispensary.	Talavadi	Local	15	Kollegal taluk.
5. Do.	Hanur	Do.	10	Do.
6. Plague Inspector	Kollegal	Hill	10	
	Nellore.			
7. Sub-Assistant Surgeon, Local Fund Dispensary.	Sulurpet	Local	10	For visiting Sriharikota once a week.
	Cuddapah.			
8. Sub-Assistant Surgeons Headquarter Hospital (3).	Cuddapah	Malarial	10 each.	
	Chittoor.			
9. Sub-Assistant Surgeon, Municipal Hospital.	Tirupati	Local		
10. Sub-Assistant Surgeon, Local Fund Dispensary.	Venkatagirikota ..	Do.		
	Kistna.			
11. Sub-Assistant Surgeon, Local Fund Dispensary.	Chintalapudi	Local ..	5	
12. Do. do	Kovur	Do.	15	
	Madura.			
13. Sub-Assistant Surgeon, Public Works Department Dispensary.	Tekkadi	Local	25	
14. Peon, Public Works Department Dispensary.	Do.	Do.	3½	
	Ganjam.			
15. Sub-Assistant-Surgeon, Local Fund Dispensary.	Ganjam	Local	10	
16. Do.	Kallikota	Do.	5	
	Vizagapatam.			
17. Sub-Assistant Surgeon, Lakshminarasayya Ammal's Hospital.	Kurupam	Local	5	
	Godavari.			
18. Sub-Assistant Surgeon, Local Fund Dispensary.	Gokavaram	Local	5	
19. Do.	Yeleswaram	Do.	5	
	Agency.			
20. Sub-Assistant Surgeons in the Agency (37).	Agency	Local	Before 1st January 1922. 30 per cent of pay.	After 1st January 1922. 50 per cent of pay subject to a maximum of Rs. 60.
21. Compounders	Do.	Do.	Not less than Rs. 8.	50 per cent of pay subject to a maximum of Rs. 15.
22. Midwives	Do.	Do.	Do.	50 per cent of pay subject to a maximum of Rs. 20 for lower scale (Rupees 30—2—50) and Rs. 25 for the higher scale (Rs. 50—2—70).
23. Deputy Inspectors of Vaccination (9).	Do.	Do.	15	50 per cent of pay subject to a maximum of Rs. 40.
24. Peons under Deputy Inspectors of Vaccination (9).	Do.	Do	1	2
25 Vaccinators (25)	Do.	Do	10	50 per cent of pay subject to a maximum of Rs. 12½.

I.—Unhealthy Localities—*cont.*

(ii) *Non-Gazetted Officers.*

Appointment.	Station.	Existing classification.	Amount of allowance per mensem.	Remarks.
			Rs.	
Malabar.				
1. Sub-Assistant Surgeon, Sultan's Battery Dispensary.	Sultan's Battery ..	Wynad	25	
2. Sub-Assistant Surgeon, Local Fund Dispensary.	Tamaracheri	Do.	10	
Chingleput.				
3. Sub-Assistant Surgeon, Local Fund Dispensary.	Pulicat	Malarial ..	15	
Coimbatore.				
4. Sub-Assistant Surgeon, Local Fund Dispensary.	Talavadi	Local	15	Kollegal taluk.
5. Do.	Hanur	Do.	10	Do.
6. Plague Inspector	Kollegal	Hill	10	
Nellore.				
7. Sub-Assistant Surgeon, Local Fund Dispensary.	Sulurpet	Local	10	For visiting Sriharikota once a week.
Cuddapah.				
8. Sub-Assistant Surgeons Headquarter Hospital (3).	Cuddapah	Malarial	10 each.	
Chittoor.				
9. Sub-Assistant Surgeon, Municipal Hospital.	Tirupati	Local		
10. Sub-Assistant Surgeon, Local Fund Dispensary.	Venkatagirikota ..	Do.		
Kistna.				
11. Sub-Assistant Surgeon, Local Fund Dispensary.	Chintalapudi	Local ..	5	
12. Do. do	Kovur	Do.	15	
Madura.				
13. Sub-Assistant Surgeon, Public Works Department Dispensary.	Tekkadi	Local	25	
14. Peon, Public Works Department Dispensary.	Do.	Do.	3½	
Ganjam.				
15. Sub-Assistant-Surgeon, Local Fund Dispensary.	Ganjam	Local	10	
16. Do.	Kallikota	Do.	5	
Vizagapatam.				
17. Sub-Assistant Surgeon, Lakshminarasayya Ammal's Hospital.	Kurupam	Local	5	
Godavari.				
18. Sub-Assistant Surgeon, Local Fund Dispensary.	Gokavaram	Local	5	
19. Do.	Yeleswaram	Do.	5	
Agency.				
20. Sub-Assistant Surgeons in the Agency (37).	Agency	Local	Before 1st January 1922. 80 per cent of pay.	After 1st January 1922. 50 per cent of pay subject to a maximum of Rs. 60.
21. Compounders	Do.	Do.	Not less than Rs. 8.	50 per cent of pay subject to a maximum of Rs. 15.
22. Midwives	Do.	Do.	Do.	50 per cent of pay subject to a maximum of Rs. 20 for lower scale (Rupees 30—2—50) and Rs. 25 for the higher scale (Rs. 50—2—70).
23. Deputy Inspectors of Vaccination (9).	Do.	Do.	15	50 per cent of pay subject to a maximum of Rs. 40.
24. Peons under Deputy Inspectors of Vaccination (9).	Do.	Do	1	2
25 Vaccinators (25)	Do.	Do	10	50 per cent of pay subject to a maximum of Rs. 12½.

II.—Expensiveness of Locality.

(i) *Gazetted Officers.*

Appointment.	Station.	Existing classification.	Amount of allowance.	Remarks.
			Rs.	
1. Civil Assistant Surgeon, Local Fund Dispensary.	Pamban	Local	30	
2. Civil Assistant Surgeon, Local Fund Hospital.	Rameswaram ..	Do.	30	
3. Military Assistant Surgeon, Municipal Hospital.	Kodaikanal	Compensatory ..	20	
4. Lady Assistant Surgeon, Headquarter Hospital.	Ootacamund	Local	30	
5. Lady Apothecary, St. Bartholomew's Hospital.	Do.	Do.	30	

(ii) *Non-gazetted officers.*

The Nilgiris.				
1. Sub-Assistant Surgeons, Lawley Hospital (2).	Coonoor	Local	15 or 10	Rs. 15 for sub-assistant surgeons with service over 15 years and Rs. 10 for others.
2. Sub-Assistant Surgeon, Local Fund Dispensary.	Kolakombai	Do.	15 or 10	
3. Sub-Assistant Surgeon, Government Hospital.	Ootacamund	Do.	15 or 10	
4. Peon, Civil Dispensary	Do.	Do.	2	
5. Sub-Assistant Surgeon on plague duty.	Do.	Hill	One-third of pay.	
6. Plague Circle Inspector	Coonoor	Do.		
7 Plague Inspector, Nilgiris rural areas.	Do.	Do.		
8. Sub-Assistant Surgeons, Pasteur Institute (2).	Do.	Local	10	
9. Indian Nurses, St. Bartholomew's Hospital (2).	Ootacamund	Do.	10 each.	
10. Compounders, St. Bartholomew's Hospital (2).	Do.	Do.	5 each.	
11. Deputy Inspector of Vaccination.	Do.	Do.	15	
12. Peon under Deputy Inspector of Vaccination.	Do.	Do.	1	
Madras.				
13. Compounder, Government House Dispensary.	Madras	Local	5	
Sub-Assistant Surgeons at the Presidency town.				
14. Penitentiary (2)	Madras	Presidency ..	10 each.	
15. Civil Debtors Jail (1)				
16. General Hospital (2)				
17. Maternity Hospital (2)				
18. Leper Hospital, Kayapuram (1) ..				
19. Ophthalmic Hospital (5)				
20. Lunatic Asylum (1)				
21. Kayapuram Hospital and Medical School (9).				
22. Tuberculosis Institute (1)				
23. Marine Dispensary (1)				
24. Raja Sir Ramaswami Mudaliyar's Lying-in Hospital (1).				
South Arcot.				
25. Sub-Assistant Surgeon, Local Fund Dispensary.	Aziznagar	Local	10	
Ramnad.				
26. Nurse on plague duty	Dhanushkodi ..	Local	10	

APPENDIX G.

List of allowances drawn by medical officers for special language qualification.

The following are the orders governing the question :—

(1) Under G.O. No. 961, Public, dated 5th September 1896, all non-Telugu sub-assistant surgeons who have a knowledge of Telugu are granted an allowance of Rs. 2 when serving in a Telugu area.

(2) In G.O. No. . 0, Public, dated 19th January 1893, a similar allowance was granted for knowledge of Oriya.

(3) In G.O. No. 459, dated 4th May 1901, a similar allowance was granted for knowledge of Souta, the examination in all cases being colloquial.

(4) Under G.O. No. 368 Public, dated 20th May 1905, medical subordinates are granted a reward of Rs. 250 for passing an examination in the Khond language.

At present, the following medical subordinates are drawing the language allowances specified :—

Telugu.

Bellary District.

1. Lady Sub-Assistant Surgeon Mrs. A. D. Carmody.
2. Local Fund Dispensary, Kampli, Sub-Assistant Surgeon V. Balakrishna Ayyar, No. 906.

Cuddapah District.

1. Headquarter Hospital, Cuddapah, Sub-Assistant Surgeon S. V. Ramaswami Ayyar.
2. Local Fund Hospital, Rajampet, Sub-Assistant Surgeon T. Gnanayya, No. 950.
3. Municipal Hospital, Proddatur, Sub-Assistant Surgeon N. Ulaganatha Mudaliyar, No. 691.

Guntur District.

1. Local Fund Hospital, Bapatla, Sub-Assistant Surgeon C. A. Savirirayan, No. 500.
2. Local Fund Dispensary, Ponnur, Sub-Assistant Surgeon L. A. Aroygyaswami Pillai, No. 546.
3. Local Fund Dispensary, Vinukonda, R. Abdul Aziz Sahib, No. 760.
4. Headquarter Hospital, Guntur, Temporary Sub-Assistant Surgeon P. Appa.

Kurnool District.

1. Police Hospital, Kurnool, Sub-Assistant Surgeon I. Muhamed Auzum, No. 707.
2. Headquarter Hospital, Kurnool, Sub-Assistant Surgeon P. P. Chandu Nambiyar, No. 981.
3. Local Fund Dispensary, Dhone, Sub-Assistant Surgeon S. Arunachalam, No. 1187 (*a*).
4. Do. Gudur, Temporary Sub-Assistant Surgeon D. N. Israel.
5. Do. Markapur, T. M. Thambuswami Pillai.

