ANNUAL REPORT AND STATISTICS

OF THE

GOVERNMENT GENERAL HOSPITAL MADRAS

FOR THE YEAR

1924

MADRAS
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GOVERNMENT GENERAL HOSPITAL, MADRAS.

ANNUAL REPORT AND STATISTICS OF THE GOVERNMENT GENERAL HOSPITAL, MADRAS, FOR THE YEAR 1924.

ADMINISTRATION REPORT.

I. (a) Accommodation.—528 beds. The subjoined statement shows the distribution of beds available under each Medical Officer :—

Medical officer.	Wards.	Beds. No.	Medical officer.	Wards.	Beds. No.
1st Physician.	Margaret and Hope I.M.	16		Munro and Elphinstone I.M.	28
	Pottinger E.M.	10		Hut I I. & E.M.	10
	Lansdowne E.W.	16		Trevelyan I.M.	9
	A Shed I. & E.M.	2		Denison E.M.	6
	B Shed do.	4	1st Surgeon.	Buckingham and Grant Duff I. & E. / M. & F. Ch.	8
	Hobart and Argyle I. & E. Ch. / M.F.	16		Wenlock E.W.	4
	Illington E.W.	4		Mary I.W	10
	Maitland I.M.	6		Illington E. & I.W.	4
		74			79
2nd Physician.	Harris E.M.	10			
	Havelock I.M.	22			
	A Shed I. & E.M.	2			
	B Shed do.	2		Clive and Dalhousie I.M.	32
	Hobart and Argyle I. & E. / M. & F. Ch.	9		Hut II I. & E.M.	10
				Mary and Constance I.W.	10
	E Shed I. & E. / M. F. & Ch.	3		Wenlock E.W.	4
	F Shed do.	6	2nd Surgeon.	Denison E.M.	5
	Illington I.W	2		Illington I. & E.W.	4
	Alexandra I W.	4		Buckingham and Grant Duff I. & E. / M. & F. Ch.	7
		60		Trevelyan I.M.	8
3rd Physician.	Victoria I.W.	16			80
4th Physician.	Pottinger E.M.	6		Canning and Elgin I.M.	20
	Harris E.M.	6		Denison E.M.	5
	Martha and Florence I.M.	32		Hut III I. & E.M.	10
	B Shed I.M.	4		Illington I. & E.W.	4
	A Shed do.	4		Buckingham and Grant Duff I. & E. / M. & F. Ch.	7
	Hobart and Argyle I. & E. / M. & F. Ch.	7	3rd Surgeon.	Wenlock E.W.	4
	Illington I.W.	2		Constance I.W.	12
	Alexandra I.W.	2		Trevelyan I.M.	8
		63		C Shed I & E.M.	6
Honorary Physician.	Maitland I.M.	10		D Shed do.	8
	Havelock I.M.	10		Isolation Hut I. & E.W.	20
	A Shed I.M.	2			
	Alexandra I.W.	10		Total	104
	Total	32			
	Total Medical beds	245		Total Surgical beds	263

The undermentioned wards, which accommodate 20 beds in all, are common to both Physicians and Surgeons :—

	Beds.
First-class paying wards	6 E. & I.M.
Do. do.	4 E. & I.W.
Second-class paying wards	4 I.M.
Cottages	2 Common.

Statement of beds distributed according to sexes among European and non-European patients with the average daily sick of in-patients treated :—

1	2			3			
General Hospital, Madras.	Number of beds available.			Average daily sick of in-patients.			
	Men.	Women.	Total.	Men.	Women.	Children.	Total.
Non-Europeans	209	68	277	269·69	90·84	38·41	398·94
Europeans	48	32	80	63·76	31·49	13·61	108·86
Common to both Europeans and non-Europeans	...	...	171	...	...	...	...
Total ...	...	...	528	333·45	122·33	52·02	507·80

The largest number of beds occupied on any one day during the year was 546 on the 25th October 1924.

The average daily sick during the year was 507·80 as compared with 502·91 showing an increase of 4·89.

(b) Buildings.—Statement showing expenditure incurred under Major, Minor and Repairs work executed in General Hospital, Madras, during the calendar year 1924:—

Number and name of work.	C.R. No.	Amount of estimate.	Amount expended.
MAJOR WORKS—Nil.			
MINOR.		RS.	RS. A. P.
1. Improvements to pump room and its supply pipes	336/1922–23	1,075	193 0 0
2. Constructing a cycle shed	387/1922–23	890	122 0 0
3. Providing corrugated iron roof over the rice cooking portion of the open yard in the Indian kitchen ...	103/1923–24	390	260 4 6
4. Annexure to X-ray Institute	360/1923–24	5,300	6,440 5 5
5. Improvements to the invalids kitchen.	393/1923–24	470	322 0 0
6. Improvements to isolation huts for women	393/1923–24	1,930	643 15 0
7. Providing wire netting to the sides of covered passage to emergency latrine	10/1924–25	575	270 7 0
	Total ...		8,251 15 11
REPAIRS.			
1. Annualr epairs, 1923–24	71/1923–24	8,900	5,337 14 0
2. Do. 1924–25	101/1924–25	16,300	5,995 1 0
3. Special repairs to pump room ...	337/1922–23	1,150	525 4 7
4. Do. to rattan chicks in first and second floors ...	86/1923–24	3,970	3,748 2 0
5. Do. to contagious sheds A and F	298/1923–24	700	664 0 0
6. Do. to rattan chicks in verandah of X-ray Institute and iron railings all round the hospital buildings ...	386/1923–24	275	232 9 0
7. Removing the old wire netting and galvanized iron fly proof netting in the main kitchen ...	361/1923–24	810	711 5 0
8. Annual repairs to Chauffeur's quarters for 1923–24	355/1923–24	77	43 0 0
9. Special repairs to male operation theatre	223/1924–25	905	921 12 0
10. Special repairs to wooden railings in front of the lift-wall in first floor ...	100/1924–25	65	63 0 0

Number and name of work.	C.R. No.	Amount of estimate.	Amount expended.
REPAIRS—*cont.*		RS.	RS. A. P.
11. Municipal tax for the vacant land acquired for the construction of new General Hospital in Spur Tank for 1924–25	100/1924–25	615	267 1 8
12. Special repairs to rattan chicks to No. 2 R.M.O.'s quarters	250/1923–24	860	856 7 0
13. Renewing the canvas in the screen doors of No. 1 R.M.O.'s quarters ...	56/1924–25	330	309 0 0
14. Annual repairs to Indian Nurses' quarters	106/1924–25	175	282 2 1
15. Annual repairs to Sergeant's quarters.	62/1924–25	160	216 9 2
16. Annual repairs to Chauffeur's quarters, 1924–25	107/1924–25	35	41 2 2
17. Annual repairs to No. 1 R.M.O.'s quarters now used as Matron Superintendent and Nurses' quarters for 1924–25	104/1924–25	175	445 15 11
18. Annual repairs to No. 2 R.M.O.'s quarters in General Hospital for 1924–25	105/1924–25	180	427 0 3
	Total ...		21,107 5 10

2. Total treated—

(a) Out-patients—

(1) Number treated ...	Non-Europeans	57,093	
	Europeans	4,957	
	Total ...	62,050	
(2) Average daily sick ...	Non-Europeans	356·41	
	Europeans	24·35	
	Total ...	380·76	

(b) In patients—

(1) Remaining for the year 1924.	Non-Europeans	373		
	Europeans	90		
			463	
(2) Admissions	Non-Europeans	7,448		
	Europeans	1,737		
			9,185	
	Total ...		9,648	

(3) Results—

	Non-Europeans.	Europeans.	Total.
Cured	4,848	1,226	6,074
Relieved	1,239	270	1,509
Otherwise discharged	801	147	948
Died	547	100	647

Out-patients.—In spite of the fall in the daily average attendance there shows an increase on the total treated as compared with the previous year.

In-patients.—The number of cases treated under both Europeans and non-Europeans during 1924 shows an increase over the past year with fair results.

The following statement shows a comparison of cases treated among Europeans and non-Europeans during 1924 with those of the past ten years with an average for the same period :—

Years.	In-patients.				Out-patients.			
	Total treated.		Average daily sick.		Total treated.		Average daily sick.	
	Non-Europeans.	Europeans.	Non-Europeans.	Europeans.	Non-Europeans.	Europeans.	Non-Europeans.	Europeans.
1914 ...	6,179	2,127	318·99	120·18	55,807	7,047	421·25	38·66
1915 ...	5,740	1,823	291·89	109 33	56,958	5,900	409·77	27·41
1916 ...	6,176	1,743	284·76	94·47	53,177	5,160	427·30	27·37
1917 ...	5,673	1,688	278·70	93·90	55,183	4,690	459·57	25·79
1918 ...	6,491	1,831	311·12	93·25	57,032	4,689	383·60	25·32
1919 ...	6,551	1,861	326·63	95·08	55,460	4,639	363·48	23·53
1920 ...	6,718	1,892	328·09	100·12	57,096	4,830	356·53	25·93
1921 ...	6,472	1,886	349·68	109·60	55,505	5,143	365 07	23·71
1922 ...	7,496	1,800	383·11	103 36	56,746	4,782	360·33	24·69
1923 ...	7,662	1,782	395·96	106·95	55,229	4,945	406 43	21·43
1924 ...	7,821	1,827	398·94	108·86	57,093	4,957	386·41	24·35
	Average for ten years, 6,516.	Average for ten years, 1,843.	Average for ten years, 327·90.	Average for ten years, 102·72.	Average for ten years, 56,819.	Average for ten years, 5,153.	Average for ten years, 395·39.	Average for ten years, 27·38.

In-patients.—The total treated among non-Europeans increased steadily from 1918 with an exception in 1921 and remained largest during the year under report as compared with the average for the past ten years while a slight increase among Europeans is observed.

Out-patients.—The number treated under non-Europeans is greater than the general average for the past ten years.

Daily average sick.—From a reading of the figures from 1918, it is observed that the daily average sick in both the cases are steadily increasing and it is over the average for the past ten years.

The following statements show the number of European and non-European admission during each month of the past ten years:—

Non-Europeans.

Number of years.	Remaining for the year.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.
1914 ...	293	479	431	504	512	530	487	554	471	479	508	456	480	6,179
1915 ...	266	441	388	439	430	485	536	493	451	480	479	435	437	5,740
1916 ...	249	437	461	471	506	561	469	547	565	493	447	518	452	6,176
1917 ...	229	485	424	539	448	407	427	490	415	458	469	429	453	5,673
1918 ...	267	456	460	487	521	522	516	579	482	441	684	497	529	6,491
1919 ...	311	507	423	464	489	485	467	613	600	550	551	551	532	6,551
1920 ...	276	564	507	537	580	569	605	534	536	541	508	510	501	6,718
1921 ...	291	450	505	551	517	561	509	525	550	518	482	497	526	6,472
1922 ...	342	580	507	628	507	644	640	645	602	642	629	632	548	7,496
1923 ...	342	551	552	615	543	693	577	621	645	591	613	674	645	7,662
1924 ...	373	605	568	574	599	630	612	606	598	611	747	685	613	7,821

Europeans.

Number of years.	Remaining for the year.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.
1914 ...	108	195	153	175	181	178	135	172	191	175	176	137	151	2,127
1915 ...	85	174	135	140	154	136	162	164	169	141	125	137	101	1,823
1916 ...	65	135	125	144	119	158	113	171	169	149	130	145	120	1,743
1917 ...	70	165	135	150	123	145	120	159	148	136	117	123	97	1,688
1918 ...	71	128	120	126	155	148	118	155	117	172	250	189	132	1,861
1919 ...	83	162	121	115	125	120	127	148	176	183	196	156	149	1,861
1920 ...	92	147	126	151	128	160	175	123	148	168	175	159	140	1,892
1921 ...	88	160	192	136	149	162	133	119	156	158	162	141	130	1,886
1922 ...	99	160	138	154	126	139	148	131	137	144	138	164	122	1,300
1923 ...	86	152	137	136	132	132	132	143	151	145	156	158	128	1,782
1924 ...	90	162	150	138	130	133	116	133	141	176	195	151	114	1,827

3. Mortality.—The following table shows the number of deaths during 1923 and 1924 for each disease together with the percentage :—

Diseases.	Non-Europeans.				Europeans.			
	1923.		1924.		1923.		1924.	
	Deaths.	Percentage of deaths to total treated.	Deaths.	Percentage of deaths to total treated.	Deaths.	Percentage of deaths to total treated.	Deaths.	Percentage of deaths to total treated.
1. Cholera, Asiatic	1	50·00	4	100·00	...	...	..	..
2. Dysentery	19	8·83	23	13·53	3	5·00	6	9·68
3. Enteric fever	10	13·89	1	1·23	7	14·00	5	3·04
4. Gonococcal infection	6	3·22	3	1·84	...	...	...	...
5. Syphilis (primary and secondary) ..	14	4·94	16	4·29	1	2·94	...	...
6. Kala-Azar	19	12·58	12	5·02	4	8·51	4	4·94
7. Leprosy	...	...	...	...	...	...	1	33·33
8. Malaria	19	2·62	8	1·27	4	2·32	1	·93
9. Plague	...	...	...	...	...	...	...	...
10. Influenza	4	3·08	3	1·33	2	4·00	...	...
11. Relapsing fever	...	...	12	54·54	2	33·33	...	...
12. Pneumococcal infection of the lung.	64	28·44	27	13·64	3	7·69	2	4·38
13. Pyrexia of uncertain origin	4	3·25	5	4·54	...	...	...	...
14. Rheumatic fever	4	8 00	...	...	...	...	...	...
15. Smallpox	...	..	3	13·19	...	...	1	9·09
16. Tuberculosis of the lungs	38	20·00	27	10·75	9	17 31	2	3·08
17. Other tubercular diseases	11	7·28	15	6·67	2	10·00	7	2·33
18. All other infective diseases	17	10·89	19	9·95	2	4·65	...	...
19. Anæmia	...	...	5	12 82	...	...	5	50·00
20. Diabetes	9	12·50	5	6·17	2	12·50	1	7·69
21. Scurvy	1	50·00	3	100·00	...	...	..	...
22. Rickets	...	...	...	...	...	...	...	...
23. Other diseases due to disorders of nutrition and metabolism.	...	...	...	...	...	...	...	...
24. Diseases of the ductless or endocrine glands.	...	...	..	...	...	...	2	100·00
25. 26. New growth. Non-malignant ...	...	..	6	7·14	1	16·67	7	35·00
26. New growth. Malignant ...	12	9·84	23	14·46	1	6·67	3	9·38
27. All other general diseases	4	5·06	11	6·29	2	7·41	1	1·29
28. Diseases of the nervous system. Diseases of the nerves, spinal cord, brain and meninges. Diseases of which the pathological basis is not accurately known. Mental diseases ...	21	9·81	21	10·24	5	7·04	8	11·26
29. Diseases of the eye	1	14·28	...	...	...	...	...	...
30. Do. ear	2	9·09	...	...	...	...	...	...
31. Do. nose	..	...	5	22·72	...	...	...	...
32. Do. circulatory system ...	39	24·09	32	19·88	8	17·25	1	1·64
33. All diseases of the respiratory system except pneumonia and tuberculosis of the lungs.	22	8·63	7	3·25	3	2·97	6	8·82
34. Diseases of the stomach	11	6·01	17	8·81	3	6·98	...	...
35. Do. intestines	18	6·95	24	6·27	2	2·94	4	8·51
36. Abscess of the liver	4	7·69	10	22·22	2	28·57	5	38·46
37. All other diseases of liver	21	28·59	20	22·70	...	...	1	3·84
38. All other diseases of the digestive system.	80	6·09	61	7·56	13	4·41	13	5·35
39. Acute or suppurative inflammation of the lymphatic glands	6	5·00	11	11·00	..	...	...	...
40. Acute and chronic nephritis... ...	9	8 26	12	10·34	5	12·19	5	17·28
41. All other diseases of the urinary organs.	10	6·99	6	6·97	1	4·00	3	13·04
42. Other diseases of the generative system.	6	1·89	5	1·58	1	2·17	2	3·39
43. Diseases of the organs of locomotion.	12	20·00	5	3·28	..	...	...	...
44. Diseases of the areolar tissue ...	26	5·76	18	4·36	3	5·28	4	6·25
45. Inflammation, ulcerative	7	6·14	3	3·66	...	...	...	...
46. Other diseases of the skin	7	5·74	5	4·71	...	...	...	...
47. All other local diseases	4	2·13	21	7·58	..	...	...	...
48. Injuries (general and local)	45	9·49	33	6·95	2	66·66	...	...
49. Poisoning ... By opium	...	...	...	..	...	...	...	...
49. Poisoning ... By other poisons ..	...	...	...	...	...	...	...	...
50. Labour ... Normal	...	...	...	...	...	...	...	...
50. Labour ... Abnormal	...	...	...	...	...	...	...	...
Total ...	607	7·92	547	6·99	93	5·22	100	5·47

Of 7,821 non-European in-patients treated during 1924, 547 died, and of 1,827 Europeans, 100 died. The percentage of death under non-European is slightly decreased as compared with 1923, while a slight increase is noted under European.

Deaths from Septic Causes—

	No.
Cellulitis	8
Abscess	11
Gangrene	6
Tetanus	5
Carbuncle	5
Extravasation of urine	6
Empyemia	2
Hydropobia	2
Peritonitis	12
Noma	1
Cancrum oris	2
Septicæmia	1
Appendicular abscess	4
Burns	4
Tumour	1
Injury	4
Cysts	1
Total	75

Seventy-five deaths from sepsis were recorded against sixty-nine in 1923.

None of these were acquired in Hospital.

The following table shows the total number of deaths occured in hospital from septic causes and the number of cases admitted and discharged in a moribund condition, with the percentage of deaths, etc., for 1924 as compared with the previous two years :—

Year.	Total number of deaths.	Ratio per cent of deaths to total treated.	Cases admitted moribund.	Cases removed moribund.	Deaths from septic causes.		Ratio per cent of deaths to total treated exclusive of cases admitted moribund.
					Acquired in hospital.	Acquired before admission.	
1922	609	6·55	143	10	5	24	5·12
1923	700	7·41	135	4	...	69	6·02
1924	647	6·71	98	8	...	75	5·68

4. Classes of Diseases.—The statement of the important diseases (in and out-patients) treated during 1924 as compared with 1923—

Classes of diseases.	1923.			1924.		
	Total treated.		Total.	Total treated.		Total.
	In-door.	Out-door.		In-door.	Out-door.	
Other general diseases	106	1,283	1,389	252	3,348	3,600
Malarial fevers	894	6,198	7,092	737	7,092	7,829
Diseases of the digestive system	1,506	8,844	10,350	1,050	9,046	10,096
Do. respiratory system except pneumonia and tubercle of lungs.	356	3,573	3,929	245	4,261	4,506
Do. skin	153	2,382	2,535	119	2,797	2,916
Do. ear	28	4,363	4,391	58	3,520	3,578
Do. generative system	363	1,927	2,290	376	2,990	3,366
Do. nervous system	285	1,246	1,531	276	1,477	1,753
Do. urinary system	168	580	748	109	273	382
Do. connective tissue	511	1,788	2,299	477	2,374	2,851
Injuries (general and local)	534	6,945	7,479	528	9,058	9,586
Ulcers	180	1,821	1,951	89	2,182	2,271

Classes of diseases.	1923.			1924.		
	Total treated.		Total.	Total treated.		Total.
	In-door.	Out-door.		In-door.	Out-door.	
Diseases of stomach	211	705	916	236	354	590
Rheumatic fever and rheumatism	66	471	537	54	442	496
Dysentery	277	933	1,210	232	1,223	1,455
Tuberculous affections	413	699	1,112	571	666	1,237
Syphilis	317	1,879	2,196	438	1,034	1,472
Gonorrhœa	210	1,067	1,277	193	1,104	1,297

Statement of diseases arranged according to the numbers treated in excess over the previous year—

	No.
Other general diseases	2,211
Injuries (general and local)	2,107
Diseases of the generative system	1,076
Malarial fevers	737
Diseases of the respiratory system except pneumonia and tubercle lungs	577
Diseases of the connective tissue	552
Do. skin	381
Ulcers	320
Dysentery	245
Diseases of the nervous system	222
Tuberculous affections	125
Gonorrhœa	20

Statement of cases showing a decrease as compared with 1923 enumerated in the order of their decreased numbers—

	No.
Diseases of the ear	813
Syphilis	724
Diseases of the urinary system	366
Diseases of stomach	326
Diseases of the digestive system	254
Rheumatic fever and rheumatism	41

Malaria—

Years.	Number of cases.	Years.	Number of cases.
1901	11,317	1913	8,457
1902	8,213	1914	9,118
1903	6,654	1915	8,821
1904	4,211	1916	7,495
1905	3,482	1917	6,687
1906	3,031	1918	5,563
1907	1,260	1919	5,320
1908	1,843	1920	5,493
1909	1,903	1921	5,469
1910	1,822	1922	5,850
1911	1,871	1923	7,092
1912	3,513	1924	7,829

The above figures show that the number of cases of Malaria treated has increased steadily from 1919.

Septic Cases—

	Number admitted.
Admitted with sepsis	704

5. Operations.—The following is the comparative statement of work done by the three Surgeons during the past three years :—

Surgeons.	1922.	1923.	1924.
First Surgeon	803	792	986
Second Surgeon	600	708	522
Third Surgeon	724	961	962
Total	2,127	2,461	2,470

6. Sexes and classes of patients treated.—Vide statement E attached to the report. The following statement shows, in a convenient form, the various classes and sexes of patients treated, both in and out, during the year as compared with the two preceding years :—

Years.	Europeans and Anglo-Indians.				Hindus.				Muhammadans.				Others.				Total treated.
	Adults.		Children.		Adults.		Children.		Adults.		Children.		Adults.		Children.		
	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	
In-patients.																	
1924	1,070	538	152	67	4,389	893	261	116	446	109	41	15	1,016	370	91	54	9,648
1923	1,015	539	130	98	3,943	948	230	129	375	40	23	7	1,238	529	128	82	9,444
1922	1,024	549	131	96	4,225	1,060	280	150	387	81	26	10	758	375	91	53	9,296
Out-patients.																	
1924	2,428	1,366	678	485	29,903	6,259	3,678	2,542	2,850	348	218	123	5,478	2,608	1,755	1,331	62,050
1923	2,347	1,289	488	521	28,865	5,920	3,308	2,452	3,128	221	208	129	6,284	2,286	1,308	1,120	60,178
1922	2,524	1,228	597	433	30,647	5,633	3,019	2,443	3,150	276	206	162	6,369	2,337	1,331	1,173	61,524
Total.																	
1924	3,498	1,904	830	552	34,292	7,152	3,959	2,658	3,296	457	259	138	6,494	2,978	1,846	1,385	71,698
1923	3,662	1,828	618	619	32,808	6,863	3,538	2,581	3,503	261	231	136	7,517	2,815	1,436	1,202	69,684
1922	3,548	1,777	728	529	34,872	6,693	3,299	2,593	3,537	357	232	172	7,127	2,712	1,422	1,226	70,812

7. Epidemics.—Four cases of Cholera among non-Europeans were treated during the year and all of them died in the hospital.

During the period when Smallpox prevailed in an epidemic form in the city 33 cases (22 non-Europeans and 11 Europeans) were recorded in the hospital against 15 in 1923.

The accompanying table shows the number of enteric cases treated as in-patients during the past three years :—

—	1922.		1923.		1924.	
	Europeans.	Non-Europeans.	Europeans.	Non-Europeans.	Europeans.	Non-Europeans.
Admissions	38	78	50	72	71	81
	116		122		152	

8. Training of Medical Students.—Two hundred and sixty-seven students as detailed below are given clinical instructions in 1924 against 283 in 1923 :—

			No.
Final year	...	M.B.	43
		L.M.S.	32
		Apothecary	9
4th year	...	M.B.	54
		L.M.S.	27
		Apothecary	11
3rd year	...	M.B.	64
		L.M.S.	7
		Apothecary	11
		Total ...	267

9. Training School for Nurses.—During the year under report 137 applications were received from women desirous of joining the hospital as Government Probationers.

Probationers.—The following are the figures for the year :—

Existing staff on 1st January 1924	53
Newly entertained	24
Total ...	57
Qualified and promoted to the staff	30
Left the service	12
Remaining in service on 31st December 1924	15
Total ...	57

NOTE.—12 Probationers left the service for the following reasons :—

Found unsuitable	5
Owing to ill-health	2
Services dispensed with	2
Found the work too hard	3
Total ...	12

During the year 23 applications were received from women desirous of joining the hospital as Indian Nurse-pupils.

Existing staff on 1st January 1924	1
Newly entertained	5
Total ...	6
Qualified and promoted to the staff	1
Remaining on 31st December 1924	5
Total ...	6

Female Ward Attendants.—Probationers—

Existing staff on 1st January 1924	5
Newly entertained	...
Total ...	5
Qualified and promoted to the staff	3
Remaining on 31st December 1924	2
Total ...	5

Female Ward Attendants.—The sanctioned establishment is 22.

Existing staff on 1st January 1924	21
Trained in this Hospital	3
Total ...	24
Granted two years' leave	2
Dismissed from service	1
Transferred to Women and Children Hospital	1
Remaining on 31st December 1924	20
Total ...	24

10. Special Departments.—Vide professional reports.

11. Finance.—Statement H gives the details of expenditure and income of the Hospital during the 1924.

Income.—The main source of the revenue of the Hospital are as follows :—

(1) *Hospital stoppages recovered from paying patients.*—The recoveries effected from such of the in-patients as are liable to pay Hospital stoppages as per instructions conveyed in G.O. No. 399, Medical, dated 17th September 1917, and noted below :—

The amounts collected during the past three years are :—

Year.	Amount. Rs.
1922	30,101
1923	32,396
1924	36,626

(2) *Hire for Motor Ambulance Car recovered from patients admitted into the Hospital and others.*—The amounts collected during the past three years are as follows :—

Year.	Amount. RS.
1922	454
1923	501
1924	531

(3) *The sale proceeds of garden produce including usufructs of coconut trees in the Hospital compound.*—The amount collected during the past three years are as follows :—

Year.	Amount. RS.
1922	350
1923	310
1924	300

(4) *Fines on Contractors.*—The amount collected during the past three years are—

Year.	Amount. RS. A. P.
1922	68 9 0
1923	169 3 9
1924	116 2 2

(5) *Sale-proceeds of unserviceable articles, empty packings and tins.*—The amounts collected during the past three years are—

Year.	Amount. RS. A. P.
1922	556 0 0
1923	677 3 0
1924	701 5 0

Expenditure—*Salaries.*—The increase under the salaries of Nurses is due to the full number of sanctioned Nurses, Sisters in the establishment there being very few vacancies in their grades unlike previous years. The decrease in the salary of the inferior servants is due to the abolition of certain appointments in the grade of menials. The decrease in the expenditure of diet medicines, etc., is due to strict economy observed during the year. The decrease in the expenditure under buildings and repairs is due to the fact that Major Works were not undertaken during the year excepting of those of an emergent nature.

Diet.—A careful comparison of the figures available in the hospital for the last 11 years shows that the increased expenditure under this head is entirely due to the increased rates of articles of diet. From the statement below it will be seen that there has been a slight decrease in the average daily consumption of more expensive articles such as milk, eggs, chicken, etc., in 1923 and 1924 as compared with 1913. The figures have been very carefully gone into and they prove quite clearly that this department of the hospital has not been run on extravagant lines. They suggest rather that with the increasing cost of diet articles efforts have been made to reduce the amount allowed by successive Superintendents. The increased quantity of ice is largely required for preserving vaccines, anti-rabic serum and in the X-Ray Institute.

Name of articles.	1913. Average daily sick = 455·66. Total expenditure per annum.	1913. Consumption per head.	1913. Rate.	1923. Average daily sick = 474·58. Total expenditure.	1923. Consumption per head.	1923. Rate.	Increase or decrease per cent in rate.	1924. Average daily sick = 495·34 Total expended.	1924. Consumption per head.	1924. Rate.	Increase of decrease per cent in rate.
	RS.		RS. A. P.	RS.		RS. A. P.		RS.		RS. A. P.	
Milk ... Pints.	3,12,707	686·3	0 1 8	3,14,746	663·2	0 2 10	+ 70·0	2,94,046	593·6	0 3 4	+ 100
Egg ... No.	89,507	196·4	0 0 5¾	90,357	190·4	0 0 10	+ 73·9	94,785	191·3	0 0 9	+ 56·5
Ice ... Lb.	99,990	219·4	0 0 4	1,68,561	355·2	0 0 9	+ 125·0	1,59,991	323·1	0 0 8	+ 100
Coffee powder ,,	5,730	13·0	0 11 0	5,403	11·4	0 13 6	+ 22·7	5,167	10·4	0 11 6	+ 4·5
Mutton without bone ,,	18,243	40·0	0 4 8	18,531	39·0	0 7 6	+ 60·7	15,279	38·4	0 7 4	+ 57·1
Mutton with bone ... ,,	10,319	22·6	0 4 3	23,855	50·3	0 6 6	+ 52·9	15,541	31·3	0 6 4	+ 49·0
Butter ... ,,	3,102	6·8	0 11 6	2 852	6·0	1 3 0	+ 65·2	3,033	6 1	1 3 0	+ 65·2
Chicken ... No.	25,293	55·5	0 4 6	10,134	21·4	0 9 9	+ 116·7	6,459	13·6	0 9 6	+ 111·1
Bread ... Lb.	60,076	131 8	0 1 4	66,069	139·2	0 1 10	+ 37·5	64,964	131·1	0 1 7	+ 18·7
Rice ... ,,	42,817	97·5	0 1 3½	51,618	108·8	0 1 5	+ 9·7	50,718	102·3	0 1 7½	+ 25·8
Fish ... ,,	4,076	8·9	0 3 0	5,167	10·9	0 7 9	+ 158·3	5,254	10·6	0 7 9	+ 158·3

12. Cost per head.—Information is given in Appendix C attached to this report.

13. General Hospital Aid Fund—

Receipts	Amount. RS. A. P.	Expenditure.	Amount. RS. A. P.
Opening balance ...	81 13 9	Expended ...	946 6 6
Cheque drawn ...	1,000 0 0	Opening balance ...	146 7 3
A Patient ...	1 0 0		
Mr. Sverre Sellag ...	10 0 0		
Total ...	1,092 13 9	Total ...	1,092 13 9

14. Supplies—(*a*) Medicines and Surgical Equipments.—Medicines and instruments required were obtained from the Medical Store Depot, special and unauthorized medicines and instruments on Home Indents, and emergent requisitions by local purchases as usual.

	RS. A. P.
The cost of medicines, etc., supplied by the Medical Store Depot ...	62,202 0 0
Amount of the Home Indent for the year 1924	15,000 0 0
Amount of medicines purchased locally	8,246 0 0

(*b*) **Diet and non-diet articles.**—These articles are supplied by the contractors annually at the rates proposed by the Superintendent, General Hospital, and approved by the Surgeon-General on the submission of tenders by the contractors. Other articles for use are purchased departmentally or obtained from other departments of Government if obtainable.

Bedding and clothing.—These are standardized to suit the hospital requirements and are obtained from the Jail department.

(*c*) **Hospital necessaries.**—These include articles obtained both from Home and by local purchase.

Owing to financial stringency every attempt is being made to reduce expenditure under the above head to the lowest possible degree.

The table below shows the expenditure of a few of the more important surgical dressings, etc., during the year 1924 as compared with the previous three years :—

Articles.	1921. Quantity.	1921. Cost.	1922. Quantity.	1922. Cost.	1923. Quantity.	1923. Cost.	1924. Quantity.	1924. Cost.
		RS. A. P.		RS. A. P.		RS. A. P.		RS. A. P.
Absorbent cotton.	1,574⅜ lb.	2,361 15 0	1,895½ lb.	2,671 4 0	2,249 lb.	3,373 8 6	6,167 lb.	7,458 12 0
Combed cotton ...	4,106½ ,,	4,106 8 0	4,434 ,,	4,434 0 0	4,400 ,,	4,400 0 0		
Dungry cloth ...	17,055 pcs.	18,653 14 6	20,076 pcs.	21,380 12 0	22,419 pcs.	22,769 4 9	22,527 pcs.	23,934 15 0
Muslin	1,350 yds.	306 4 0	2,100½ yds.	633 9 4	2,350 yds.	697 10 6	1,391 yds.	372 1 6
Long cloth ...	3,043 3/16 ,,	1,505 12 10	3,755½ ,,	1,819 1 2	4,363 ,,	.....	3,618 ,,	1,337 14 6
Glycerine	511½ lb.	255 12 0	428 lb.	214 0 0	558 lb.	.....	690 lb.	603 12 0
Alcohol	2,117½ ,,	2,646 6 6	2,537 ,,	3,171 4 0	3,051 ,,	2,288 4 0	5,815 ,,	1,574 14 4
Carbolic acid ...	734 ,,	275 4 0	539 ,,	202 2 0	708 ,,	485 6 0	786 ,,	1,371 0 0
Flannel	547½ yds.	273 10 0	732 yds.	366 0 0	1,040 yds.	1,560 0 0	861 ,,	1,722 0 0
White gauze ...	13,689 ,,	1,282 0 2	24,282 ,,	2,671 4 0	22,484 ,,	5,171 5 1	29,144 ,,	6,411 10 10
Total	...	31,817 7 0	...	37,503 4 6	...	42,868 3 1		44,787 0 2

The increase in total cost has been observed when compared to the previous year.