Nellore District.

1. Local Fund Dispensary, Kandukur, Sub-Assistant Surgeon B. Doraiswami Pillai, No. 622.
2. Do. Kavali, Sub-Assistant Surgeon Abdul Aziz Ahmad Sahib, No. 480.
3. Do. Indukurpet, Sub-Assistant Surgeon Mahammad Abdul Karim Sahit, No. 708.
4. Do. Muthukur, K. Annappa Nayak, No. 568.
5. Do. Nayudupet, R. Srinivasa Pillai, No. 494.
6. Municipal Branch Dispensary, Nellore, K. Shiva Rao, No. 645.

Vizagapatam District.

Lunatic Asylum, Waltair, Sub-Assistant Surgeon Muhammad Abdul Khuddus, *No.* 556.

Oriya.

Ganjam District.

1. Sub-charge, Local Fund Hospital, Russellkonda, Sub-Assistant Surgeon K. Satyanarayana Raju, No. 1165.
2. Local Fund Sub-Assistant Surgeons at—
   (i) Gopalpur.
   (ii) Sompet.
   (iii) Chatrapur.
   (iv) Calingapatam.
   (v) Narasannapet.
   (vi) Aska.

Soura and Khond.

Nobody is receiving an allowance for these languages.

APPENDIX H.

List of officers in the Medical Department who receive house-rent allowance or free quarters.

Indian Medical Service officers.

Appointment.	Station.	Existing classification.		Amount of allowance.
				Rs.
Medical officers who are debarred from, or refuse to accept, private practice.	Madras	House-rent ..	Lieutenant-Colonel.	125
			Major ..	100
			Captain ..	75
			Lieutenant ..	40

N.B.—(i) The following officers in the Presidency town are debarred from private practice :—
(1) Director of Public Health.
(2) Assistant Directors of Public Health.
(3) Superintendent, General Hospital (consulting practice allowed).
(4) Personal Assistant to the Surgeon-General.
(5) Assistant Superintendent, Maternity Hospital } (free quarters).
(6) Superintendent, Government Lunatic Asylum }
(7) Chemical Examiner to Government (draws house-rent allowance Rs. 75).

No house-rent allowance is drawn if salary exceeds Rs. 1,100 a month.

N.B.—(ii) The following officers in the Presidency town are debarred from private practice if they receive house-rent allowance or occupy rent-free quarters :—
(1) Resident Medical Officer, General Hospital (occupies free quarters).
(2) Fourth Physician, General Hospital.
(3) Third Surgeon, General Hospital.

(i) *Gazetted Officers.*

Appointment.	Station.	Existing classification.	Amount of allowance.	Remarks.
			Rs.	
1. Civil Assistant Surgeon, Tuberculosis Hospital.	Madras	House-rent ..	50	
2. Second Military Assistant Surgeon, Ophthalmic Hospital.	Do.	Do. ..	110	Excess rent paid by him over and above the rent recoverable from him under the 10 per cent rule for the rented quarters occupied by him.
3. Resident Assistant Surgeon, Civil Hospital.	Secunderabad ..	Do. ..	30	....
4. Military Assistant Surgeon, Local Fund Hospital.	Kotagiri	Do. ..	60	....
5. Lady Assistant Surgeon, Headquarter Hospital.	Vellore	Do. ..	25	Personal to the present incumbent.
6. Lady Apothecary, St. Bartholomew's Hospital.	Ootacamund ..	Do. ..	30	....
7. Lady Apothecary, Headquarter Hospital.	Coimbatore ..	Do. ..	20	The Surgeon-General has been asked to arrange for the leasing of a house for the Lady Apothecary.
8. Lady Apothecary, Headquarter Hospital.	Madura	Do. ..	38½	Vide remark against item 2.

FREE QUARTERS.

Free quarters are provided for the following officers :—

Government Maternity Hospital.

1. Superintendent (I.M.S.)	Madras	....	....	....
2. Assistant Superintendent (C.A.S.)	Do.	....	....	....
3. Resident Assistant Surgeon (M.A.S.)	Do.	....	....	....
4. Lady Assistant Surgeon				

Government Ophthalmic Hospital.

5. Resident Assistant Surgeon (M.A.S.)	Madras	....	....	....

Lunatic Asylum.

6. Superintendent (I.M.S.)	Madras	....	....	....
7. Deputy Superintendent (M.A.S.) ..	Do.	....	....	....
8. Civil Assistant Surgeon	Do.	....	....	....

Government General Hospital.

9. Resident Medical Officer (I.M.S.)..	Madras	.. ..	....	....

Government Leper Hospital.

10. Resident Surgeon (C.A.S.) ..	Madras	....	....	....

King Institute of Preventive Medicines, Guindy.

11. Director	Guindy	....	....	....
12. Assistant Director	Do.	....	....	The Assistant Director has been permitted to occupy the quarters of the Director. He does not draw house-rent allowance.

Rayapuram Hospital.

13. Resident Medical Officer (M.A.S.)..	Madras	....	....	....

Royapetta Hospital.

14. Resident Medical Officer (C.A.S.) ..	Madras	....	....	....
15. Resident Assistant Surgeon ..	Madura	....	....	....
16. Resident Assistant Surgeon ..	Tanjore	....	....	....
17. House Surgeons (where quarters are available).	....	....	....	....

Victoria Caste and Gosha Hospital.

18. Superintendent	Madras	....	....	....
19. House Surgeons	Do.	....	....	....

(ii) *Non-gazetted officers.*

Under paragraph 204 of the Medical Code, all sub-assistant surgeons serving in the mufassal who are not provided with free quarters are granted a house-rent allowance of Rs. 5. In the Presidency town, they have hitherto been granted a house rent allowance of Rs. 15. In the mufassal, however the uniform rate has been departed from in a great number of cases. The house-rent allowances are, therefore, shown below districtwar :—

Appointment.	Station.	Existing classification.	Amount of allowance.	Remarks.
ANANTAPUR.				
(a) Paid by Government.			Rs.	
1. Reserve Sub-Assistant Surgeon, Headquarter Hospital (1).	Anantapur	House-rent ..	5	
2. Sub-Assistant Surgeon, Headquarter Hospital (1).	Do.	Do. ..	Free quarters.	
3. Sub-Assistant Surgeon, Police Hospital (1).	Do.	Do. ..	Do.	
(b) Paid by local bodies.				
4. Sub-Assistant Surgeon, Local Fund Dispensary.	Guntakal	House-rent ..	12	
5. Do. do.	Kadiri	Do. ..	8	
6. Sub-Assistant Surgeon, Municipal Hospital (1).	Hindupur	Do. ..	8	
7. Sub-Assistant Surgeon, Local Fund Dispensary.	Kalyandrug	Do. ..	5	
8. Do. do.	Pamidi	Do. ..	5	
9. Do. do.	Uravakonda	Do. ..	5	
10. Do. do.	Yadiki	Do. ..	5	
11. Do. do.	Bukkapatnam ..	Do. ..	5	
12. Do. do.	Madakasira	Do. ..	5	
13. Do. do.	Penukonda	Do. ..	4	
14. Do. do.	Dharmavaram ..	Do. ..	Free quarters.	
15. Do. do.	Tanakal	Do. ..	Do.	
16. Sub-Assistant Surgeon, Municipal Hospital (1).	Tadpatri	Do. ..	Do.	
ARCOT, NORTH.				
(a) Paid by Government.				
17. Sub-Assistant Surgeons, Government Pentland Hospital (2).	Vellore	House-rent ..	15 each.	
18. Reserve Sub-Assistant Surgeons, Government Pentland Hospital (3)	Do.	Do. ..	10 ,,	
19. Sub-Assistant Surgeon, Police Training School Hospital (1).	Do.	....	....	Held by Civil Assistant Surgeon.
20. Sub-Assistant Surgeons, Central Jail (3).	Do.	....	....	
(b) Paid by local bodies.				
21. Sub-Assistant Surgeon, Municipal Hospital (1).	Tiruppattur	House-rent ..	12½	
22. Sub-Assistant Surgeon, Municipal Dispensary.	Vellore	Do. ..	12	
23. Lady Sub-Assistant Surgeon, Women and Children Dispensary	Vaniyambadi ..	Do. ..	10	
24. Sub-Assistant Surgeon, Local Fund Hospital (1).	Arni	Do. ..	8½	
25. Sub-Assistant Surgeon, Local Fund Dispensary.	Pernambut	Do. ..	6	
26. Do. do.	Alangayam	Do. ..	5	
27. Do. do.	Chetpat	Do. ..	5	
28. Do. do.	Polur	Do. ..	5	
29. Do. do.	Kuppam	Do. ..	5	
30. Do. do.	Tiruvattur	....	3	
31. Do. do.	Arkonam	....	Free quarters.	
32. Do. do.	Arcot	....	Do.	
33. Do. do.	Chengam	....	Do.	
34. Sub-Assistant Surgeon, Local Fund Hospital (1).	Ambur	....	Do.	
35. Local Fund Women and Children Hospital.	Tiruppattur	....	....	Held by Lady Apothecary.
36. Municipal Hospital	Gudiyattam	....	....	Held by Civil Assistant Surgeon.
37. Do.	Tiruvannamalai ..	....	....	Do.
38. Do.	Vaniyambadi ..	....	....	Do.
39. Do.	Walajapet	....	....	
40. Sub-Assistant Surgeon, Local Fund Hospital.	Vandiwash	....	....	

Non-gazetted officers—cont.

Appointment.	Station.	Existing classification.	Amount of allowance per mensem.	Remarks
ARCOT, SOUTH.				
(a) Paid by Government.			Rs.	
41. Nursing Sisters, Headquarter Hospital (2).	Cuddalore	House-rent ..	25 each.	
42. Sub-Assistant Surgeons, Headquarter Hospital (2).	Do.	Do. ..	12 ,,	
43. Reserve Sub-Assistant Surgeons, Headquarter Hospital (3).	Do.	Do. ..	12 ,,	
44. Sub-Assistant Surgeon, District Jail (1).	Do.	....	Free quarters.	
(b) Paid by local bodies.				
45. Sub-Assistant Surgeon, Municipal Branch Dispensary.	Tiruppapuliyur ..	House-rent ..	12	
46. Sub-Assistant Surgeon, Municipal Hospital (1).	Chidambaram ..	Do. ..	10	
47. Sub-Assistant Surgeon, Local Fund Dispensary.	Kurinchippadi ..	Do. ..	7	
48. Do. do.	Srimushnam	Do. ..	5	
49. Do. do.	Sankarapuram ..	Do. ..	5	
50. Do. do.	Ulundurpet	Do. ..	5	
51. Do. do.	Porto Novo	....	Free quarters.	
52. Do. do.	Nellikuppam	....	Do.	
53. Do. do.	Panruti	....	Do.	
54. Do. do.	Gingee	....	Do.	
55. Do. do.	Merkanam	....	Do.	
56. Do. do.	Tittagudi	....	Do.	
57. Sub-Assistant Surgeon, Municipal Branch Hospital (1).	Cuddalore O.T. ..	....	....	
58. Sub-Assistant Surgeon, Local Fund Dispensary.	Mannargudi	....	....	
59. Do. do.	Valavanur	....	....	
60. Do. do.	Vanur	....	....	
61. Local Fund Hospital (1)	Tindivanam	....	....	Held by Civil Assistant Surgeon.
62. Do.	Kallakurichi	....	....	Do.
63. Do.	Tirukkoyilur	....	....	Do.
64. Do.	Vriddhachalam ..	....	....	Held by Lady Apothecary.
65. Sub-Assistant Surgeon, Raja Sir Ramaswami Mudaliyar's Women and Children Dispensary.	Cuddalore N.T. ..	....	....	Held by Civil Assistant Surgeon.
66. Sub-Assistant Surgeon, Municipal Hospital.	Villupuram	....	....	Temporarily closed.
Local Fund Dispensary.	Azizнagar	....	....	
BELLARY.				
(a) Paid by Government.				
67. Sub-Assistant Surgeon, Headquarter Hospital (1).	Bellary	House-rent ..	5	
68. Sub-Assistant Surgeons, Headquarter Hospital (2).	Do.	....	Free quarters.	
69. Sub-Assistant Surgeons, Central Jail (2).	Do.	....	Do.	
70. Lady Sub-Assistant Surgeon, Women and Children Hospital (1).	Do.	....	....	
71. Sub-Assistant Surgeons, Alipuram Jail (10).	Do.	....	....	
(b) Paid by local bodies.				
72. Sub-Assistant Surgeon, Municipal Hospital (1).	Hospet	House-rent ..	10	
73. Sub-Assistant Surgeon, Local Fund Dispensary.	Hadagalli	Do. .	9	
74. Do. do.	Kotturu	Do. ..	6	
75. Do. do.	Kudligi	Do. ..	6	
76. Sub-Assistant Surgeon, Municipal Hospital (1).	Adoni	Do ..	6	

Non-gazetted officers—cont.

	Appointment.		Station.	Existing classification.	Amount of allowance per mensem.	Remarks.
			BELLARY—*cont.*			
			(*b*) *Paid by local bodies*—cont.			
					Rs.	
77.	Sub-Assistant Surgeon, Local Fund Dispensary.		Kosgi	House-rent ..	5	
78.	Sub-Assistant Surgeon, Local Fund Hospital.		Rayadrug	Do.	5	
79.	Sub-Assistant Surgeon, Local Fund Dispensary.		Kurugodu	Do. ..	5	
80.	Do.	do.	Harpanahalli ..	Do. ..	5	
81.	Do.	do.	Kanekal	Do. ..	5	
82.	Sub-Assistant Surgeon, Local Fund Hospital (1).		Alur	....	Free quarters.	
83.	Do.		Yemmiganuru ..	....	Do.	
84.	Sub-Assistant Surgeon, Local Fund Dispensary.		Siruguppa	....	Do.	
85.	Do.		Kamplt	....	Do.	
86.	Sub-Assistant Surgeon, Municipal Dispensary.		Cowl Bazaar ..	....	Do.	
87.	Lady Sub-Assistant Surgeon, Victoria Memorial Women and Children Dispensary.		Adoni	....	....	
			CHINGLEPUT.			
			(*a*) *Paid by Government.*			
88.	Sub-Assistant Surgeon, King Institute (1).		Guindy	House-rent ..	9	
89.	Sub-Assistant-Surgeon, Engineering College Hospital (1).		Do.	....	Free quarters.	
90.	European Overseer		Do.	....	Do.	
91.	Senior Mechanic		Do.	....	Do.	
92.	Driver, Pumping station ..		Do.	....	Do	
93.	Fireman		Do.	....	Do.	
94.	Sub-Assistant Surgeon, Reformatory School (1).		Chingleput	....	Do.	
95.	Sub-Assistant Surgeons, Headquarter Hospital (2).		Do.	....	....	
96.	Lady Sub-Assistant Surgeon, Headquarter Hospital (1).		Do.	....	....	
97.	Reserve Sub-Assistant Surgeons, Headquarter Hospital (3).		Do.	....	....	
			(*b*) *Paid by local bodies.*			
98.	Sub-Assistant Surgeon, Local Fund Dispensary.		Pallavaram	House-rent ..	8	
99.	Do.	do.	Tirukkalikkundram..	Do. ..	8	
100.	Do.	do.	Poonamallee	Do. ..	8	
101.	Do.	do.	Sembiyam	Do. ..	8	
102.	Do.	do.	Sattiyavedu	Do. ..	6	
103.	Do.	do.	Cheyur	Do. ..	5	
104.	Do.	do.	Chunampet	Do. ..	5	
105.	Do.	do.	Tirupporur	Do. ..	5	
106.	Do.	do.	Tiruvottiyur	Do. ..	5	
107.	Do.	do.	Nagalapuram.. ..	Do. ..	5	
108.	Do.	do.	Ponneri	Do. ..	4	
109.	Do.	do.	Sriperumbudur ..	Do. ..	3	
110.	Do.	da.	Madurantakam ..	....	Free quarters.	
111.	Do.	do.	Uttiramerur ..	....	Do.	
112.	Do.	do.	Pulicat	....	Do.	
113.	Sub-Assistant Surgeon, Municipal Hospital (1).		Conjeeveram	....	....	
114.	Lady Sub-Assistant Surgeon, Women and Children Dispensary.		Do.	....	....	
115.	Municipal Dispensary		Saidapet ..	....	....	Held by Civil Assistant Surgeon.
116.	Local Fund Dispensary		Tiruvallur ..	....	....	Do.
			CHITTOOR.			
			(*a*) *Paid by Government.*			
117.	Sub-Assistant Surgeon, Headquarter Hospital (1).		Chittoor ..	House-rent ..	10	
118.	Lady Sub-Assistant Surgeon, Headquarter Hospital (1).		Do. ..	Do. ..	10	
119.	Reserve Sub-Assistant Surgeons, Headquarter Hospital (2).		Do. ..	Do. ..	7	
120.	Sub-Assistant Surgeon, Headquarter Hospital (1).		Do. ..	....	Free quarters.	
121.	Nurse Supervisor, Headquarter Hospital.		Do. ..	....	Do.	
122.	Ward attendants and totis ..		Do. ..	....	Do	

Non-gazetted officers—cont

	Appointment.		Station.	Existing classification.	Amount of allowance per mensem.	Remarks.
			CHITTOOR—*cont.*			
			(*b*) *Paid by local bodies.*			
					Rs.	
123.	Sub-Assistant Surgeon, Local Fund Dispensary.		Pulliput ..	House-rent ..	7	
124.	Do.		Palmaner ..	Do. ..	6	
125.	Do.		Chandragiri ..	Do. ..	5	
126.	Do.		Kalahasti ..	Do. ..	5	
127.	Do.		Puttur ..	....	Free quarters.	
128.	Do.		Tiruttani ..	....	Do.	
129.	Sub-Assistant Surgeon, Local Fund Hospital (1).		Madanapalle ..	....	Do.	
130.	Sub-Assistant Surgeon, Local Fund Dispensary.		Sadam ..	....	Do.	
131.	Sub-Assistant Surgeon, Municipal Hospital (1).		Tirupati ..	....	....	
132.	Sub-Assistant Surgeon, Local Fund Dispensary.		Punganur ..	....	....	
133.	Do.		Vayalpad ..	....	....	
134.	Do.		Venkatagirikota ..	....	....	Closed from 1st September 1922.
			COIMBATORE.			
			(*a*) *Paid by Government.*			
135.	Sub-Assistant Surgeon, Headquarter Hospital (1).		Coimbatore ..	House-rent ..	15	
136.	Reserve Sub-Assistant Surgeons, Headquarter Hospital (2).		Do. ..	Do. ..	10	
137.	Sub-Assistant Surgeon, Headquarter Hospital.		Do. ..	....	Free quarters.	
138.	Sub-Assistant Surgeons, Central Jail (2).		Do. ..	....	Do	
139.	Sub-Assistant Surgeon, District Jail (1).		Do. ..	....	Do.	
140.	Sub-Assistant Surgeon, Police Hospital (1).		Do ..	....	Do.	
141.	Sub-Assistant Surgeon attached to the Forest and Agricultural Colleges (1)		Do. ..	....	....	
142.	Sub-Assistant Surgeon, Police Hospital (1).		Kollegal ..	....	....	Held by Civil Assistant Surgeon.
			(*b*) *Paid by local bodies.*			
143.	Lady Sub-Assistant Surgeon, Local Fund Hospital (1).		Gobichettipalaiyam ..	House-rent ..	10	
144.	Sub-Assistant Surgeon, Local Fund Hospital (1).		Satyamangalam ..	Do. ..	8	
145.	Sub-Assistant Surgeon, Local Fund Dispensary.		Kottur ..	Do. ..	8	
146.	Do.		Palladam ..	Do. ..	7	
147.	Do.		Kangayam ..	Do. ..	7	
148.	Do.		Andiyur ..	Do. ..	7	
149.	Do.		Vettagaranpudur ..	Do. ..	5	
150.	Do.		Sulur ..	Do. ..	5	
151.	Do.		Hanur ..	Do. ..	2½	
152.	Do.		Avanashi ..	....	Free quarters.	
153.	Do.		Perundurai ..	....	Do.	
154.	Sub-Assistant Surgeon, Local Fund Hospital (1).		Bhavani ..	....	Do.	
155.	Sub-Assistant Surgeon, Local Fund Dispensary.		Nerinjipet ..	....	Do.	
156.	Sub-Assistant Surgeon, Local Fund Dispensary.		Talavadi	....	Do.	
157.	Sub-Assistant Surgeon, Municipal Branch Dispensary.		Coimbatore	....	Do.	
158.	Sub-Assistant Surgeon, Municipal Hospital (1).		Dharapuram	....	Do.	
159.	Lady Sub-Assistant Surgeon, Municipal Hospital (1).		Erode	....	....	
160.	Lady Sub-Assistant Surgeon, Women and Children Dispensary.		Pollachi	....	....	
161.	Sub-Assistant Surgeon, Local Fund Dispensary.		Thondamuthur ..	....	....	Held by Civil Assistant Surgeon.
162.	Local Fund Hospital		Mettupalaiyam ..	....	....	Do.
163.	Do.		Kollegal	....	....	Do.
164.	Municipal Hospital		Erode	....	....	Do.
165.	Do.		Pollachi	....	....	Do.
166.	Do.		Tiruppur	....	....	Held by Lady Apothecary.
167.	Do.		Udamalpet	....	....	*Vacant.*
168.	Women and Children Dispensary.		Do.	....	....	
169.	Lady Sub-Assistant Surgeon, Women and Children Dispensary.		Dharapuram	....	....	