15. Electric installation of Punkahs, Lights, Fans, etc.—The plant is in charge of the Electric Foreman and under the supervision of the Electrical Engineer to Government, Madras.

The following statement shows the expenditure incurred on electrical works at the General Hospital, Madras, during the calendar year 1924:—

A. ORIGINAL WORKS.

I.—Works completed during the year 1924.

Name of work.	Estimate amount.	Outlay.		
	RS.	RS.	A.	P.
1. Electric installation to 10 Sisters' quarters—E.E.R. No. 125/23-24	5,140	564	3	4
2. Providing fittings in the Night Nurses' quarters—E.E.R. No. 177/23-24	2,170	278	0	0
Providing for expenditure in connection with arbitration proceedings between Madras Electric Supply Corporation and the Secretary of State for India—E.E.R. No. 204/24 25	914	914	0	0
		1,756	3	4

II.—Works under construction.

1 Providing electric lights and fans in the second floor—E.E.R. No. 256/23-24	8,385	7,319	13	4
2. Providing additional lights and fans in the Out-patient Department—E.E.R. No. 273/23-24.	3,422	2,779	5	0
		10,099	2	4

B.—REPAIRS.

1. Provincial electric repairs—E.E.R. No. 33/23-24.	5,180	1,034	11	5	completed
2. Annual punkah repairs—E.E.R. No. 34/23-24 ...	1,906	1,047	10	10	,,
3. Provincial electric repairs to Resident Medical Officer's quarters 83/23-24	84	2	1	4	,,
4. Provincial electric repairs to second Resident Medical Officer's quarters—87/23-24 ...	19	9	12	8	,,
5. Special repairs to punkahs—244/23-24	384	384	0	0	,,
		2,478	4	3	
1. Provincial electric repairs—56/24-25	4,000	1,341	3	10	progress.
2. Provincial electric repairs to second Resident Medical Officer's quarters—54/24-25 ...	25	6	0	0	,,
3. Annual punkah repairs—53/24-25	1,980	718	14	9	,,
		2,066	4	7	

	RS.	A.	P.
Total original and repairs ...	4,234	7	7
Total under construction and repairs ...	12,165	6	11

16. Establishment.—The following changes occurred during the year 1924 both in the Medical and Provincial service staff:—

Rank.	Name.	Nature of duties.	Period during which the officers were present for duty.		Remarks.
			From	To	
Medical Officers.					
Lieut.-Col., I.M.S	R. B. B. Foster, B.A., M.B., B.CH., B.A.O. (Dub.), D.P.H. (Cantab.), L.M.	Superintendent ...	1 Jan. 1924	16 Dec. 1924	Permanent.
Do.	E. W. C. Bradfield, O.B.E., M.S., M.B. (Lon.), F.R.C.S. (Edin.),	Do. ...	17 Dec. 1924	31 Dec. 1924	Acting.
Major, I.M.S. ...	G. E. Malcomson, M.D. (Lon.), D.P.H. (Lon.).	First Physician ...	1 Jan. 1924	26 Oct. 1924	Do.
Lieut.-Col., I.M.S.	F. F. Elwes, C.I.E., M.D. (Lon.), M.R.C.S. (Eng.), L.R.C.P. (Lon.).	Do. ...	27 Oct 1924	31 Dec. 1924	Permanent.
Major, I.M.S,	J. M. Skinner, M.B., B.CH., D.T.M.	Second Physician.	1 Jan. 1924	26 Oct. 1924	Acting.
Do. ..	G. E. Malcomson, M.D. (Lon.), D.P.H. (Lon.).	Do.	27 Oct. 1924	31 Dec. 1924	Permanent.
Do. ...	W. L. Forsyth, M.B., CH.B. (Glasgow) & (Lon.).	Third Physician.	1 Jan. 1924	28 Apr. 1924	Do.
Lieut.-Col., I.M.S.	E. W. C. Bradfield, O.B.E., M.S., M.B. (Lon.), F.R.C.S. (Edin.).	Do.	29 Apr. 1924	11 May 1924	Acting.
Major, I.M.S. ...	J. M. Skinner, M.B., B.CH., D.T.M.	Do.	12 May 1924	6 July 1924	Do.
Civil Surgeon ..	T. S. Tirumurti Ayyar, B.A., M.B., C.M.	Do.	7 July 1924	31 Dec. 1924	Do.
Do.	M. R. Guruswami Mudaliyar, B.A., M.D., C.M.	Fourth Physician.	1 Jan. 1924	19 May 1924	Permanent with effect from 12th Dec. 1923.
Major, I.M.S. ...	J. M. Skinner, M.B., B.CH., D.T.M.	Do.	20 May 1924	27 May 1924	Acting.
Civil Surgeon ...	M. R. Guruswami Mudaliyar, B.A., M.D., C.M.	Do.	28 May 1924	31 Dec. 1924	Permanent.
	N. Venkataswami Chetti, M.B., C.M.	Hon. Physician ...	1 Apr. 1924	Do.	
Lieut.-Col., I.M.S.	E. W. C. Bradfield, C.B.E., M.S., M.B. (Lon.), F.R.C.S. (Edin.)	First Surgeon ...	1 Jan. 1924	Do.	Permanent.
Do.	R. B. B. Foster, B.A., M.B., B.CH., B.A.O. (Dub.), D.P.H. (Cantab.), L.M.	Second Surgeon.	Do.	16 Dec. 1924	Do.
Major, I.M.S. ...	K. G. Pandalai, M.B., F.R.C.S.	Do.	17 Dec. 1924	31 Dec. 1924	Acting.
Do. ...	Do.	Third Surgeon ...	1 Jan. 1924	15 Feb. 1924	Do.
Civil Surgeon ...	S. Ranga Achariyar, M.B., C.M.	Do. ...	16 Feb. 1924	31 Dec. 1924	Permanent with effect from 12th Dec. 1923.
Major, I.M.S. ...	W. C. Paten, M.C., M.B., F.R.C.S.	Resident Medical Officer.	1 Jan. 1924	5 July 1924	Permanent provisional.
Capt., I.M.S. ...	P. Verdon, B.A., B.CH. (Cantab), M.R.C.S., L.R.C.P. (Eng.).	Do.	6 July 1924	31 Dec. 1924	Acting.
Provincial Service Staff.					
First-class Military Assistant Surgeon.	D. J. Nicholas, I.M.D.	Senior Assistant Surgeon.	1 Jan. 1924	16 Apr. 1924	
Civil Assistant Surgeon.	V. R. Natesan, L.M.S. ...	Do.	17 Apr. 1924	21 Apr. 1924	
First class Military Assistant Surgeon.	C. P. V. Shunker, I.M.D.	Do.	22 Apr. 1924	14 July 1924	
Civil Assistant Surgeon.	F. De Netto, M.B., B.S.	Do.	15 July 1924	27 Sep. 1924	

Rank.	Name.	Nature of duties.	Period during which the officers were present for duty.		Remarks.
			From	To	
Provincial Service Staff—*cont.*					
Third-class Military Assistant Surgeon.	H. T. Ince, I.M.D. ...	Senior Assistant Surgeon.	28 Sep. 1924	31 Dec. 1924	
Temporary Civil Assistant Surgeon.	V. K. Narayana Menon, M.B., B.S.	Assistant to First Physician.	1 Jan. 1924	7 Jan. 1924	
Do.	K. S. Appu, M.B., B.S. ...	Do.	10 Jan. 1924	3 Mar. 1924	
Civil Assistant Surgeon.	P. V. Francis, B.A.,M.B., B.S.	Do.	4 Mar. 1924	31 Dec. 1924	
Do.	K. S. Subrahmanya Ayyar, L.M.S.	Assistant to Second Physician.	1 Jan. 1924	9 Mar. 1924	
Temporary Civil Assistant Surgeon.	P. Govinda Nayar, L.M.S.	Do.	10 Mar. 1924	31 Mar. 1924	
Do.	V. K. Vaidyar, L.M.S. ...	Do.	1 Apr. 1924	18 Apr. 1924	
Do.	P. Govinda Nayar, L.M.S.	Do.	19 Apr. 1924	30 Apr. 1924	
Civil Assistant Surgeon.	K. S. Subrahmanya Ayyar.	Do.	1 May 1924	30 Sep. 1924	
Temporary Civil Assistant Surgeon.	P. Govinda Nayar, L.M.S.	Do.	1 Oct. 1924	3 Nov. 1924	
Do.	O. C. Madhavan, L.M.S.	Do.	4 Nov. 1924	31 Dec. 1924	
Civil Assistant Surgeon.	F. De Netto, M.B., B.S.	Assistant to Third Physician.	1 Jan. 1924	14 July 1924	
Temporary Civil Assistant Surgeon.	V. Krishna Rao, L.M.S.	Do.	15 July 1924	27 Sep. 1924	
Civil Assistant Surgeon.	F. De Netto, M.B., B.S.	Do.	28 Sep. 1924	19 Oct. 1924	
Do.	N. Navanithakrishnan, M.B., C.M.	Do.	20 Oct. 1924	31 Dec. 1924	
Do.	G. Sivaram, M.B., B.S. ...	Assistant to Fourth Physician.	1 Jan. 1924	...	
Do.	Madhava Achariyar, L.M.S.	Do.	...	...	
Do.	G. Sivaram, M.B., B.S. ...	Do.	...	...	
Do.	P. V. Cherian, M.B., B.S.	Assistant to First Surgeon.	1 Jan. 1924	31 Dec. 1924	
Temporary Civil Assistant Surgeon.	R. Shanmukham, L.M.S.	Assistant to Second Surgeon.	Do.	5 Feb. 1924	
Civil Assistant Surgeon.	R. Subbarama Ayyar, M.B., B.S.	Do.	6 Feb. 1924	8 Sep. 1924	
Third-class Military Assistant Surgeon.	C. A. Martin, I.M.D. ...	Do.	9 Sep. 1924	31 Dec. 1924	
Civil Assistant Surgeon.	N. S. Ramaswami Ayyar, L.M.S.	Asistant to Third Surgeon.	1 Jan. 1924	16 Mar. 1924	
Do.	D. Kanagasabhesan ...	Do.	17 Mar. 1924	31 Dec. 1924	
Do.	V. R. Natesan, L.M.S. ...	Assistant to Third Surgeon (Venereal).	1 Jan. 1924	Do.	
Temporary Civil Assistant Surgeon.	M. Gopala Kini, L.M.S.	Anæsthetist ...	Do.	Do.	
Civil Assistant Surgeon.	G. I. Benjamin, L.M.S.	First Assistant to the Resident Medical Officer.	Do.	30 Sep. 1924	
Temporary Civil Assistant Surgeon.	K. S. Appu, M.B., B.S. ...	Do.	13 Oct. 1924	21 Oct. 1924	
Do.	P. A. Mathews, B.A., M.B., B.S.	Do.	22 Oct. 1924	3 Nov. 1924	
Civil Assistant Surgeon.	R. Subbarama Ayyar, M.B., B.S.	Do.	4 Nov. 1924	31 Dec. 1924	
Temporary Civil Assistant Surgeon.	C. K. Anantanarayana Ayyar, L.M.S.	Second Assistant to the Resident Medical Officer.	1 Jan. 1924	8 Aug. 1924	
Third-class Military Assistant Surgeon.	C. A. Martin, I.M.D. ...	Do.	9 Aug. 1924	8 Sep. 1924	
Civil Assistant Surgeon.	R. Subbarama Ayyar, M.B., B.S.	Do.	9 Sep. 1924	2 Nov. 1924	
Do.	F. De Netto, M.B., B.S.	Assistant Surgeon in charge of Chemical Laboratory.	20 Oct. 1924	31 Dec. 1924	

Rank.	Name.	Nature of duties.	Period during which the officers were present for duty.		Remarks.
			From	To	
X-Ray Institute.					
Captain ...	T. W. Barnard, M.S.R., F.R.P.S.	Radiologist ...	1 Jan. 1924	31 Mar. 1924	Permanent.
Civil Assistant Surgeon.	M. J. Santanakrishna Pillai, L.M.S.	First Assistant to Radiologist.	1 Apr. 1924	30 Nov. 1924	Acting.
Captain	T. W. Barnard, M.S.R., F.R.P.S.	Radiologist ...	1 Dec. 1924	31 Dec. 1924	Permanent.
Civil Assistant Surgeon.	M. J. Santanakrishna Pillai, L.M.S.	First Assistant to Radiologist.	1 Jan. 1924	31 Mar. 1924	Do.
Do.	Do.	Do.	1 Dec. 1924	31 Dec. 1924	Do.
Second-class Military Assistant Surgeon.	A. St. C. Bartley, I.M.D.	Second Assistant to Radiologist.	1 Jan. 1924	Do.	Do.
Civil Assistant Surgeon.	K. S. Subrahmanyam, L.M.S	Training in X-rays.	1 Oct. 1924	Do.	
Do.	G. I. Benjamin, L.M.S.	Do.	Do.	Do.	
Sub-Assistant Surgeon.	K. S. Venkatachala Ayyar.	Reserved duty ...	1 Jan. 1924	6 Aug. 1924	
Do.	S. Sabhapati Pillai ...	Training in X-Rays.	17 Mar. 1924	16 Sep. 1924	
Do.	Do. ...	Reserved duty ...	17 Sep. 1924	31 Dec. 1924	
Do.	C. Raman	Do. ...	30 Aug. 1924	Do.	
Do.	A. Bhavanarayana Rao.	Training in X-rays.	1 Oct. 1924	Do.	
House Physicians and Surgeons.					
House Physicians.	V. Krishnan, L.M.S. ...	House Physician to First Physician.	1 Jan. 1924	25 June 1924	
Do.	V. Subba Rao, M.B., B.S.	Do.	Do.	15 May 1924	
Do.	T. K. Raman, M.B., B.S.	Do.	Do.	16 May 1924	
Do.	F. Dikshitulu, L.M.S. ...	Do.	16 May 1924	15 Nov. 1924	
Do.	V. Iswarayya, M.B., B.S.	Do.	15 May 1924	14 Nov. 1924	
Do.	D. V. Gnanamuttu, L.M.S.	Do.	26 June 1924	25 Dec. 1924	
Do.	A. V. Anantanarayana, M.R., B.S.	Do.	16 Nov. 1924	31 Dec. 1924	
Do.	C. T. Joseph, L.M.S. ...	Do.	25 Dec. 1924	Do.	
Do.	V. Sundaresh, M.B., B.S.	Do.	20 Nov. 1924	Do.	
Do.	P. Govinda Nayar, L.M.S.	House Physician to Second Physician.	1 Jan. 1924	15 May 1924	
Do.	V. K. Vaidyar, L.M.S.	Do.	7 Jan. 1924	6 July 1924	
Do.	V. J. John, L.M.S. ...	Do.	1 Jan. 1924	6 Jan. 1924	
Do.	G. S. Venkatasan, M.B., B.S.	Do.	15 May 1924	14 Nov. 1924	
Do.	R. K. Tirupad, M.B., B.S.	Do.	7 July 1924	31 Dec. 1924	
Do.	R. Padmanabha Acharya, L.M.S.	Do.	25 Sep. 1924	Do.	
Do.	U. Kesava Menon, L.M.S.	Do.	Do.	Do.	
Do.	C. DeJohn, I.M.D. ...	House Physician to Fourth Physician.	1 Jan. 1924	16 June 1924	
Do.	N. Narayanan, L.M.S. ...	Do.	Do.	16 May 1924	
Do.	R. Sundararajan, L.M.S.	Do.	17 May 1924	...	
Do.	C. K. Prasad Rao, L.M.S.	Do.	16 June 1924	15 Dec. 1924	
Do.	L. Mahadevan, M.B., B.S.	Do.	15 June 1924	14 Dec. 1924	
Do.	P. S. Kalyanasundram, M.B., B.S.	Do.	15 Sep. 1924	31 Dec. 1924	
Do.	R. Sambamurti, M.B., B.S.	Do.	18 Dec. 1924	Do.	

Rank.	Name.	Nature of duties.	Period during which the officers were present for duty.		Remarks
			From	To	
House Physicians and Surgeons—*cont.*					
House Surgeon ...	V. Venkataratnam, L.M.S.	House Surgeon to First Surgeon.	1 Jan. 1924	23 May 1924	
Do. ..	M. Gopalan, L.M.S. ...	Do.	Do.	20 May 1924	
Do. ...	G. V. Gnanamuttu, L.M.S.	Do.	Do.	Do.	
Do. ...	K. S. Appu, M.B., B.S....	Do.	7 Mar. 1924	6 Sep. 1924	
Do. ..	V. Sundaresh, M.B., B.S.	Do.	20 May 1924	19 Nov. 1924	
Do. ...	U. Krishna Rao, M.B., B.S.	Do.	1 June 1924	13 Oct. 1924	
Do. ...	P. Gopala Acharya, L.M.S.	Do.	20 May 1924	19 Nov. 1924	
Do. ...	V. Rama Ayyangar, L.M.S.	Do.	7 Sep. 1924	31 Dec. 1924	
Do. ...	G. Ratnaswami, M.B., B.S.	Do.	1 Oct. 1924	31 Oct. 1924	
Do. ...	P. S. Naranayan, M.B., B.S.	Do.	3 Nov. 1924	31 Dec. 1924	
Do. ...	R. Sivasambandam, M.B., B.S.	Do.	19 Nov. 1924	Do.	
Do. ...	A. Anantanarayanan, L.M.S.	Do.	19 Dec. 1924	Do.	
Do. ...	R. Sundararajan, L.M.S.	House Surgeon to Second Surgeon.	1 Jan. 1924	15 May 1924	
Do. ...	R. Shanmukham, L.M.S.	Do.	Do.	18 Feb. 1924	
Do. ...	Vijayaraghavan, M.B., B.S.	Do.	Do.	8 Jan. 1924	
Do. ...	T. A. Gopalakrishnan, L.M.S.	Do.	16 Jan. 1924	15 July 1924	
Do. ...	S. Arunachallam, L.M.S.	Do.	18 Feb. 1924	17 Aug. 1924	
Do. ...	R. Sambamurti, M.B., B.S.	Do.	15 May 1924	14 Nov. 1924	
Do. ...	S. Ramachandran, L.M.S.	Do.	16 Aug. 1924	31 Oct. 1924	
Do. ...	S. K Ramaswami, L.M.S.	Do.	18 Aug. 1924	31 Dec. 1924	
Do. ...	V. Iswarayya, M.B., B.S.	Do.	16 Nov. 1924	Do.	
Do. ...	P. T. Krishna Nayar, L.M.S.	Do.	30 Oct. 1924	Do.	
Do. ...	S. Subrahmanyam, M.B., B.S.	House Surgeon to Third Surgeon.	1 Jan. 1924	25 Jan. 1924	
Do. ...	K. Raman Menon, M.B., B.S.	Do.	Do	25 Nov. 1924	
Do. ...	Vergheese, M.B., B.S.	Do.	Do.	15 May 1924	
Do. ...	A. R. Srinivasan, L.M.S.	Do.	26 Apr. 1924	25 Oct. 1924	
Do. ...	U. Kesava Menon, L.M.S	Do.	17 May 1924	16 Nov. 1924	
Do. ...	T. A. Gopalakrishnan, L.M.S.	House Surgeon to Third Surgeon (Venereal).	8 Aug. 1924	24 Oct. 1924	
Do. ...	Nagabhushanam Rao ..	House Surgeon to Third Surgeon.	17 Nov. 1924	31 Dec. 1924	
Do. ...	G. S. Venkatesan, L.M.S.	Do.	Do.	Do.	
Do. ...	Padmanabha Mallayya. L.M.S.	House Surgeon to Third Surgeon (Venereal).	19 Dec. 1924	Do.	
Do. ...	C. K. Prasad Rao, L.M.S.	Do.	18 Dec. 1924	Do.	
Sub-Assistant Surgeons.					
Senior Sub-Assistant Surgeon.	U. S. Muttuswami Nadar.	Sub-Assistant Surgeon in charge of Outpatient Dispensary.	1 Jan. 1924	1 June 1924	
Sub-Assistant Surgeon.	K. R. Ganesa Mudaliyar.	Do.	2 June 1924	1 July 1924	

Rank.	Name.	Nature of duties.	Period during which the officers were present for duty.		Remarks.
			From	To	
Sub-Assistant Surgeons—*cont*					
Senior Sub-Assistant Surgeon.	U. S. Muttuswami Nadar.	Sub-Assistant Surgeon in charge of Outpatient Dispensary.	2 July 1924	31 Dec. 1924	
Do.	R. Ramanjulu Nayudu.	Sub-Assistant Surgeon in charge of In-Dispensary.	1 Jan. 1924	8 Sep. 1924	
Do.	C. Duraiswami Mudaliyar.	Do.	9 Sep. 1924	30 Nov. 1924	
Do.	R. Rangaswami Ayyar.	Do.	1 Dec. 1924	31 Dec. 1924	
Do.	C. Duraiswami Mudaliyar.	Second Assistant to Resident Medical Officer.	Do.	Do.	
Medical Officer, Assistant Surgeon and Sub-Assistant Surgeons on Reserve duty.					
Captain, I.M.S ...	N. K. Bal	Reserve duty ...	1 Jan. 1924	19 Jan. 1924	
Do. ...	M. N. Mehta	Do. ...	2 Jan. 1924	7 Mar. 1924	
Major, I.M.S. ...	A. S. Leslie	Do. ...	7 July 1924	26 Aug. 1924	
Do. ...	R. G. G. Croly	Do. ...	23 July 1924	29 July 1924	
Civil Assistant Surgeon.	Varada Ayyar, L.M.S.	Do. ...	1 Jan. 1924	26 Jan. 1924	
Do.	Madhavachariyar, L.M.S.	Do. ...	29 Jan. 1924	3 Feb. 1924	
Do.	Madhavachari, L.M.S ...	Do. ...	19 Feb. 1924	3 Mar. 1924	
Do.	Syed Ghulam Sahib Bahadur, L.M.S.	Do. ..	10 Apr. 1924	7 May 1924	
Do.	B. Ramanna Chetti, L.M.S.	Do. ...	5 Aug. 1924	16 Sep. 1924	
Do.	N. Navanithakrishnan, M.B., C.M.	Do. ...	...	19 Oct. 1924	
Sub-Assistant Surgeon.	B. G. Krishnan.	Do. ...	14 Mar. 1924	3 Apr. 1924	
Do.	D. Narayanaswami Ayyangar.	Do. ...	1 Jan. 1924	Do.	
Do.	K. R. Ganesa Mudaliyar.	Do. ...	10 May 1924	1 June 1924	
Do.	Do.	Do. ...	2 July 1924	2 Aug. 1924	
Do.	K. Srinivasan ...	Do. ...	31 July 1924	Do.	
Do.	K. R. Ganesa Mudaliyar.	Do. ...	20 Oct. 1924	31 Dec. 1924	

Indian Nursing Staff—

Existing staff on 1st January 1924		9
Nurses trained in this Hospital		1
Total ...		10
Left the service		1
Transferred to Women and Children Hospital for 6 months' maternity training		4
Remaining on 31st December 1924		5
Total ...		10

English and Indian trained Sisters.—The sanctioned strength is 9.

Existing staff on 1st January 1924	5
Newly entertained	6
Total ...	11
Appointed as Assistant Matron Superintendent ...	1
Left the service	1
Remaining on 31st December 1924	9
Total ...	11

Nursing Staff—

Existing staff on 1st January 1924	66
Nurses trained in this Hospital	30
Joined from other Hospital	2
Total ...	98
Left the service	25
Remaining on 31st December 1924	73
Total ...	98

Note --25 Nurses left the service for the following reasons :--

To join Tuberculosis Hospital	1
To join Women and Children Hospital	1
To join Royapettah Hospital	1
To better prospects	5
Found unsuitable	2
To be married	2
Services dispensed with	1
Owing to family difficulties	1
To take midwifery training at Women and Children Hospital ...	11
Total ...	25

During the year under report, the following events took place in the Nursing Establishment of this Hospital :—

The Surgeon-General with the Government of Madras in his letter No. 2175-G/23, dated 8th January 1924, has approved the introduction of Annual Confidential report form on Nurses which is now submitted by the Superintendents of Government Hospitals to the Surgeon-General.

The Government in their order No. 57 P.H., Local Self-Government Department, dated 11th January 1924, have approved the revised Rules for the training of Nurse pupils in the Government Hospitals and accordingly printed as an appendix to the order.

In G.O. Mis. No. 591 P.H., Local Self-Government Department, dated 15th April 1924, sanctioned the substitution of the words "for a period of not less than three years from date to date" for the words "for a period of three years" occurring in the form of the trained Nurse's Certificate to be issued to the final year Passed candidates in General training.

Government in their order No. 676 P.H., Local Self-Government Department, dated 1st May 1924, have approved the form of agreement to be entered into by Nurse pupils undergoing training in Government Hospitals and printed as an annexure to this order.

The Secretary to the High Commissioner for India selected five English ladies as Ward Sisters as per instructions conveyed in G.O. No. 26618-1 P.H., dated 24th September 1924, communicated with Surgeon-General's memo. Ref. No. 2177-1-G, dated 30th September 1924, and they reported themselves for duty on 12th October 1924 forenoon.

Miss Gladys Emily Habrayd Gadsden, who was permitted to act as Assistant Matron Superintendent during the absence of Sister B. Lane was appointed as Assistant Matron Superintendent with effect from the 1st October 1923 as per Government Order No. R. 101 P.H., dated 12th June 1924, communicated with the Surgeon-General's letter No. 111, dated 19th June 1924.

Under paragraph 190, Civil Medical Code, bonds executed by Government stipendiaries in Medical Schools and Colleges are accepted without stamp duty. The Surgeon-General has in his letter No. R.C. 1639-G, dated 5th August 1924, simliarly exempted the Bonds to be executed by the Nurse pupils from stamp duty. Mrs. K. S. Palsgrave, Matron Superintendent of Government General Hospital, Madras, retired from service (while on leave) on 29th March 1924 and was sanctioned a pension of Rs. 106-11-0 a month (Vide G.O. No. 551, Pension, dated 26th December 1925.)

During the year under report, Government have abolished the appointments of 2 female ward attendants of Government General Hospital, Madras, in their order No. 1529 P.H., dated 12th November 1924, with effect from 15th December 1924 by giving three months' notice of discharge to the acting incumbents.

Linen Department.—The work done in this department is shown in the following table :—

Year.	Amount spent under bedding and clothing.	Cost of materials used in the laundry.	Cost of washing 100 pieces in the laundry.	Number of pieces washed in the laundry.	Amount paid by nurses, etc., to replace linen lost.	Amount paid to extra tailors.
		Rs. A. P.	Rs. A. P.		Rs. A. P.	Rs. A. P.
1922 ...	...	3,726 5 8	1 1 11	333,364	484 2 3	42 12 0
1923 ...	...	4,486 10 4	0 15 9	453,868	666 4 8	55 8 0
1924 ...	...	3,631 6 1	0 13 7	427,357	895 12 7	117 0 0

The stock of linen was examined quarterly and the work of the Linen department was a satisfactory throughout the year as it could be with the reduced staff.

Year.	Number of pieces condemned.	Cost of articles condemned.	Number of pieces washed.	Remarks.
		Rs. A. P.		
1921-22	6,438	12,853 0 0	330,196	These figures are for the official years.
1922-23	5,967	10,417 0 0	351,623	
1923-24	8,699	14,914 10 7	449,949	

Two cooly dhobies were entertained at Rs. 18 per mensem from 9th April 1924.

Male Ward Attendants.—Present strength is 32 including 2 Theatre Attendants and 8 Ward Attendants newly sanctioned in G.O. No. 271 P.H., dated 19th February 1924.

Steam Laundry.—The plant was in charge of a mechanic. Repairs to the machines were carried out by fitters deputed from the Public Works Workshops and all necessaries for the plant were obtained during the year from the General Superintendent, Public Works Stores, at a cost of Rs. 700.

The mechanic in charge of the steam laundry went on leave during the year and it was found impossible to obtain a substitute owing to the very low rate of starting pay which was offered. Government were addressed on this matter and the rate of minimum pay of mechanic was raised from Rs. 35 to 45 (vide G.O. No. 1770 P.H., Routine, dated 3rd December 1924).

On the recommendation of the Retrenchment Officer, Government passed orders reducing the dhobies from 10 to 6. As a result of this retrenchment the laundry has been run under very great difficulties with the constant danger of a breakdown in this department. Some relief was obtained by employing two coolies (dhobies) pending final orders of Government. But even with this extra help the staff has been very much over-worked and are working daily from 7 a.m. to 6 p.m. on some days even later. It has been very difficult to retain the services of employees under such conditions.

The licence for the boiler was renewed for one year as usual.

Steam Disinfector (Lyons).—The disinfection work in the hospital carried out on all days. The Sub-Assistant Surgeon in charge of in-dispensary is deputed to supervise the disinfection of the articles while the installation is in charge of the licensed driver. The licence for the disinfector was declared not necessary in future as the boiler does not come under purview of the Indian Boilers Act, 1923 (vide correspondence Dis. 764 of 1924, dated 18th September 1924).

Motor Ambulance Car.—It is available for public use at any part of the day or the night. The Chauffeur resides on the premises. 868 trips were made covering a distance of 5,199 miles during 1924 against 1,060 extending over 5,123 during the previous year.

Five hundred and eight gallons of commercial spirit (Powerin) were consumed and the distance travelled worked out to an average of 10·22 miles a gallon in 1924 with 11-43 miles. Owing to the transfer of Dental Department to the Rayapuram Hospital all the State hospitals in the city have to use the car for treatment of patients and their return to the respective hospital. It is also used by the public when available.

Government in their memorandum No. 32376-3 P.H., dated 4th February 1925, communicated in Surgeon-General's No. 1523-G., dated 10th February 1925, have sanctioned a second car for the use of patients and its arrival is awaited.

Electrical Department.—The electrical foreman is in charge of the installation with a gang of workmen under him. The plant is periodically inspected by the

Electrical Engineer and Assistant Engineer who carry out the repairs necessary for maintenance.

During this year the 2nd floor which is occupied by the Nursing Staff has been fitted with electric fans in the place of the old punkahs. It is expected that other parts of the Hospital will have a similar arrangement sanctioned.

Sanitary Department.—Health Inspector has taken the place of the Hospital Sergeant and is now in charge of the Sanitary Department. Owing to the suggestion of the Special Retrenchment Officer, the staff of bearers, gardeners and others was reduced and the Hospital was put to considerable inconvenience with the result that temporary servants had to be engaged and Government were addressed on the matter of raising the strength of the menial servants of this Hospital.

The Resident Medical Officer supervises the work done by the Sanitary Department and gives such orders and suggestions as he thinks necessary to be carried out by the Health Inspector or other Departments concerned. The Superintendent makes periodical inspection of the whole hospital building with the Public Works and other Department. Any alterations ordered to the various departments will be executed.

Office Establishment.—The Resident Medical Officer is generally in charge of the internal administration of the Hospital assisted by the Head Steward or the Manager with 19 members in his charge.

Telephones.—Telephone plant connecting 8 inters communications to various departments and residencies within the hospital is available both day and night in charge of telephone Clerks.

Diet Accounts.—These are under the daily check of the Assistant Accountant of this Hospital and under the concurrent monthly audit of the Accountant-General, Madras.

Articles.	1921.		1922.		1923.		1924.	
	Quantity.	Cost.	Quantity.	Cost	Quantity.	Cost.	Quantity.	Cost.
		Rs. A. P		Rs. A. P.		Rs. A. P.		Rs. A. P.
Coffee powder Lb.	4,274-4½	2,938 6 9	4,776-5	3,582 3 9	5,403-5½	4,559 1 4	5,166-11½	3,892 0 0
Sugar, brown „	2,675-6½	974 6 4	3,162-5	710 1 1	3,550-10	743 8 3	3,328-1½	530 7 1
„ white „	12,153-15½	4,304 8 4	12,945-0½	2,860 9 10	15,649-0	3,219 7 3½	15,100-6½	3,829 9 7½
Tea ... „	355-1[illegible]	335 12 [illegible]	354-8½	382 5 6	452-14½	458 14 9	518-14	518 14 0
Soda splits No.	5,683	147 9 9	10,243	400 1 10½	16,432	641 14 9	15,547	580 0 3½
Lemonade splits „	4,692	205 12 0	7,541	549 15 10	11,834	924 8 6	9,660	740 6 6
Longcloth Yds.	3,043⅝	1,505 12 10	3,935	1,967 8 0	4,486½	1,752 8 6	3,813½	1,236 7 5
Milk ... Pints.	249,019-12½	54,478 1 1	284,065	42,905 10 0	314,749	53,273 5 8	294,046	58,709 3 8
Apples ... No.	489	75 7 3	1,366	234 12 6	1,605	250 12 6	1,631½	259 9 9
Oranges ... „	21,899	912 2 4	21,286	997 12 6	16,512	688 0 0	18,849½	848 3 4½
Eggs ... „	68,453	3,565 4 2	60,981	2,858 7 9	80,357	4,706 0 6	94,785	4,580 13 10
Ice ... Lb.	139,084	8,692 12 0	157,591	9,849 7 0	168,561	7,901 4 3	159,991	6,884 15 11
Wines and Spirits	...	3,056 7 3	...	3,309 1 0	...	1,975 14 1	...	1,154 0 10

Average daily cost of In-patients.—The following table shows the average daily cost of dieting European and Indian patients per diem in the general wards of the Hospital, together with the average daily attendance of patients dieted during each month of the year from 1922 :—

Months.	Indians.						Europeans.					
	1922.		1923.		1924.		1922.		1923.		1924.	
	Average daily attendance of patients dieted.	Average cost per head per diem.	Average daily attendance of patients dieted.	Average cost per head per diem.	Average daily attendance of patients dieted	Average cost per head per diem.	Average daily attendance of patients dieted.	Average cost per head per diem.	Average daily attendance of patients dieted.	Average cost per head per diem.	Average daily attendance of patients dieted.	Average cost per head per diem.
		Rs. A. P.		Rs. A. P.		A. P.		Rs. A. P.		Rs. A. P.		Rs. A. P.
January ...	348·87	0 9 3½	352·84	0 8 4½	376·00	9 11¼	96·96	1 0 6	83·13	0 14 2½	94·77	1 0 3½
February.	353·43	0 9 5½	373·64	0 8 2½	374·69	9 3½	97·07	0 15 11½	91·71	0 13 4[illegible]	105·22	0 14 7½
March ...	382·71	0 9 9¾	381·71	0 8 5½	384·13	9 2[illegible]	94·71	1 0 5	91·71	0 13 8½	101·45	0 14 3½

Months.	Indians.						Europeans.					
	1922.		1923.		1924.		1922.		1923.		1924.	
	Average daily attendance of patients dieted.	Average cost per head per diem.	Average daily attendance of patients dieted.	Average cost per head per diem.	Average daily attendance of patients dieted.	Average cost per head per diem.	Average daily attendance of patients dieted.	Average cost per head per diem.	Average daily attendance of patients dieted.	Average cost per head per diem.	Average daily attendance of patients dieted	Average cost per head per diem.
		Rs. A. P.		Rs. A. P.		Rs. A. P.		Rs. A. P.		Rs. A. P.		Rs. A. P.
April ...	368·40	0 10 3½	372·88	0 8 2½	388·37	8 3[illegible]	97·20	1 1 6½	99·10	0 14 2½	97·63	0 14 4½
May ...	375·00	0 10 5	384·22	0 8 1½	385·48	8 11½	97·50	1 3 0	92·94	0 15 1½	101·84	0 14 6½
June ...	391·90	0 8 9[illegible]	400·10	0 8 11½	384·23	8 3[illegible]	90·10	1 0 ½	84·87	1 0 3½	88·67	0 12 3[illegible]
July ...	412·20	0 8 9½	394·68	0 10 1½	387·26	8 5[illegible]	86·90	0 15 1½	84·35	1 1 7½	87·06	0 13 2[illegible]
August ...	404·54	0 8 6½	400·61	0 9 11½	389·65	8 4[illegible]	89·58	0 14 ½	90·26	1 1 11[illegible]	88·97	0 13 1[illegible]
September.	408·26	0 8 6[illegible]	375·60	0 9 9½	366·73	8 10[illegible]	92·43	0 15 1	94·93	1 2 1[illegible]	101·33	0 13 7[illegible]
October ...	399·22	0 8 7[illegible]	369·93	0 9 5½	388·58	8 5[illegible]	92·87	0 15 11½	104·42	1 0 7¼	103·42	0 13 9[illegible]
November.	363·40	0 8 7½	391·20	0 9 4½	389·97	7 11[illegible]	86·90	0 15 3½	111·03	1 0 5½	96·60	0 14 4
December.	363·68	0 8 2½	374·90	0 9 11	386·45	8 11¼	82·03	0 14 3½	94·32	1 0 8[illegible]	81·84	0 15 5½
Total average.	380·88	0 9 1½	381·02	0 9 3½	383·48	8 9	92·03	0 15 11¼	93·56	0 15 10½	95·73	0 14 2

Water-supply.—The following statement shows the expenditure of water with costs during the past five years :—

Year.	Expenditure.	Cost. Rs.	A.	P.
1920	9,007,448	10,731	8	0
1921	11,820,081	14,498	5	0
1922	13,223,631	16,517	4	0
1923	16,257,297	20,320	0	0
1924	13,955,114	14,423	12	0

The expenditure of water was cut short. The Corporation of Madras has allowed free supply of 75,550 gallons per month with effect from the 1st April 1922 which also resulted in the reduction of its cost—vide Local Self-Government Department Memorandum No. 26240-3 P.H., dated 31st March 1924.

Sale of unserviceable articles, empty packing cases, tins, etc.—Public auctions were held during the year and articles condemned sold. The following are the realizations during the past three years :—

Year.	Amount realized. Rs.	A.	P.
1922	556	0	0
1923	677	3	0
1924	701	5	0

Income.—(3) Sale-proceeds of the garden produce including usufruct of coconut trees in the hospital compound. The amount collected during the past three years are—

Year.	Amount realised. Rs.	A.	P.
1922	350	0	0
1923	310	0	0
1924	300	0	0

Protection of buildings.—The building is provided with four Minimax Extinguishers fixed to the walls of the hospital on the south side, where the Medical Stores and the In-dispensary are located. Eighty-four fire buckets are available for emergent use in charge of Health Inspector. The Nurses' quarters are protected with fixing up of two Minimax Extinguishers and the hand pump with buckets hitherto in use was removed.

Hot-water furnaces.—There are three hot water furnaces connecting the wards and the Nurses' quarters for supply of hot water during day and night.

The supply of water from the boiler to the wards is now suspended provisionally making local arrangements in each ward to effect economy in the expenditure of fuel.

17. Inspection.—His Excellency Viscount Goschen, G.C.I.E., G.B.E., Governor of Madras, and the Hon'ble Sir B. N. Sarma, K.C.S.I., Member, Governor-General's Executive Council, visited this Hospital in November and December 1924, respectively. The Surgeon-General with the Government of Madras made several visits during the year both official and non-official.

18. The annual verification of stock of crockery and of furniture was conducted as usual by a Committee of Medical officers nominated by the Superintendent on the 31st January 1925.

The Medical stores are in charge of the Fourth Physician and were inspected by him daily as regards medicines and appliances, while the instruments are in charge of First Surgeon who checks them on receipt from home. This latter duty had been transferred to the Third Surgeon as per Surgeon-General's R. 444-G., dated 3rd March 1925.

The Resident Medical Officer makes surprise visits to the provision stores and checks stocks. The store-books are checked by the Head Steward. The annual stock-taking of the provision stores was carried out by the Head Steward on the 1st January 1925 and approved by the Resident Medical Officer. The estimated value of the stores was Rs. 3,446-1-11 on that day.

The stock of stationery and linen was examined quarterly by the Resident Medical Officer and the Matron Superintendent, respectively.

19. Verification of Service Register.—The service books of both the superior and inferior permanent establishments were verified up to 31st December 1924.

20. Sanctioned establishment.—The appointment of the following clerks was abolished with effect from 20th May 1924, forenoon, as per G.O. No. 273 P.H., dated 20th February 1924, on account of retrenchment:—

1 Linen Clerk.
1 Telephone Clerk.
1 Assistant Kitchen Steward.

2. The posts of Sergeant and Headman of servants were abolished with effect from 1st September 1924 and 1st August 1924, respectively, as per G.O. Mis. No. 628 P.H., dated 23rd April 1924 and a Health Inspector was appointed in lieu with effect from that date on probation for 3 months and subsequently extended for a period of 3 months.

3. *Inferior staff pensionable.*—The number of ward attendants was increased from 22 to 32 including 2 theatre assistants as per G.O. No. 271 P.H., dated 19th February 1924. This sanction was given effect to from 21st March 1924. The appointments of two female toties and 3 attendants were also abolished.

4. *Menials paid from audited contingencies.*—The following appointments were abolished with effect from 21st March 1924 as per G.O. Nos. 271 P.H., dated 19th February 1924 and 293 P.H., dated 20th February 1924:—

1 Tailor on Rs. 22.
1 Kitchen Attendant on Rs. 15.
1 Iceman on Rs. 15.
11 Lascars on Rs. 15 each.
1 Nurses Mati on Rs. 15.
6 Lascars were sanctioned by the Surgeon-General in his Memorandum No. 2425-2-G., dated 2nd December 1924, in anticipation of sanction of Government since the work of maintaining cleanings in the hospital was found quite impossible with the reduced staff of lascars.

5. *Menials paid from contract contingencies.*—The following appointments were also abolished with effect from 21st March 1924 as per G.O. supra:—

1 Masalchee on Rs. 15.
4 Dhobies on Rs. 18 each.
7 Gardeners on Rs. 15 each.
2 Men coolies on Rs. 15 each.
A chokra on Rs. 10 was appointed to attend on Matron Superintendent. Government in their order Mis. No. 628 P.H., dated 23rd April 1924, reduced the number of sweepers from 9 to 5, who are paid on Rs. 12 each. As it was impossible to carry on the work with the reduced staff of sweepers, Government were pleased to sanction in their order Mis. No. 1071 P.H., dated 21st July 1924, the entertainment of one more sweeper.

21. Statement of wound and post-mortem certificates, etc.

Number of wound certificates issued during the year 1924.	Number of post-mortem certificates issued during the year 1924.	Number of post-mortem examination.		Number of days during the year spent in courts of justice by Medical officers and subordinates.	
		For medico-legal purposes.	For scientific purposes.		
136	36	36	53	Resident Medical Officer .. Major W. C. Patron, I.M.S. ...	1
				Senior Asst. Surgeon ... H. T. Ince, I.M.D.	1
				Third Physician ... ... Dr. S. Tirumurthi, M.B.C.M. ...	4
				Asst. Surgeon ... ... Ramaswami Ayyar	1
				Do. ... ... Natesan	4
				Do. ... ... Benjamin ..	21
				Do. ... ... Madavachari ...	1
				Do. ... ... F. DeNetto ...	6
				Do. ... ... Anantanarayana Ayyar ...	5
				Do. ... ... Francis	4
				Do. ... ... Subrahmanya Ayyar	2
				Do ... ... Luther	1
				Do. ... ... Vasudevan ...	2
				Do. ... ... Sivaram	1
				Do. ... ... D. K. Sabesan ...	2
				Do. ... ... Navanithakrishnan.	3
				Do. ... ... Madhavan	1
				House Surgeon ... ... Shanmukham ...	1
				Do. ... ... Subba Rao ...	3
				Do. ... ... Verghese	2
				Do. ... ... Appu	9
				Do. ... ... Venkataratnam ...	1
				Do. ... ... V. Krishna Rao ...	2
				Do. ... ... Sundara Ragavalu.	1
				Do. ... ... Jordon	3
				Do. ... ... Vaidyar	1
				Do. ... ... B. Krishna Rao ...	3
				Do. ... ... O. Krishna Rao ...	1
				Do. ... ... Tirupad	1
				Do. ... ... Dikshitulu ...	6
				Do. ... ... Gopalakrishnan ...	4
				Do. ... ... Prasada Rao ...	2
				Do. ... ... Venkatesan ...	2
				Do. ... ... Srinivasan	1
				Do ... ... Gopalachari ...	1
				House Physician ... ... Iswara Ayyar ...	2
				Sub-Asst. Surgeon ... ... Ganesa Mudaliyar.	1
				Do. ... ... C. Raman	4
				Do. ... ... Muttuswami Nadar	2
				Do. ... ... Duraiswami Mudaliyar	1
				Total ...	114

22. General Remarks.—The following statement shows receipts and expenditure during the past four years ending with 1924:—

——	1921.	1922.	1923.	1924.
Receipts ...	Rs. 6,82,924	Rs. 6,85,481	Rs. 7,51,338	Rs. 6,90,797
Expenditure—				
Salaries (Medical Officer)	1,01,077	1,10,110	1,05,483	1,04,024
Salaries (Nurses)	74,581	93,319	1,09,639	1,11,055
Salaries (inferior servants)	71,752	69,712	71,672	68,439
Medicines (Europe)	75,622	68,059	92,586	77,202
Diet	1,19,960	1,30,170	1,33,121	1,32,027
Miscellaneous charges	1,36,685	1,51,977	1,59,481	1,49,045
Buildings and repairs	96,535	57,696	68,392	45,759
Average daily sick in	459·28	496·47	502·91	507·80
Cost per head of the total average strength	Rs. A. P. 771 2 10	Rs. A. P. 739 6 7	Rs. A. P. 770 6 2	Rs. A. P. 735 6 3

Govt. General Hospital, Madras,
28*th March* 1925.

E. W. C. BRADFIELD, M.S., F.R.C.S.,
Lieut.-Col., I.M.S.,
Superintendent.

APPENDIX A.

Comparative statement of the medical work done in the General Hospital, Madras, for the three years ending 1924.

Years.	In-patients.														Out-patients.					
	Total treated.		Average daily sick.		Deaths.				Average stay in hospital.		Average cost of diet.				Total treated.			Average daily sick.			
	Europeans and Anglo-Indians.	Non-Europeans.	Europeans and Anglo-Indians.	Non-Europeans.	Europeans and Anglo-Indians.	Non-Europeans.	Total.	Operations.	Europeans and Anglo-Indians.	Non-Europeans.	General wards.		Officers' quarters.		Europeans and Anglo-Indians.	Non-Europeans.	Total.	Male side.	Female side.	Total.	Operations.
											Europeans and Anglo-Indians.	Non-Europeans.	Europeans and Anglo-Indians.	Non-Europeans.							
											Rs. A. P.	Rs. A. P.	Rs. A. P.	Rs. A. P.							
1922	1,800	7,496	103·36	393·11	87	522	609	6,203	20·98	19·15	1 0 ¼	0 9 ¾	3 3 2¾	1 7 7	4,782	56,746	61,528	263·41	122·21	385·72	7,509
1923	1,782	7,662	106·95	395 96	93	607	700	8,033	21·89	18·85	1 0 1½	0 9 1	3 9 4¼	2 1 6½	4,945	55,229	60,174	294·62	133·24	427·86	10,279
1924	1,927	7,821	108·86	398·94	100	547	647	9,835	21·79	18·67	0 13 4½	0 8 11½	3 3 3½	2 1 8½	4,957	57,093	62,050	251·25	129·51	380·76	11,767

APPENDIX B.

Statement showing the medical work done by each Medical Officer during 1924.

In-patients.

Medical officers.	Class of patients.	Admissions.								Average daily sick.	Death-rate per 1,000.	Operations.							Average stay of patients in hospital.	Average cost of diet.		Post-mortem examinations.
		Remained.	Admitted.	Total.	Cured.	Relieved.	Discharged otherwise.	Died.	Remaining.			Remained.	Performed during the year.	Total.	Cured.	Relieved.	Discharged otherwise.	Died.	Remaining.			
																				Special wards.	General wards.	
																				Rs. A. P.	Rs. A. P.	
First Physician	Non-Europeans	41	785	826	491	134	91	76	24	41·61	92·01	...	1,803	1,803	...	1,803	...	...	...	18·44	2 5 11½	0 11 5¼	9
	Europeans	41	685	726	451	128	76	40	31	42·06	55·10	...	1,146	1,146	...	1,146	...	...	...	21·19	3 7 8¼	0 15 4¼	...
	Total ...	82	1,470	1,552	942	262	167	116	65	83·67	74·74	...	2,949	2,949	...	2,949	...	...	...	39·63	...	...	9
Second Physician ...	Non-Europeans	28	779	807	465	150	53	98	41	39·56	121·44	...	1,012	1,012	...	1,012	...	...	...	17·49	1 15 3	0 10 7¼	11
	Europeans	9	232	241	165	31	17	11	17	16·53	45·64	...	163	163	...	163	...	...	...	25·06	3 7 9¾	0 13 1¼	1
	Total ...	37	1,011	1,048	630	181	70	109	58	55·09	104·01	...	1,175	1,175	...	1,175	...	...	...	42·55	...	...	12
Third Physician ...	Non-Europeans	11	278	289	176	50	33	23	17	15·32	79·58	...	194	194	...	194	...	...	...	19·42	...	0 8 6¼	7
	Europeans	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Total ...	11	278	289	176	50	33	23	17	15·32	79·58	...	194	194	...	194	...	...	...	19·42	...	...	7
Fourth Physician ...	Non-Europeans	43	1,160	1,203	758	194	125	84	42	49·30	69·82	...	1,075	1,075	...	1,075	...	...	...	15·18	1 7 9¼	0 9 7¼	10
	Europeans	17	257	274	176	45	20	22	11	15·25	80·29	...	136	136	...	136	...	...	...	20·37	2 11 5¾	0 12 0	...
	Total ...	60	1,417	1,477	934	239	145	106	53	65·15	71·76	...	1,211	1,211	...	1,211	...	...	...	35·55	...	...	10
Honorary Physician ...	Non-Europeans	27	682	709	433	137	57	51	31	32·04	71·93	...	1,939	1,939	...	1,939	...	...	...	16·55	...	0 8 7¼	10
	Europeans	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Total ...	27	682	709	433	137	57	51	31	32·04	71·93	...	1,939	1,939	...	1,939	...	...	...	16·55	...	...	10
First Surgeon	Non-Europeans	70	1,207	1,277	863	146	116	91	61	68·36	71·76	20	843	863	656	103	20	51	33	11·66	2 3 1½	0 8 0	22
	Europeans	11	256	267	202	26	15	16	8	12·88	59·92	7	116	123	103	14	...	3	3	17·66	3 8 6¾	0 13 11½	...
	Total ...	81	1,463	1,544	1,065	172	131	107	69	81·24	69·30	27	959	986	759	117	20	54	36	29.32	...	...	22
Second Surgeon	Non-Europeans	61	935	996	627	139	109	54	67	64·10	54·22	31	457	488	375	55	11	21	26	25·55	2 12 6¾	0 7 5¼	12
	Europeans	3	101	104	74	11	8	4	7	7·68	30·77	1	33	34	31	2	...	1	...	27·01	3 5 7½	0 14 1	...
	Total ...	64	1,036	1,100	701	150	117	58	74	71·78	52·73	32	490	522	406	57	11	22	26	26·56	...	...	12
Third Surgeon	Non-Europeans	93	1,622	1,715	1,025	289	227	70	93	89·05	40·84	41	813	854	667	111	29	30	26	19·02	1 13 6⅝	0 7 5	6
	Europeans	9	206	215	158	29	11	7	10	14·45	32·55	3	105	108	87	9	1	4	7	13·07	3 2 11	0 11 10	...
	Total ...	101	1,828	1,929	1,193	318	238	77	103	103·51	39·02	44	918	962	754	120	31	34	33	32·09	...	...	6
Total ...	Non-Europeans	373	7,448	7,821	4,818	1,239	801	547	386	398·94	69·94	92	8,136	8,228	1,698	6,292	51	102	85	18·67	2 1 8⅜	0 8 11⅛	87
	Europeans	90	1,737	1,827	1,223	270	147	100	84	108·80	54·73	11	1,499	1,710	221	1,470	1	8	10	21·79	3 3 8¼	0 13 4¾	1
	Grand Total ...	463	9,185	9,648	6,074	1,509	948	647	470	507·80	67 07	103	9,635	9,938	1,919	7,762	52	110	95	40·46	...	...	88

Out-patients.

Medical officers.	Class of patients.	Total treated.					Average daily sick.					Operations.	Post-mortem examination.
		Men.	Women.	Male children.	Female children.	Total.	Men.	Women.	Male children.	Female children.	Total.	Total.	
Resident Medical Officer and Assistant Surgeons.	Non-Europeans ...	38,231	9,215	5,651	3,996	57,093	240·13	52·33	36·28	27·67	356·41	8,917	1
	Europeans	2,428	1,366	678	485	4,957	11·12	7·52	3·33	2·38	24·35	2,850	...
	Total ...	40,659	10,581	6,329	4,481	62,050	251·25	59·85	39·61	30·05	380·76	11,767	1

APPENDIX C.

Statement showing "Cost per head per annum" of the Daily Average Strength of the General Hospital, Madras, for the year 1924, *as compared with those of* 1919, 1920, 1921, 1922 *and* 1923.

Name of hospital or dispensary.		Number of medical institutions.	Daily average number of in-patients treated.	Daily average number of out-patients treated.	Total of the daily average strength.	Total cost.				Establishment.				Medicines, both European and country.				Diet.				Miscellaneous charges.			
						Cost.		Cost per head of the total average strength.		Cost.		Cost per head of the total average strength.		Cost.		Cost per head of the total average strength.		Cost.		Cost per head of the total average strength.		Cost.		Cost per head of the total average strength.	
		1	2	3	4	5	6		7	8		9		10		11		12		13		14		15	
							Rs.	A. P.	Rs. A. P.	Rs.	A. P.	Rs. A. P.		Rs.	A. P.	Rs.	A. P.	Rs.	A. P.	Rs. A. P.		Rs.	A. P.	Rs. A. P.	
Government General Hospital, Madras. Founded in 1783.	1919.	1	421·71	387·01	808·72	5,13,560	0 0	635 0 4	2,06,710	0 0	255 9 7	86,552	0 0	82 4 8	1,01,952	0 0	121 1 1	78,716	0 0	97 5 4					
	1920.	1	428·21	381·46	809·67	7,03,288	0 0	867 6 0	2,82,931	0 0	287 10 6	60,012	0 0	74 2 0	1,45,790	0 0	340 6 8	1,37,712	0 0	170 1 3					
	1921.	1	459·28	388·78	848·06	6,54,006	0 0	771 2 9	2,47,410	0 0	291 11 9	82,334	0 0	97 1 4	1,19,960	0 0	141 7 3	1,07,767	0 0	127 1 2					
	1922.	1	496·47	385·62	882·09	6,52,227	0 0	739 6 7	2,73,141	0 0	309 11 4	72,447	0 0	82 2 1	1,30,170	0 0	147 9 1	1,18,773	0 0	134 10 5					
	1923.	1	502·91	427·86	930·77	7,17,054	0 0	770 6 2	2,86,744	0 0	308 1 2	10,365	0 0	111 5 9	1,33,121	0 0	143 0 4	1,59,431	0 0	171 4 8					
	1924.	1	507·80	380·78	888·58	6,53,340	0 0	735 6 3	2,76,618	0 0	313 7 2	85,448	0 0	98 2 7	1,32,027	0 0	260 0 0	1,11,588	0 0	125 8 11					

Column 6 is the same as column 22 in Statement H, *minus* column 11 of the same.
Column 8 is the same as column 4 of Statement H.
Column 10 is the total of columns 16 and 17 of Statement H.

Column 12 is the same as column 18 of Statement H.
Column 14 is the same as column 19 of Statement H, *minus* column 11 of the same.
Cost of petty repairs to buildings is included in column 20 of Statement H.

APPENDIX D.

INDIANS.

Statement showing the in-patients treated with results in the year 1924.

No.	Diseases.	Remained.	Admitted.	Total.	Remarks. Cured.	Relieved.	Discharged otherwise.	Died.	Remaining.	Total.
1	Cholera, Asiatic...	...	4	4	...	...	...	4	...	4
2	Dysentery	4	166	170	132	5	4	23	6	170
3	Enteric fever	4	77	81	51	7	10	1	12	81
4	Gonococcal infection	4	159	163	52	75	24	3	9	163
5	Syphilis (primary and secondary)	10	386	395	187	101	70	16	22	396
6	Kala Azar	8	231	239	159	36	12	12	20	239
7	Leprosy	...	13	13	...	...	13	..	...	13
8	Malaria	14	616	630	531	54	26	8	11	630
9	Plague	...	...	...	...	...	...	...	...	...
10	Influenza	...	225	225	213	6	1	3	2	225
11	Relapsing fever...	1	21	22	7	...	3	12	...	22
12	Pneumococcal infection of the lung... ...	4	194	198	146	9	7	27	9	198
13	Pyrexia of uncertain origin	12	98	110	88	7	8	5	2	110
14	Rheumatic fever	3	38	41	26	11	4	...	...	41
15	Smallpox	...	22	22	1	...	16	3	2	22
16	Tuberculosis of the lung	10	241	251	90	90	30	27	14	251
17	Other tubercular diseases	10	215	225	105	44	40	15	21	225
18	All other infective diseases	18	173	191	144	11	14	19	3	191
19	Anæmia	3	36	39	15	4	9	5	6	39
20	Diabetes...	2	79	81	38	18	14	5	6	81
21	Scurvy	...	3	3	...	...	...	3	...	3
22	Rickets	...	10	10	10	...	...	...	...	10
23	Other diseases due to disorders of nutrition and metabolism.	...	15	15	4	3	6	...	2	15
24	Diseases of the ductless or endocrine glands.	...	14	14	4	...	10	...	...	14
25	New growths, Non-malignant	1	83	84	50	6	18	6	4	84
26	Do. Malignant	12	147	159	48	25	51	23	12	159
27	All other general diseases	24	151	175	92	31	29	11	12	175
28	Diseases of the nervous system. — Diseases of the nerves, spinal cord, brain and meninges. — Diseases of which the pathological basis is not accurately known. — Mental diseases ...	5	200	205	99	52	25	21	8	205
29	Diseases of the eye	1	7	8	...	2	6	...	...	8
30	Do. ear	...	24	24	19	2	3	...	...	24
31	Do nose	...	22	22	15	1	1	5	.	22
32	Do. circulatory system	4	157	161	37	61	18	32	13	161
33	All diseases of the respiratory system except pneumonia and tuberculosis of the lungs.	4	173	177	85	56	16	7	13	177
34	Diseases of the stomach	24	169	193	114	17	27	17	18	193
35	Do. intestines	40	343	383	254	47	51	24	7	383
36	Abscess of the liver	1	44	45	23	10	2	10	...	45
37	All other diseases of the liver	5	83	88	22	40	1	20	5	88
38	Do. digestive system ..	33	774	807	587	82	51	61	26	807
39	Acute or suppurative inflammation of the lymphatic glands.	10	90	100	58	14	16	11	1	100
40	Acute and chronic nephritis	3	113	116	29	53	13	12	4	116
41	All other diseases of the urinary organs ...	4	82	86	37	23	11	6	9	86
42	Other diseases of the generative system ...	12	305	317	249	22	23	5	18	317
43	Diseases of the organs of locomotion ...	4	148	152	103	18	7	5	19	152
44	Do. areolar tissue ...	1	412	413	296	59	17	18	23	413
45	Inflammation, ulcerative	5	77	82	56	9	11	3	3	82
46	Other diseases of the skin	8	98	106	66	21	11	5	3	106
47	All other local diseases	11	266	277	174	39	29	21	14	277
48	Injuries (general and local)	50	425	475	321	60	35	33	26	475
49	Poisoning by opium	...	8	8	1	3	4	...	.	8
50	Do. By other means	...	8	8	8	...	...	...	...	8
51	Labour normal	...	...	...	...	...	...	...	..	..
52	Do. abnormal	...	.	...	...	...	..	..	..	...
53	Beri beri	4	3	7	2	...	4	...	1	7
	Total ...	373	7,448	7,821	4,848	1,239	801	547	386	7,821

APPENDIX E.

EUROPEANS AND ANGLO-INDIANS.

Statement showing the in-patients treated with results in the year 1924.

No.	Diseases.	Remained.	Admitted.	Total.	Remarks. Cured.	Relieved.	Discharged otherwise.	Died.	Remaining.	Total
1	Cholera, Asiatic	...	...	...	...	...	...	...	...	...
2	Dysentery	1	61	62	50	3	...	6	3	62
3	Enteric fever	4	67	71	50	1	...	5	15	71
4	Gonococcal infection	1	29	30	12	14	4	...	...	30
5	Syphilis (primary and secondary)	1	41	42	16	17	9	...	...	42
6	Kala Azar	7	74	81	59	8	3	4	7	81
7	Leprosy	...	3	3	...	1	1	1	...	3
8	Malaria	9	99	107	98	4	3	1	1	107
9	Plague	...	...	...	...	...	...	...	...	...
10	Influenza	4	30	34	33	1	...	...	...	34
11	Relapsing fever	...	8	8	8	...	...	...	...	8
12	Pneumococcal infection of the lung	...	46	46	32	...	5	2	7	46
13	Pyrexia of uncertain origin	2	57	59	49	3	1	...	6	59
14	Rheumatic fever	1	12	13	3	5	5	...	..	13
15	Smallpox	...	11	11	6	...	4	1	..	11
16	Tuberculosis of the lung	1	64	65	24	31	1	2	7	65
17	Other tubercular diseases	2	28	30	12	7	2	7	2	30
18	All other infective diseases	7	55	62	51	9	2	...	...	62
19	Anæmia	...	10	10	2	...	1	5	2	10
20	Diabetes	...	13	13	4	6	2	1	...	13
21	Scurvy	...	...	...	...	...	...	...	...	...
22	Rickets	...	...	...	...	...	...	...	...	...
23	Other diseases due to disorders of nutrition and metabolism.	...	12	12	6	2	2	...	2	12
24	Diseases of the ductless or endocrine glands.	...	2	2	...	...	...	2	...	2
25	New growths non-malignant	...	20	20	7	2	4	7	...	20
26	Do. malignant	3	9	32	26	3	...	3	...	32
27	All other general diseases	6	71	77	61	11	4	1	...	77
28	Diseases of the nervous system. (Diseases of the nerves, spinal cord, brain and meninges. / Diseases of which the pathological basis is not accurately known. / Mental diseases)	1	70	71	45	9	7	8	2	71
29	Disease of the eye	...	4	4	3	...	1	...	...	4
30	Do. ear	...	34	34	30	...	4	...	...	34
31	Do. nose	...	7	7	6	1	...	...	...	7
32	Do. circulatory system	1	60	61	31	23	6	1	...	61
33	All diseases of the respiratory system except pneumonia and tuberculosis of the lungs.	3	65	68	36	22	1	6	3	68
34	Diseases of the stomach	10	33	43	26	11	5	...	1	43
35	Do. intestines	7	40	47	31	8	3	4	1	47
36	Abscess of the liver	...	13	13	7	1	...	5	...	13
37	All other diseases of the liver	2	24	26	21	1	2	1	1	26
38	Do. digestive system	8	235	243	174	25	26	13	5	243
39	Acute or suppurative inflammation of the lymphatic glands.	...	15	15	10	4	1	...	...	15
40	Acute and chronic nephritis	...	29	29	16	5	3	5	...	29
41	All other diseases of the urinary organs	1	22	23	14	5	...	3	1	23
42	Other diseases of the generative system	2	57	59	39	4	11	2	3	59
43	Diseases of the organs of locomotion	...	22	22	17	2	...	..	3	22
44	Do. areolar tissue	...	64	64	51	4	1	4	4	64
45	Inflammation ulcerative	...	7	7	3	...	4	...	...	7
46	Other diseases of the skin	4	9	13	12	1	...	...	...	13
47	All other local diseases	2	29	31	9	6	15	...	1	31
48	Injuries (general and local)	...	53	53	32	10	4	...	7	53
49	Poisoning by opium	...	2	2	2	...	..	...	...	2
50	Do. by other means	...	...	...	...	...	...	...	...	...
51	Labour normal	..	...	...	...	...	...	...	...	...
52	Do. abnormal	...	..	...	...	...	...	...	...	...
53	Beri beri	...	2	2	2	...	...	...	...	2
	Total ...	90	1,737	1,827	1,226	270	147	100	84	1,827

APPENDIX F.

Table showing the number of admissions, etc., from 1862.