Non-gazetted officers—cont.

	Appointment.		Station.	Existing classification.	Amount of allowance per mensem. Rs.	Remarks.
			CUDDAPAH.			
			(*a*) *Paid by Government.*			
170.	Sub-Assistant Surgeon, Head-quarter Hospital (1).		Cuddapah	House-rent ..	5	
171.	Reserve Sub-Assistant Surgeons, Headquarter Hospital (4).		Do.	Do. ..	5 each.	
172.	Sub-Assistant Surgeon, Head-quarter Hospital (1).		Do.	....	Free quarters.	
173.	Sub-Assistant Surgeon, Collector's establishment.		Do.	....	....	
			(*b*) *Paid by local bodies.*			
174.	Sub-Assistant Surgeon, Local Fund Dispensary.		Vonipenta	House-rent ..	4	
175.	Do.	do.	Badvel	....	Free quarters	
176.	Do.	do.	Siddhout	....	Do.	
177.	Do.	do.	Jammalamadugu ..	....	Do.	
178.	Sub-Assistant Surgeon, Local Fund Hospital (1).		Rajampet	....	Do.	
179.	Sub-Assistant Surgeon, Local Fund Dispensary.		Rayachoti	....	Do	
180.	Do.	do.	Vaimpalli	....	Do.	
181.	Sub-Assistant Surgeon, Municipal Hospital (1).		Proddatur	....	Do.	
182.	Sub-Assistant Surgeon, Local Fund Dispensary.		Pulivendla	....	....	
183.	Do.	do.	Porumamilla ..	....	....	
			GANJAM.			
			(*a*) *Paid by Government.*			
184.	Sub-Assistant Surgeon, Head-quarter Hospital (1).		Berhampur	House-rent ..	10	
185.	Reserve Sub-Assistant Surgeons, Headquarter Hospital (4).		Do.	Do. ..	10 each.	
186.	Midwife, Headquarter Hospital ..		Do.	Do. ..	1½	
187.	Sub Assistant Surgeons, Head-quarter Hospital (2).		Do.	....	Free quarters.	
188.	Sub-Assistant Surgeon, District Jail (1).		Do.	....	Do.	
			(*b*) *Paid by local bodies.*			
189.	Sub-Assistant Surgeon, Local Fund Dispensary.		Gopalpur	House-rent ..	8	
190.	Sub-Assistant Surgeon, Local Fund Hospital (sub-charge) (1).		Russellkonda	Do. ..	8	
191.	Sub-Assistant Surgeon, Local Fund Dispensary.		Aska	Do. ..	7½	
192.	Do.	do.	Pulasara	Do. ..	5	
193.	Do.	do.	Varanasi	Do. ..	5	
194.	Do.	do.	Serugada	Do. ..	5	
195.	Do.	do.	Jarada	....	Free quarters.	
196.	Do.	do.	Sompeta	....	Do.	
197.	Do.	do.	Ganjam	....	Do.	
198.	Do.	do.	Kallikota	....	Do.	
199.	Do.	do.	Purushottapur ..	....	Do.	
200.	Do.	do.	Calingapatam ..	....	Do.	
201.	Do.	do.	Narasaunapet ..	....	Do.	
202.	Do.	do.	Dharakota	....	Do.	
203.	Do.	do.	Surada	....	Do.	
204.	Sub-Assistant Surgeon, Municipal Hospital (1).		Chicacole	....	Do.	
205.	Do	do.	Parlakimedi	....	Do.	
206.	Sub-Assistant Surgeon, Local Fund Dispensary.		Baruva	....	....	
207.	Do.	do.	Ichchapuram	....	....	
208.	Do.	do.	Hiramandalam ..	....	....	
209.	Sub-Assistant Surgeon, Municipal Branch Dispensary.		Berhampur	....	....	
210.	Local Fund Hospital		Chatrapur	....	....	Held by Civil Assistant Surgeon.
211.	Do.	.. ..	Tekkali	....	....	Do.
212.	Do.	.. ..	Russellkonda ..	....	....	Held by Military Assistant Surgeon.
213.	Local Fund Dispensary		Garabanda	....	....	Closed from 30th July 1922.
			GODAVARI.			
			(*a*) *Paid by Government.*			
214.	Sub-Assistant Surgeon, Head-quarter Hospital (1).		Cocanada	House-rent ..	12	
215.	Reserve Sub-Assistant Surgeons, Headquarter Hospital (4).		Do.	Do. ..	12 each	

Non-gazetted officers—cont.

	Appointment.		Station.	Existing classification.	Amount of allowance per mensem. Rs.	Remarks.
			GODAVARI—*cont.*			
			(*b*) *Paid by Government*—cont.			
216.	Sub-Assistant Surgeon, Head-quarter Hospital (1).		Cocanada	....	Free quarters.	
217.	Sub-Assistant Surgeons, Central Jail (2).		Rajahmundry ..	....	....	
			(*b*) *Paid by local bodies.*			
218.	Sub-Assistant Surgeons, Municipal Hospital (2).		Rajahmundry ..	House-rent ..	14 each.	
219.	Sub-Assistant Surgeon, Municipal Branch Dispensary.		Cocanada	Do. ..	12	
220.	Sub-Assistant Surgeon, Local Fund Hospital (1).		Tuni	Do. ..	12	
221.	Sub-Assistant Surgeon, Local Fund Dispensary.		Razole	Do. ..	8	
222.	Sub-Assistant Surgeon, Municipal Hospital (1).		Peddapuram	Do. ..	6	
223.	Sub-Assistant Surgeon, Local Fund Dispensary.		Mandapeta	Do. ..	5	
224.	Do.	do.	Biccavole	Do. ..	5	
225.	Do.	do.	Mummidivaram ..	Do. ..	5	
226.	Do.	do.	Prattipadu	....	Free quarters.	
227.	Do.	do.	Tallarevu	....	Do.	
228.	Do.	do.	Bendamurlanka ..	....	Do.	
229.	Do.	do.	Dowlaishwaram ..	....	Do.	
230.	Do.	do.	Gokavaram	....	....	
231.	Do.	do.	Yelaswaram	....	....	
232.	Lady Sub-Assistant Surgeon, Gosha Hospital (1).		Tuni	....	....	
233.	Sub-Assistant Surgeon, Local Fund Dispensary.		Kottapeta	....	....	Held by Lady Apothecary.
234.	Lady Havelock's Hospital for Women and Children.		Cocanada	....	....	Held by Civil Assistant Surgeon.
235.	Local Fund Hospital		Pithapuram	....	....	Do.
236.	Do.	.. ..	Amalapuram	....	....	Do.
237.	Do.	.. ..	Ramachandrapuram ..	....		
			GUNTUR.			
			(*a*) *Paid by Government.*			
238.	Sub-Assistant Surgeon, Head-quarter Hospital (1).		Guntur	House-rent ..	7	
239.	Reserve Sub-Assistant Surgeons, Headquarter Hospital (3).		Do.	Do. ..	7 each.	
240.	Sub-Assistant Surgeon, Head-quarter Hospital (1).		Do.	....	Free quarters.	
			(*b*) *Paid by local bodies.*			
241.	Sub-Assistant Surgeon, Municipal Hospital (1).		Tenali	House-rent ..	8	
242.	Sub-Assistant Surgeon, Local Fund Dispensary.		Ponnur	Do. ..	7	
243.	Do.	do.	Achampeta	Do. ..	5	
244.	Do.	do.	Gurzala	Do. ..	5	
245.	Do.	do.	Macherla	Do. ..	5	
246.	Do.	do.	Addanki	Do. ..	5	
247.	Do.	do.	Kottapatam	Do. ..	5	
248.	Do.	do	Kollur	Do. ..	3	
249.	Do.	do.	Dachepalle	....	Free quarters.	
250.	Do.	do.	Bapatla	....	Do.	
251.	Do.	do.	Mangalagiri	....	Do.	
252.	Do.	do.	Sattenapalle	....	Do.	
253.	Do.	do.	Vinukonda	....	....	Held by Civil Assistant Surgeon.
254.	Do.	do.	Repalle	....	....	Do.
255.	Municipal Hospital ..	.. ..	Chirala	....	....	Do.
256.	Do.	.. ..	Narasaraopet	....	....	Held by Lady Apothecary.
257.	Do.	.. ..	Ongole	....	....	
258.	Municipal Gosha Hospital	..	Do.	....		
			SOUTH KANARA.			
			(*a*) *Paid by Government.*			
259.	Midwife, Women and Children Hospital (1).		Mangalore	House-rent ..	3	
260	Sub-Assistant Surgeon, Government Dispensary.		Amindivi	....	Free quarters.	

Non-gazetted officers—cont.