Years.	In-patients. Out-patients. Deaths.	Total treated. Europeans.	Total treated. Indians.	Average daily sick. Europeans.	Average daily sick. Indians.	Deaths. Europeans.	Deaths. Indians.	Total. Total treated. Europeans.	Total. Total treated. Indians.	Total. Average daily sick. Europeans.	Total. Average daily sick. Indians.
1862	Medical	672	1,344	15¾	31¼	106	131	1,790	2,085	82	111
1863	Medical	827	1,654	18¼	20⅜	78	171	2,056	2,305	75⅝	107¼
1864	Medical	1,111	2,224	10⅜	22	107	75	2,365	2,874	83⅛	103⅜
1865	Medical	991	1,984	6	12⅛	70	18	2,471	2,647	88	74⅝
1866	Medical	1,251	2,502	12⅜	22	109	32	2,729	3,740	105⅝	116⅛
1867	Medical	1,729	3,458	17	34	107	75	3,131	4,723	116¼	132⅜
1868	Medical	2,154	4,308	14⅜	29¼	125	76	3,643	5,777	114⅜	126⅞
1869	Medical	1,577	5,002	10¾	41⅞	47	32	2,884	6,528	66⅞	116⅝
1870	Medical	1,866	6,069	11¼	53¾	33	15	2,731	7,544	59¾	126¼
1871	Medical	1,934	5,806	15	54¾	33	3	3,147	7,320	72⅝	137
1872	Medical	2,199	6,607	17	59¼	56	41	3,689	8,613	84⅜	159¼
1873	Medical	2,425	8,758	16⅜	71	74	44	3,715	10,561	79¼	195
1874	Medical	577	2,197	15⅝	64	23	12	952	2,777	81⅝	199
1st quarter of 1874	Medical	2,633	9,443	18	73⅜	65	43	4,112	11,456	96⅜	191¼
1874–75	Medical	3,001	9,102	19½	81⅜	127	48	4,380	12,155	87¼	196⅛
1875–76	Medical	4,080	11,353	27·56	86·80	144	60	5,506	12,186	84·75	221·01
1876–77	Medical	5,292	13,281	32·10	99·38	113	80	7,166	17,511	104·38	265·54
1877	Medical	4,908	16,994	33·66	113·27	200	76	6,470	18,530	109·34	253·19
1878	Medical	4,930	19,441	35·59	145·91	164	46	6,306	21,786	105·82	281·99
1879	Medical	5,483	18,023	38·97	142·84	172	57	6,671	20,769	95·18	277·65
1880	Medical	4,908	18,904	41·33	153·43	153	58	5,719	21,144	101·90	278·15
1881	Medical	4,947	18,608	35·20	134·20	178	57	5,874	20,919	96·79	262·49
1882	Medical	4,839	22,185	30·62	158·57	138	49	5,983	24,223	98·44	287·20
1883	Medical	4,983	22,500	34·57	166·83	208	49	6,164	24,679	100·40	289·69
1884	Medical	5,533	25,129	31·80	169·67	164	77	6,093	27,442	104·37	307·69
1885	Medical	6,276	26,799	32·82	163·97	143	49	7,485	29,037	105·65	307·68
1886	Medical	6,923	23,752	39·60	171·88	230	80	8,133	26,579	99·49	308·46
1887	Medical	6,943	27,135	41·30	180·99	177	64	8,366	30,567	110·52	339·57
1888	Medical	8,087	30,417	48·06	221·14	194	39	9,520	33,868	116·39	370·52
1889	Medical	8,892	32,405	55·33	240·48	238	67	10,361	36,361	126·47	412·64
1890	Medical	7,735	31,670	47·84	249·78	329	75	8,020	35,386	116·08	424·89
1891	Medical	7,959	37,007	52·06	279·61	316	74	9,232	40,084	138·47	461·59
1892	Medical	8,171	41,460	50·03	301·13	246	62	9,500	44,611	130·46	474·55
1893	Medical	8,118	41,570	47·84	249·78	329	75	8,020	35,386	116·08	424·89
1894	Medical	7,959	37,007	52·06	279·61	316	74	9,232	40,084	138·47	461·59
1895	Medical	8,171	41,460	50·03	301·13	246	62	9,500	44,611	130·46	474·55
1862	Medical	1,118	741	39·67	17·52	106	131	1,790	2,085	82	111
1863	Medical	1,229	651	45·86	26·37	78	171	2,056	2,305	75⅝	107¼
1864	Medical	1,328	650	75·68	70·23	107	75	2,365	2,874	83⅛	103⅜
1865	Medical	1,480	663	70·23	58·21	107	75	2,471	2,647	88	74⅝
1866	Medical	1,278	1,288	58·21	134·81	144	131	2,729	3,740	105⅝	116⅛
1867	Medical	1,402	1,265	60·57	119·72	144	131	3,131	4,723	116¼	132⅜
1868	Medical	1,489	1,469	61·59	128·29	113	171	3,643	5,777	114⅜	126⅞
1869	Medical	782	700	59·89	136·95	113	171	2,884	6,528	66⅞	116⅝
1870	Medical	663	469	69·13	158·58	113	171	2,731	7,544	59¾	126¼
1871	Medical	738	601	68·33	149·38	113	171	3,147	7,320	72⅝	137
1872	Medical	991	1,118	42·42	24	56	41	3,689	8,613	84⅜	159¼
1873	Medical	830	815	40·42	22¼	74	44	3,715	10,561	79¼	195
1874	Medical	252	123	46	20·42	23	12	952	2,777	81⅝	199
1st quarter of 1874	Medical	922	551	42·42	26	65	43	4,112	11,456	96⅜	191¼
1874–75	Medical	921	458	52·42	25·42	127	48	4,380	12,155	87¼	196⅛
1875–76	Medical	978	432	39·67	17·52	144	60	5,506	12,186	84·75	221·01
1876–77	Medical	1,814	560	45·86	26·37	113	80	7,166	17,511	104·38	265·54
1877	Medical	1,662	3,806	75·68	139·92	200	76	6,470	18,530	109·34	253·19
1878	Medical	1,367	2,536	70·23	136·08	164	46	6,306	31,786	105·82	281·99
1879	Medical	1,188	2,345	58·21	134·81	172	57	6,671	20,769	95·18	277·65
1880	Medical	1,188	2,566	58·21	134·81	153	58	5,719	21,144	101·90	278·15
1881	Medical	1,046	2,240	60·57	119·72	178	57	5,874	20,919	96·79	262·49
1882	Medical	1,027	2,221	61·59	128·29	138	49	5,983	24,223	98·44	287·20
1883	Medical	1,044	2,038	62·82	133·03	208	49	6,164	24,679	100·40	289·69
1884	Medical	1,181	2,173	66·83	122·86	164	77	6,093	27,442	104·37	307·69
1885	Medical	1,160	2,813	73·07	138·22	143	49	7,485	29,037	105·65	307·68
1886	Medical	1,209	2,288	72·83	123·71	230	80	8,133	26,579	99·49	308·46
1887	Medical	1,210	2,627	59·89	136·95	177	64	8,366	30,567	110·52	339·57
1888	Medical	1,423	3,482	69·13	158·58	194	39	9,520	33,868	116·39	370·52
1889	Medical	1,453	3,451	67·43	149·38	238	67	10,361	36,361	126·47	412·64
1890	Medical	1,499	3,946	71·14	172·16	329	75	8,020	35,386	116·08	424·89
1891	Medical	1,285	3,416	69·24	174·61	316	74	9,232	40,084	138·47	461·59
1892	Medical	1,273	3,077	81·41	181·98	246	62	9,500	44,611	130·46	474·55
1893	Medical	1,329	3,161	80·43	173·12						

Nominal Register of Medical Officers of the General Hospital, Madras, from the year 1830.

Old Organization.

Garrison Surgeon.				Surgeon.				Permanent Assistant Surgeon.			
Name.	Acting or permanent.	Tenure of office		Name.	Acting or permanent.	Tenure of office		Name.	Acting or permanent.	Tenure of office	
		From	To			From	To			From	To
T. Sevestre	Permanent.	1 Jan. 1830	1 Jan. 1833	W. Mortimer	Permanent.	Unknown.	1 July 1841	W. Shaw	Permanent.	1 April 1851	1 Jan. 1852
H. A. Atkinson	Acting ...	1 July 1830	1 April 1831	G. Harding	Do.	1 July 1841	1 April 1851	A. Blacklock	Do.	1 Jan. 1852	24 Aug. 1865
				W. Evans, M.D.	Do.	1 April 1851	24 Feb. 1852	J. B. Thomas	Acting ...	20 June 1867	13 July 1867
				W. Gilchrist, M.D.	Do.	24 Feb. 1852	24 May 1852		Permanent.	14 July 1867	25 Oct. 1870
				T. A. Arthur, M.D.	Do.	20 Aug. 1852	12 Jan. 1854				
				W. Evans, M.D.	Do.	13 Jan. 1854	14 April 1859				
				T. L. Paul, M.D.	Do.	14 April 1859	2 May 1859				

New Organization.

Senior Medical Officer.				Senior Surgeon.				Second Surgeon.				Resident Medical Officer.			
Name.	Acting or permanent.	Tenure of office		Name.	Acting or permanent.	Tenure of office		Name.	Acting or permanent.	Tenure of office		Name.	Acting or permanent.	Tenure of office	
		From	To			From	To			From	To			From	To
W. N. Chipperfield.	Permanent.	24 Aug. 1865	21 Aug. 1872	R. W. Cockerill	Acting.	3 May 1869	5 May 1874	J. Maitland, M.D.	Permanent.	23 Feb. 1882	27 Jan. 1891	E. F. Drake-Brockman.	Acting.	6 July 1870	25 Oct. 1870
G. Smith, M.D. ...	Acting.	22 June 1868	20 Aug. 1872		Permanent.	6 May 1874	24 Feb. 1885	C. M. Thompson, M.B.	Acting.	10 April 1885	9 July 1885		Permanent.	26 Oct. 1870	28 Feb. 1875
	Permanent.	21 Aug. 1872	24 Oct. 1874					W. R. Browne, M.D.	Do.	18 Oct. 1886	26 Mar. 1887	P. N. Mookerjee ...	Acting.	7 July 1872	28 Aug. 1872
	Acting.	2 Sep. 1874	30 Sep. 1874		Acting.	1 July 1875	31 Aug. 1875	M. H. Smith ...	Do.	27 Mar. 1887	11 Aug. 1887	W. E. Wright ...	Do.	2 July 1873	27 Dec. 1873
M. C. Furnell, M.D., C.I.E.	Do.	24 Oct. 1874	28 Feb. 1875	C. Sibthorpe ...	Do.	6 May 1876	24 May 1876	A. P. Adams ...	Do.	12 Aug. 1887	8 Sep. 1887		Do.	6 Aug. 1874	21 Sep. 1874
	Permanent.	1 Mar. 1875	5 April 1880		Do.	3 Aug. 1876	30 Sep. 1876	F. Clarence Smith.	Do.	9 Sep. 1887	10 Dec. 1888	D. R. Thompson, M.D.	Do.	13 Nov. 1874	28 Feb. 1875
R. W. Cockerill ...	Acting.	14 April 1876	24 May 1876		Do.	7 April 1877	10 April 1877	W. R. Browne, M.D.	Do.	22 Mar. 1889	17 April 1889		Permanent.	1 Mar. 1875	10 May 1875
J. E. Dickenson ...	Do.	25 May 1876	17 April 1877	J. L. Ratton, M.D.	Do.	11 April 1877	18 June 1878	W. B. Browning.	Do.	18 April 1889	30 Aug. 1890	C. Sibthorpe ...	Do.	11 May 1875	15 Aug. 1883
Henry King, M.B.	Permanent.	6 April 1880	4 April 1882	C. Sibthorpe ...	Do.	6 July 1880	5 Aug. 1880	W. Butler ...	Acting.	1 July 1875	30 Aug. 1875	J. A. Laing, M.D.	Do.	3 July 1876	30 Sep. 1876
James Keess, M.D.	Acting.	5 April 1882	15 Aug. 1883	W. R. Browne, M.D.	Do.	1 July 1881	30 Sep. 1881	F. J. Crawford, M.D.	Do.	1 Sep. 1890	27 Jan. 1891	A. M. Branfoot, M.B.	Do.	28 April 1877	11 July 1878
	Permanent.	16 Aug. 1883	4 Jan. 1887		Do.	9 April 1884	5 Oct. 1884		Permanent.	28 Jan. 1891	14 Sep. 1900	J. J. Moran, M.D.	Do.	2 Dec. 1878	14 Dec. 1878
A. Porter, M.D. ...	Do.	5 Jan. 1887	25 July 1890	J. L. Ratton, M.D.	Permanent.	25 Feb. 1885	25 Jan. 1886	C. Reeves ...	Acting.	27 June 1891	28 July 1891	G. L. Walker, M.D.	Do.	15 Dec. 1878	27 July 1879
C. Sibthorpe ...	Acting.	12 Aug. 1887	30 Sep. 1887	C. Sibthorpe ...	Acting.	19 July 1886	31 Aug. 1886	D. Simpson, M.B.	Do.	29 July 1891	24 Sep. 1891	A. J. Sturmer ...	Do	4 Sep. 1879	5 Dec. 1879
H. Allison, M.D. ...	Do.	9 Sep. 1888	30 Sep. 1888	J. Maitland, M.D.	Do.	1 Sep. 1886	30 Sep. 1886	D. Simpson, M.B.	Do.	2 May 1892	2 July 1892	W. R. Browne, M.D.	Do.	18 Nov. 1880	5 April 1882
J. H. Ritchie, M.D.	Do.	3 April 1889	9 Dec. 1889	W. R. Browne, M.D.	Do.	1 Oct. 1886	16 Nov. 1886	R. Robertson ...	Do.	3 July 1892	22 Jan. 1893	W. E. Johnson, M.D.	Do	6 April 1882	31 Mar. 1883
C. Sibthorpe ...	Do.	10 Dec. 1889	15 April 1890	C. Sibthorpe ...	Do.	17 Nov. 1886	25 Jan. 1888	D. Simpson, M.B.	Do.	23 Jan. 1893	31 Mar. 1893	J. Smyth, M.D. ...	Do.	1 April 1883	13 April 1883
J. H. Ritchie, M.D.	Permanent.	26 July 1890	18 Nov. 1891		Permanent.	26 Jan. 1888	8 Dec. 1890	D. Simpson, M.B.	Do.	1 April 1893	4 Oct. 1893	G. T. Thomas ...	Do.	14 April 1883	7 Nov. 1883
	Acting.	29 Sep. 1891	18 Nov. 1891	H. Allison, M.D. ...	Acting.	29 July 1888	30 Sep. 1888	C. L. Williams ...	Do.	25 Mar. 1895	6 Nov. 1895	W. R. Browne, M.D.	Permanent.	8 Nov. 1883	28 Oct. 1884
W. Price, M.D. ...	Permanent.	19 Nov. 1891	6 April 1896	W. R. Browne, M.D.	Do.	1 Oct. 1888	30 June 1889	R. Robertson ...	Do.	7 Nov. 1895	27 Oct. 1896	J. Smyth, M.D. ...	Acting.	April 1884	5 Oct. 1884
	Acting.	1 April 1893	30 June 1893	H. Allison, M.D. ...	Do.	1 July 1889	31 Aug. 1889	P. C. Gabbett ...	Do.	30 April 1898	12 Mar. 1899	G. T. Thomas ...	Permanent.	29 Oct. 1884	27 Mar. 1885
W. R. Browne, M.D.	Do.	6 Oct. 1893	5 July 1894	W. R. Browne, M.D.	Do.	1 Sep. 1889	31 Jan. 1890	W. J. Niblock, M.B.	Do.	13 Mar. 1899	17 Mar. 1900	D. F. Dymott, M.B.	Do.	28 Mar. 1885	30 June 1888
J. Maitland, M.D.	Do.	15 Aug. 1895	14 Sep. 1895		Do.	1 Feb. 1890	16 April 1890	W. J. Niblock, M.B.	Do.	30 Mar. 1900	14 Sep. 1900	H. A. F. Nailer, M.B.	Acting.	27 Oct. 1885	7 May 1886
W. R. Browne, M.D.	Permanent.	7 April 1896	1 Aug. 1901	W. Price, M.D. ...	Do.	15 May 1890	28 Sep. 1890	W. J. Niblock, M.B.	Permanent.	15 Sep. 1900	1 Aug. 1901		Sub. *pro tem.*	23 June 1886	23 Dec. 1887
H. Allison, M.D. ...	Acting.	2 July 1897	2 Aug. 1897		Do.	29 Sep. 1890	8 Dec. 1890						Do.	24 Dec. 1887	30 June 1888
J. Maitland, M.D.	Do.	26 May 1898	26 June 1898	W. R. Browne, M.D.	Permanent.	9 Dec. 1890	6 April 1896					J. Smyth, M.D.	Permanent.	1 July 1888	5 June 1895
G. L. Walker, M.D.	Do.	5 April 1900	7 Jan. 1901	J. Maitland, M.D.	Acting.	7 April 1893	5 July 1894					F. C. Reeves ...	Acting.	7 April 1889	24 Sep. 1889
				J. Smyth, M.D. ...	Do.	15 Aug. 1895	14 Sep. 1895					G. C. Hall ...	Do.	10 April 1891	2 Sep. 1891
				J. Maitland, M.D.	Do.	15 Sep. 1895	6 April 1896					A. E. Grant, M.B. ...	Do.	21 July 1892	11 Aug. 1892
					Permanent.	7 April 1896	1 Aug. 1901					E. H. Wright ...	Do.	12 Aug. 1892	21 Sep. 1892
				J. Smyth, M.D. ...	Acting.	4 April 1896	3 July 1896					D. Simpson, M.B. ...	Do.	7 May 1893	1 June 1893
				H. Allison, M.D. ..	Do.	30 Mar. 1899	3 July 1899					C. F. Fearnside ...	Do.	2 June 1893	2 Sep. 1893
				F. J. Crawford, M.D.	Do.	30 Jan. 1900	16 Feb. 1900					C. L. Williams ...	Do.	3 Sep. 1893	5 Mar. 1895
					Do.	31 Mar. 1900	11 May 1900					G. G. Giffard ...	Permanent.	5 June 1895	6 Nov. 1899
				H. Allison, M.D. ...	Do.	1 May 1900	25 June 1900					R. Robertson ...	Acting.	6 July 1896	11 Aug. 1896
				F. J. Crawford, M.D.	Do.	26 June 1900	14 Sep. 1900					E. H. Wright ...	Do.	12 Aug. 1896	4 Oct. 1896
				G. G. Giffard ...	Do.	15 Sep. 1900	24 Dec. 1900					Dr. A. C. Rendle, M.B.	Do.	17 April 1898	1 Dec. 1898
												H. Fraser	Do.	2 Dec. 1898	6 Nov. 1899
													Permanent.	7 Nov. 1899	1 Aug. 1901
												A. N. Fleming, M.B.	Acting.	6 April 1900	...
												T. E. Watson, M.B.	Do.	7 April 1900	3 July 1900
												R. H. Elliot, M.B.	Do.	1 Jan. 1901	5 Feb. 1901
												C. B. Harrison, M.B.	Do.	6 Feb. 1901	3 April 1901
												Dr. W. J. Murray, M.B., C.M.	Do.	4 April 1901	1 Aug. 1901

First Physician.				Assistant Physician.				Additional Medical Officer.			
Name.	Acting or permanent.	Tenure of office		Name.	Acting or permanent.	Tenure of office		Name.	Acting or permanent.	Tenure of office	
		From	To			From	To			From	To
W. B. Browning ...	Permanent.	4 May 1895	31 Dec. 1900	A. M. Branfoot, M.B.	Permanent.	12 July 1878	30 June 1881	G. C. Hall ...	Permanent.	19 July 1893	11 Mar. 1895
H. A. F. Nailer, M.B.	Acting.	9 June 1896	29 Aug. 1896	T. K. Rodgers ...	Acting.	7 April 1878	27 June 1879	D. Simpson, M.B....	Acting.	29 Oct. 1893	18 Mar. 1894
D. F. Dymott, M.B.	Do.	29 Aug. 1896	10 Nov. 1896	H. Armstrong ...	Do.	27 June 1879	16 July 1879	C. L. Williams ...	Do.	19 Mar. 1894	11 April 1895
J. Smyth, M.D. ...	Do.	10 Nov. 1896	3 April 1897	C. J. McNally, M.D.	Do.	17 July 1879	30 June 1881	G. G. Giffard ...	Do.	12 April 1894	4 June 1895
D. Simpson, M.B.	Do.	3 April 1897	16 April 1898		Permanent.	1 July 1881	4 July 1884	R. Robertson ...	Permanent.	12 Mar. 1895	...
G. G. Giffard ...	Do.	16 April 1898	5 June 1898	W. G. King ...	Acting.	14 April 1882	13 Nov. 1883	W. Molesworth ...	Acting.	5 June 1895	16 Mar. 1896
Dr. A. C. Rendle, M.B.	Do.	5 June 1898	5 July 1898	D. F. Dymott, M.B.	Do.	1 April 1884	4 July 1884	P. C. Gabbett ...	Do.	17 Mar. 1896	3 Oct. 1896
G. G. Giffard ...	Do.	6 July 1898	13 Mar. 1899		Permanent.	5 July 1884	27 Mar. 1885	J. L. Macrae ...	Do.	4 Oct. 1896	27 Oct. 1896
C. Donovan, M.D.	Do.	14 Mar. 1899	16 April 1899	H. Allison, M.D.	Do.	28 Mar. 1885	25 Jan. 1888	G. G. Giffard ...	Do.	16 Sep. 1897	13 Oct. 1897
R. Robertson ...	Do.	17 April 1899	14 June 1900	F. C. Reeves ...	Acting	29 Oct. 1885	10 Dec. 1885	F. C. Pereira ...	Do.	13 Oct. 1897	31 Jan. 1898
A. N. Fleming, M.B.	Do.	15 June 1900	9 Aug. 1900	J. Smyth, M.D. ...	Do.	11 Dec. 1885	23 Mar. 1886	Dr. H. H. G. Knapp.	Do.	1 Feb. 1898	20 Feb. 1898
C. Donovan, M.D.	Do.	10 Aug. 1900	9 Sep. 1900	T. H. Pope, M.D.	Do.	13 Aug. 1886	31 Aug. 1887	Dr. V. O. Taylor ...	Do.	21 Feb. 1898	30 Nov. 1898
R. Robertson ...	Do.	10 Sep. 1900	31 Dec. 1900		Permanent.	26 Jan. 1888	5 Dec. 1892	Dr. A. C. Rendle, M.B.	Do.	1 Dec. 1898	2 May 1899
R. Robertson ...	Permanent.	1 Jan. 1901	1 Aug. 1901	J. Smyth, M.D. ...	Acting.	2 Sep. 1887	23 Dec. 1887	Dr. W. H. Murray, M.B.	Do.	3 May 1899	13 Dec. 1899
				H. K. Fuller, M.B.	Do.	24 Dec. 1887	25 Aug. 1888	C. B. Harrison, M.B.	Do.	14 Dec. 1899	8 Mar. 1900
				F. Clarence Smith	Do.	28 Aug. 1888	10 Sep. 1888	K. Mitter	Permanent.	...	...
				D. B. Browning.	Do.	11 Sep. 1888	26 Dec. 1888	A. E. Grant, M.B.	Acting.	9 Mar. 1900	17 Mar. 1900
				J. Smyth, M.D. ...	Do.	14 June 1890	31 Aug. 1900	W. J. Niblock, M.B.	Do.	18 Mar. 1900	30 Mar. 1900
				A. E. Grant, M.B.	Do.	1 Sep. 1890	7 Mar. 1892	A. N. Fleming ...	Do.	31 Mar. 1900	20 May 1900
					Sub. *pro tem.*	8 Mar. 1892	5 Dec. 1892	C. B. Harrison, M.B.	Do.	21 May 1900	16 Aug. 1900
					Permanent.	6 Dec. 1892	13 Sep. 1900	H. St. J. Fraser ...	Do.	17 Aug. 1900	23 Aug. 1900
				T. C. Moore ...	Acting.	1 April 1893	30 June 1893	* R. H. Elliot, M.B.	Do.	24 Aug. 1900	5 Feb. 1901
				G. G. Giffard ...	Do.	12 June 1894	3 July 1894	C. B. Harrison, M.B.	Do.	6 Feb. 1901	3 April 1901
				R. Robertson ...	Do.	4 July 1894	14 Nov. 1895	Dr. W. H. Murray, M.B., C.M.	Do.	4 April 1901	1 Aug. 1901
				Dr. V. O. Taylor.	Do.	22 June 1898	5 July 1898				
				Dr. A. Woodward.	Do.	7 April 1899	6 July 1899				
				F. D. S. Fayrer ...	Do.	12 June 1899	12 July 1900				
				C. Donovan, M.D.	Sub. *pro tem.*	14 Sep. 1900	1 Aug. 1901				
				G. G. Giffard ...	Acting.	21 Jan. 1901	2 April 1901				
				H. St. J. Fraser.	Do.	3 April 1901	11 May 1901				
				P. C. Gabbett ...	Do.	12 May 1901	11 Aug. 1901				

* Styled as Resident Physician from 1st January 1901.