	Appointment.	Station.	Existing classification.	Amount of allowance per mensem.	Remarks.
		SOUTH KANARA—*cont.*			
		(*a*) *Paid by Government*—cont.		Rs.	
261.	Sub-Assistant Surgeon, Police Hospital (1).	Mangalore	....	Free quarters.	
262.	Sub-Assistant Surgeons, Headquarter Hospital (2).	Do.	....	Do.	
263.	Government Women and Children Hospital.	Do.	....	Do.	Held by Lady Apothecary.
		(*b*) *Paid by local bodies.*			
264.	Sub-Assistant Surgeon, Local Fund Dispensary.	Baindur	House-rent ..	5	
265.	Do.	Shankaranarayana ..	Do. ..	5	
266.	Do.	Manjeshwar	Do. ..	5	
267.	Do.	Mudabidri	....	Free quarters.	
268.	Do.	Mulki	....	Do.	
269.	Do.	Sullia	....	Do.	
270.	Do.	Hosdrug	....	....	
271.	Do.	Beltangadi	....	....	
272.	Do.	Uppinangadi	....	....	
273.	Local Fund Hospital	Coondapur	....	....	Held by Civil Assistant Surgeon.
274.	Do.	Karkal	....	....	Do.
275.	Do.	Kasaragod	....	....	Do.
276.	Do.	Bantwal	....	....	Do.
277.	Do.	Udipi	....	....	Do.
278.	Do.	Puttur	....	....	Do.
		KISTNA.			
		(*a*) *Paid by Government.*			
279.	Sub-Assistant Surgeon, Headquarter Hospital (1).	Masulipatam	House-rent ..	12	
280.	Reserve Sub-Assistant Surgeons, Headquarter Hospital (4).	Do.	Do. ..	8	
281.	Sub-Assistant Surgeon, Headquarter Hospital (1).	Do.	....	Free quarters.	
		(*b*) *Paid by local bodies.*			
282.	Sub-Assistant Surgeon, Local Fund Dispensary.	Kovur	House-rent ..		
283.	Do.	Kaikalur	Do. ..	8	
284.	Do.	Nidadavole	Do. ..	7½	
285.	Do.	Bantumili	Do. ..	5	
286.	Sub-Assistant Surgeon, Local Fund Hospital (1).	Gudivada	Do. ..	5	
287.	Sub-Assistant Surgeon, Local Fund Dispensary	Pamarru	Do. ..	5	
288.	Do.	Achanta	Do. ..	5	
289.	Sub-Assistant Surgeon, Municipal Dispensary.	Palacole	Do. ..	5	
290.	Sub Assistant Surgeon, Municipal Women and Children Dispensary.	Masulipatam	Do. ..	5	
291-A.	Sub-Assistant Surgeon, Local Fund Dispensary.	Avanigadda	....	Free quarters.	
292.	Do.	Gunnavaram	....	Do.	
293.	Do.	Jaggayyapet	....	Do.	
294.	Do.	Mallavaram	....	Do.	
295.	Do.	Nuzvid	....	Do.	
296.	Do.	Tiruvur	....	Do.	
297.	Do.	Bhimavaram	....	Do.	
298.	Sub-Assistant Surgeon, Municipal Hospital (1).	Bezwada .. .	....	Do.	
299.	Do.	Ellore	....	Do.	
300.	Sub-Assistant Surgeon, Local Fund Dispensary.	Nandigama	....	....	
301.	Do.	Chintalapudi	....	....	
302.	Local Fund Hospital	Narasapur	....	....	Held by Civil Assistant Surgeon.
303.	Do.	Tanuku	....	....	Do.
		KURNOOL.			
		(*a*) *Paid by Government.*			
304.	Sub-Assistant Surgeon, Headquarter Hospital (1).	Kurnool	House-rent ..	8	
305.	Reserve Sub-Assistant Surgeons, Headquarter Hospital (5).	Do.	Do.	5 each.	
306.	Sub-Assistant Surgeon attached to the Special Chenchu Officer.	Atmakur	Do.	5	
307.	Sub-Assistant Surgeon, Police Hospital (1).	Kurnool	....	Free quarters.	

Non-gazetted officers—cont.

	Appointment.	Station.	Existing classification.	Amount of allowance per mensem.	Remarks.
		KURNOOL—*cont.*			
		(*b*) *Paid by local bodies.*		Rs.	
308.	Sub-Assistant Surgeon, Municipal Hospital (1).	Nandyal	House-rent ..	7	
309.	Sub-Assistant Surgeon, Local Fund Dispensary.	Guntur	Do. ..	6	
310.	Do.	Kodumur	Do. ..	6	
311.	Do.	Giddalur	Do. ..	6	
312.	Do.	Pattikonda	Do. ..	5	
313.	Do.	Allagadda	Do. ..	5	
314.	Do.	Cunabum	Do. ..	5	
315.	Do.	Nandikotkur	Do. ..	5	
316.	Do.	Koilkuntla	Do. ..	4½	
317.	Do.	Madhikera	Do. ..	4	
318.	Do.	Owk	Do. ..	4	
319.	Do.	Markapur	Do. ..	4	
320.	Do.	Yerragondapalem ..	Do. ..	4	
321.	Do.	Atmakur	Do. ..	4	
322.	Do.	Peapalli	Do. ..	3	
323.	Do.	Dhone	....	Free quarters.	
		MADRAS.			
324.	Sub-Assistant Surgeon, Tuberculosis Institute (1).	Madras	House-rent.	15	
325.	Sub-Assistant Surgeons, General Hospital (2).	Do.	Do.	15	
326.	Sub-Assistant Surgeon, Maternity Hospital (1).	Do.	Do.	15	
327.	Sub-Assistant Surgeon, Leper Hospital (1).	Do.	Do.	15	
328.	Sub-Assistant Surgeons, Rayapuram Hospital and Medical School (8).	Do.	Do.	15	
329.	Sub-Assistant Surgeons, Royapetta Hospital (3).	Do.	....	Free quarters.	
330.	Sub-Assistant Surgeons, Ophthalmic Hospital (5).	Do.	....	Do.	
331.	Sub-Assistant Surgeon, Lunatic Asylum (1).	Do.	....	Do.	
332.	Sub-Assistant Surgeons, Penitentiary (2).	Do.	....	Do.	
333.	Sub-Assistant Surgeon, Royapuram Hospital and Medical School (1).	Do.	....	Do.	
334.	Sub-Assistant Surgeon, Raja Sir Ramaswami Mudaliyar's Lying-in-Hospital (1).	Do.	....	....	
335.	Reserve Sub-Assistant Surgeons, General Hospital (4).	Do.	....	....	
336.	Sub-Assistant Surgeon, Marine Dispensary.	Do.	....	Free quarters.	
337.	Matron, Government Maternity Hospital.	Do.	....	Do.	
338.	Assistant Matrons, Government Maternity Hospital (2).	Do.	....	Do.	
339.	Nurses, Government Maternity Hospital (3).	Do.	....	Do.	
340.	Linen-keeper, Government Maternity Hospital.	Do.	....	Do.	
341.	Midwives, Government Maternity Hospital (4).	Do.	....	Do.	
342.	Probationary nurses, Government Maternity Hospital.	Do.	....	Do.	
343.	European attendants, Lunatic Asylum.	Do.	....	....	
344.	Matron, Lunatic Asylum	Do.	....	Free quarters.	
345.	First-grade nurse, Lunatic Asylum.	Do.	....	Do.	
346.	Indian attendants, Lunatic Asylum	Do.	....	Do.	
347.	Matron Superintendent, Government General Hospital.	Do.	....	Do.	
348.	Assistant Matron Superintendent, Government General Hospital.	Do.	....	Do.	
349.	Nurses, Government General Hospital (36).	Do.	....	Do.	
350.	Hospital Sergeant, Government General Hospital.	Do.	....	Do.	
351.	Matron, Government Voluntary Venereal Hospital.	Do.	....	Do.	
352	Nursing staff, Victoria Caste and Gosha Hospital.	Do.	....	Do	
353.	Pupil midwives, Victoria Caste and Gosha Hospital	Do.	....	Do	
354.	Ward attendants and totis, Victoria Caste and Gosha Hospital.	Do.	....		

Non-gazetted officers—cont.

	Appointment.	Station.	Existing classification.	Amount of allowance per mensem.	Remarks.
		MADRAS—*cont.*		RS.	
355.	Nursing staff (matron and nurses), Royapetta Hospital.	Madras	....	Free-quarters.	
356.	Tuberculosis Hospital	Do.	....	....	Held by Civil Assistant Surgeon.
357.	Government House Dispensary ..	Do.	....	....	Held by Military Assistant Surgeon.
		MADURA.			
		(*a*) *Paid by Government.*			
358.	Reserve Sub-Assistant Surgeons, Headquarter Hospital (3).	Madura	House-rent ..	10 each ..	
359.	Sub-Assistant Surgeons, Headquarter Hospital (4).	Do.	....	....	
360.	Lady Sub-Assistant Surgeon, Headquarter Hospital (1).	Do.	....	....	
361.	Sub-Assistant Surgeon, District Jail (1).	Do.	....	....	
362.	Public Works Department Dispensary.	Tekkadi	....	....	
363.	Indian nurses, Government Headquarter Hospital.	Madura	....	Free quarters.	Quarters are rented by the Government.
364.	Female compounders, Government Headquarter Hospital.	Do.	....	Do.	
365.	Sub-Assistant Surgeon, Local Fund Dispensary.	Tirumangalam ..	House-rent ..	15	
366.	Do.	Tiruparangundram ..	Do. ..	10	
367.	Do.	Andipatti	Do. ..	10	
368.	Do.	Vedasandur	Do. ..	10	
369.	Do.	Alanganallur ..	Do. ..	8	
370.	Do.	Keeranur	Do. ..	5	
371.	Do.	Saptur	Do. ..	4½	
372.	Do.	Usilampatti	....	Free quarters.	
373.	Do.	Uttamapalaiyam ..	....	Do.	
374.	Do.	Batlagundu	....	Do.	
375.	Do.	Kannivadi	....	Do.	
376.	Do.	Nilakkottai	....	Do.	
377.	Do.	Sholavandan	....	Do.	
378.	Lady Sub-Assistant Surgeon, Municipal Women and Children Dispensary.	Dindigul	....	Do.	
379.	Sub-Assistant Surgeon, Municipal Hospital (1).	Bodinayakkanur ..	....	Do.	
380.	Sub-Assistant Surgeon, Municipal Dispensary.	Madura	....	Do.	
381a.	Do.	Tallakulam	....	Do.	
382.	Sub-Assistant Surgeon, Local Fund Dispensary.	Melur	....	....	
383.	Do.	Nattam	....	....	
384.	Sub-Assistant Surgeon, Municipal Hospital (1).	Dindigul	....	....	
385.	Municipal Hospital	Kodaikanal	....	....	Held by Civil Assistant Surgeon.
386.	Do.	Palni	....	....	Do.
387.	Do.	Periyakulam	....	....	Do.
388.	Rao Bahadur M. S. Narayanaswami Ayyar's Women and Children Dispensary.	Madura	....	....	Held by Lady Apothecary.
		MALABAR.			
		(*a*) *Paid by Government.*			
389.	Reserve Sub-Assistant Surgeons, Headquarter Hospital (5).	Calicut	House-rent ..	10	
390.	Sub-Assistant Surgeon, Women and Children Hospital (1).	Do.	Do. ..	10	
391.	Lady Sub-Assistant Surgeon, Women and Children Hospital (1).	Do.	Do. ..	10	
392.	Sub-Assistant Surgeons, Police Hospital (2).	Malappuram ..	Do. ..	5	
393.	Sub-Assistant Surgeons, Medical School (2).	Calicut	Do. ..	5	
394.	Sub-Assistant Surgeon, Headquarter Hospital (1).	Do.	....	Free quarters.	
395.	Sub-Assistant Surgeon, Sub-jail (1).	Do.	....	Do.	
396.	Sub-Assistant Surgeons, Central Jail (2).	Cannanore	....	....	
397.	Sub-Assistant Surgeons, Cantonment Sub-jail 2).	Do.	....	....	
398.	Sub-Assistant Surgeon, Fort Sub-jail.	Do.	....	....	