Superintendent.				First Physician.				Second Physician.				Third Physician.				Fourth Physician.			
Name.	Acting or permanent.	Tenure of office		Name.	Acting or permanent.	Tenure of office		Name.	Acting or permanent.	Tenure of office		Name.	Acting or permanent.	Tenure of office		Name.	Acting or permanent.	Ten	
		From	To			From	To			From	To			From	To			From	
W.R. Browne, M.D., Lieut.-Col., I.M.S.	Permanent.	2 Aug. 1901	18 May 1903	R. Robertson, M.B., Major, I.M.S.	Permanent.	2 Aug. 1901	29 June 1913	F. J. Crawford, M.D., Major, I.M.S.	Permanent.	2 Aug. 1901	10 April 1905	R. K. Mitter, Captain, I.M.S.	Permanent.	2 Aug. 1901	2 Mar. 1902	G. G. Giffard, Major, I.M.S.	Permanent.	2 Aug. 1	
F. J. Crawford, M.D., Major, I.M.S.	Acting.	19 May 1902	29 June 1902	F. J. Crawford, M.D., Major, I.M.S.	Acting.	9 Jan. 1903	27 Feb. 1903	F. D. S. Fayrer, Captain, I.M.S.	Acting.	2 Aug. 1901	25 Feb. 1902	W. H. Murray, M.B., Plague Doctor.	Acting.	2 Aug. 1901	18 Nov. 1901	P. C. Gabbett, Captain, I.M.S.	Acting.	2 Aug. 1	
J. Maitland, M.D., Lieut.-Col., I.M.S.	Do.	7 Nov. 1902	18 May 1903	A. Miller, Captain, I.M.S.	Do.	28 Feb. 1903	9 April 1903	C. Donovan, M.D., Captain, I.M.S. (Promoted to the rank of Major on 28th July 1903.)	Do.	9 Jan. 1903	10 Mar. 1905	H. St. J. Fraser, Captain, I.M.S.	Do.	19 Nov. 1901	2 Mar. 1902	F. D. S. Fayrer, Captain, I.M.S.	Do.	7 Feb. 1	
J. Maitland, M.D., Lieut.-Col., I.M.S.	Permanent.	19 May 1903	31 Mar. 1906	W. A. Lee, Lieut.-Col., I.M.S.	Do.	8 May 1904	31 Oct. 1904					Do.	Permanent.	3 Mar. 1902	13 Mar. 1903	T. H. Symons, Captain, I.M.S.	Do.	22 Feb. 1	
R. Robertson, Major, I.M.S.	Acting.	20 May 1903	30 June 1903	C. Donovan, M.D., Major, I.M.S.	Do.	22 May 1910 A.N.	16 Nov. 1910	C. Donovan, M.D., Major, I.M.S.	Permanent.	11 April 1905	16 June 1914	F. D. S. Fayrer, Captain, I.M.S.	Acting.	27 Mar. 1902	4 April 1902	D. H. Tucker, Captain, I.M.S.	Do.	14 April 1	
W. V. Lee, Lieut.-Col., I.M.S.	Do.	18 May 1904	17 June 1904	H. Kirkpatrick, Major, I.M.S.	Do.	24 Mar. 1911 A.N.	7 July 1911	T. H. Foulkes, Major, I.M.S.	Acting.	8 Dec. 1905	7 July 1907	H. Kirkpatrick, Captain, I.M.S.	Do.	5 April 1902	8 Dec. 1902	T. H. Symons, Captain, I.M.S.	Permanent.	19 May 1	
W. B. Browning, C.I.E., Lieut.-Col., I.M.S.	Do.	1 Mar. 1905	31 Mar. 1906	W. J. Niblock, Major, I.M.S.	Do.	25 June 1912	(One day only.)	E. W. Browne, Captain, I.M.S.	Do.	22 May 1910 A.N.	16 Nov. 1910	W. H. Tucker, Captain, I.M.S.	Do.	9 Dec. 1902	3 July 1903	F. F. Elwes, Captain, I.M.S.	Acting.	4 July 1903	
W. B. Browning, C.I.E., Lieut.-Col., I.M.S.	Permanent.	1 April 1906	16 May 1910	W. Molesworth, Lieut.-Col., I.M.S.	Do.	25 June 1912	15 Dec. 1912 F.N.	A. C. Ingram, Captain, I.M.S.	Do.	13 Dec. 1910 A.N.	27 Aug. 1911	H. Kirkpatrick, Captain, I.M.S. (Promoted to the rank of Major).	Permanent.	14 Mar. 1903	7 April 1914	F. F. Elwes, Captain, I.M.S.	Do.	16 May 1904	
F. J. Crawford, M.D., Major, I.M.S.	Acting.	11 May 1906	23 Dec. 1906	F. F. Elwes, Major, I.M.S.	Do.	15 Dec. 1912	5 June 1913	T. S. Ross, Major, I.M.S.	Do.	28 Aug. 1911	30 Nov. 1911	P. F. Elwes, Captain, I.M.S.	Acting.	4 July 1903	12 July 1903	T. W. Harley, Lieut., I.M.S.	Do.	20 May 1904	
F. J. Crawford, M.D., Lieut.-Col., I.M.S.	Do.	7 May 1908 A.N.	5 Nov. 1905 (Died.)	F. F. Elwes, Major, I.M.S.	Do.	6 June 1913	3 July 1913	W. C. Gray, Captain, I.M.S.	Do.	1 Dec. 1911	26 Jan. 1912	T. H. Symons, Captain, I.M.S.	Do.	13 July 1903	30 Aug. 1903	W. C. Long, Captain, I.M.S.	Do.	13 July 1905	
R. Robertson, Lieut.-Col., I.M.S.	Do.	28 Sep. 1909	22 Nov. 1909	H. Kirkpatrick, Major, I.M.S.	Do.	Made permanent on 30 June 1913.		F. F. Elwes, Major, I.M.S.	Do.	29 Jan. 1912	14 Dec. 1912	W. H. Tucker, Captain, I.M.S.	Do.	31 Aug. 1903	30 Oct. 1903	F. F. Elwes, Captain, I.M.S.	Do.	12 May 1906	
C. M. Thompson, M.B., Lieut.-Col., I.M.S.	Do.	23 Nov. 1909	16 May 1910	F. F. Elwes, Major, I.M.S.				C. G. Webster, Major, I.M.S.	Do.	15 Dec. 1912 F.N.	28 July 1913	D. C. Kemp, Captain, I.M.S.	Do.	21 Feb. 1904	1 Mar. 1904	W. C. Long, Captain, I.M.S.	Do.	12 June 1906	
C. M. Thompson, M.B., Lieut.-Col., I.M.S.	Permanent.	17 May 1910	31 Mar. 1911 (Retired.)	F. F. Elwes, Major, I.M.S.	Permanent.	30 June 1913	...	J. W. Illius, Major, I.M.S.	Do.	29 July 1913	29 June 1914	P. F. Elwes, Captain, I.M.S.	Do.	2 Mar. 1904	19 Oct. 1904	W. R. J. Scroggie, Captain, I.M.S.	Do.	20 May 1907	
W. J. Niblock, Major, I.M.S.	Acting.	1 April 1911	4 April 1911	J. M. Skinner, Captain, I.M.S.	Acting.	13 June 1914	16 June 1914	F. C. C. Maunsell, Major, I.M.S.	Do.	30 June 1914	12 Aug. 1914	D. G. Rai, Lieut., I.M.S.	Do.	20 Oct. 1904	25 Oct. 1904	D. G. Rai, Captain, I.M.S.	Do.	26 May 1907	
E. Hasell Wright, Lieut.-Col., I.M.S.	Sub. *pro tem.*	5 April 1911	7 July 1911	W. Molesworth, C.I.E., M.B., Lieut.-Col., I.M.S.	Do.	17 June 1914	14 Sep. 1914	J. W. Illius, Major, I.M.S.	Do.	13 Aug. 1914	7 Sep. 1914	D. G. Rai, Lieut., I.M.S.	Do.	15 May 1905	12 Nov. 1905				
R. Robertson, Lieut.-Col., I.M.S.	Acting.	8 July 1911	31 Mar. 1912	W. Molesworth, C.I.E., M.B., Lieut.-Col., I.M.S.	Do.	21 May 1915	14 June 1915	J. W. Illius, Major, I.M.S.	Do.	8 Sep. 1914	14 Sep. 1914	J. W. Illius, Captain, I.M.S.	Do.	16 Feb. 1906	29 Mar. 1906	E. W. Browne, Captain, I.M.S.	Do.	2 Dec. 1907	
R. Robertson, Lieut.-Col., I.M.S.	Permanent.	1 April 1912	30 June 1913	W. Molesworth, C.I.E., M.B., Lieut.-Col., I.M.S.	Do.	18 Sep. 1915	27 Sep. 1915	A. C. Ingram, M.D., Captain, I.M.S.	Do.	8 Sep. 1914	14 Sep. 1914	J. W. Illius, Captain, I.M.S.	Do.	11 May 1906	22 July 1906	E. W. Browne, Captain, I.M.S.	Permanent.	7 May 1908 A.N.	
W. J. Niblock, Major, I.M.S.	Acting.	25 June 1912	(One day only.)	W. Molesworth, C.I.E., M.B., Lieut.-Col., I.M.S.	Do.	1 June 1917	30 June 1917	W. Molesworth, C.I.E., M.B., Lieut.-Col., I.M.S.	Made permanent on 17 June 1914.			W. H. Tucker, Captain, I.M.S.	Do.	23 July 1906	22 Dec. 1906				
W. Molesworth, C.I.E., M.B., Lieut.-Col., I.M.S.	Do.	26 June 1912	15 Dec. 1912 F.N.	J. J. Robb, M.B., B.Ch., B.A., D.P.H., Major, I.M.S.	Do.	1 June 1917	30 June 1917	Do.	Permanent.	17 June 1914	...	T. H. Symons, Captain, I.M.S.	Do.	20 May 1907	19 June 1907				
C. G. Webster, Major, I.M.S.	Do.	15 Dec. 1912 A.N.	28 July 1913	E. M. Illington, M.B., B.Ch., L.R.C.P., D.T.M., Lieut.-Col., I.M.S.	Do.	5 May 1918	12 June 1918	F. F. Elwes, C.I.E., M.D., M.R.C.S., L.R.C.P., Major, I.M.S.	Acting.	15 June 1915	4 July 1915	D. S. A. O'Keeffe, Captain, I.M.S.	Do.	24 Mar. 1908	2 April 1908	M-1 Wards distributed among M-1, M-2 and M-3.		18 July 1911	
H. Kirkpatrick, Major, I.M.S.	Do.	29 July 1913	7 April 1914	C. Donovan, B.A., M.D., Lieut.-Col., I.M.S.	Do.	19 July 1918	23 July 1918	Do.	Do.	13 May 1916	1 June 1916	J. W. Illius, Captain, I.M.S.	Do.	3 April 1908	15 Oct. 1908				
W. J. Niblock, M.B., Major, I.M.S.	Do.	8 April 1914	16 June 1914	J. Kirkwood, M.B., F.R.C.S.E., Major, I.M.S.	Do.	18 Sep. 1918	27 Sep. 1918	Dr. F. E. S. Milton, F.R.C.S., M.R.C.P.	Do.	2 June 1916	1 July 1916	A. C. Ingram, Captain, I.M.S.	Do.	16 Oct. 1908	21 May 1909	A. C. Ingram, Captain, I.M.S.	Acting.	25 Aug. 1911	
W. Molesworth, C.I.E., M.B., Lieut.-Col., I.M.S.	Permanent.	17 June 1914	...	Do.	Do.	Dec. 1918	11 Dec. 1918	F. F. Elwes, C.I.E., M.D., Major, I.M.S.	Do.	2 July 1916	8 Jan. 1917	C. Donovan, M.D., Major, I.M.S.	Do.	22 May 1909	23 May 1909	J. L. Macrae, Captain, I.M.S.	Do.	3 June 1912	F.N.
W. J. Niblock, M.B., Lieut.-Col., I.M.S.	Acting.	15 June 1915	4 July 1915	Do.	Do.	2 May 1919	25 June 1919	T. S. Ross, L.R.C.P., L.R.C.S., Major, I.M.S.	Do.	9 Jan. 1917	30 April 1917	E. A. Roberts, Captain, I.M.S.	Do.	24 May 1909	3 July 1909				
W. J. Niblock, M.B., Lieut.-Col., I.M.S.	Do.	3 May 1916	31 May 1916					F. F. Elwes, C.I.E., M.D., Major, I.M.S.	Do.	1 May 1917	31 May 1917	A. C. Ingram, Captain, I.M.S.	Do.	4 July 1909	15 May 1910	A. C. Ingram, Captain, I.M.S.	Do.	3 July 1912	F.N.
C. H. L. Palk, M.B., F.R.C.S., (Ed.), Major, I.M.S. (Rtd.).	Do.	1 June 1916	17 Sep. 1916	A. J. H. Russell, M.A., M.D., B.C.H., Major, I.M.S.	Do.	22 Sep. 1919	30 Sep. 1919	C. H. L. Palk, M.B., F.R.C.S., (Ed.), Major, I.M.S. (Rtd.).	Do.	1 June 1917	3 June 1917	E. A. Roberts, Captain, I.M.S.	Do.	16 May 1910	15 June 1910				
W. J. Niblock, M.B., Lieut.-Col., I.M.S.	Do.	18 Sep. 1916	17 Oct. 1916	A. C. Ingram, M.D., Major, I.M.S.	Permanent.	1 Oct. 1919	18 Mar. 1920	T. S. Ross, L.R.C.P., L.R.C.S., Major, I.M.S.	Do.	One day on	4 June 1917	A. C. Ingram, Captain, I.M.S.	Do.	16 June 1910	15 Dec. 1910				
C. H. L. Palk, M.B., F.R.C.S. (Ed.), Major, I.M.S. (Rtd.).	Do.	18 Oct. 1916	8 Sep. 1917	F. F. Elwes, C.I.E., M.D., Major, I.M.S.	Acting.	19 Mar. 1920	9 May 1920	C. H. L. Palk, M.B., F.R.C.S., (Ed.).	Do.	5 June 1917	21 June 1917	T. W. Harley, Captain, I.M.S.	Do.	20 June 1911	6 Nov. 1911				
W. J. Niblock, M.B., Lieut.-Col., I.M.S.	Do.	9 Sep. 1917	8 Oct. 1917	A. C. Ingram, M.D., I.M.S.	Do.	10 June 1920	26 May 1921	M. R. Guruswami Mudaliyar, B.A., M.B., C.M., Civil Asst. Surgeon.	Do.	22 June 1917	...	J. L. Macrae, Major, I.M.S.	Do.	3 June 1912	2 July 1912				
*C. H. L. Palk, M.B., F.R.C.S. (Ed.), Major, I.M.S. (Rtd.).	Do.	9 Oct. 1917	19 Jan. 1917	G. E. Malcomson, Major, I.M.S.	Do.	27 May 1921	20 June 1921	M. L. Kamath, B.A., M.D., C.M., Civil Asst. Surgeon.	Do.	23 Dec. 1918	27 Dec. 1918	C. H. L. Palk, M.B., F.R.C.S., (Ed.), Major, I.M.S. (Rtd.).	Do.	1 July 1914	9 Oct. 1914				
W. J. Niblock, M.B., Lieut.-Col., I.M.S.	Do.	20 Jan. 1917	5 Feb. 1918	F. F. Elwes, M.D., C.I.E., Lieut.-Col., I.M.S.	Permanent.	21 June 1921	16 Dec. 1921	T. S. Ross, L.R.C.P., L.R.C.S., Major, I.M.S.	Do.	One day on	4 June 1917	A. J. H. Russell, M.A., M.D., Captain, I.M.S.	Do.	1 July 1914	9 Oct. 1914	C. A. F. Hingston, M.A., M.D., L.R.C.P., Major, I.M.S.	Acting.	11 Nov. 1916	
E. M. Illington, M.B., M.R.C.S., L.R.C.P., D.T.M., Lieut.-Col., I.M.S.	Sub. *pro tem.*	6 Feb. 1918	17 June 1918	M. R. Guruswami Mudaliyar, B.A., M.D., C.M., Civil Asst. Surgeon.	Acting.	17 Dec. 1921	26 Dec. 1921	M. R. Guruswami Mudaliyar, B.A., M.B., C.M., Civil Asst. Surgeon.	Sub. *pro tem.*	28 Dec. 1918	12 Dec. 1919	W. Molesworth, C.I.E., M.B., Lieut.-Col., I.M.S.	Do.	10 Oct. 1914	17 Jan. 1915	Rao Sahib M. C. Koman, L.M. & S.	Do.	1 Feb. 1917	
W. J. Niblock, M.B., Lieut.-Col., I.M.S.	Acting.	18 June 1918	28 July 1918	F. F. Elwes, C.I.E., Lieut.-Col., I.M.S.	Permanent.	27 Dec. 1921	31 Dec. 1921	M. L. Kamath, B.A., M.D., C.M., Civil Asst. Surgeon.	Acting.	13 Dec. 1919	20 Dec. 1919	C. H. L. Palk, M.B., F.R.C.S., (Ed.), Major, I.M.S. (Rtd.).	Do.	18 Jan. 1915	23 April 1915	M. R. Guruswami Mudaliyar, B.A., M.B., C.M., Civil Asst. Surgeon.	Do.	7 June 1916	
E. M. Illington, M.B., M.R.C.S., L.R.C.P., D.T.M., Lieut.-Col., I.M.S.	Sub. *pro tem.*	28 July 1918	6 Oct. 1918	A. J. H. Russell, M.A., M.D., B.C.H., Major, I.M.S.	Do.	1 Jan. 1922	27 May 1923	M. R. Guruswami Mudaliyar, B.A., M.B., C.M., Civil Asst. Surgeon.	Sub. *pro tem.*	21 Dec. 1919	30 April 1920	A. C. Ingram, M.D., I.M.S.	Do.	26 June 1915	25 Aug. 1915	Rao Sahib M. C. Koman, L.M. & S.	Do.	16 June 1918	
W. J. Niblock, M.B., Lieut.-Col., I.M.S.	Acting.	7 Oct. 1918	16 Oct. 1918	J. M. Skinner, M.B., B.Ch., D.T.M., Major, I.M.S.	Acting.	28 May 1923	24 June 1923	G. E. Malcomson, Major, I.M.S.	Acting.	1 May 1920	30 June 1920	P. F. Elwes, C.I.E., M.D., Major, I.M.S.	Do.	27 May 1915	24 June 1915	M. R. Guruswami Mudaliyar, B.A., M.B., C.M., Civil Asst. Surgeon.	Do.	7 Sep. 1920	
E. M. Illington, M.B., M.R.C.S., L.R.C.P., D.T.M., Lieut.-Col., I.M.S.	Sub. *pro tem.*	17 Oct. 1918	22 Dec. 1918	F. F. Elwes, C.I.E., M.D., M.R.C.S., L.R.C.P., Lieut.-Col., I.M.S.	Permanent.	22 June 1923	24 Oct. 1923	T. S. Tirumurti, B.A., M.B., C.M., Civil Asst. Surgeon.	Do.	19 Sep. 1917	5 Jan. 1918	M. L. Kamath, B.A., M.D., C.M., Civil Asst. Surgeon.	Sub. *pro tem.*	31 May 1919	
W. J. Niblock, M.B., Lieut.-Col., I.M.S.	Acting.	23 Dec. 1918	2 Jan. 1919	G. E. Malcomson, Major, I.M.S.	Acting.	25 Oct. 1923	26 Oct. 1924	M. R. Guruswami Mudaliyar, B.A., M.B., C.M., Civil Asst. Surgeon.	Sub. *pro tem.*	1 July 1924	6 Sep. 1920	A. C. Ingram, M.D., Major, I.M.S.	Permanent.	4 Jan. 1918	12 June 1918	M. R. Guruswami Mudaliyar, B.A., M.B., C.M., Civil Asst. Surgeon.	Acting.	30 Sep. 1919	
E. M. Illington, M.B., M.R.C.S., L.R.C.P., D.T.M., Lieut.-Col., I.M.S.	Sub. *pro tem.*	3 Jan. 1919	9 Mar. 1919	F. F. Elwes, C.I.E., M.D., M.R.C.S., L.R.C.P., Lieut.-Col., I.M.S.	Permanent.	27 Oct. 1924	31 Dec. 1924	G. E. Malcomson, Major, I.M.S.	Do.	7 Sep. 1920	5 May 1921	M. R. Guruswami Mudaliyar, B.A., M.B., C.M., Civil Asst. Surgeon.	Acting.	13 June 1919	22 June 1919	M. L. Kamath, B.A., M.D., C.M., Civil Asst. Surgeon.	Sub. *pro tem.*	9 Oct. 1919	
† T. H. Symons, M.B.C.S., L.R.C.P., Lieut.-Col., I.M.S.	Permanent.	10 Mar. 1919	5 April 1919 F.N.					A. C. Ingram, M.D., Major, I.M.S.	Acting	6 May 1921	9 May 1921	M. R. Guruswami Mudaliyar, B.A., M.B., C.M., Civil Asst. Surgeon.	Acting.	13 June 1919	22 June 1919				
† E. M. Illington, M.B.C.S., L.R.C.P., F.R.C.S., Lieut.-Col., I.M.S.	Acting.	5 April 1919	26 June 1919					G. E. Malcomson, Major, I.M.S.	Sub. *pro tem.*	10 May 1921	21 July 1921	A. J. H. Russell, M.A., M.D., B.C.H., Major, I.M.S.	Sub. *pro tem.*	12 July 1919	26 Dec. 1919	M. R. Guruswami Mudaliyar, B.A., M.B., C.M., Civil Asst. Surgeon.	Acting.	24 Dec. 1919	
F. F. Elwes, M.D., C.I.E., Lieut.-Col., I.M.S.	Do.	27 June 1919	6 July 1919	M. R. Guruswami Mudaliyar, B.A., M.B., C.M., Civil Asst. Surgeon.	Acting.	22 July 1921	25 July 1921	F. F. Elwes, M.D., C.I.E., Lieut.-Col., I.M.S.	Acting	27 Dec. 1919	2 Jan. 1920								
E. M. Illington, M.B.C.S., L.R.C.P., F.R.C.S., Lieut.-Col., I.M.S.	Do.	7 July 1919	31 Aug. 1919	G. E. Malcomson, Major, I.M.S.	Sub. *pro tem.*	26 July 1921	26 Dec. 1921	A. J. H. Russell, M.A., M.D., B.C.H., Major, I.M.S.	Sub. *pro tem.*	3 Jan. 1920	9 June 1920					M. L. Kamath, B.A., M.D., C.M., Civil Asst. Surgeon.	Sub. *pro tem.*	29 Dec. 1919	
F. F. Elwes, M.D., C.I.E., Lieut.-Col., I.M.S.	Do.	1 Sep. 1919	21 Sep. 1919	F. F. Elwes, M.D., C.I.E., Lieut.-Col., I.M.S.	Acting.	27 Dec. 1921	31 Dec. 1921	A. C. Ingram, M.D., Major, I.M.S.	Acting.	16 June 1920	1 July 1920					M. R. Guruswami Mudaliyar, B.A., M.D., C.M., Civil Asst. Surgeon.	Do.	7 Sep. 1920	
A. J. H. Russell, M.A., M.D., B.C.H., Major, I.M.S.	Do.	22 Sep. 1919	30 Sep. 1919	G. E. Malcomson, M.D., D.P.H., (Lond.), Major, I.M.S.	Sub. *pro tem.*	1 Jan. 1922	11 May 1923	A. J. H. Russell, M.A., M.D., Major, I.M.S.	Permanent.	2 July 1920	30 Apr. 1921					F. F. R. Carrick, Major, I.M.D.	Acting.	4 May 1921	
F. F. Elwes, M.D., C.I.E., Lieut.-Col., I.M.S.	Do.	30 Sep. 1919	18 Mar. 1920	F. F. Elwes, C.I.E., M.D., M.R.C.S., L.R.C.P., Lieut.-Col., I.M.S.	Acting.	15 May 1922	23 June 1922	A. C. Ingram, M.D., Major, I.M.S.	Acting.	1 May 1921	4 May 1921					M. R. Guruswami, M.B., Major, I.M.S.	Sub. *pro tem.*	1 June 192	
A. C. Ingram, M.D., Major, I.M.S.	Do.	19 Mar. 1920	9 May 1920	J. M. Skinner, M.B., B.Ch., D.T.M., Major, I.M.S.	Do.	23 June 1922	30 Apr. 1923	T. S. Tirumurti, B.A., M.B., C.M., Civil Asst. Surgeon.	Do.	5 May 1921	7 May 1921					M. R. Guruswami Mudaliyar, B.A., M.B., C.M., Civil Asst. Surgeon.	Acting.	1 Jan. 1922	
A. J. H. Russell, M.A., M.D., B.C.H., Major, I.M.S.	Do.	10 May 1920	8 June 1920	W. E. Forsyth, M.B., C.M.B. (Glasgow) and (Lond.), Major, I.M.S.	Do.	1 May 1923	24 May 1923	G. E. Malcomson, Major, I.M.S.	Do.	8 May 1921	12 May 1921					M. L. Kamath, B.A., M.D., C.M., Civil Asst. Surgeon.	Do.	2 May 1922	
A. C. Ingram, M.D., Major, I.M.S.	Do.	10 June 1920	8 July 1920	J. M. Skinner, M.B., B.Ch., D.T.M., Major, I.M.S.	Do.	25 May 1923	4 July 1923	T. S. Tirumurti ...	Do.	18 May 1921	13 May 1921					T. S. Tirumurti, B.A., M.B.C.M., Civil Asst. Surgeon.	Do.	2 May 1922	
T. H. Symons, O.B.E., Lieut.-Col., I.M.S.	Permanent.	9 July 1920	3 May 1921	G. E. Malcomson, M.D., (Lond.), D.P.H., (Lond.), Major, I.M.S.	Sub. *pro tem.*	5 July 1923	24 Oct. 1923	T. S. Tirumurti ...	Do.	14 May 1921	19 May 1921					F. F. Carrick, Major, I.M.D.	Do.	4 May 1921	
W. R. J. Scroggie, C.I.E., Lieut.-Col., I.M.S.	Acting.	4 May 1921	7 Nov. 1921	J. M. Skinner, M.B., B.Ch., D.T.M., Major, I.M.S.	Acting.	25 Oct. 1923	26 Oct. 1924	G. E. Malcomson, Major, I.M.S.	Do.	20 May 1921	30 May 1921					M. R. Guruswami Mudaliyar, B.A., M.B., C.M., Civil Asst. Surgeon.	Do.	1 June 1922	
T. H. Symons, O.B.E., Lieut.-Col., I.M.S.	Permanent.	8 Nov. 1921	23 Dec. 1921	G. E. Malcomson, M.D., (Lond.), D.P.H., (Lond.), Major, I.M.S.	Permanent.	27 Oct. 1924	31 Dec. 1924	T. S. Tirumurti ...	Do.	21 May 1921	31 May 1921					F. F. Carrick, Major, I.M.D.	Do.	1 June 1921	
W. R. J. Scroggie, C.I.E., Lieut.-Col., I.M.S.	Acting.	2 Dec. 1921	31 Dec. 1921					G. E. Malcomson, Major, I.M.S.	Do.	1 June 1921	23 June 1921					W. L. Forsyth, M.B., C.M.B., Major, I.M.S.	Do.	26 May 1923	
T. H. Symons, O.B.E., M.R.C.S., L.R.C.P., Lieut.-Col., I.M.S.	Permanent.	1 Jan. 1922	5 May 1922					M. R. Guruswami Mudaliyar, M.D., C.M.	Do.	24 June 1921	31 Aug. 1921					M. R. Guruswami Mudaliyar, B.A., M.B., C.M., Civil Asst. Surgeon.	Do.	1 June 1924	
E. W. C. Bradfield, O.B.E., M.S.M.B., F.R.C.S., Major, I.M.S.	Acting.	6 May 1922	5 June 1922					Dr. T. S. Tirumurti, B.A., M.B., C.M.	Do.	1 Sep. 1921	31 Dec. 1921								
W. R. J. Scroggie, C.I.E., M.B.C.S., L.R.C.P., Lieut.-Col., I.M.S.	Do.	6 June 1922	31 Oct. 1922					T. S. Tirumurti, B.A., M.B.C.M., Civil Asst. Surgeon.	Do.	1 Jan. 1922	1 Dec. 1922								
T. H. Symons, O.B.E., M.R.C.S., L.R.C.P., Lieut.-Col., I.M.S.	Permanent.	1 Nov. 1922	9 May 1923					W. L. Forsyth, M.B.C.M.B., Major, I.M.S.	Permanent from 20 Oct. 1923.	1 Dec. 1922	28 Apr. 1924					J. M. Skinner, M.B., B.Ch., D.T.M.,	Acting.	20 May 1923	
F. F. Elwes, C.I.E., M.D., Lieut.-Col., I.M.S.	Acting.	10 May 1923 F.N.	23 May 1923													M. R. Guruswami Mudaliyar, B.A., M.D., C.M.	Permanent.	28 May 1924	
E. W. C. Bradfield, O.B.E., M.S.M.B., F.R.C.S., Lieut.-Col., I.M.S.	Do.	24 May 1923	10 July 1923					E. W. C. Bradfield, O.B.E., M.S.M.B., F.R.C.S., Lieut.-Col., I.M.S.	Acting.	3 Apr. 1921	11 May 1921								
R. B. F. Fraser, B.A., M.B., Lieut.-Col., I.M.S.	Do.	4 July 1923	16 Dec. 1924					J. M. Skinner, M.B., B.Ch., D.T.M., Major, I.M.S.	Do.	12 May 1924	July 1924								
E. W. C. Bradfield, O.B.E., M.S.M.B., F.R.C.S., Lieut.-Col., I.M.S.	Do.	17 Dec. 1921	31 Dec. 1924					T. S. Tirumurti, B.A., M.B.C.M., Civil Asst. Surgeon.	Do.	7 July 1921	31 Dec. 1924								

* Appointed to be Inspector-General of Prisons, Madras, Sub. *pro tem.*

† Reverted to Military duty.

the Government General Hospital, Madras, from 2nd August 1901.

August 1901 ; G.O. No. 16, Public, dated 3rd January 1902 ; and G.O. No. 1177, Public, dated 20th November 1902.)

of office To	First Surgeon. Name.	Acting or permanent.	Tenure of office From	To	Second Surgeon. Name.	Acting or permanent.	Tenure of office From	To	Third Surgeon. Name.	Acting or permanent.	Tenure of office From	To	Resident Medical Officer. Name.	Acting or permanent.	Tenure of office From	To	Honorary Physician. Name.	Acting or permanent.	Tenure of office From	To
18 May 1903	J. Maitland, M.D., Lieut.-Col., I.M.S.	Permanent.	2 Aug. 1901	18 May 1903	H. Allison, M.D., Lieut.-Col., I.M.S.	Permanent.	2 Aug. 1901	30 Oct. 1903	W. J. Niblock, Captain, M.B., I.M.S.	Permanent.	2 Aug. 1901	5 Nov. 1909	H. St. J. Fraser, Captain, I.M.S.	Permanent.	2 Aug. 1901	2 Mar. 1902	N. Venkataswami Chetty, M.R., C.M.		1 Dec. 1925	31 Dec. 1924
26 Feb. 1902	T. H. Symons, Captain, I.M.S.	Acting.	2 June 1902	30 June 1902	H. Kirkpatrick, Captain, I.M.S.	Acting.	2 Aug. 1901	4 April 1902	T. H. Symons, Captain, I.M.S	Acting.	2 May 1902	2 Nov. 1902	C. R. Harrison, Captain, I.M.S.	Do.	3 Mar. 1902	10 Feb. 1903				
7 Jan. 1903	W. B. Browning, Lieut.-Col., I.M.S.	Do.	7 Nov. 1902	8 Jan. 1903	C. Donovan, Captain, I.M.S.	Do.	5 April 1902	10 Aug. 1902	R. Bryson, Captain, I.M.S.	Do.	9 April 1903	23 Dec. 1903	T. H. Symons, Captain, I.M.S.	Acting.	19 Nov. 1901	1 May 1902				
13 April 1903	R. Robertson, Major, I.M.S.	Do.	9 Jan. 1903	8 April 1903	H. Kirkpatrick, Captain, I.M.S.	Do.	19 Nov. 1902	30 Oct. 1903	F. F. Elwes, Captain, I.M.S.	Do.	1 Dec. 1905	13 June 1906	A. Miller, Captain, I.M.S.	Do.	29 Sep. 1902	2 Nov. 1902				
3 July 1903	W. J. Niblock, Captain, M.B., I.M.S.	Do.	9 April 1903	23 Dec. 1903	D. Simpson, Major, I.M.S.	Permanent.	31 Oct. 1903	11 April 1905	W. C. Long, Captain, I.M.S.	Do.	14 June 1906	13 July 1906	T. H. Symons, Captain, I.M.S.	Do.	3 Nov. 1902	9 Mar. 1903				
5 Nov. 1903	G. G. Giffard, Major, I.M.S.	Permanent.	19 May 1903	18 May 1906	W. J. Niblock, Captain, M.B., I.M.S.	Acting.	3 May 1904	4 July 1904	F. F. Elwes, Captain, I.M.S.	Do.	14 July 1906	6 Mar. 1907	D. G. Kemp, Captain, I.M.S.	Do.	2 Mar. 1904	21 Jan. 1905				
2 July 1903	W. B. Browning, Lieut.-Col., I.M.S.	Acting.	12 June 1905	3 July 1905	F. J. Crawford, Major, I.M.S.	Permanent.	12 April 1905	5 Nov. 1905	J. W. Illius, Captain, I.M.S.	Do.	6 Mar. 1907	29 April 1907	D. G. Kel, Captain, I.M.S.	Do.	25 Jan. 1905	11 June 1906				
9 May 1904	P. C. Gabbett, Major, I.M.S.	Permanent.	19 May 1906	25 Aug. 1912	W. A. Lee, Lieut.-Col., I.M.S.	Acting.	15 April 1906	14 May 1905	F. W. Browne, Captain, I.M.S.	Do.	30 April 1907	1 Dec. 1907	John Forrest, Captain, I.M.S.	Do.	13 June 1905	22 July 1906				
9 June 1904	T. H. Symons, Major, I.M.S.	Acting.	22 Jan. 1906	15 July 1906	H. Kirkpatrick, Captain, I.M.S.	Do.	16 Feb. 1906	29 Mar. 1906	R. D. Wilbocks, Captain, I.M.S.	Do.	29 April 1908	30 April 1909	J. W. Illius, Captain, I.M.S.	Do.	24 July 1906	11 Nov. 1906				
May 1906	W. J. Niblock, Major, I.M.S.	Do.	26 Aug. 1910 A.N.	30 April 1911	H. Kirkpatrick, Captain, I.M.S.	Do.	11 May 1906	22 Dec. 1906	D. S. A. O'Keeffe, Captain, I.M.S.	Do.	1 May 1909	15 July 1909	W. C. Long, Captain, I.M.S.	Do.	12 Nov. 1906	13 Feb. 1907				
June 1906	A. Chalmers, Captain, I.M.S.	Do.	1 May 1911	31 May 1911	T. H. Symons, Major, I.M.S.	Do.	3 May 1907	28 Feb. 1908	T. H. Symons, Major, I.M.S.	Do.	16 July 1909	15 Aug. 1909	W. R. Scroggie, Captain, I.M.S.	Do.	11 Feb. 1907	30 Oct. 1907				
Nov. 1906	W. J. Niblock, M.B., Major, I.M.S.	Do.	1 June 1911	8 Sep. 1912 A.N.	T. H. Symons, Major, I.M.S.	Do.	7 May 1908 A.N.	21 Jan. 1909	D. S. A. O'Keeffe, Captain, I.M.S.	Do.	16 Aug. 1909	18 Jan. 1910	D. G. Kel, Captain, I.M.S.	Permanent.	11 Feb. 1908	30 June 1908				
May 1907	T. H. Symons, Major, I.M.S.	Do.	9 Sep. 1912 F.N.	18 May 1913	L. Hirsch, Captain, I.M.S.	Do.	22 Jan. 1909	2 May 1909	T. W. Harley, Captain, I.M.S.	Acting.	19 Jan. 1910	10 Mar. 1910	D. G. Kel, Captain, I.M.S.	Permanent.	1 July 1908	5 Nov. 1909				
Dec. 1907	W. J. Niblock, M.B., Major, I.M.S.	Permanent.	26 Aug. 1912	...	E. W. Browne, Captain, I.M.S.	Do.	3 May 1909	24 May 1909	W. J. Niblock, M.B., Major, I.M.S.	Do.	11 Mar. 1910	13 Mar. 1910	John Forrest, Captain, I.M.S.	Acting.	31 Oct. 1908	4 Feb. 1910				
Feb. 1908	E. W. C. Bradfield, Captain, I.M.S.	Acting.	19 May 1913	29 June 1913	T. W. Harley, Captain, I.M.S.	Do.	24 May 1909	18 Jan. 1910	L. Hirsch, Captain, I.M.S.	Do.	14 Mar. 1910	16 Apr. 1910	R. R. H. Foster, Captain, I.M.S.	Acting.	31 Oct. 1908	4 Feb. 1910				
...	T. H. Symons, Major, I.M.S.	Do.	30 June 1913	9 Dec. 1913	W. J. Niblock, M.B., Major, I.M.S.	Permanent.	6 Nov. 1909	25 Aug. 1912	D. H. Grates, Major, I.M.S.	Do.	11 April 1910	20 June 1910	T. S. Ross, Captain, I.M.S.	Permanent.	6 Nov. 1909	5 May 1910				
Nov. 1910	A. Chalmers, M.B., Major, I.M.S.	Do.	1 June 1916	30 June 1916	T. H. Symons, Major, I.M.S.	Do.	26 Aug. 1912 A.N.	...	M. J. Quirke, Captain, I.M.S.	Do.	21 June 1910	17 July 1910	W. C. Long, Captain, I.M.S.	Do.	6 May 1910	14 Mar. 1912				
Aug. 1911	C. A. T. Hingston, M.R.C.S., L.R.C.P., Major, I.M.S.,	Do.	14 May 1917	7 June 1917	A. Chalmers, Captain, I.M.S.	Acting.	26 Aug. 1910	15 Mar. 1912 A.N.	W. J. Niblock, M.B., Major, I.M.S.	Do.	18 July 1910	19 Aug. 1910 A.N.	E. A. Roberts, Captain, I.M.S.	Acting.	5 Feb. 1910	17 July 1910				
June 1912 A.N.	C. H. L. Falk, M.B., F.R.C.S. (Ed.), Major, I.M.S. (Rtd.),	Do.	8 June 1917	9 June 1917	A. Chalmers, Captain, I.M.S.	Do.	26 Aug. 1910 A.N.	25 June 1912 A.N.	L. Hirsch, Captain, I.M.S.	Do.	26 Aug. 1910	25 June 1912 A.N.	M. J. Quirke, Captain, I.M.S.	Do.	15 Oct. 1910	1 Dec. 1910				
July 1912 A.N.	E. M. Illington, M.B.C.S., L.R.C.P., Lieut.-Col., I.M.S.	Do.	10 June 1917	13 June 1917	W. C. Gray, Captain, I.M.S.	Do.	16 Mar. 1912	27 Mar. 1912	J. L. Macrae, Lieut.-Col., I.M.S.	Do.	26 June 1912	31 Oct. 1912 A.N.	J. M. Skinner, Captain, I.M.S.	Do.	15 Oct. 1910	Only one day.				
June 1913	A. Chalmers, M.B., F.R.C.S., Major, I.M.S.	Do.	16 May 1918	6 June 1918	T. H. Symons, Major, I.M.S.	Do.	28 Mar. 1912	9 Sep. 1912 A.N.	T. W. Harley, Captain, I.M.S.	Permanent. Acting.	26 Aug. 1912 1 Nov. 1912 F.N.	26 April 1916 18 Dec. 1913	A. J. H. Russell, Captain, I.M.S.	Do.	16 Oct. 1910	16 Jan. 1911				
July 1913	E. M. Illington, M.R.C.S., L.R.C.P., Lieut.-Col., I.M.S.	Do.	18 Sep. 1918	27 Sep. 1918	E. W. C. Bradfield, Captain, I.M.S.	Do.	10 Sep. 1913 F.N.	9 Dec. 1913 F.N.	E. W. C. Bradfield, Captain, I.M.S.	Do.	19 Dec. 1913	19 Mar. 1914	M. J. Quirke, Captain, I.M.S.	Do.	17 Jan. 1911	17 July 1911				
Sep. 1914	E. M. Illington, M.R.C.S., L.R.C.P., Lieut.-Col., I.M.S.	Do.	26 May 1919	25 June 1919	W. Molesworth, C.I.E., M.B., Lieut.-Col., I.M.S.	Do.	13 Nov. 1914	15 Nov. 1914	C. A. F. Hingston, Captain, I.M.S.	Do.	20 Mar. 1914	8 April 1914	R. Bose, Captain, I.M.S.	Do.	18 July 1911	4 Sep. 1911				
Nov. 1915	E. M. Illington, M.R.C.S., L.R.C.P., D.T.M., Lieut.-Col., I.M.S.	Do.	26 May 1919	29 Sep. 1919	A. Chalmers, Major, I.M.S.	Do.	16 Nov. 1914	25 April 1915	E. W. C. Bradfield, Captain, I.M.S.	Do.	26 May 1914	13 Nov. 1914	R. D. Wilbocks, Captain, I.M.S.	Permanent.	15 Mar. 1912	16 Nov. 1914				
Nov. 1916	W. J. Fernandez, L.M. & S., Civil Asst. Surgeon.	Do.	29 Sep. 1919	29 Sep. 1919	W. J. Niblock, M.B., Lieut.-Col., I.M.S.	Do.	26 April 1915	30 June 1915	J. M. Skinner, Captain, I.M.S.	Do.	15 Nov. 1914	15 Nov. 1914	A. F. G. Lorimer, Captain, I.M.S.	Acting.	5 Sep. 1911	30 Sep. 1912				
Jan. 1917	Do.	Do.	24 Dec. 1919	2 Jan. 1920	A. Chalmers, Major, I.M.S.	Do.	1 July 1915	16 Jan. 1917	W. C. Gray, Captain, I.M.S.	Do.	16 Nov. 1914	22 Nov. 1914	A. J. H. Russell, Captain, I.M.S.	Do.	1 Nov. 1912 F.N.	31 Oct. 1912 A.N.				
June 1918	W. J. Niblock, M.B., Lieut.-Col., I.M.S.	Permanent.	3 Jan. 1920	13 May 1920	C. A. F. Hingston, Major, I.M.S.	Do.	17 Jan. 1917	7 June 1917	A. Chalmers, Major, I.M.S.	Do.	23 Nov. 1914	20 Dec. 1914	A. F. G. Lorimer, Captain, I.M.S.	Do.	1 Nov. 1912 F.N.	11 Aug. 1913 F.N.				
June 1918	E. W. C. Bradfield, O.B.E., Major, I.M.S.	Acting.	14 May 1920	9 July 1920	E. M. Illington, M.R.C.S., L.R.C.P., Major, (Rtd.),	Do.	8 June 1917	9 June 1917	P. C. Gabbett, Lieut.-Col., I.M.S. (Rtd.).	Do.	21 Dec. 1914	7 Mar. 1915	A. J. H. Russell, Captain, I.M.S.	Do.	12 Aug. 1913	11 Sep. 1913				
July 1918	T. H. Symons, O.B.E., Lieut.-Col., I.M.S.	Do.	10 July 1920	2 Dec. 1920	C. H. L. Falk, M.B., F.R.C.S. (Ed.), Major, (Rtd.),	Do.	8 June 1917	9 June 1917	J. M. Skinner, Captain, I.M.S.	Do.	8 Mar. 1914	31 May 1915	M. A. Mills, Captain, I.M.S.	Do.	12 Sep. 1913	14 July 1914				
July 1918	E. W. J. Niblock, M.B., Lieut.-Col., I.M.S.	Permanent.	3 Dec. 1920	14 May 1921	E. M. Illington, M.R.C.S., L.R.C.P., Lieut.-Col.,	Do.	10 June 1917	28 June 1917	Civil Asst. Surgeon T. M. K. Nedungadi, L.M.S.	Do.	1 June 1915	4 July 1915	J. M. Skinner, Captain, I.M.S.	Do.	15 July 1914	17 July 1914				
Sep. 1918	J. Kirkwood, Major, I.M.S.	Acting.	15 May 1921	31 May 1921	T. S. Ross, M.R.C.S., L.R.C.P., Major, I.M.S.	Do.	1 Nov. 1915	30 Nov. 1915	J. M. Skinner, M.B., Captain, I.M.S.	Do.	5 July 1915	31 Oct. 1915	A. E. Leslie, Captain, I.M.S.	Do.	18 July 1914	12 Aug. 1914				
Dec. 1918	S. Raja Acharya, M.B., C.M., Civil Asst. Surgeon.	Do.	1 June 1921	10 June 1921	T. J. J. Robb, M.B., B.CH., Major, I.M.S.	Do.	29 June 1917	21 Jan. 1918	A. Chalmers, M.B., Major, I.M.S.	Do.	1 Nov. 1915	30 Nov. 1915	J. M. Skinner, Captain, I.M.S.	Do.	13 Aug. 1914	17 Aug. 1914				
Jan. 1919	J. Kirkwood, Major, I.M.S.	Do.	11 June 1921	14 June 1921	W. J. Niblock, M.B., Lieut.-Col., I.M.S.	Sub. *pro tem.*	25 Jan. 1918	...	Civil Asst. Surgeon T. M. K. Nedungadi, L.M.S.	Do.	27 Nov. 1915	6 Aug. 1917	A. F. G. Lorimer, Captain, I.M.S.	Do.	18 Aug. 1914	20 Oct. 1914				
April 1919	E. W. C. Bradfield, O.B.E., Major, I.M.S.	Do.	15 June 1921	7 Nov. 1921	E. M. Illington, M.R.C.S., L.R.C.P., Lieut.-Col., I.M.S.	Sub. *pro tem.*	6 Feb. 1918	17 June 1918	E. G. C. Maunsell, M.B., I.M.S.	Permanent.	27 April 1916	...	P. C. Rogers, Major, I.M.S.	Permanent.	17 Nov. 1914	9 April 1916				
May 1919	T. H. Symons, O.B.E., Major, I.M.S.	Do.	8 Nov. 1921	31 Dec. 1921	W. J. Niblock, M.B., Lieut.-Col., I.M.S.	Acting.	18 June 1918	25 June 1918	W. J. Niblock, M.B., Lieut.-Col., I.M.S.	Acting.	11 April 1917	16 May 1917	J. M. Skinner, Captain, I.M.S.	Acting.	21 Oct. 1914	31 Dec. 1914				
Sep. 1919	T. H. Symons, O.B.E., M.R.C.S., L.R.C.P., Lieut.-Col., I.M.S.	Permanent.	1 Jan. 1922	30 Apr. 1922	J. Kirkwood, M.B., F.R.C.S.E., Major, I.M.S.	Do.	26 June 1918	8 July 1918	W. J. Fernandez, L.M.S., Civil Asst. Surgeon.	Sub. *pro tem.*	7 Aug. 1917	17 Nov. 1919	A. J. H. Russell, Captain, I.M.S.	Do.	1 Jan. 1915	28 April 1915				
Oct. 1919	E. W. C. Bradfield, O.B.E., Major, I.M.S.	Acting.	1 May 1922	31 Oct. 1922	E. M. Illington, M.R.C.S., L.R.C.P., Lieut.-Col., I.M.S.	Sub. *pro tem.*	29 July 1918	6 Oct. 1918	W. J. Niblock, M.B., Major, I.M.S.	Do.	17 Nov. 1919	25 Nov. 1919	J. M. Skinner, Captain, I.M.S.	Do.	28 April 1915	30 May 1915				
Dec. 1919	T. H. Symons, O.B.E., M.R.C.S., L.R.C.P., Major, I.M.S.	Permanent.	1 Nov. 1922	9 May 1923	W. J. Niblock, M.B., Lieut.-Col., I.M.S.	Acting.	7 Oct. 1918	16 Oct. 1918	S. Raja Acharya, M.B., C.M., Civil Asst. Surgeon.	Acting.	15 May 1921	18 Aug. 1921	A. J. H. Russell, Captain, I.M.S.	Do.	29 May 1915	18 Mar. 1917				
Dec. 1919	A. P. G. Lorimer M.B., C.M., Major, I.M.S.	Acting.	10 May 1923	23 May 1923	E. M. Illington, M.R.C.S., L.R.C.P., Lieut.-Col., I.M.S.	Sub. *pro tem.*	17 Oct. 1918	22 Dec. 1918	T. S. Ross, M.R.C.S., L.R.C.P., Major, I.M.S.	Do.	19 Aug. 1921	5 Sep. 1921	A. F. G. Lorimer, M.B., Captain, I.M.S.	Permanent.	17 Nov. 1914	9 April 1916				
Jan. 1920	E. W. C. Bradfield, O.B.E., M.S.M.B., F.R.C.S., Major, (Lon.), F.s.c.s. (Edin.),	Permanent.	24 May 1923	31 Dec. 1924	W. J. Niblock, M.B., Lieut.-Col., I.M.S.	Acting.	23 Dec. 1918	2 Jan. 1919	E. W. C. Bradfield, O.B.E., Major, I.M.S.	Permanent.	6 Sep. 1921	19 Sep. 1921	T. S. Ross, M.R.C.S., L.R.C.P., Major, I.M.S.	Acting.	1 May 1916	31 May 1916				
May 1921					E. M. Illington, M.R.C.S., L.R.C.P., Lieut.-Col., I.M.S.	Sub. *pro tem.*	3 Jan. 1919	9 Mar. 1919	A. P. G. Lorimer, M.B., Major, I.M.S.	Acting.	20 Sep. 1921	7 Nov. 1921	T. M. K. Nedungadi, L.M.S., Civil Asst. Surgeon.	Do.	19 Mar. 1917	20 Mar. 1917				
May 1921					T. H. Symons, M.R.C.S., F.R.C.S., Lieut.-Col., I.M.S.	Permanent.	10 Mar. 1919	5 Apr. 1919	E. W. C. Bradfield, O.B.E., M.S.M.B., F.R.C.S., Major, I.M.S.	Permanent.	8 Nov. 1921	31 Dec. 1921	W. J. Fernandez, L.M.S., Civil Asst. Surgeon.	Acting.	21 Mar. 1917	1 July 1917				
Oct. 1921					E. M. Illington, M.R.C.S., L.R.C.P., Lieut.-Col., I.M.S.	Acting.	5 Apr. 1919	26 June 1919	E. W. C. Bradfield, O.B.E., M.S.M.B., F.R.C.S., Major, I.M.S.	Permanent.	1 Jan. 1922	30 Apr. 1922	T. J. J. Robb, M.B., B.CH., Major, I.M.S.	Do.	2 July 1917	31 Oct. 1917				
May 1922					W. J. Niblock, M.B., F.R.C.S., Lieut.-Col., I.M.S.	Do.	27 June 1919	6 July 1919	S. Raja Acharya, M.B., C.M., Civil Asst. Surgeon.	Acting.	1 May 1922	5 Aug. 1922	T. J. J. Russell, M.A., M.D., Captain, I.M.S.	Do.	1 Nov. 1917	14 Nov. 1917				
June 1922					E. M. Illington, M.R.C.S., L.R.C.P., Lieut.-Col., I.M.S.	Do.	7 July 1919	31 Aug. 1919	E. W. C. Bradfield, O.B.E., M.S.M.B., F.R.C.S., Major, I.M.S.	Do.	1 Nov. 1922	14 Nov. 1922	R. R. Williams, B.A., M.B., C.M., L.R.C.P., etc., Civil Asst. Surgeon.	Do.	15 Nov. 1917	30 Oct. 1918				
May 1923					S. Ranga Acharya, M.B., C.M., Civil Asst. Surgeon.	Do.	1 Sep. 1919	15 Sep. 1920	K. G. Pandalai, M.B., F.R.C.S., Major, I.M.S.	Acting.	15 Nov. 1923	15 Feb. 1924	T. M. K. Nedungadi, L.M.S., Civil Asst. Surgeon.	Sub. *pro tem.*	31 Oct. 1918	26 June 1919				
May 1923					J. M. Skinner, Major, I.M.S.	Do.	16 Sep. 1920	11 Nov. 1920	S. Ranga Acharya, M.B., C.M., Civil Asst. Surgeon.	Permanent.	16 Feb. 1924	31 Dec. 1924	F. Verdon, B.A., B.C.H., (Cantab.), M.R.C.S., L.R.C.P. (Eng.), Capt., I.M.S.	Acting.	27 June 1919	6 July 1919				
July 1924					S. Ranga Acharya, M.B., C.M., Civil Asst. Surgeon.	Do.	12 Nov. 1920	2 Dec. 1920														
					T. H. Symons, O.B.E., Lieut.-Col., I.M.S.	Permanent.	3 Dec. 1920	3 May 1921														
					W. R. J. Scroggie, C.I.E., Lieut.-Col., I.M.S.	Acting.	4 May 1921	31 Dec. 1921														
May 1924					W. R. J. Scroggie, C.I.E., M.R.C.S., L.R.C.P., Lieut.-Col., I.M.S.	Sub. *pro tem.*	1 Jan. 1922	3 May 1922														
Nov. 1924					E. W. C. Bradfield, O.B.E., M.S.M.B., F.R.C.S., Major, I.M.S.	Acting.	6 May 1922	5 June 1922														
					W. R. J. Scroggie, C.I.E., M.R.C.S., L.R.C.P., Lieut.-Col., I.M.S.	Sub. *pro tem.*	6 June 1922	14 Nov. 1922														
					E. W. C. Bradfield, O.B.E., M.S.M.B., F.R.C.S., Major, I.M.S.	Acting.	15 Nov. 1922	25 Apr. 1923														
					A. P. G. Lorimer, M.B., Major, I.M.S.	Do.	24 Apr. 1923	10 July 1923														
					R. R. B. Foster, B.A., B.CH., B.A.O. (Dub.), D.P.H. (Cantab), J.M., Lieut.-Col., I.M.S.	Permanent.	11 July 1923	16 Dec. 1924														
					K. G. Pandalai, M.B., F.R.C.S., Major, I.M.S.	Acting.	17 Dec. 1924	31 Dec. 1924														