Non-gazetted officers—cont.

	Appointment.	Station.	Existing classification.	Amount of allowance per mensem.	Remarks.
		MALABAR—*cont.*		RS.	
		(*a*) *Paid by Government*—cont.			
399.	Sub-Assistant Surgeon, Lunatic Asylum.	Calicut	....	....	Held by Civil Assistant Surgeon.
		(*b*) *Paid by local bodies.*			
400.	Sub-Assistant Surgeon, Local Fund Dispensary.	Valapad	House-rent ..	12	
401.	Sub-Assistant Surgeon, Municipal Branch Dispensary.	Kallai	Do. ..	10	
402.	Sub-Assistant Surgeons, Municipal Hospital (2).	Cochin	Do. ..	10	
403.	Sub-Assistant Surgeon, Municipal Dispensary.	Cannanore	Do. ..	8	
404.	Sub-Assistant Surgeon, Local Fund Dispensary.	Alattur	Do. ..	7½	
405.	Do.	Kollengode	Do. ..	7½	
406.	Do.	Badagara	Do. ..	7	
407.	Do.	Trithala	Do. ..	7	
408.	Do.	Irikkur	Do. ..	5	
409.	Do.	Payyanur	Do. ..	5	
410.	Do.	Taliparamba	Do. ..	5	
411.	Do.	Kalikavu	Do. ..	5	
412.	Do.	Kuttaparamba ..	Do. ..	5	
413.	Do.	Nadapuram	Do. ..	5	
414.	Do.	Quilandi	Do. ..	5	
415.	Do.	Kannambra	Do. ..	5	
416.	Sub-Assistant Surgeon, Local Fund Dispensary.	Tirur	Do. ..	5	
417.	Do. do.	Mannarghat	Do. ..	Free quarters.	
418.	Do. do.	Tamracheri	....	Do.	
419.	Sub-Assistant Surgeon, Local Fund Hospital (1).	Vayittiri	....	Do.	
420.	Sub-Assistant Surgeon, Local Fund Dispensary.	Sultan's Battery ..	....	Do.	
421.	Sub-Assistant Surgeon, Municipal Hospital (1).	Palghat	....	Do.	
422.	Sub-Assistant Surgeon, Municipal Branch Dispensary.	Do.	....	....	
423.	Sub-Assistant Surgeon, Municipal Hospital (1).	Tellicherry	....	....	
424.	Sub-Assistant Surgeon, Municipal Branch Dispensary.	Do.	....	....	Held by Civil Assistant Surgeon.
425.	Local Fund Hospital	Manjeri	....	....	Held by Local Fund Assistant Surgeon.
426.	Do. ..	Nilambur	....	....	Held by Civil Assistant Surgeon.
427.	Do. ..	Chowghat	....	....	Do.
428.	Do. ..	Ponnani	....	....	Do.
429.	Do. ..	Angadipuram ..	....	....	Do.
430.	Do. ..	Manantoddy	....	....	
		NELLORE.			
		(*a*) *Paid by Government.*			
431.	Reserve Sub-Assistant Surgeon, Headquarter Hospital (2).	Nellore	House-rent ..	5	
432.	Indian Nurses, Headquarter Hospital (2).	Do.	Do. ..	5	
433.	Sub-Assistant Surgeons, Headquarter Hospital (2).	Do.	....	Free quarters.	
		(*b*) *Paid by local bodies.*			
434.	Sub-Assistant Surgeon, Local Fund Dispensary.	Mutukur	House-rent ..	8	
435.	Do. do.	Nayudupet	Do. ..	8	
436.	Sub-Assistant Surgeon, Municipal Branch Dispensary.	Nellore	Do. ..	8	
437.	Sub-Assistant Surgeon, Local Fund Dispensary.	Kovur	Do. ..	6	
438.	Do. do.	Vinjamur	Do. ..	5	
439.	Do. do.	Podalakur	Do. ..	5	
440.	Do do.	Pamur	Do. ..	5	
441.	Do. do.	Podili	Do. ..	5	
442.	Do. do.	Indukurpet	....	Free quarters.	
443.	Sub-Assistant Surgeon, Local Fund Hospital (1).	Atmakur	....	Do.	
444.	Sub-Assistant Surgeon, Local Fund Dispensary.	Kaluvaya	....	Do.	
445.	Do. do.	Udayagiri	....	Do.	
446.	Do. do.	Dugarajapatnam ..	....	Do.	
447.	Sub-Assistant Surgeon, Local Fund Hospital (1).	Gudur	....		

Non-gazetted officers—cont.

	Appointment.	Station.	Existing classification.	Amount of allowance per mensem.	Remarks.
		NELLORE—*cont.*		Rs.	
		(*b*) *Paid by local bodies*—cont.			
448.	Sub-Assistant Surgeon, Local Fund Dispensary.	Kota	....	Free quarters	
449.	Do. do.	Rapur	....	Do.	
450.	Sub-Assistant Surgeon, Local Fund Hospital (1).	Kandukur	....	Do.	
451.	Sub-Assistant Surgean, Local Fund Dispensary.	Darsi	....	Do.	
452.	Sub-Assistant Surgeon, Local Fund Hospital (1).	Kanigiri	....	Do.	
453.	Do. do.	Allur	....	Do.	
454.	Sub-Assistant Surgeon, Local Fund Dispensary.	Buchireddipalaiyam ..	....	Do.	
455.	Sub-Assistant Surgeon, Local Fund Hospital (1).	Kavali	....	Do.	
456.	Sub-Assistant Surgeon, Local Fund Dispensary.	Sulurpet	....	Do.	
457.	Lady Sub-Assistant Surgeon (1), Women and Children Jubilee Hospital.	Nellore	....	Do.	
458.	Local Fund Hospital	Venkatagiri	....	....	Held by Civil Assistant Surgeon.
		NILGIRIS.			
		(*a*) *Paid by Government.*			
459.	Matron (1), Government Head-quarter Hospital.	Ootacamund	House-rent ..	50	
460.	Reserve Sub-Assistant Surgeon (1), Headquarter Hospital.	Do.	Do. ..	....	
461.	St. Bartholomew's Headquarter Hospital.	Do.	Do. ..	30	
462.	Indian Nurses (2), Headquarter Hospital.	....	Do. ..	5	
463.	Compounders (2), Headquarter Hospital.	....	Do. ..	5	
464.	Sub-Assistant Surgeon (1), Head-quarter Hospital.	....	....	Free quarters	
		(*b*) *Paid by local bodies.*			
465.	Reserve Sub-Assistant Surgeon (1), Lawley Hospital.	Coonoor	House-rent ..	30	
466.	Sub-Assistant Surgeons (2), Lawley Hospital.	Do.	....	Free quarters	
467.	Sub-Assistant Surgeon (1), Local Fund Hospital.	Kolacombai	....	Do.	
468.	Sub-Assistant Surgeon, Local Fund Dispensary.	Kaity	.. .	....	
469.	Local Fund Hospital	Gudalur	....	....	Held by Military Assistant Surgeon.
470.	Do.	Kotagiri	....	....	Do.
		RAMNAD.			
		(*a*) *Paid by Government.*			
471.	Reserve Sub-Assistant Surgeons (2), Headquarter Hospital.	Ramnad	House-rent ..	10	
472.	Nurse on Plague duty	Dhanushkodi	Do. ..	10	
473.	Sub-Assistant Surgeon, Head-quarter Hospital.	Ramnad	....	Free quarters	
474.	Sub-Assistant Surgeon, Special Police Force.	Sivakasi	....	Do.	
		(*b*) *Paid by local bodies.*			
475.	Sub-Assistant Surgeon, Local Fund Hospital	Sattur	House-rent ..	15	
476.	Sub-Assistant Surgeon, Local Fund Dispensary.	Aruppukkottai ..	Do. ..	10	
477.	Do. do.	Dhanushkodi ..	Do. ..	10	
478.	Do. do.	Ilayangudi	Do. ..	10	
479.	Do. do.	Mudukulattur ..	Do. ..	10	
480.	Do. do.	Paramagudi	Do. ..	10	
481.	Do. do.	Kamudi	Do. ..	9	
482.	Do. do.	Tiruppuvanam ..	Do. .	8	
483.	Do. do.	Kilakarai	Do. ..	8	
484.	Do. do.	Watrap	Do. ..	8	
485.	Sub-Assistant Surgeon, Municipal Hospital.	Srivilliputtur ..	Do. ..	8	
486.	Sub-Assistant Surgeon, Local Fund Dispensary.	Kottayur	Do. ..	8	
487.	Do. do.	Abiramam	Do. ..	6	
488.	Do. do.	Tondi	Do. ..	5	
489.	Do. do.	Mandapam	Do. ..	5	
490.	Do. do.	Rajapalaiyam ..	Do. ..	5	
491.	Do. do.	Manamadura ..	....	Free quarters	
492.	Do. do.	Tiruppattur	....	Do.	

Non-gazetted officers—cont.