‡ Granted combined leave and furlough for a year.

§ On combined leave preparatory to retirement.

STATEMENT A

Showing the number of dispensaries during the year 1924.

[*Population of the City,* 526,911.]

Class of dispensary.	Number opened on 31st December 1923.	Number opened during the year.	Number closed during the year.	Number opened on the last day of the year.	Remarks.
1	2	3	4	5	6
I.—State-Public ...	1	...	...	...	...

STATEMENT B

Showing the number of in-door and out-door patients treated in the State-Public, Local Fund and Private-aided dispensaries of Government General Hospital, Madras, during the year 1924.

District.	Name of dispensary.	Of what class.	In-door patients.																	Out-door patients.											Total number of patients treated both in-door and out-door.
			Total treated during the year.						Number relieved.	Discharged otherwise.	Died.	Ratio of deaths per cent to total treated.	Number of beds available.		Daily average number.					Number treated.					Average daily attendance.						
					Children.			Number cured.									Children.			Attended personally.	Represented by friends.	Total treated.		Children.					Children.			
			Men.	Women.	Male.	Female.	Total.						Men.	Women.	Men.	Women.	Male.	Female.	Total.			Men.	Women.	Male.	Female.	Total.	Men.	Women.	Male.	Female.	Total.	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33
Madras.	Government General Hospital, Madras. I.—State Public.	Non-Europeans.	5,851	1,372	413	185	7,821	4,848	1,239	801	547	6·99	209*	68*	269·69	90·84	22·69	15·72	398·94	57,693	...	38,231	9,215	5,651	3,996	57,093	240·13	72·53	56·28	27·67	356·41	64,914
		Europeans ...	1,079	538	152	67	1,827	1,226	270	147	100	5·47	48	32	63·76	31·49	10·00	3·61	108·86	4,957	...	2,428	1,366	678	485	4,957	11·12	7·62	3·33	2·38	24·35	6,784
		Total ...	6,921	1,910	565	252	8,648	6,074	1,509	948	647	6·71	257	100	333·45	122·33	32·69	19·33	507·80	62,650	...	40,659	10,581	6,329	4,481	62,050	251·25	59·85	39·61	30·05	380·76	71,698

Besides these, 171 beds are common to both Europeans and Non-Europeans.

INSTRUCTIONS.

(1) Statement B is intended to comprise only those institutions from which full information can be expected. These are State-Public, Local Fund and Private-aided Institutions.
(2) The classification in column 3 should accordingly be into I, III, IV of the classes shown in Statement A.
(3) In column 2 individual dispensaries should be shown, the dispensaries being arranged by districts. The arrangement of districts should be geographical, not alphabetical. In each district should be shown first: A.—General dispensaries, that is to say, dispensaries open to both sexes, and then B.—Female dispensaries. The whole statement will conclude with a provincial total for A.—General dispensaries, a provincial total for B.—Female dispensaries, and a combined provincial total.
(4) In filling up columns 6, 7, 18, 19, 25, 26, 30 and 31 all persons under 10 years of age should be treated as children.
(5) The columns for "total treated" (Nos. 4 to 8 and 23 to 27) should include both those remaining from the previous year and those admitted during the year under report. The words "total treated" refer to the number of different individual cases. If, for example, the same person attends for 10 days, he should not be counted 10 times; if he reappears as a fresh case he should be counted again

STATEMENT C—*cont.*

Showing the diseases, etc., of the in-door and out-door patients treated in the several classes of Medical institutions in the Madras Presidency, during the year 1924—cont.

District.	Class of dispensary.		Systemic diseases—*cont.*										General and Local.						Labour.				Total number of in-door and out-door patients treated in each dispensary.		Operations.	
			Diseases of the organs of locomotion.		Diseases of the areolar tissue.		Inflammation ulcerative.		Other diseases of the skin.		All other local diseases.		Injuries (general and local).		Poisoning. By opium.		Poisoning. By other means.		Normal.		Abnormal.					
			Total treated.	Deaths.	Total treated.	Deaths.	Total treated.	Deaths.	Total treated.	Deaths.	Total treated.	Deaths.	Total treated.	Deaths.	Total treated.	Deaths.	Total treated.	Deaths.	Total treated.	Deaths.	Total treated.	Deaths.	Total treated.	Deaths.	Total treated.	Deaths.
			57		58		59		60		61		62		63		64		65		66		67		68	
Madras.	I Class, State-Public, Government General Hospital, Madras—	In-patients ...	174	5	477	22	89	3	119	5	308	21	528	33	10	...	8	..	...	...	...	...	9,648	647	9,835	112
		Out-patients ...	822	...	2,374	...	2,182	...	2,797	...	294	...	9,058	...	..	...	2	...	...	...	...	...	62,050	...	11,767	...
		Total ...	996	5	2,851	22	2,271	3	2,916	5	602	21	9,586	33	10	...	10	...	...	...	...	...	71,698	647	21,602	112

INSTRUCTIONS.

(1) Statement is complementary to Statement B and is intended to relate only to those institutions from which complete information can be expected. These are State-Public, Local Fund, and Private-aided Institutions (classes I, III, IV of the classes in Statement A).

(2) Details need not be given for each institution. It will suffice if totals are given for each class.

(3) For guidance in filling up the columns the following remarks are added :—
In all cases the instructions contained in "The Nomenclature of Diseases," fifth edition, 1918, should be followed.

Column 10 to include all diseases due to malaria. Non-malarial fevers should be returned in column 29—All other general diseases.
,, 7 to include all diseases due to the poison of syphilis, e.g., syphilitic iritis.
,, 6 to include all diseases resulting from gonorrhœal infection, e.g., gonorrhœal rheumatism.
,, 21 to include only cases of anæmia of which the cause cannot be ascertained.

STATEMENT D.

Infectious diseases (including malignant growths opium poisoning and beri-beri).

District.	Name of Dispensary.		Cholera, Asiatic.		Dysentery.		Enteric fever.		Gonococcal infection.		Syphilis (primary and secondary).		Kala Azar.		Leprosy.		Malaria.		Plague.		Influenza.		Relapsing fever.		Pneumococcal infection of lung.		Smallpox.		Tuberculosis of the lung.		Other tubercular diseases.		Other infective disease.		Malignant growths.		Opium poisoning.		Beri-beri.	
			Total treated.	Deaths.	Total treated.	Deaths.	Total treated.	Deaths.	Total treated.	Deaths.	Total treated.	Deaths.	Total treated.	Deaths.	Total treated.	Deaths.	Total treated.	Deaths.	Total treated.	Deaths.	Total treated.	Deaths.	Total treated.	Deaths.	Total treated.	Deaths.	Total treated.	Deaths.	Total treated.	Deaths.	Total treated.	Deaths.	Total treated.	Deaths.	Total treated.	Deaths.	Total treated.	Deaths.	Total treated.	Deaths.
1	2		3		4		5		6		7		8		9		10		11		12		13		14		15		16		17		18		19		20		21	
Madras.	I Class State-Public, Government General Hospital, Madras.	In-patient ...	4	4	232	29	152	6	193	3	438	16	320	16	16	1	737	9	...	..	259	3	30	12	244	29	33	4	316	29	255	22	253	19	191	26	10	..	9	...
		Out-patient ...	1	..	1,223	..	56	..	1,104	..	1,034	..	335	...	180	...	7,092	...	...	...	948	...	8	...	131	...	14	...	89	...	577	..	81	..	5	...	...	..	...	...
		Total ...	5	4	1,455	29	208	6	1,297	3	1,472	16	655	16	196	1	7,829	9	...	..	1,207	3	38	12	375	29	47	4	405	29	832	22	334	19	196	26	10	..	9	..

STATEMENT E.

Number of in-door and out-door patients, according to class and sex, treated in the State-Public, Government General Hospital, Madras, in the year 1924.

District.	Name and class of dispensary.	Europeans and Anglo-Indians.				Hindus.				Muhammadans.				Others.				Total treated.
		Adults.		Children.		Adults.		Children.		Adults.		Children.		Adults.		Children.		
		Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
Madras.	Government General Hospital, Madras, Class I, State-Public, 1924. In-door	1,070	538	152	67	4,389	893	281	116	446	109	41	15	1,016	370	91	54	9,648
	Out-door	2,428	1,366	678	485	29,903	6,259	3,678	2,542	2,850	348	218	123	5,478	2,608	1,755	1,331	62,050
	Total ...	3,498	1,904	830	552	34,292	7,152	3,959	2,658	3,296	457	259	138	6,494	2,778	1,846	1,385	71,698

INSTRUCTIONS.

(1) Statement E is intended to comprise only those institutions from which full information can be expected. These are State-Public, Local Fund and Private-aided dispensaries (Classes I, III and IV of the classes shown in Statement A).

(2) In filling up columns 5, 6, 9, 10, 11, 13, 14, 17, 18 all under ten years of age should be reckoned as children.

(3) The number of individual patients and not the number of visits should be shown throughout.

(4) The specimen form is primarily adapted for use in provinces of India proper. For the Burma Provincial report the arrangement of the columns may be altered as the Local Government sees fit.

STATEMENT E (SUPPLEMENT).

Number of in-door and out-door patients, according to class and sex, treated in the State-Public, Government General Hospital, Madras, in the year 1924.

District.	Name and class of dispensary.	Europeans and Anglo Indians.				Hindus.				Muhammadans.				Others.				Total treated.
		Adults.		Children.		Adults.		Children.		Adults.		Children.		Adults.		Children.		
		Male.	Female.	Male	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
Madras.	Government General Hospital, Madras, Class I, State-Public, 1924. In-door ...	1,070	538	152	67	4,389	893	281	116	446	109	41	15	1,016	370	91	54	9,648
	Out-door labour cases.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Other out-door cases represented by friends.	...	...	...	...	...	...	...	...	...	..	...	...	.	...	...	...	...
	Out-door ..	2,428	1,366	678	485	29,903	6,259	3,678	2,542	2,850	348	218	123	5,478	2,608	1,755	1,331	62,050
	Total ...	3,498	1,904	830	552	34,292	7,152	3,959	2,658	3,296	457	259	138	6,494	2,978	1,846	1,385	71,698

INSTRUCTIONS.

(1) Statement E is intended to comprise only those institutions from which full information can be expected. These are State-Public, Local Fund and Private-aided dispensaries (Classes I, III and IV of the classes shown in Statement A).

(2) In filling up columns 5, 6, 9, 10, 11, 13, 14, 17, 18 all under ten years of age should be reckoned as children.

(3) The number of individual patients and not the number of visits should be shown throughout.

(4) The specimen form is primarily adapted for use in provinces of India proper. For the Burma Provincial report the arrangement of the columns may be altered as the Local Government sees fit.

STATEMENT F

Showing the Results of the Surgical Operations performed in the General Hospital, Madras, for the year 1924.

(*Note.*—The asterisk indicates operations not specifically mentioned in the nomenclature.)

Class of operations.	Nature of operations.	Number of patients remaining from last year.	Number of operations performed during the year.			Number of patients on whom operated in columns 4 to 6.	Results of operations on patients.				Number of patients remaining at the end of the year.
			Primary.	Secondary.	Total.		Cured.	Relieved.	Discharged otherwise.	Died.	
1	2	3	4	5	6	7	8	9	10	11	12
Operations on tumours ...	Removal by excision	2	63	3	66	63	52	7	1	2	3
	Do. enucleation	...	1	...	1	1	1	...	...	...	...
	Do. diathermy	1	13	6	19	13	...	11	...	2	1
	Do. electrolysis	...	1	3	4	1	...	1	..	...	...
	Exploratory puncture	...	3	...	3	3	...	...	3	...	...
	Removal of part for pathological examination ...	...	15	...	15	15	...	9	6	...	...
	Total ...	3	96	12	108	96	53	28	10	4	4
Operations on cysts	Removal by enucleation or excision	1	33	...	33	33	34	...	...	..	...
	Treatment by incision or plugging with or without drainage.	...	1	1	2	1	1	...	...	...	...
	Free incision and drainage	...	1	...	1	1	1	...	...	...	...
	Total ...	1	35	1	36	35	36	...	...	..	...
Operations for abscess ...	For acute abscess—incision	9	1,019	10	1,029	1,019	1,017	4	2	2	3
	For chronic abscess—										
	(*a*) Incision and drainage	...	7	2	9	7	5	2	...	...	...
	(*b*) Incision with erasion and subsequent closure.	...	1	...	1	1	1	...	...	...	...
	(*c*) Aspiration, with or without injection ...	1	6	...	6	6	5	2	..	...	...
	Total ...	10	1,033	12	1,045	1,033	1,028	8	2	2	3
Removal of foreign bodies ...	In the natural passages	...	15	...	15	15	15	...	...	...	...
	Impacted or imbedded substances	...	46	...	46	46	45	...	1	...	...
	Total ...	...	61	...	61	61	60	..	1	...	...
Operations on arteries	Ligature	...	3	...	3	3	2	...	...	1	...
	Total ...	...	3	...	3	3	2	...	...	1	...
Operations on aneurysm ...	Proximal ligature	...	1	...	1	1	1	...	...	...	...
	Distal do.	...	1	..	1	1	1	...	...	...	...
	Total ...	...	2	...	2	2	2	..	...	...	..
Operations on veins	Intravenous injections	..	4,204	..	4,204	4,204	...	4,204	...	...	...
	Venesection	...	76		76	76	...	76	...	...	...
	For varices excision, partial or complete ...	...	3	1	4	3	2	1	...	...	...
	Total ...	...	4,283	1	4,284	4,283	2	4,281	...	...	...
Operations on lymphatics ...	Removal of lymphatic glands by excision ...	4	28	1	29	28	26	2	3	..	1
	Removal of varicose lymphatics	...	1	..	1	1	1	...	...	...	...
	Incision of inflamed lymphatic glands ...	2	8	..	8	8	10	...	..	..	...
	Total ...	6	37	1	38	37	37	2	3	...	1
Operations on nerves	Stretching	..	1	...	1	1	...	1	...	...	...
	Injection of medical substance into Gasserian ganglion.	...	3	1	4	3	...	2	1	...	...
	Total ...	...	4	1	5	4	...	3	1		
Operations on the skin and subcutaneous tissues.	Plastic operations for cicatrices and congenital malformations.	...	8	5	13	8	6	...	...	..	2
	Skin grafting	...	8	..	8	8	7	1	...	...	...
	Curetting—										
	For chronic ulcers	...	4	1	5	4	3	...	...	...	1
	For sinuses	1	55	5	60	55	47	2	1	..	6
	Linear scarification—										
	For inflamed tissues	...	19	...	19	19	13	...	2	3	1
	For sloughing tissues	...	3	...	3	3	2	...	...	1	...
	For boils and carbuncles	...	8	1	9	8	5	...	...	2	1
	For whitlows	...	1	...	1	1	...	...	1	..	...
	Excision—										
	For carbuncles	...	16	1	17	16	15	1	...	...	...
	For elephantoid tissues	...	1	1	2	1	...	1	...	...	...
	For corns and warts	...	4	...	4	4	4	...	...	...	..
	For avulsion of nails	...	1	...	1	1	1	...	...	...	...
	For keloids	...	1	...	1	1	1	...	...	...	...
	Subcutaneous injections	...	8,222	...	8,222	8,222	...	8,222	...	...	...
	Plaster casing of wounds	...	1	...	1	1	...	1	..	..	..
	Repair of wounds	1	450	...	450	450	449	..	1	1	...
	Total ...	2	8,802	14	8,816	8,802	553	8,228	5	7	11

STATEMENT F—*cont.*

Showing the Results of the Surgical Operations performed in the General Hospital, Madras, for the year 1924—cont.

Class of operations.	Nature of operations.	Number of patients remaining from last year.	Number of operations performed during the year.			Number of patients operated on in columns 4 to 6.	Results of operations on patients.				Number of patients remaining at the end of the year.
			Primary.	Secondary.	Total.		Cured.	Relieved.	Discharged otherwise.	Died.	
1	2	3	4	5	6	7	8	9	10	11	12
Operations on bones	Incision of periosteum	...	1	...	1	1	1	...	...	...	...
	Osteotomy—										
	Linear	...	1	...	1	1	1	...	...	...	...
	Cunliform	...	6	...	6	6	4	...	...	...	2
	* Osteoclasis, correction of deformity by fracture.	...	1	...	1	1	1	...	...	...	...
	Wiring or otherwise uniting recent fractures or ununited fractures.	3	169	1	170	169	171	...	...	...	1
	Grafting of bones	2	2	...	2	2	2	2	...	...	...
	Removal of sequestra	4	51	1	52	51	43	4	1	2	5
	Excision, partial or complete	1	9	...	9	9	10	...	...	...	...
	Evacuation of an abscess or erasion of diseased bone.	2	13	...	13	13	10	4	1	...	...
	Enucleation of new growth	...	2	...	2	2	2	...	...	...	...
	Total	12	255	2	257	255	245	10	2	2	8
Operations on joints	Reduction of dislocation—										
	Shoulder	...	8	...	8	8	8	...	...	...	...
	Elbow	...	12	...	12	12	12	...	...	...	...
	Hip	1	...	...	...	...	1	...	...	...	..
	Lower jaw	...	14	...	14	14	14	...	...	...	..
	Passive movements	5	23	2	25	23	6	18	...	...	4
	Aspiration with or without injection	...	5	1	6	5	...	5	...	...	...
	Arthrotomy with or without drainage	3	6	1	7	6	8	...	...	...	1
	Arthrectomy, partial or complete	1	13	...	13	13	10	...	...	...	4
	Erasion, partial or complete	...	1	...	1	1	...	...	...	..	1
	Arthrodesis	...	1	...	1	1	...	...	...	...	1
	Total	10	83	4	87	83	59	23	...	...	11
Operations on muscles	Tenotomy	...	2	...	2	2	...	2	...	...	...
	Union of divided tendons	...	1	...	1	1	1	...	...	...	..
	Wrenching and plaster casing for deformity	...	8	4	12	8	3	5	...	...	...
	Incision or removal of bursa	...	1	...	1	1	1	...	...	...	...
	Intramuscular injections	...	3,145	...	3,145	3,145	...	3,145	..	...	...
	Total	...	3,157	4	3,161	3,157	5	3,152	..	...	...
Amputations	For injury—										
	Forearm, upper third	...	1	...	1	1	1	...	...	...	...
	Forearm, lower third	...	3	...	1	1	1	...	...	...	...
	Hands and fingers	...	19	...	19	19	19	...	...	...	...
	Thigh, upper third	...	1	...	1	1	1	...	...	...	...
	Thigh, middle third	1	3	...	3	3	2	...	...	1	1
	Leg, upper third	...	1	...	1	1	...	...	...	1	...
	Ankle	...	1	...	1	1	1	...	...	...	...
	Foot and toes	1	1	...	1	1	2	...	...	...	...
	For disease—										
	Arm, upper third	...	2	...	2	2	2	...	...	...	...
	Arm, lower third	...	1	...	1	1	1	...	...	...	...
	Forearm, middle third	...	1		1	1	1	...	...	...	...
	Forearm, lower third	...	1	...	1	1	1	...	...	...	...
	Hands and fingers	...	3	...	3	3	3	...	...	...	...
	Thigh, upper third	...	2	...	2	2	1	...	...	...	1
	Thigh, middle third	2	1	...	1	1	3	...	...	...	...
	Thigh, lower third	...	1	...	1	1	1	...	...	...	...
	Knee	...	3	...	3	3	2	...	...	1	...
	Leg, upper third	2	7	...	7	7	9	...	...	...	...
	Leg, middle third	...	1	...	1	1	1	...	...	...	...
	Leg, lower third	...	2	...	2	2	2	...	...	...	...
	Foot and toes	...	1	...	1	1	1	...	...	...	...
	Total	6	56	...	56	56	57	...	...	3	2
Operations on brain and skull.	Excision of portion of skull	...	2	...	2	2	...	...	1	1	...
	Trephining	..	6	...	6	6	...	4	...	2	...
	Total	...	8	...	8	8	...	4	1	3	..
Operations on spine	Lumbar puncture	...	32	...	32	32	...	32	...	...	...
Operations on the face	Plastic operation for hair lip	...	2	...	2	2	2	...	...	...	...
Operations on parotids	For new growth	...	2	...	2	2		...	2	...	...
Operations within the mouth	For cleft palate	...	2	...	2	2	1	1	...	...	...
	Removal of tonsil	1	87	...	87	87	86	...	1	...	1
	Removal of tongue, partial or complete	1	4	...	4	4	4	...	1	...	...
	For ranula	...	1	...	1	1	1	...	...	..	...
	Total	2	94	...	94	94	92	1	2	...	1

STATEMENT F—*cont.*

Showing the Results of the Surgical Operations performed in the General Hospital, Madras, for the year 1924—cont.

Class of operations.	Nature of operations.	Number of patients remaining from last year.	Number of operations performed during the year.			Number of patients operated on in columns 4 to 6.	Results of operations on patients.				Number of patients remaining at the end of the year.
			Primary.	Secondary.	Total.		Cured.	Relieved.	Discharged otherwise.	Died.	
1	2	3	4	5	6	7	8	9	10	11	12
Operations on teeth and gums.	Extraction of teeth	...	1,295	...	1,295	1,295	1,286	9	...	...	...
	Filling	...	26	...	26	26	26	..	...	...	...
	Other Dental Operations—										
	(a) Scaling	...	231	...	231	231	231		...	...	...
	(b) Incision of gums	...	43	...	43	43	43	...	...	.	...
	(c) Removal of sequestra	...	5		5	5	5	...	...	...	...
	Removal of new growth	...	4	...	4	4	4	.	...	...	...
	Total	...	1,604	...	1,604	1,604	1,595	9	...	...	...
Operations on nasal cavities and accessory sinuses.	On nasal septum	...	4		4	4	4	.		...	...
	On turbinate body	...	1	...	1	1	1	..	...	..	...
	For removal of nasal polyps	1	11	5	16	11	11	1	...	...	...
	For ethmoidal and accessory sinuses	...	4	...	4	4	4	...	.	...	...
	Total	1	20	5	25	20	20	1	...	...	...
Operations on the ear and mastoid process.	For new growths or cysts of auricle	...	1	...	1	1	1	...	...	...	...
	Incision of mastoid abscess	...	5	...	5	5	4	...	1	...	...
	Opening of mastoid antrum	...	1	...	1	1	1	...	..	...	...
	Complete mastoid operations	3	20	...	20	20	21	..	...	...	2
	Total	3	27	...	27	27	27	..	1	..	2
Operations on nasopharynx and Oesophagus.	Removal of new growth	1	1	...	1	1	1	.	...	1	...
	Passage of Oesophageal bougies	..	2	...	2	2	.	2	...	.	...
	Total	1	3	...	3	3	1	2	...	1	...
Operations on larynx and tracheal and Bronchi.	Tracheotomy	...	6	...	6	6	..	6	...	...	...
	Thyrotomy	...	1	..	1	1	1	...	...	...	...
	Bronchoscopy	...	2	..	2	2	1	...	...	1	...
	Removal of laryngea growth	2	...	...	...	...	1	1	...	..	...
	Total	2	9	...	9	9	3	7	..	1	...
Operations on the thyroid and accessary glands.	Removal of portion of glands of cyste	...	1	...	1	1	1		...	...	...
	Removal of new growth	...	2		2	2	1	...	...	1	...
	Total	...	3	...	3	3	2		...	1	...
Operations on neck	Excision of lymphatic glands	...	29	...	29	29	26	...	1	...	2
Operations on breast	Incision of abscess	.	2	...	2	2	2	...	...	...	...
	Removal of cyst or new growth	...	1	...	1	1	1	...	...	...	...
	Removal of breast, with axillary glands	...	8	...	8	8	6	...	...	1	1
	Operation for gynecomastia	...	2	..	2	2	2	...	...	...	...
	Total	...	13	...	13	13	11	...	...	1	1
Operations on thorax and contents.	Paracentesis of pleural cavity (thoracotomy)	..	38	9	47	38	...	34	3	...	1
	Thoracotomy	...	7	1	8	7	1	...	...	2	4
	Exploration of pleural or pleural cavity	...	1	...	1	1	...	...	...	1	...
	Total	...	46	10	56	46	1	34	3	3	5
Operations on abdominal wall and cavity.	Incision of abscess	...	4	...	4	4	4	..	...	...	...
	Operation for hernia, external	4	197	...	197	197	197	..	...	1	3
	Operation for strangulated hernia	...	30	...	30	30	23	..	1	5	1
	Paracentesis abdominis	...	165	...	165	165	...	165	...	...	...
	Epiplopexy	...	1	...	1	1	...	1	...	...	...
	Laparotomy, exploratory	5	76	...	76	76	58	...	1	18	4
	Laparotomy, curative	...	12	...	12	12	...	11	1	...	...
	Total	9	485	..	485	485	282	177	3	24	8
Operations on stomach	Gastrectomy with gastro-enterostomy	...	3	...	3	3	1	...	...	2	...
	Gastro. enterostomy	7	211	...	211	211	184	...	1	22	11
	Total	7	214	...	214	214	185	...	1	24	11
Operations on Intestines	Enterectomy and lateral anastomosis	1	8	...	8	8	4	.	1	4	...
	Colostomy	...	5	...	5	5	2	1	1	1	...
	Colopexy	...	3	...	3	3	3	...	...	..	...
	Intestinal anastomosis	...	4	...	4	4	4	...	.	...	...
	Removal of appendix in an acute stage	2	17	...	17	17	17	...	...	1	1
	Removal of appendix in chronic stage	5	64	...	64	64	61	...	1	3	4
	Removal for appendicular abscess	...	4	...	4	4	3	...	...	1	...
	For intestinal obstruction	...	3	..	3	3	1	...	...	2	...
	Total	8	108	...	108	108	95	1	3	12	5

STATEMENT F—*cont.*

Showing the Results of the Surgical Operations performed in the General Hospital, Madras, for the year 1924—cont.

Class of operations.	Nature of operations.	Number of patients remaining from last year.	Number of operations performed during the year			Number of patients in columns 4 to 6.	Results of operations on patients.				Number of patients remaining at the end of the year.
			Primary.	Secondary.	Total.		Cured	Relieved.	Discharged otherwise.	Died.	
1	2	3	4	5	6	7	8	9	10	11	12
Operations of rectum and anus	For congenital malformations	...	1	...	1	1	...	1	...	...	...
	Excision of rectum, partial or complete	1	2	...	2	2	1	...	...	2	...
	Removal of hæmorrhoids by excision ligature or White heads.	3	104	...	104	104	101	...	2	1	3
	Removal of hæmorrhoid by ligature and cautery.	...	5	...	5	5	5	...	..	...	...
	Removal of hæmorrhoid by clamp and cautery.	...	1	...	1	1	1	...	..	...	...
	Injection of medicinal substances into pile bearing area.	...	2	...	2	2	2	...	...	...	...
	For anal fissure	...	5	...	5	5	5	...	...	...	...
	For anal fistula	4	61	2	63	61	61	...	...	2	2
	For prolapse by manipulation	...	2	...	2	2	...	2	...	...	...
	For prolapse by operation	...	3	..	3	3	2	...	1	...	...
	Dilatation of sphincter	...	5	3	8	5	5	...	...	...	...
	Sygmoidoscopy	...	10	1	11	10	...	10	...	...	...
	Total ...	8	201	6	207	201	183	15	3	5	5
Operations on liver and gall bladder.	Exploratory puncture for Kala Azar	...	55	...	55	55	...	55	...	...	...
	Exploratory puncture for abscess	...	1	...	1	1	1	...	...	...	...
	Aspiration and injection	.	15	5	20	15	11	...	3	1	...
	Cholecystotomy	...	2	...	2	2	...	...	...	2	...
	Cholecystectomy	...	5	...	5	5	4	...	...	1	...
	Total ...	...	78	5	83	78	16	55	3	4	....
Operations on spleen	Splenectomy	...	1	...	1	1	...	...	...	1	..
	Splenic puncture	...	28	...	28	28	...	28		..	...
	Total ...	...	29	...	29	29	...	28	...	1	...
Operations on kidney ...	Nephrolithotomy	...	2	...	2	2	2	...	...	...	...
	Nephrectomy	...	3	...	3	3	2	...	...	...	1
	Total ...	...	5	...	5	5	4	...	...	...	1
Operations on bladder ...	Sounding	...	4	...	4	4	...	3	1	.	...
	Cystoscopy	..	8	..	8	8	...	8	..	...	...
	For Ectopia vesicæ	...	1	...	1	1	...	...	...	...	1
	Cystotomy	1	2	...	2	2	2	...	.	1	...
	Cystotomy for stone	...	3	...	3	3	2	...	...	1	...
	Total ...	1	18	...	18	18	4	11	1	2	1
Operations on prostate ...	For abscess	...	1	...	1	1	1	...	...	..	...
	Prostatectomy	...	3	...	3	3	2	...	...	1	...
	Total ...	...	4	...	4	4	3	...	...	1	...
Operations on urethra ...	Urethrotomy, external	1	24	1	25	24	20	...	1	3	1
	Dilatation of stricture	4	64	23	87	64	54	10	...	2	2
	For extravasation	...	5	...	5	5	1	...	2	2	...
	Removal of calculus	...	1	..	1	1	1	...	..	...	...
	Total ...	5	94	24	118	94	76	10	3	7	3
Operations on male generative organs.	Circumcision	1	60	...	60	60	60	...	...	...	...
	Amputation of penis, partial or complete	...	19	...	19	19	17	...	1	...	1
	For epispadiasis or hypospadiasis	...	2	...	2	2	1	1	...	...	...
	For paraphimosis	...	37	...	37	37	37	...	...	...	...
	For varicocele	...	6	...	6	6	6	...	...	...	...
	For hydrocele eversion of sac	4	226	...	226	226	224	...	...	...	6
	Tapping	...	20	...	20	20	...	20	...	...	...
	Excision of parietal sac	...	4	...	4	4	4	...	...	...	...
	Incision and drainage of inflamed hydrocele	...	11	...	11	11	11	.	..	...	...
	For haematocele—incision and eversion	...	13	...	13	13	12	...	...	1	...
	Excision of parietal sac	...	5	1	6	5	5	...	...	...	..
	Removal of testicle	...	13	...	13	13	12	.	..	...	1
	Removal of elephantoid scrotum	...	32	...	32	32	28	...	...	2	2
	Total ...	5	448	1	449	448	418	21	1	3	10
Operations on female generative organs.	Removal of elephantoid labia and clitoris	...	2	...	2	2	2	...	...	...	...
	Ovariotomy	1	...	..	...	...	1	...	..	..	...
	Total ...	1	2	...	2	2	3	...	...	...	...
Examination under chloroform.	.....	...	14	...	14	14	...	14	...	...	...
	Grand total ...	103	21,499	103	21,602	21,499	5,188	16,155	52	112	95

STATEMENT F (I) (REVISED).

Showing the Results of the Surgical Operations in the General Hospital, Madras, for the year 1924.

Class of operations.	Nature of operations.	Remaining from 1920.	Number of operations during the year.			Number of patients on in columns 3 and 4.	Results.				Remaining.
			Primary.	Secondary.	Total.		Cured.	Relieved.	Discharged otherwise.	Died.	
1	2	3	4	5	6	7	8	9	10	11	12
Operations on tumors ..	Removal by excision	2	63	3	66	63	52	7	1	2	3
	Removal by diathermy	1	13	6	19	13	...	11	...	2	1
	Total ...	3	76	9	85	76	52	18	1	4	4
Operations on cysts ...	Removal by enucleation or excision	1	33	...	33	33	34	...	...	...	...
Operations on arteries ...	Ligature	...	3	...	3	3	2	...	...	1	...
Operation on aneurysm.	Ligature of artery, proximal	...	1	...	1	1	1	...	...	...	...
	Do. distal	...	1	...	1	1	1	...	...	...	...
	Total ...	..	2	...	2	2	2	...	...	...	...
Operation on lymphatics ...	Excision of lymphatic glands	4	28	1	29	28	26	2	3	...	1
Operations on skin and subcutaneous tissue.	Plastic operations for cicatrices and congenital malformations.	...	8	5	13	8	6	...	...	...	2
	Excision for elephantoid tissues and kriondolin's operation.	...	1	1	2	1	...	1	...	...	...
	Total ...	...	9	6	15	9	6	1	...	...	2
Operation on bones. ...	Incision of periosteum	...	1	...	1	1	1	...	...	...	...
	Osteotomy, linear	...	1	...	1	1	1	...	...	...	...
	Osteotomy cuniform	...	6	...	6	6	4	...	...	...	2
	Correction of deformity by fracture	...	1	...	1	1	1		...	...	...
	Grafting of bones	2	2	...	2	2	2	2	...	...	...
	Removal of sequestra	4	51	1	52	51	43	4	1	2	5
	Excision, partial or complete	1	9	...	10	9	10	...	...	...	...
	Removal of new growth	...	2	...	2	2	2	...	...	...	...
	Total ...	7	73	1	74	73	64	6	1	2	7
Operation on joints ...	Excision, partial or complete	1	13	...	13	13	10	...	...	...	4
	Arthrodesis	...	1	...	1	1		...	..	...	1
	Total ...	1	14	...	14	14	10		...	...	5
Amputations	For Injury fore-arm, upper third	...	1	...	1	1	1	...	...	...	...
	Do. do. lower third	...	3	...	3	3	3	...	...	...	...
	Do. thigh, upper third	...	1	...	1	1	1	...	..	..	...
	Do. do. middle third	1	3	..	3	3	2	...	...	1	1
	Do. leg upper third	...	1	...	1	1	...	...	...	1	...
	Do ankle	...	1	...	1	1	1	...	...	...	...
	For disease—										
	Arm, upper third	...	2	...	2	2	2	...	...	...	...
	Do. lower third	...	1	...	1	1	1	...	...	...	...
	Forearm middle third	...	1	...	1	1	1	...	...	...	...
	Do. lower third	...	1	...	1	1	1	...	...	...	...
	Thigh, upper third	...	2	...	2	2	1	...	...	...	1
	Do middle third	2	1	...	1	1	3	...	...	...	...
	Do. lower third	...	1	...	1	1	1	...	...	...	...
	Knee	...	3	...	3	3	2	...	...	1	...
	Leg, upper third	2	7	...	7	7	9	...	...	...	...
	Do. middle third	...	1	...	1	1	1	...	...	...	...
	Do. lower third	...	2	...	2	2	2	...	...	...	...
	Total ...	5	32	...	32	32	32	...	...	3	2
Operations on brain ...	Excision of portion of skull	...	2	...	2	2	..	...	1	1	...
	Trephining	...	6	..	6	6	...	4	...	2	...
	Total ...	...	8	...	8	8	...	4	1	3	...
Operations on the face ...	For harelip	...	2	...	2	2	2	...	...	...	...
Operations on parotid ...	For new growth	...	2	...	2	2	...	...	2	...	...
Operations within the mouth.	For cleft palate	...	2	...	2	2	1	1	...	...	...
	Removal of tonsil	1	87	...	87	87	86	...	1	...	1
	Removal of tongue partial or complete	1	4	...	4	4	4	...	1	...	...
	Total ...	2	93	...	93	93	91	1	2	...	1
Operations on nasal cavities.	On nasal septum	...	4	...	4	4	4	...	...	...	...
Operation on ear and mastoid process.	Complete mastoid operation	3	20	..	20	20	21	...	...	...	2
Operation on naso pharynx.	Removal of new growths	1	1	...	1	1	1	...	...	1	...

STATEMENT F (I)—*cont.*

Showing the Results of the Surgical Operations in the General Hospital, Madras, for the year 1924—cont.

Class of operations.	Name of operations.	Remaining from 1919.	Number of operations during the year.			Number of patients operated on in columns 4 to 6.	Results.				Remaining.
			Primary.	Secondary.	Total.		Cured.	Relieved.	Discharged otherwise.	Died.	
1	2	3	4	5	6	7	8	9	10	11	12
Operation on thyroid gland.	Removal of portion of gland	...	1	...	1	1	1	...	..	...	...
	Removal of cyst	...	...	...	...	...	...	...	...	...	...
	Removal of new growth	...	2	..	2	2	1	...	...	1	...
	Total	...	3	...	3	3	2	...	...	1	...
Operations of neck	Removal of lymphatic glands	...	29	...	29	29	26	...	1	...	2
Operations on breast	Removal of cyst or growth	...	1	...	1	1	1	...	...	...	
	Removal of breast with axillary glands	...	8	..	8	8	6	..	...	1	1
	Total	...	9	...	9	9	7	...	...	1	1
Operations on thorax	Thoracotomy	...	7	1	8	7	1	...	...	2	4
Operation on the abdominal wall and cavity.	Operation for hernia external	4	197	..	197	197	197	...	...	1	3
	Do. strangulated	...	30	...	30	30	23		1	5	1
	Do. epiplopexy	...	1	...	1	1	...	1	...	...	...
	Laparotomy exploratory	5	76	...	76	78	58	..	1	18	4
	Do. curative	...	12	...	12	12	...	11	1	...	...
	Total	9	316	...	316	316	278	12	3	24	8
Operations on stomach	Gastrectomy with Gastro enterostomy	...	3	...	4	3	1	...	...	2	..
	Gastro enterostomy	7	211	...	211	211	184	...	1	22	11
	Total	7	214	...	214	214	185	...	1	24	11
Operations on intestines	Enterectomy with lateral anastamosis	1	8	..	8	8	4	...	1	4	...
	Colostomy	...	5	...	5	5	2	1	1	1	...
	Colopexy	...	3	...	3	3	3	...	...	...	...
	Intestinal anastamosis	...	4	...	4	4	4	...	...	...	...
	Removal of appendix in Acute stage	2	17	...	17	17	17	...	...	1	1
	Removal of appendix in Chronic stage	5	64	...	64	64	61	...	1	3	4
	Opening and drainage of abscess	...	4	...	4	4	3	...	...	1	...
	For intestinal obstruction	...	3	...	3	3	1	...	...	2	...
	Total	8	108	...	108	108	95	1	3	12	5
Operations on rectum and anus.	For congenital malformations	...	1	...	1	1	...	1	...	...	...
	Excision of rectum partial or complete	1	2	...	2	2	1	...	...	2	...
	For prolapse by operation	...	3	...	3	3	2	...	1	...	...
	Total	1	6	...	6	6	3	1	1	2	...
Operations on liver and gall bladder.	Paracentesis for abscess or cyst	...	15	5	20	15	11	...	3	1	..
	Cholecystostomy	...	2	...	2	2	...	...	...	2	...
	Cholecystectomy	...	5	...	5	5	4	...	...	1	...
	Total	...	22	5	27	22	15	...	3	4	...
Operations on spleen	Splenectomy	...	1	...	1	1	...	...	...	1	...
Operations on kidneys	Nephrolithotomy	...	2	...	2	2	2	...	...	...	
	Nephrectomy	...	3	...	3	3	2	...	...	...	1
	Total	...	5	...	5	5	4	...	...	...	1
Operations on bladder	Cystotomy	1	2	...	2	2	2	...	...	1	..
	Cystotomy for stone	...	3	...	3	3	2	...	...	1	...
	For ectopia	...	1	...	1	1	...	...	...	...	1
	Total	1	6	...	6	6	4	...	...	2	1
Operations on prostate	Prostatectomy	...	3	...	3	3	2	..	...	1	...
Operations on urethra	Urethrotomy external	1	24	1	25	24	20	...	1	3	1
	For extravasation	...	5	...	5	5	1	...	2	2	...
	Removal of calculus	...	1	...	1	1	1	...	...	...	...
	Total	1	30	1	31	30	22	...	3	5	1
Operations on male generative organs.	Amputation of penis, partial or complete	...	19	..	19	19	17	...	1	...	1
	For epispadias or hypospadias	...	2	..	2	2	1	1	...	...	...
	For Varicocele	...	6	...	6	6	6	...	...	...	...
	For hydrocele incision and eversion of sac	4	226	...	226	226	224	...	...	...	6

STATEMENT F (I)—*cont.*

Showing the Results of the Surgical Operations in the General Hospital, Madras, for the year 1924—cont.

Class of operations.	Name of operations.	Remaining from 1919.	Number of operations during the year.			Number of patients in columns 4 to 6.	Results.				Remaining.
			Primary.	Secondary.	Total.		Cured.	Relieved.	Discharged otherwise.	Died.	
1	2	3	4	5	6	7	8	9	10	11	12
Operations on male generative organs.	Excision of parietal sac	...	4	...	4	4	4	...	...	...	...
	For haematocele incision and eversion of sac ...	...	13	...	13	13	12	...	...	1	...
	Excision of parietal sac	...	5	1	6	5	5	...	...	...	...
	Removal of testicle	...	13	...	13	13	12	...	...	...	1
	Removal of elephantoid penis and scrotum	...	32	...	32	32	28	...	...	2	2
	Total ...	4	320	1	321	320	309	1	1	3	10
Operations on female generative organs.	Removal of elephantoid clitoris and labia	...	2	...	2	2	2	...	...	...	...
	Total ...	..	2	...	2	2	2	...	...	...	...
	Grand total ...	57	1,480	25	1,505	1,480	1,301	47	26	35	68

SUPPLEMENTARY STATEMENT

Showing venereal diseases of in-door and out-door patients, by sexes, treated in the Government General Hospital, Madras, during the year 1924.

District.	Class of dispensary.	GONOCOCCAL INFECTION. State-Public, Local Fund and private aided. In-door. Total treated. Males.	Females.	Deaths. Males.	Females.	Out-door. Total treated. Males.	Females.
		2	3		4		5	
Madras.	Government General Hospital, Madras—I Class, State-Public. Non-Europeans ..	70	97	1	1	862	205
	Government General Hospital, Madras—I Class, State-Public. Europeans ...	22	7	1	...	251	28
	Total ...	92	104	2	1	1,213	233

District.	Class of dispensary.	GONOCOCCAL INFECTION. State-Special and Railway. In-door. Total treated. Males.	Females.	Deaths. Males.	Females.	Out-door. Total treated. Males.	Females.	Private non-aided. In-door and out-door. Total treated. Males.	Females.	Deaths. Males.	Females.
		6		7		8		9		10	
Madras.	Government General Hospital, Madras—I Class, State-Public. Non-Europeans ..	..	...	...	...	...	...	..	...	...	...
	Government General Hospital, Madras—I Class, State-Public. Europeans ...	...	...	...	...	..	...	...	...	...	...
	Total ...	...	...	...	...	...	...	...	...	...	...

District.	Class of dispensary.	SYPHILIS (PRIMARY AND SECONDARY). State-Public, Local Fund and private aided. In-door. Total treated. Males.	Females.	Deaths. Males.	Females.	Out-door. Total treated. Males.	Females.
		11		12		13	
Madras.	Government General Hospital, Madras—I Class, State-Public. Non-Europeans ..	124	105	3	2	1,695	357
	Government General Hospital, Madras—I Class, State-Public. Europeans ...	30	4	...	...	392	61
	Total ...	154	109	3	2	2,087	418

District.	Class of dispensary.	SYPHILIS (PRIMARY AND SECONDARY)—*cont.* State-Special and Railway. In-door. Total treated. Males.	Females.	Deaths. Males.	Females.	Out-door. Total treated. Males.	Females.	Private non-aided. In-door and out-door. Total treated. Males.	Females.	Deaths. Males.	Females.
		14		15		16		17		18	
Madras.	Government General Hospital, Madras—I Class, State-Public. Non-Europeans ..	...	...	..	...	...	...	...	...	...	...
	Government General Hospital, Madras—I Class, State-Public. Europeans ...	...	..	...	...	...	..	...	...	...	...
	Total ...	...	...	..	...	...	...	...	...	...	...

District.	Class of dispensary.	* OTHER DISEASES OF VENEREAL ORIGIN. State-Public, Local Fund and Private aided. In-door. Total treated. Males.	Females.	Deaths. Males.	Females.	Out-door. Total treated. Males.	Females.	State-Special and Railway. In-door. Total treated. Males.	Females.	Deaths. Males.	Females.	Out-door. Total treated. Males.	Females.	Private non-aided. In-door and out-door. Total treated. Males.	Females.	Deaths. Males.	Females.
		19		20		21		22		23		24		25		26	
Madras.	Government General Hospital, Madras—I Class, State-Public. Non-Europeans ..	6	31	1	1	81	70	...	...	...	...	...	...	...	...	...	...
	Government General Hospital, Madras—I Class, State-Public. Europeans ...	2	1	...	...	20	9	...	...	...	...	...	...	..	...	...	...
	Total ...	8	32	1	1	101	79	...	...	...	...	...	...	...	...	...	...

* Among these are included gonorrhœal ophthalmia, gonorrhœa, rheumatism and salpingitis, pelvic abscess, gonorrhœal cystitis and tertiary syphilitic lesions of the brain, spinal cord, skin, liver, bone and testis, etc.

STATEMENT III-B.

Selected List of Operations performed by each Medical Officer, Government General Hospital, Madras, for the year 1924.

Number.	Names of Surgeons.	Period on duty.	Excision of tumours.	Excision of joints.	Operations on bones.	Amputations through and above metatarsus.	Amputations through and above metatarsus.	Abdominal section.	Liver abscess.	Removal of vesical calculus by incision.	Removal of vesical calculus by crushing.	Grafting of bones.	Operations on skull.	Operation for cleft palate.	Operation for deflected nasal septum.	Operations for naso pharyngeal polypus.	Operations on thyroid body.	Excision of tongue.	Excision of breast with glands.	Operation on stomach.	Operation on intestines.	Operation on gall bladder.	Operation on spleen.	Operation on kidney.	Operation for hernia.	Operation for strangulated hernia.	Operation for appendicitis.	Operations for ectopia vesicæ.	Operation on mastoid radical cure.	Operation on rectum, excision for growth and prolapse.	Operations for elephantoid scrotum.	Operations on prostate.
1	2		4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33
1	Lieut.-Col. E. W. C. Bradfield, M.S., O.B.E., I.M.S.	1st Jan. to 31st Dec. ...	33	9	34	2	11	25	12	2	...	2	2	2	1	...	..	...	3	104	10	6	1	2	77	5	26	1	5	2	15	1
2	Lieut.-Col. E. B. B. Foster, I.M.S.	1st Jan. to 16th Dec. ...	8	1	5	4	1	6	3	...	1	...	...	...	...	...	...	...	1	25	...	...	...	1	25	...	11	...	5	2	3	1
3	Major K. G. Pandalai, I.M.S.	1st Jan. to 15th Feb. and 17th Dec. to 31st Dec.	1	...	...	...	...	1	1	...	...	...	...	...	1	...	...	...	1	13	2	...	...	1	5	...	6	...	...	...	1	...
4	Dr. S. Ranga Achariyar.	16th Feb. to 31st Dec. ...	26	4	...	...	8	30	3	..	...	...	2	...	2	1	3	4	2	54	7	1	...	2	79	6	29	...	9	1	14	1
5	Major W. C. Paton, I.M.S.	1st Jan. to 5th July ...	4	...	6	3	3	21	1	...	...	...	1	...	...	...	..	...	1	17	1	...	...	...	11	11	10	...	1	...	...	...
6	Capt. P. Verdon, I.M.S.	6th July to 31st Dec. ...	...	...	...	...	...	6		...	...	...	1	...	...	...	...	...	...	1	...	...	...	...	...	8	...	...	..	...	...	...
		Total ...	72	14	45	9	23	89	20	2	1	2	6	2	4	1	3	4	8	214	20	7	1	6	197	30	82	1	20	5	33	3

STATEMENT H

Showing the Income and Expenditure of the Government General Hospital, Madras, in the year 1924.

District.	Name of dispensary.	Income. Cash balance.	Government contribution. As salary.	Government contribution. Otherwise.	Local Fund contributions.	Municipal Fund contributions.	Interest on investment.	Subscriptions. European.	Subscriptions. Indian.	Miscellaneous receipts (to include sale of securities).	Total receipts.	Expenditure. Salaries. Medical officers.	Salaries. Nurses.	Salaries. Inferior servants.	Medicines. European.	Medicines. Bazaar.	Diet.	Miscellaneous charges.	Buildings or repairs.	Investments.	Total expenditure.	Closing balance.
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
Madras.	Government General Hospital, Madras, I Class, State-Public.	Rs. Nil.	Rs. 2,78,518	Rs. 3,74,822	Rs. ...	Rs. ...	Rs. ...	Rs. ...	Rs. ...	Rs. 37,457	Rs. 6,90,797	Rs. 1,04,024	Rs. 1,11,055	Rs. 63,439	Rs. 77,202	Rs. 8,246	Rs. 1,32,027	Rs. 1,49,045	Rs. 45,759	Rs. ...	Rs. 6,90,797	...

INSTRUCTIONS.

(1) Statement is intended to comprise only those institutions from which complete information can be expected. These are State-Public, Local Fund and Private-aided dispensaries (Classes I, III and IV of the classes shown in Statement A).

(2) Figures for individual dispensaries should be given, and dispensaries should be arranged in column 2 as in Statement B, except that district totals (for general, female or combined institutions) need not be given.

(3) Annas and pies should be omitted throughout.

(4) In column 13 should be shown (1) the pay of Surgeons, Assistant Surgeons, Apothecaries, Hospital Assistants and Indian Doctors, attached to the dispensary, including special dispensary allowance (if any), and (2) the special dispensary allowance given to Surgeons, Assistant Surgeons, Apothecaries, Hospital Assistants and Indian Doctors for holding charge of the dispensary in addition to their ordinary civil work. The pay of Civil Surgeons or other Medical officers holding charge of the dispensary in addition to other duties should not be shown at all in this statement.

(5) In column 15 should be shown the salaries of (1) compounders, dressers, etc., (2) menial servants, e.g., cooks, sweepers, chaukidars, etc.

FIRST PHYSICIAN'S WARDS.

These wards were in charge of Major G. E. Malcomson, I.M.S., till the 27th October 1924 when I resumed charge of them.

The following is a comparative statement of the number of cases treated and deaths for the three years 1922 to 1924 :—

Class of patients.	1922.		1923.		1924.	
	Total treated.	Deaths.	Total treated.	Deaths.	Total treated.	Deaths.
Europeans	706	36	686	43	726	40
Non-Europeans	960	85	994	111	826	76
Total ...	1,666	121	1,680	154	1,552	116

The following table shows the number of admissions and the result of treatment during the year under review :—

Class of patients.	Admissions.								Average daily sick.	Death rate per 1,000.
	Remained.	Admitted.	Total.	Cured.	Relieved.	Discharged otherwise.	Died.	Remaining.		
Europeans	41	685	726	451	128	76	40	31	42·06	55·09
Non-Europeans ...	41	785	826	491	134	91	76	34	41·61	92·00
Total ..	82	1,470	1,552	942	262	167	116	65	83·67	74·74

Minor operations performed during the year 1924.

Operations.	Europeans.	Non-Europeans.	Total.
1. Intramuscular injections	634	1,045	1,679
2. Intravenous injections	476	621	1,097
3. Paracentesis abdominis	...	68	68
4. Paracentesis thoracis	3	12	15
5. Lumbar puncture	...	3	3
6. Liver puncture	5	10	15
7. Spleen puncture...	6	12	18
8. Venesection	2	2	4
9. Abscess opened	20	25	45
Total ...	1,146	1,803	2,949

Intramuscular injections were those of quinine, emetine, iron arsenite, sodium morrhuate digalen, pituitrin and various vaccines. Intravenous injections were mostly of antimony tartrate for Kala Azar, Salvarzan derivatives, quinine, peptone, iodine, and alkaline glucose saline.

Percentage of mortality.

Class of patients.	Total treated.	Deaths.	Percentage.	Moribund cases.	Percentage excluding moribund cases.
Europeans	726	40	5·50	6	4·63
Non-Europeans	826	76	9·20	17	7·14

Principal diseases treated and deaths.

Diseases.	Non-Europeans.			Europeans.			Total.	
	Total treated.	Deaths.	Remarks.	Total treated.	Deaths.	Remarks.	Cases treated.	Deaths.
Malaria — Benign tertian	51	...	...	48	...		99	...
Malaria — Malignant tertian ...	41	1	...	35	...		76	1
Malaria — Quartan	2	...	...	...	...		2	...
Malaria — Chronic	18	...	...	6	1	Complicated with severe anæmia.	24	1
Enteric	35	6	Two complicated with pneumonia	42	1	...	77	7
Influenza	8	...	...	4	...	...	12	...
Pneumonia	48	11	One sequel of puerperal sepsis admitted moribund, 2 old admitted moribund.	41	8	Three moribund, one complicated with pleurisy.	89	19
Dengue	9	...	...	11	..	...	20	...
P.U.O.	33	1	...	31	1	...	64	2
Kala Azar	38	3	One complicated with dysentery.	32	2	One complicated with double pneumonia, one sudden death. P.M. not allowed.	70	5
T.P.	42	10	Two moribund ...	39	7	One complicated with enteritis.	81	17
Hydropobia	2	2	Both moribund.	...	...	...	2	2
Bronchial Asthma	20	...	...	18	...	...	38	...
Pleurisy — Dry	3	...	...	2	...	...	5	...
Pleurisy — With effusions	5	...	..	3	...	...	8	...
Diseases of heart	41	7	Three moribund.	29	6	One moribund ..	70	13
Pernicious anæmia	5	2	One moribund.	...	...	..	5	2
Heptatis	6	...	..	3	...	...	9	...
Cirrhosis of liver	23	5	...	...	...	...	23	5
Catarrhal jaundice	12	...	..	7	...	...	19	...
Diseases of stomach	22	...	...	13	...	...	35	...
Diseases of intestines	41	5	Two moribund.	35	5	One moribund ...	76	10
Dysentery — Amœbic	38	4	One sudden death No P.M. allowed.	20	...	...	58	4
Dysentery — Bacillary	22	5	One moribund. Two old K.A. cases.	14	...	...	36	5
Nephritis — Acute parenchymatous...	4	1	One moribund ...	1	...	...	5	1
Nephritis — Chronic do. ...	18	5	Two moribund. One with severe anæmia.	12	...	...	30	5
Nephritis — Chronic interstitial ...	3	1	One complicated with dilated heart and adhesive pericardium.	2	...	...	5	1
Diseases of brain	15	...	...	19	1	Admitted moribund.	25	1
Diseases of nervous system ...	16	1	One moribund ...	12	2	..	28	2
Diabetes mellitus	9	...	...	4	...	...	13	...
Ankylostomiasis	40	1	...	3	...	...	43	...
Other intestinal worms	20	...	...	8	...	...	28	...
Deficiency diseases	27	1	Sudden death. P.M. not allowed.	2	...	...	29	...
Rheumatism	13	...	...	11	...	...	24	...

Special Ankylostomiasis Report.

A.—Non-Europeans.

	Place of residence.	Number treated.
Madras.	Georgetown ...	5
	Choolai ...	1
	Park Town ...	2
	Mount Road ...	1
	Perambur ...	1
	Thondiarpet ...	1
	Chintadripet ...	2
	Periamet ...	1
	Vepery ...	1
	Mannady ...	1
	Triplicane ...	1
	Mylapore ...	1

Place of residence.	Number treated.
Tanjore ...	1
Red Hills ...	1
Malabar ...	2
Kolar ...	1
Cuddapah ...	2
Destitute ...	15
Total ...	40

Occupation.	Number treated.
Teacher ...	1
Student ...	4
Weaver ...	2
Coolie ...	4
Doctor ...	1
Ryot ...	3
Cook ...	2

Occupation.	Number treated.
Shopkeeper ...	1
No particular occupation ...	17
Not known ...	5
Total ...	40

Result of treatment.

Cured ...	29
Relieved ...	7
Discharged otherwise ...	3
Died ...	1
Total ...	40

B.—Europeans.

Place of residence.	Number treated.
Chintadripet ...	1
Perambur ...	1
Chetput ...	1
Total ...	3

Occupation.	Number treated.
Nil ...	1
Nil ...	1
Nil ...	1
Total ...	3

Result of treatment.

Cured ...	3
Relieved ...	...
Discharged otherwise ...	...
Died ...	...
Total ...	3

Interesting Cases and Observations.