	Appointment.	Station.	Existing classification.	Amount of allowance per mensem.	Remarks.
		RAMNAD—*cont.*		Rs.	
		(*b*) *Paid by local bodies*—cont.			
493.	Sub-Assistant Surgeon, Municipal Hospital (1).	Srivilliputtur ..	....	Free quarters.	
494.	Sub-Assistant Surgeon, Municipal Dispensary.	Sivakasi	....	Do.	
495.	Sub-Assistant Surgeon, Local Fund Dispensary.	Devakottai	....	Do.	
496.	Do. do.	Karaikudi	....	Do.	
497.	Sub-Assistant Surgeon, Local Fund Hospital (1).	Rameswaram ..	....	....	
498.	Do. do.	Sivaganga	....	....	Held by Civil Assistant Surgeon.
499.	Do. do.	Pamban	....	....	Do.
500.	Municipal Hospital	Virudupatti	....	....	Do.
501.	Women and Children Dispensary.	Devakottai	....	....	Held by Lady Apothecary.
		SALEM.			
		(*a*) *Paid by Government.*			
502.	Sub-Assistant Surgeons (3), Central jail.	Salem	....	Free quarters.	
503.	Sub-Assistant Surgeon (1), Police Hospital.	Do.	....	Do.	
504.	Sub-Assistant Surgeons (2), Headquarter Hospital.	Do.	....	Do.	
505.	Lady Sub-Assistant Surgeon, Queen Alexandra Hospital (1).	Do.	....	....	
506.	Reserve Sub-Assistant surgeons (2), Headquarter Hospital.	Do.	....		
		(*b*) *Paid by local bodies.*			
507.	Sub-Assistant Surgeon, Local Fund Hospital (1).	Tiruchengodu ..	House-rent ..	15	
508.	Sub-Assistant Surgeon, Municipal Branch Dispensary, Ammapet.	Salem	Do. ..	10	
509.	Sub-Assistant Surgeon, Local Fund Dispensary.	Rasipur	Do. ..	10	
510.	Do. do.	Shendamangalam ..	Do. ..	10	
511.	Do. do.	Velur	Do. ..	8	
512.	Do. do.	Palakodu	Do. ..	8	
513.	Do. do.	Kaveripatnam ..	Do. ..	7	
514.	Sub-Assistant Surgeon, Local Fund Hospital (1).	Harur	Do. ..	7	
515.	Sub-Assistant Surgeon, Local Fund Dispensary.	Mattur	Do. ..	7	
516.	Do. do.	Ettapur	Do. ..	7	
517.	Do. do.	Omalur	Do. ..	6	
518.	Do. do.	Edappadi	Do. ..	6	
519.	Do. do.	Pennagaram	Do. ..	6	
520.	Do. do.	Uttangarai	Do. ..	6	
521.	Do. do.	Denkanikota ..	Do. ..	6	
522.	Do. do.	Rayakota	Do. ..	6	
523.	Do. do.	Thammampatti ..	Do. ..	5	
524.	Do. do.	Thalli	....	Free quarters.	
525.	Do. do.	Sankaridrug	....	..	Held by Civil Assistant Surgeon.
526.	Local Fund Hospital	Dharmapuri	....	..	Do.
527.	Do.	Hosur	....	..	Do.
528.	Do.	Krishnagiri	....	..	Do.
529.	Do.	Namakkal	....	..	Do.
530.	Do.	Yercaud	....	..	Do.
		TANJORE.			
		(*a*) *Paid by Government.*			
531.	Sub-Assistant Surgeons (3), Medical School and Headquarter Hospital.	Tanjore	House-rent ..	10	
532.	Reserve Sub-Assistant Surgeons (2), Headquarter Hospital.	Do.	Do. ..	10	
533.	Reserve Sub-Assistant Surgeon (1), Headquarter Hospital.	Do.	....	Free quarters.	
534.	Sub-Assistant Surgeon (1), Borstal Institute.	Do.	....	Do.	
		(*b*) *Paid by local bodies.*			
535.	Sub-Assistant Surgeon, Municipal Dispensary.	Karuntattangudi ..	House-rent ..	10	
536.	Sub-Assistant Surgeon, Local Fund Dispensary.	Swamimalai	Do. ..	8	
537.	Do. do.	Kivalur	Do. ..	8	
538.	Do. do.	Ammapet	Do ..	5	
539.	Do. do.	Milattur	Do. ..	5	
540.	Do. do.	Tiruppanandal ..	Do. ..	5	
541.	Do. do.	Valangiman	Do. ..	5	

Non-gazetted officers—cont.

	Appointment.		Station.	Existing classification.	Amount of allowance per mensem.	Remarks.
			TANJORE—*cont.*			
			(*b*) *Paid by local bodies*—cont.		Rs.	
542.	Sub-Assistant Surgeon, Fund Dispensary.	Local	Vaithisvarankoil ..	House-rent ..	5	
543.	Do.	do.	Perumpanniyur ..	Do. ..	5	
544.	Do.	do.	Vidayapuram ..	Do. ..	5	
545.	Do.	do.	Vedaranniyam ..	Do. ..	5	
546.	Do.	do.	Ayyampet	Do. ..	5	
547.	Do.	do.	Tiruvadi	Do. ..	5	
548.	Do.	do.	Avadaiyarkovil ..	Do. ..	3	
549.	Do.	do.	Enangudi	Do. ..	3	
550.	Do.	do.	Nachiyarkovil ..	....	Free quarters.	
551.	Do.	do.	Papanasam	....	Do.	
552.	Do.	do.	Tiruvadamarudur ..	....	Do.	
553.	Do.	do.	Kuttalam	....	Do.	
554.	Do.	do.	Kodavasal	....	Do.	
555.	Sub-Assistant Surgeon, Fund Hospital (1).	Local	Nannilam	....	Do.	
556.	Sub-Assistant Surgeon, Fund Dispensary.	Local	Kuttanelore	....	Do.	
557.	Do.	do.	Adirampatnam ..	....	Do.	
558.	Do.	do.	Arantangi	....	Do.	
559.	Do.	do.	Manamelgudi ..	....	Do.	
560.	Do.	do.	Mimisal	....	Do.	
561.	Do.	do.	Nidamanagalam ..	....	Do.	
562.	Do.	do.	Orattanadu	....	Do	
563.	Do.	do.	Tirukattupalli ..	....	Do.	
564.	Do.	do.	Vallam	....	Do.	
565.	Sub-Assistant Surgeon, Municipal Dispensary.		Manambuchavadi ..	....	Do.	
566.	Sub-Assistant Surgeons, Municipal Hospital (2).		Kumbakonam ..	....	Do.	
567.	Sub-Assistant Surgeon, Municipal Branch Dispensary.		Do. ..	....	Do.	
568.	Sub-Assistant Surgeon, Municipal Hospital (1).		Mayavaram	....	Do.	
569.	Sub-Assistant Surgeons, Municipal Hospital (2).		Negapatam	....	Do.	
570.	Sub-Assistant Surgeon, Municipal Branch Dispensary.		Nagore	....	Do.	
571.	Sub-Assistant Surgeon, Local Fund Dispensary.		Peralam	....	....	
572.	Do.	do.	Muttupet	....	....	
573.	Do.	do.	Gandarvakottai ..	....	....	
574.	Sub-Assistant Surgeon, Municipal Hospital (1).		Mannargudi	....	....	
575.	Sub-Assistant Surgeon Women and Children Dispensary.		Negapatam	....	....	Vacant.
576.	Local Fund Hospital		Shiyali	....	....	Held by Civil Assistant Surgeon.
577.	Do.		Tranquebar	....	....	Do.
578.	Do.		Tirnturaipundi ..	....	....	Do.
579.	Do.		Pattukkottai	....	....	Do.
580.	Municipal Hospital		Tiruvalur	....	....	Do.
			TINNEVELLY.			
			(*a*) *Paid by Government.*			
581.	Reserve Sub-Assistant Surgeons, Headquarter Hospital (3).		Palamcottah	House-rent ..	5	
582.	Sub-Assistant Surgeon, Headquarter Hospital (1).		Do.	....	Free quarters	
583.	Sub-Assistant Surgeon, District Jail (1).		Do.	....	Do.	
584.	Sub-Assistant Surgeon, Police Hospital (1).		Do.	....	Do.	
585.	Sub-Assistant Surgeon, Local Fund Dispensary.		Panakudi	House-rent ..	10	
586.	Sub-Assistant Surgeon, Municipal Branch Dispensary.		Melaviraraghavapuram.	Do. ..	10	
587.	Sub-Assistant Surgeon, Local Fund Dispensary.		Kayattar	Do. ..	8	
588.	Do.	do.	Vilattikulam ..	Do. ..	8	
589.	Do.	do.	Sarmadevi	Do. ..	7½	
590.	Do.	do.	Kulasekharapatnam..	Do. ..	7	
591.	Do.	do.	Sattankulam	Do. ..	7	
592.	Do.	do.	Tiruchendur	Do. ..	7	
593.	Sub-Assistant Surgeon, Municipal Branch Dispensary.		Melapalaiyam ..	Do. ..	6	
594.	Sub-Assistant Surgeon, Local Fund Dispensary.		Ettaiyapuram ..	Do. ..	5	
595.	Do.	do.	Sivagiri	Do. ..	5	
596.	Do.	do.	Kadayam	Do. ..	5	
597.	Do.	do.	Kadayanallur ..	Do. ..	5	
598.	Do.	do.	Veerakeralambudur..	Do. ..	5	
599.	Do.	do.	Kayalpatnam ..	Do. ..	5	
600.	Do.	do.	Kovilpatti	....	Free quarters.	

Non-gazetted officers—cont.

	Appointment.		Station.	Existing classification.	Amount of allowance per mensem.	Remarks.
			TINNEVELLY—*cont.*			
			(*b*) *Paid by local bodies.*		Rs.	
601.	Sub-Assistant Surgeon, Local Fund Dispensary.		Sankaranayinarkoyil.	....	Free quarters.	
602.	Do.	do.	Tirukarankudi ..	....	Do.	
603.	Sub-Assistant Surgeon, Municipal Branch Dispensary.		Pettai	....	Do.	
604.	Lady Sub-Assistant Surgeon, Municipal Hospital (1).		Tinnevelly	....	....	
605.	Sub-Assistant Surgeon, Municipal Hospital (1).		Tuticorin	....	....	
606.	Women and Children Hospital ..		Vannarpet	....	....	Held by Lady Apothecary.
607.	Local Fund Hospital		Ambasamudram ..	....	....	Held by Civil Assistant Surgeon.
608.	Do.		Nanguneri	....	....	Do.
609.	Do.		Tenkasi	....	....	Do.
610.	Do.		Srivaikuntam ..	....	....	Do.
611.	Municipal Hospital		Tinnevelly	....	....	Do.
			TRICHINOPOLY.			
			(*a*) *Paid by Government.*			
612.	Lady Sub-Assistant Surgeon, Headquarter Hospital (1).		Trichinopoly ..	House-rent ..	20	
613.	Sub-Assistant Surgeons, Headquarter Hospital (3).		Do. ..	Do. ..	12	
614.	Sub-Assistant Surgeons, Central Jail (4).		Do. ..	....	Free quarters.	
			(*b*) *Paid by local bodies.*			
615.	Lady Sub-Assistant Surgeon, Municipal Dispensary.		Teppakulam	House-rent ..	20	
616.	Sub-Assistant Surgeon, Local Fund Dispensary.		Kulittalai	Do. ..	12	
617.	Do.	do.	Lalgudi	Do. ..	12	
618.	Sub-Assistant Surgeon, Municipal Dispensary.		Teppakulam	Do. ..	12	
619.	Sub-Assistant Surgeon, Local Fund Dispensary.		Musiri	Do. ..	10	
620.	Sub-Assistant Surgeon, Municipal Dispensary.		Woriyur	Do. ..	10	
621.	Sub-Assistant Surgeon, Local Fund Dispensary		Aravakurchi	Do. ..	8	
622.	Do.	do.	Turaiyur	Do. ..	8	
623.	Do.	do.	Ariyalur	Do. ..	8	
624.	Do.	do.	Jayankondasolapuram.	Do. ..	8	
625.	Do.	do.	Manapparai	Do. ..	7	
626.	Do.	do.	Kattupputtur ..	Do. ..	5	
627.	Do.	do.	Tathayyangarpettai..	Do. ..	5	
628.	Do.	do.	Illuppur	....	Free quarters.	
629.	Sub-Assistant Surgeon, Municipal Dispensary.		Srirangam	....	Do.	
630.	Sub-Assistant Surgeon, Local Fund Dispensary.		Perambalur and Kurumbalur.	....	....	
631.	Municipal Hospital		Karur	....	....	Held by Civil Assistant Surgeon.
632.	Women and Children Dispensary.		Do.	....	....	Held by Lady Assistant Surgeon who draws an house-rent allowance of Rs. 25 from the municipality.
			VIZAGAPATAM.			
			(*a*) *Paid by Government.*			
633.	Lady Sub-Assistant Surgeon, Women and Children Hospital (1).		Vizagapatam	House-rent ..	10	
634.	Sub-Assistant Surgeons, Medical School (4).		Do.	Do. ..	8	
635.	Sub-Assistant Surgeons, Headquarter Hospital (2).		Do.	....	Free quarters.	
636.	Sub-Assistant Surgeons, Central Jail (2).		Do.	....	Do.	
637.	Sub-Assistant Surgeon, Lunatic Asylum (1).		Do.	....	....	
	Police Hospital		Parvatipuram ..	....	....	Held by Civil Assistant Surgeon.
	Do.		Narasapatam	....	....	Do.

Non-gazetted officers—cont.

	Appointment.	Station.	Existing classification.	Amount of allowance per mensem.	Remarks
		VIZAGAPATAM—*cont.*			
		(*b*) *Paid by local bodies.*		Rs.	
638.	Sub-Assistant Surgeon, Local Fund Dispensary.	Nakkapalli	House-rent ..	5	
639.	Do. do.	Madagole	Do. ..	5	
640.	Do. do.	Yellamanchili ..	Do. ..	5	
641.	Itinerating Dispensary	Krishnadevipet ..	Do. ..	5	
642.	Sub-Assistant Surgeon, Lakshminarasayyama's Hospital (1).	Kurupam	Do. ..	5	
643.	Sub-Assistant Surgeon, Local Fund Dispensary.	Jami	Do. ..	5	
644.	Do. do.	Srungavarapukota ..	Do. ..	5	
645.	Sub-Assistant Surgeon, Local Fund Hospital (1).	Pondur	Do. ..	5	
646.	Sub-Assistant Surgeon, Local Fund Dispensary.	Saluru	....	Free quarters.	
647.	Do. do.	Kottavalsa	....	Do.	
648.	Do. do.	Subbavaram	....	Do.	
649.	Sub-Assistant Surgeon, Local Fund Hospital (1).	Chiparupalle	....	Do.	
650.	Do. do.	Gajapatinagram ..	....	Do.	
651.	Do. do.	Palkonda	....	Do.	
652.	Sub-Assistant Surgeon, Local Fund Dispensary.	Pusapatirega	....	Do.	
653.	Do. do.	Bazaar	....	Do.	
654.	Do. do.	Viraghattam	....	Do.	
655.	Sub-Assistant Surgeon, Municipal Hospital (1).	Anakapalle	....	Do.	
656.	Sub-Assistant Surgeon, Edward VII Dispensary.	Vizianagram	....	Do.	
657.	Sub-Assistant Surgeon, Municipal Dispensary.	Waltair	....	Do.	
658.	Sub-Assistant Surgeon, Local Fund Hospital (1).	Chodavaram	....	....	
659.	Local Fund Hospital	Narsapatnam ..	....	....	Held by Civil Assistant Surgeon.
660.	Do.	Parvatipuram ..	....	....	Do.
661.	Do.	Bobbili	....	....	Do.
662.	Women and Children Hospital ..	Do.	....	....	Held by Lady Apothecary.
663.	Municipal Hospital	Bimilipatam	....	....	Held by Civil Assistant Surgeon.
		AGENCY DIVISION.			
		(*a*) *Paid by Government.*			
664.	Sub-Assistant Surgeon, Government Hospital (1).	Bhadrachalam ..	House-rent ..	8	
665.	Sub-Assistant Surgeon, Assistant Commissioner, Khond Agency.	Russellkonda	Do. ..	7	
666.	Sub-Assistant Surgeon, Government Dispensary.	Rayagada	Do. ..	5	
667.	Sub-Assistant Surgeon, Superintendent of Police.	Waltair	Do. ..	5	
668.	Sub-Assistant Surgeon, Assistant Superintendent of Police, Oriya Agency.	Koraput	Do. ..	5	
669.	Sub-Assistant Surgeon, Executive Engineer.	Do.	Do. ..	5	
670.	Sub-Assistant Surgeon, Special Forest Officer, Parlakimedi mahahs.	Parlakimedi	Do. ..	5	
671.	Sub-Assistant Surgeon, attached to Agency Commissioner.	Waltair	Do. ..	5	
672.	Sub-Assistant Surgeon, Assistant Commissioner, Koya Agency.	Bhadrachalam ..	Do.	5	
673.	Sub-Assistant Surgeon, Ghat Agency.	Waltair	Do. ..	5	
674.	Sub-Assistant Surgeon, Assistant Commissioner, Rampa Agency.	Polavaram	Do. ..	5	
675.	Sub-Assistant Surgeon, Government Hospital (1).	Balliguda	....	Free quarters.	
676.	Do. do.	G. Udayagiri ..	....	Do.	
677.	Do. do.	R. do. ..	....	Do.	
678.	Sub-Assistant Surgeon, Police and Sub-Jail Hospital sub-charge.	Koraput	....	Do.	
679.	Sub Assistant Surgeon, Government Dispensary.	Kunavaram	....	Do.	
680.	Do. do.	Venkatapur	....	Do	
681.	Sub-Assistant Surgeon, Assistant Commissioner, Oriya Agency.	Koraput	....	Do.	
682.	Sub-Assistant Surgeon, Government Dispensary.	Gazilabadi	....	....	
683.	Do do.	Anantagiri	..	....	
684.	Do do.	Lammasingi (Tulabada).	..	....	
685.	Police and Sub-Jail Hospital	Koraput	..	....	Held by Military Assistant Surgeon.

Non-gazetted officers—cont.

	Appointment.	Station.	Existing classification.	Amount of allowance per mensem.	Remarks.
		AGENCY DIVISION—*cont.*			
		(*a*) *Paid by Government*—cont.		Rs.	
686.	Sub-Assistant Surgeon, Malia Reserve.	R. Udayagiri, G. Udayagiri and Balliguda.	....	....	Vacant.
687.	Sub-Assistant Surgeon, Assistant Commissioner, Savara Agency.	....	....	....	Do.
		(*b*) *Paid by local bodies.*			
688.	Sub-Assistant Surgeon, Local Fund and Police Hospital (1).	Gunupur	House-rent.	6	
689.	Sub-Assistant Surgeon, Local Fund Hospital (1).	Koraput	Do.	5	
690.	Sub-Assistant Surgeon, Local Fund Dispensary.	Malkanagiri	....	Free quarters.	
691.	Do. do.	Nowrangapur ..	....	Do.	
692.	Do. do.	Ummarkote	....	Do.	
693.	Do. do.	Pottanghi	....	Do.	
694.	Sub-Assistant Surgeon, Local Fund Hospital (1).	Bissamcuttack ..	....	Do.	
695.	Sub-Assistant Surgeon, Local Fund Dispensary.	Addatigala	....	Do.	
696.	Do. do.	Rampa Chodavaram ..	....	Do.	
697.	Do. do.	Jangareddigudem ..	....	Do.	
698.	Do. do.	Polavaram	....	....	
699.	Do. do.	Kottad	....	....	
700.	Do. do.	Padwa	....	....	
701.	Sub-Assistant Surgeon, Local Fund Hospital (1).	Rayaghada	..	....	
702.	Sub-Assistant Surgeon, Local Fund Dispensary.	Gudari	....	....	
703.	Local Fund Hospital	Jeypore	....	....	Held by Military Assistant Surgeon.
704.	Midwife, Headquarter Hospital ..	Berhampur	Living hospital.	near 1½	Personal to the present incumbent.
705.	Midwife, Headquarter Hospital ..	Kannavaram (Agency)	Do.	2	Pending construction of quarters.

APPENDIX K.

List of sub-assistant surgeons who draw a jail allowance of Rs. 30.

1. Sub-Assistant Surgeon, District Jail .. .. Berhampur.
2. Sub-Assistant Surgeon, Temporary .. .. Calicut.
3. Do. do. .. .. Cannanore.
4. Sub-Assistant Surgeons, Camp Jail (10) .. .. Bellary.
5. Sub-Assistant Surgeons, Central Jail (3) .. .. Do.
6. Sub-Assistant Surgeons, Central Jail and District Jail .. .. Coimbatore.
7. Sub-Assistant Surgeon, Palamcottah .. .. Palmcottah.
8. Sub-Assistant Surgeons, Central Jail (2) .. .. Vellore.
9. Sub-Assistant Surgeon, District Jail .. .. Madura.
10. Sub-Assistant Surgeons (3) .. .. Trichinopoly.
11. Do. (3) .. .. Salem.
12. Sub-Assistant Surgeon .. .. Tanjore.
13. Sub-Assistant Surgeons, Central Jail (2) .. .. Vizagapatam.
14. Sub-Assistant Surgeons (2) .. .. Rajahmundry.
15. Sub-Assistant Surgeon, District Jail .. .. Cuddalore.
16. Sub-Assistant Surgeons, Penitentiary (2) .. .. Madras.
17. Sub-Assistant Surgeon, Civil Debtors' Jail (1) .. .. Do.