1. **Case of Malaria Simulating Tetanus.**—P., aged 40, was admitted on 1st September 1924, with history of fever on alternate days. Examination revealed a palpable spleen, and benign tertian parasites in blood. Patient was put on purgatives to be followed by quinine. On the third day he was found with trismus, stiffness of neck, ptosis of left eye, and difficulty of swallowing; no spasms of any other muscles. Blood was again examined and B.T. parasites detected. Complement fixation test for tetanus could not be done, Schick's test was negative. The patient was put on intravenous injections of quinine bihydrochloride gr. 10, and antitetanic serum 20 c.c. a day. This treatment was continued for 5 days; the tetanic symptoms disappeared and the serum was dropped, and quinine continued by mouth. This must evidently have been a case of malarial toxin affecting the central nervous system particularly the nucli of fifth and seventh nerves and producing symptoms akin to Tetanus. But a benign tertian affection producing these symptoms is exceptional.

2. **Case of Encephalitis Lethargica developing in the course of Broncho Pneumonia.**—J., aged 19, student, admitted on 7th August 1924 with history of fever and cough for eight days. Examination revealed Pneumonic-patches in both lungs; blood contained no parasite, but showed polymorpho nuclear lencocytosis; patient was treated as a case of Pneumonia.

Two days later patient was found to be rather lethargic; answering questions very slowly; a certain amount of ptosis of both eyes; and some rigidity of limbs. Reflexes were elicited with difficulty.

Ophthalmoscopic examination. Retina and discs normal. Lumbar puncture was done no fluid drawn out. The Pneumonia was cured in a fortnight's time, but the lethargic state persisted and the condition was diagnosed as Encephalitis Lethargica. The patient remained for a month more in the ward; Lethargic condition remaining stationary. Discharged on 21st September 1924.

In this connection it may be mentioned that two other cases of Encephalitis Lethargica were treated in my wards during the year; one from Coimbatore and one from Guntūr. In both, the disease developed after an initial attack of fever lasting a fortnight. Treatment was of course unsatisfactory.

Undulant fever.—Another interesting case is one of Undulant fever now under treatment in my wards. The patient is a Forest Officer, aged 36, who was in the United Provinces for a short time some years back, and also states he used goat's milk for a month in the forest. Fever developed in April 1924, and the patient was first treated with quinine in the district as a case of Malaria. Not improving, he came to the General Hospital in July 1924 and on admission he was found slightly anæmic, with enlarged spleen and having high fever. The fever was found to be irregularly remittant in type. He gave a negative result to all the usual tests, and finally an agglutination test for Micrococci Militensis was tried and a positive reaction of 1 in 1,600 obtained. Culture of blood and urine did not reveal the organism. He developed Sciatica twice in the course of four months, each time in a different leg. The case is still under treatment.

Kala-Azar and its treatment.—Antimony tartarate is still the most satisfactory drug I have found in the treatment of Kala Azar. In a few cases 5 c.c. of 2 per cent solution were tried every other day instead of higher doses at longer intervals. These cases were not found to progress quite satisfactorily, so that the 5 c.c. method was given up, and higher doses given in all cases. In two cases which were found very resistent, Sodium Antimony Tartarate was tried, and marked improvement resulted. In some of the advanced cases of Kala-Azar it was observed that the vein walls were degenerated and effusion of blood occurred into the surrounding tissues with the first injections of 2 per cent solution of Antimony Tartarate. Such cases are now started with 1 per cent solution for the first few injections, substituting the stronger solution later on.

The great tendency of Kala Azar cases to develop lung complaints with increasing doses of Antimony Tartarate is still the embarassing feature of this treatment; the lung complaints being mainly Broncho Pneumonia and Lobar Pneumonia; in one case Pleurisy developed. Antimony treatment had to be temporarily stopped for a while in these cases. The patients were none the worse for these complications and the spleen diminished more rapidly subsequently.

Diabetes and Insulin.—Insulin has been tried in eight cases. As much as 120 units have been given in a day to a patient. Certainly it improves the condition of the

patients: Hyperglycaemia and Glycosuria as well as Ketone bodies disappeared; patients could take more carbo-hydrates, and their weight increased, but the improvement depended upon the continuance of Insulin injections. When Insulin was stopped or the quantity appreciably decreased, the symptoms reappeared. It is still in the trial stage, and a definite opinion cannot be given now.

Naunheim Baths for Dilated Heart.—Naunheim baths were tried in one case of Dilatation of Heart. The case was complicated with Anteriosclerosis, and adhesive Pericardium. The left border of the heart extending 3 inches outside the nipple line, and the right an inch to the right of Sternum. Some improvement occurred for a time, but the patient ultimately died.

GOVT. GENERAL HOSPITAL, MADRAS,
16th February 1925.

F. F. ELWES, C.I.E., Lieut.-Col., I.M.S.,
1st Physician.

SECOND PHYSICIAN'S WARD.

The wards were in charge of the following Medical Officers during the year 1924:—

Major J. M. Skinner, I.M.S., from 1st January to 26th October 1924 and Major G. E. Malcomson, I.M.S., 27th October to 31st December 1924.

Table showing the number of admissions and the result of treatment during the year 1924:—

Class of patients.	Admissions.								Average daily sick.	Death-rate per 1,000.
	Remained.	Admitted.	Total.	Cured.	Relieved.	Discharged otherwise.	Died.	Remaining.		
Europeans	9	232	241	165	31	17	11	17	16·53	45·64
Non-Europeans	28	779	807	465	150	53	98	41	38·56	121·44
Total ...	37	1,011	1,048	630	181	70	109	58	55·09	104·01

Percentage of mortality.

Class of patients.	Total treated.	Deaths.	Percentage of deaths.	Moribund cases.	Percentage of deaths excluding moribund cases.
Europeans	241	11	4·56	4	2·90
Non-Europeans	807	98	12·14	21	9·55
Total ...	1,048	104	10·40	25	8·01

Principal diseases treated and their deaths.

Diseases.	Europeans.			Non-Europeans.			
	Total treated.	Deaths.	Remarks.	Total treated.	Deaths.	Remarks.	Total cases treated.
Malaria — Benign tertian ...	61	...	.....	18	...	.....	79
Malaria — Malignant tertian...	39	3	Cerebral malaria 2 cases admitted moribund.	10	2	Cerebral malaria 2 cases admitted moribund.	49
Malaria — Quartan	6	...	.....	1	...	.....	7
Malaria — Chronic	14	...	.....	4	...	.....	18
Kala-Azar	30	3	2 complicated with dysentery and 1 complicated with pneumonia.	9	...	.....	39
Enteric	18	2	1 admitted moribund	11	...	.....	29

Diseases.	Europeans. Total treated.	Deaths.	Remarks.	Non-Europeans. Total treated.	Deaths.	Remarks.	Total cases treated.
Pneumonia (Lobar)	43	8	2 cases admitted moribund and 2 cases with double pneumonia.	7	1	.....	50
Influenza	10	2	2 cases influenzal pneumonia.	8	...	... ..	18
Dengue	36	...	.....	13	...	.....	49
Pyrexia of uncertain origin ...	13	...	.....	7	...	.....	20
Smallpox	4	...	.....	1	...	.....	5
Chicken-pox	5	...	.....	1	...	.....	6
Measles	8	2	2 cases broncho-pneumania ...	9	...	.....	17
Whooping cough	7	2	1 case broncho-pneumonia ...	5	...	.....	12
Diphtheria	3	1	.....	5	...	.....	8
Cholera Asiatica	3	3	3 cases admitted moribund ...	...	...	.....	3
Tubercle of the lungs	42	9	1 case admitted moribund. 3 cases complicated with diarrhœa. 1 case cirrhosis liver.	6	2	.....	48
Other tuberculous infections ...	13	1	1 case of tuberculous peritonitis.	2	...	.....	15
Diseases of the stomach ...	13	...	.....	1	...	.....	14
Enteritis	20	4	1 case admitted moribund ...	9	...	...	29
Cirrhosis of liver	20	5	1 case admitted moribund, 1 case complicated with diarrhœa and one complicated with T.P. lungs.	2	...	.....	22
Other disease of liver ...	11	...	.....	3	...	.....	14
Dysentary. Amœbic ...	31	2	2 cases chronic dysentery with anæmia.	13	...	... ..	44
Dysentary. Bacillary ...	14	5	2 cases admitted moribund ...	2	1	.....	16
Pleurisy. Dry	6	...	.....	2	...	... ..	8
Pleurisy. With effusion ...	7	...	.....	...	...	.....	7
Asthma	8	...	.....	3	...	.....	11
Bronchitis	13	...	.....	5	...	.....	18
Broncho-pneumonia	23	5	1 case admitted moribund ...	5	...	.....	28
Diseases of the heart	30	8	Do. ...	6	2	.....	36
Nephritis, acute	7	3	Do. ...	1	...	.....	8
Nephritis, chronic parenchymatous.	6	1	.....	11	...	...	17
Nephritis, chronic interstitial.	11	4	2 admitted moribund 2 with coma.	5	1	1 uræmic coma admitted moribund.	16
Meningitis	7	3	2 cases admitted comatose 1 admitted moribund.	2	1	1 admitted moribund.	16
Locomotor ataxia	14	...	.....	6	...	.....	20
Other nervous diseases ...	21	...	.....	8	...	.....	29
Hemiplegia	7	2	.....	4	1	.....	11
Ankylostomiasis	30	3	3 cases admitted anæmic with anasarca.	1	...	.....	31
Other intestinal worm injunctions.	10	...	.....	2	...	.....	12
Deficiency disease	14	1	.....	2	...	.....	16
Diabetes mellitus	8	2	2 cases admitted moribund ...	3	...	.....	11
Pernicious anæmia	7	2	.....	1	...	.....	8
Hodgkin's disease	4	...	.....	1	...	.....	5
Diseases of the skin	12	...	.....	3	...	.....	15

Special ankylostomiasis report.

A.—Non-Europeans.

Place of residence.	Number treated.
Madras—Georgetown	5
Choolai	5
Rayapuram	3
Vepery	1
Triplicane	2
Arkōnam	1
Chingleput	1
Malabar	3
Nellore	1
St. Thomas' Mount	1
Destitutes	7
Total	30

Occupation.	Number treated.
Coolies	6
Clerk	1
Merchants	2
Police Constables	2
Students	2
No occupation	10
Destitutes	7
Total	30

Result of treatment—	
Cured	21
Relieved	4
Discharged otherwise	2
Died	3
Total	30

B.—Europeans.

Place of residence.	Number treated.	Occupation.	Number treated.
Madras—Vepery	1	No occupation ...	1

Result of treatment—Cured 1

Manifestations of benign tertian malaria.

In last year's report of the First Physician's wards, I described a case of Spastic (by error called Ataxic) Paraplegia of temporary duration due to the benign tertian parasite.

The following two cases with benign tertian infection came under my notice this year:—

1. **Indian, male, aged about 35.**—Was admitted for stiffness of, and inability to open the lower jaw. There was no fever for one or two days after admission, the temperature then taking on a sub-febrile course. Benign tertian parasites were then discovered and the masseter spasm was only relieved after the administration of quinine.

2. **Indian, male, aged about 25.**—Found in a collapsed condition in a railway carriage with choleraic motions. Was admitted into the General Hospital partially moribund. As his temperature was found to be slightly raised and his spleen enlarged a blood film was taken and was, but too late, found to be teeming with benign tertian parasites. Conjunctiva was noticed to be slightly jaundiced before death. *Post mortem.* All the organs were found to be stained with bile. The bladder contained dark brown urine which spectroscopically showed bands for reduced hæmatin and hæmoglobin but *no* bile or bile salts. The liver and spleen were much enlarged weighing 76 and 30 ounces, respectively. The former showed dilated intralobular capillary spaces and heavily pigmented Kupffer cells; slight round celled infiltration in Glisson's capsule in the neighbourhood of the portal area but no increase of interstitial tissue.

The spleen showed dilated sinusoids with endothelial proliferation and pigmented phagocytic cells; increase of connective tissue was observed.

Microscopic examination of the intestines showed no abnormality; *no* parasites observed in the intestinal capillaries.

Cases of apparent filariasis of the central nervous system.

1. **Indian (Hindu), female, 52 years.**—Was admitted for Coma of some 8 days' duration; of sudden onset while sitting quietly at home. As she had some Albuminuria her medical attendant suspected Uræmia and treated her accordingly without relief.

She was moribund . . . with loss of all superficial and deep reflexes. Slight pupil reflex, no corneal reflex and involuntary passage of the excreta.

The urine contained but a trace of albumin, and the blood urea was not in excess. Blood pressure was not excessive.

The cerebro-spinal fluid was discolored, it was thought by old blood pigment, but no hemiplegic signs (i.e., no difference between the two sides of the body) could at any time be made out. Two days after admission she re-gained partial consciousness. Corneal reflex returned, she was able to partially protrude the tongue on request; at this period Babinski's sign was present on both sides.

The same evening she developed a temperature of 104° F.; blood examination showed a leucocytosis (polymorpho-nuclear) and filarial embryos; coarse crepitations in the lung then appeared and the patient rapidly sank and died in a few days.

No post mortem examination was permitted.

2. **Indian (Hindu), male, 20 years.**—Admitted for severe occipital headache, vomiting and giddiness. Some 25 days previously he bent down to pick up some printing-type (he being a compositor); immediately after he felt intense aching at the back of the head. This aching has persisted since, but is always aggravated between 4 p.m. and 4 a.m. thus interfering with sleep. During this period he has been subject to attacks of dizziness which have compelled him to sit down. Vomiting of Cerebral type developed during the few days previous to admission. Constipation has been obstinate.

Examination of the patient gave largely negative results. As regards the nervous system, muscle power was good, pupillary, palatal, tendon and superficial reflexes were normal; sensation unchanged, his gait was rather unsteady but not typically ataxic. He had however severe papillitis in both eyes.

Lumbar puncture was not done.

Wasserman reaction was negative. X-ray picture of the skull showed no abnormality.

Examination of the blood at night showed many micro-filariæ.

The patient left hospital unrelieved, except temporarily, a fortnight later. There was no fever throughout.

Discussion on the above cases.—Filariasis is a common affliction here and it is quite possible that the infection was a coincidence in both cases; the nervous phenomena being due to more usual causes, viz., cerebral thrombosis or hæmorrhage in the first case and intra-cranial tumour in the second. They are, however, worth putting on record, as possible manifestations of filariasis though absolute proof is lacking.

Tuberculosis and Bruschettini's treatment.

Nine cases of Tuberculosis of the lung were treated with Dr. Bruschettini's sera and vaccines kindly supplied by Signor Martirosi, the Agent for these preparations in India. Of these, four were cases of open Tuberculosis, of which two were apparently cured; five were closed Tuberculosis of which four were apparently cured. All cases showed lung involvement by X-ray examination.

The cases were:—

1. Anglo-Indian female, aged 31. Open Tuberculosis. Turtan Gerhardt, second stage. Discharged apparently cured.

2. Indian female, 23. Open Tuberculosis. Turtan Gerhardt, second stage. Weight increased from 75 to 110 lb Gets occasional attacks of asthmatic bronchitis but has had no Tubercle bacilli in sputum for six months.

3. Indian female, 17. Open Tuberculosis. After delivery. Rapidly progressed to Turtan Gerhardt, third stage. Symptoms showed some amelioration under treatment but patient was transferred to Madanapalle Sanatorium and subsequently died.

4. Indian male, 18. Hilum Tuberculosis. Evening temperature rarely over 100. Cured.

5. Indian female, 17. Closed Tuberculosis. Turtan Gerhardt, second stage. Father died of Tuberculosis. Cured.

6. Indian female, 35. Open Tuberculosis. Turtan Gerhardt, third stage. Temporarily relieved and then removed from hospital by friends.

7. Indian male, 12. Began as Hilum Tuberculosis. No relief from treatment. Transferred to Madanapalle Sanatorium where disease progressed and he subsequently died.

8. Indian male, 19. Closed Tuberculosis but Von Pirquet reactions repeatedly positive. Turton Gerhardt, second stage. Cured.

9. Indian female, 20. Closed Tuberculosis but Von Pirquet reaction repeatedly positive and elastic fibres in sputum. Turtan Gerhardt, second stage. Tuberculosis glands and abscess in neck. Cured.

A case of Ankylostomiasis simulating cerebral tumour.

Hindu male, 20 years. Admitted on 4-2-1924 for severe pain on left side of head and occipital region. Began six months previously at first intermittent afterwards continuous. The intensity waxes and wanes but never leaves him day or night. Giddiness does not appear to be a marked feature. There has been no vomiting or convulsions though patient states that he sometimes loses consciousness when the pain is at its height. Sleep not interfered with to any great extent.

Physical Examination.—He is a well-nourished young man with some pyorrhœa and profound anæmia. Hæmoglobin 32% of normal.

Liver and Spleen: Normal. Usual signs and symptoms of severe anæmia.

Well marked papillitis both sides; no other physical signs of involvement of the nervous system.

Ear, nose and throat normal.

X-ray of skull shows well marked vessel grooves but nothing abnormal.

Wasserman reaction: Negative.

Many Ankylostoma ova in stools and a large number of worms subsequently evacuated under treatment. In addition to anthelmintics, injections of iron, arsenic and stryctnine were given.

The patient remained in hospital until 1-5-1924 when he was discharged greatly relieved, and the papillitis had subsided considerably.

I regret no record of his hæmoglobin on discharge was made. The headaches were severe, always referred to the left side. There was no local tenderness nor did they interfere with sleep.

A Case of Lightning Shock.

The following case is of interest as illustrating the permanent effects of lightning shock on the nervous system.

The patient, a Hindu student aged 23 years, came to the hospital complaining of weakness of the legs following a lightning stroke some two years ago. He gives the following history:—He was standing with bare feet on a bare earth-floor (? stone floor) of a temple during a thunder-storm. The only clothing he had on at the time was a loin cloth. He states that his skin, his clothing and the ground were all dry at the time of accident. The roof of the temple was made of copper plates. This was struck by lightning but apparently not seriously damaged. He was struck at the same time and lost consciousness at once. He remained unconsciousness for three or four hours and was unable to speak for some three hours after regaining consciousness. On trying to stand up his knees gave way under him, and it was some six months before he was able to walk properly. A certain amount of weakness still persists. The right side of the body was partly burnt by the shock, for he now presents a diffused scar on the right shoulder and on the outer surface of the right thigh.

General Condition of the Patient.—Patient is a well-built healthy looking man of 23. The motor power of his lower extremity is slightly diminished, that of the upper is apparently normal. Muscles of the face are unaffected.

Reflexes.—Pupil reflex normal. Abdominal reflex normal. Elbow and biceps jerks brisk on the right, apparently normal on the left. Knee and ankle jerks are exaggerated, more so on the right side. Plantar reflex right side extensor always, left side variable.

Sensations.—Cutaneous sensations all normal with possible exception of slight impairment to heat and cold in the extremities. Muscle sense, etc., no nystagmus, no intention tremor; no marked ataxia, but Romberg's sign is distinctly present, patient losing his balance at once.

Sphincters.—No sphincter trouble.

Gait.—No spasticity can be observed.

Govt. General Hospital, Madras,
23rd February 1925.

G. E. MALCOMSON, Major, I.M.S.,
Second Physician.

THIRD PHYSICIAN'S WARDS.

The following officers were in charge of M-3 wards during the year :—

	From	To
Major W. L. Forsyth, I.M.S.	1st Jan. 1924	28th Apr. 1924.
Lt.-Col. E. W. C. Bradfield, O.B.E., I.M.S.	29th Apr. 1924	11th May 1924.
Major J. M. Skinner, I.M.S.	12th May 1924	6th July 1924.
Dr. T. S. Tirumurti, B.A., M.B. & C.M., D.T.M. & H.	7th July 1924	31st Dec. 1924.

Statement of admissions and discharges.

Admissions and discharges.						Deaths.	Remaining.	Average daily sick	Death rate per 1,000.
Remained.	Admitted.	Total.	Cured.	Relieved.	Discharged otherwise.				
11	278	289	176	50	23	23	17	15·32	79·59

Percentage of mortality.

Total treated.	Deaths.	Percentage of deaths	Moribund cases.	Percentage of deaths excluding moribund cases.
289	23	7·95	1	7·61

Minor operations.

Intramuscular injections	15
Intravenous injections	146
Paracentesis Abdominis	18
Do. Thoracis	2
Spleen puncture...	10
Lumbar puncture	2
Abscess opened	1
Total ...	194

Principal diseases treated with their mortality.

Diseases.	Total treated.	Deaths.	Remarks.
Malaria Benign Tertian	15	...	
,, Malignant Tertian	19	2	One cerebral malaria. One complicated with broncho-pneumonia.
,, Malignant and Benign Tertian	2	...	
,, Chronic	27	...	
Enteric	3	1	Admitted 4 weeks after onset.
Influenza	7	...	
Pneumonia	12	2	
Dengue	2	...	
P.U.O.	4	...	
Kala-Azar	14	4	One with syphilitic cirrhosis of liver.
Tuberculosis of lung	12	2	One secondary anaemia due to ankylostomiasis.
,, of intestines	8	2	
Bronchial Asthma	7	...	
Pleurisy dry	1	...	
,, with effusion	3	...	
Diseases of Heart	19	1	
,, Stomach	3	...	
,, Intestines	7	...	
,, Nervous system	5	...	
Cirrhosis of liver	11	3	
Catarrhal jaundice	3	...	
Dysentery, Amœbic	9	1	
Nephritis Acute parenchymatous	4	1	
,, Chronic interstitial	3	1	
Hemiplegia	3	...	
Diabetes mellitus	1	...	
Disease of the generative organs	4	...	
Filariasis	1	...	
Deficiency diseases	1	...	
Rheumatism	9	...	

REPORT ON HOOKWORM DISEASE.

Place of residence.		Number treated.
Madras ...	Georgetown	10
	Periamet	4
	Triplicane	2
	Perambur	4
	Park Town	4
Malabar		3
Destitutes		10
	Total ...	37
	Result—Cured ...	21
	Relieved ...	15
	Died ...	1 complicated with T.P.
	Total ...	37

GOVT. GENERAL HOSPITAL, MADRAS,
22*nd January* 1925.

T. S. TIRUMURTI, B.A., M.B. & C.M., D.T.M. & H.,
Third Physician.

FOURTH PHYSICIAN'S WARDS

These wards comprising of 63 beds were under my charge from 1st January to 31st December 1924 except for the period between 20th to 27th May 1924 when Major J. M. Skinner, I.M.S., was in charge.

Tabular statement of admissions and discharges.

—	Admissions and discharges.									
	Remained.	Admitted.	Total.	Cured.	Relieved.	Discharged otherwise.	Died.	Remaining.	Average daily sick.	Death rate per 1,000.
Non-Europeans	43	1,160	1,203	758	194	125	84	42	49·90	69·82
Europeans	17	257	274	176	45	20	22	11	15·25	80·29
Total ...	60	1,417	1,477	934	239	145	106	53	65·15	71·76

Principal diseases and their mortality.

Diseases.	Total treated.			Deaths.		
	Non-Europeans.	Europeans.	Total.	Non-Europeans.	Europeans.	Total.
Amaebic dysentery	20	5	25	...	...	...
Bacillary dysentery	22	11	33	...	1	1
Enteritis	29	2	31	4	...	4
Pneumonia	42	4	46	4	...	4
Broncho-pneumonia	14	2	16	1	...	1
Pleurisy dry	2	...	2	...	...	...
Do. with effusion	7	2	9	...	...	...
Tuberculosis of lung	61	9	70	6	1	7
Asthma	24	10	34	...	...	...
Influenza. Respiratory	7	4	11	...	1	1
Influenza. Febrile	92	21	113	...	...	...
Influenza. Cardiac	...	...	...	...	...	...
Influenza. Gastric	...	...	...	...	...	...
Malaria Benign tertian	141	28	169	1	...	1
Malaria Malignant tertian ...	89	11	50	2	2	4
Malaria Quartan	6	...	6	...	...	...
Nephritis. Acute	5	...	5	...	...	...
Nephritis. Sub-acute	22	2	24	1	...	1
Nephritis. Chronic	10	2	12	...	...	...
Hemiplegia	10	4	14	1	1	2
Epilepsy	3	4	7	...	...	...
Diseases of the nervous system ...	32	2	34	...	...	...
Hepatitis	11	1	12	...	...	...
Liver abscess	2	...	2	...	...	...
Hilum tuberculosis	2	...	2	...	...	...
P.U.O.	12	...	12	1	...	1
Hypothyroidism	6	...	6	...	...	...
Pernicious Anæmia	3	...	3	1	...	1
Encephalitis Lethargica	3	...	3	...	...	...
Ascariasis	14	5	19	2	...	2
Kala-Azar	49	10	59	5	2	7
Acute Rheumatic fever	10	3	13	1	...	1
V.D.H.	47	5	52	4	2	6
Aneurysm	1	2	3	...	...	...
Anæmia	10	...	10	1	...	1
Chronic gastritis	29	11	40	...	...	...
Peptic ulcers	8	1	9	...	...	...
Cirrhosis liver	40	1	41	1	...	1
Tubercular Peritonitis	14	3	17	...	...	...
Diabetes	12	3	15	...	...	...
Beri Beri	6	...	6	...	...	...
Deficiency disease	22	...	22	...	...	...
Ankylostomiasis	41	...	41	...	...	...

Tabular statement of minor operations.

—	Indians.	Europeans.	Remarks.
Paracentesis thoracis	5	1	All relieved.
Do. abdominis	18	1	
Intravenous injections	985	112	
Intramuscular injections	52	18	
Venesection	7	2	
Lumbar punctures	6	2	
Removal of cysts for pathological report ...	2	Nil.	
Total ..	1,075	136	

Percentage of mortality.

—	Total treated.	Deaths.	Percentage of deaths.	Moribund cases.	Percentage of deaths excluding moribund cases.
Europeans	274	22	8·03	4	6·57
Non-Europeans	1,203	84	6·98	15	5·73
	1,477	106	7·11	19	5·89

Report on "Hook Worm."

Localities.

Madras District—		Chittoor	2
Chintadripet	1	Palghat	2
Georgetown	6	Conjeeveram	1
Vepery	1	Ambattur	1
Purasawakam	2	Chingleput	2
Egmore	2	Destitute	10
Royapetta	2	Pallavaram	2
Periamet	1	Saidapet	2
		Vaniyanchatram	1
		Trichinopoly	3
		Total ...	41

Results.

Cured	35	Discharged otherwise	3
Relieved	3	Death	Nil.
		Total ...	41

Occupation.

Coolies	5	Lascar	1
Ryots	6	Sweepers	2
Clerks	2	Blacksmith	1
Teacher	1	Hotel Warden	1
Students	8		
Without occupation	9	Total ...	41
Destitute	10		

1. **Post-encephalitic Parkinsonian Syndrome.**—There were 5 cases under this group. Two only are given here in some detail.

A, student Indian, aged 23, male, was admitted on 23rd August 1924 for "inability to speak well and slowness of movements." In June 1920, he had a short fever for 3 days, characterized by diplopia and a Sleepiness—a sleep from which he could be temporarily roused with difficulty. He was treated for a few days at Vizagapatam Hospital and later had recourse to Ayurvedic treatment. Says he improved somewhat. A little later, he was unable to speak, or keep awake; his movements became sluggish, even mastication was found difficult. There was ptosis of both eyelids for a short time. After a month he began to slowly recover, though the improvement stopped where we found him at the time of admission.

Condition at time of admission—Mask-like expression; slightly parted lips with dribbing of saliva. Left facial muscles feebler in tone than the right; other Cranial nerves apparently not affected; neither Strabismus, ptosis, nystagmus nor diplopia. Accommodation and light reflexes sluggish; grip quite good; slight spasticity of lower limbs; no tremors—intention or otherwise. Abdominal reflex very marked. Babinski's sign and Rhomberg's sign absent. Planter and other superficial reflexes exaggerated. Knee and ankle jerks exaggerated. In short defective speech, slow movements, drooling of saliva, inability to walk well or keep head erect while walking, coupled with an "ironed-out face" characterised the patient at the time of admission. The deviation from the picture of paralysis agitans is evident from the description given above and this deviation has been attributed by various writers—J. C. McKinley (1923), Goldstein (1922) and others to their finding in such cases diffuse toxic lesions not in the globus pallidus and other basal ganglia, but in the Substantia Nigra and in the nuclei and paths nearer the spinal cord than the globus pallidus itself.

The question how the toxic matter arises will have to be investigated when more cases come in. Whether we are dealing with a toxin produced directly by the virus of epidemic encephalitis or whether the liver is primarily affected and liberates toxins which injure brain matter are questions for future investigation, with the aid of more advanced students than I have now. Why some patients develop these Sequels, while others do not, whether there is anything peculiar in the constitution or brain of some that makes them more prone to develop these phenomena are interesting points to be considered by the maturer physicians.

The patient showed a distinct improvement on Hexamine by mouth as well as intravenously.

Another case.—S., aged 21, male, admitted on 8th March 1924 for tremors and indistinct speech. The chief signs that he showed were fine tremors of fingers increased on attempting to use the hand, slurring speech, nystagmus, divergent squint, pupil of left eye dilated while that of right eye was contracted; optic disc paler than normal with well-defined margins. No inco-ordination, Rhomberg's sign or Babinski's sign. Khee jerks exaggerated.

Gives a history of continuous fever for one month in 1921. A day before the onset of fever squint was noticed, was delirious for 10 days during that illness. Diplopia developed during the pyrexial period and tremors and slurring speech followed.

2. Paralysis Agitans.—M., a butler, aged 57, male, was admitted for "tremors." A well-built individual with the characteristic expressionless face, highly emotional and lachrymose (though without the facial contortions usual in such cases), with bent head, bowed body, spread out elbows, pillmaking fingers, shuffling festinant gait with well-marked retropulsion—the case offered no difficulty in diagnosis. The uncommon points about it were the exaggeration of knee jerks and tremors of tongue and lips.

Case improved very satisfactorily on Hyoscine Hydrobromide injections and parathyroid orally given daily, the patient showing no tremors and very few peculiarities of gait on 24th August 1924. He was discharged relieved on 6th September 1924.

3. Carcinomia Intrathoracic.—? Primary Lung or pleura. Mr. J., an emaciated individual of 30, a clerk, was admitted on 2nd February 1924 with a history of hectic fever and loss of appetite of six months' duration. At the outsethe had some cough and pain in chest and dorsal spines. (Now the pain continues but there is no cough). A month later he noticed a small swelling just above the right anti-cubital fossa. Then one by one, other swellings appeared in various parts of the body and at the time of admission in addition to the first one, there are tumours at the upper and anterior part of right arm, behind the right shoulder, in the posterior triangle of right side of neck, at the back of neck, to the right of 7th and 8th dorsal vertebræ, two inches to left of 10th dorsal vertebra, on the outer aspect of left forearm, in the left axilla and in the 2nd left intercostal space. Heart not displaced. Spleen palpable one inch below costal margin in the nipple line. Right lung hyperresonant with compensatory breathing. Left chest less mobile, dull, with dimished vocal resonance and suppressed breathing; filled with blood stained effusion into the pleural cavity. Examination of the centrifugalised and stained effusion showed a single large vacuolated cell with multiple budding nuclei—indicating evidently a malignant pleurisy. Differential count of the perepheral blood showed 81·5 per cent; polymorphos, 7·5 per cent; eosinophile, 7·5 per cent; large lymphocytes, and 3·5 per cent small lymphocutes—negativing the possibility of Tuberculosis and suggestive of malignancy.

Two of the tumours, one from left axilla, another from left intercostal space close to Sternum were sent to the College Pathologist, who declared them to be typical Spercidal celled Carcinomata infiltrating lymphatic glands. While in Hospital the patient was aspirated thrice to relieve his dyspnœa drawing out 26, 75 and 36 oz. of blood stained fluid respectively on the several occasions.

He was discharged at his own request somewhat worse than on admission.

The case is of importance (i) On account of the large number of glands involved, which is said to be so far not recorded; (ii) On account of the peculiar distribution of metastasis—the lymphatics in the right arm and back being affected, a condition which caused some doubt about malignant pleurisy at one stage of investigation.

4. Spleno-medullry leukaemia.—S., aged 40, admitted on 28th June 1924 for a tumour abdomen, numbness of feet, hand and mouth of 7 months' duration. The patient was looking very anaemic, with spleen extending well below the level of umbilicus. The history of his illness was interesting:—About 8 months prior to admission, he had a fall from the roof of a house and was unconscious for 5 minutes. He had severe pain in the lumbar region, of a griping character, for about a week after that. Gradually it wore off under local treatment. A month later, he noticed for the first time a small, hard tumour under costal margin and this has been steadily increasing in size. Occasionally he gets slight fever, specially towards evenings. Bowels are constipated, and there is distress on taking food. Motions show no helminthiasis.

Blood exmination on 1st July 1924 showed R.B.C.—2,137,500; haemoglobin 44 per cent and W.B.C. 302,000. Differential count showed 15·4 per cent Myelocytes, 21 per cent Large mono-nuclears, 15·4 per cent Lymphocytes, and 2·1 per cent Eosinophiles. Nine Megaloblasts and six normoblasts were also met with during this differential count.

Arsenic internally and X-ray exposures to spleen were given with the result that on 3rd September 1924 when he was discharged he had 3,500,000 R.B.C. and 30,000 W.B.C.

Globulin test—Finding from last year's experience that liver puncture was somewhat risky, I tried to do without it in diagnosing K.A. and had to depend, (when perepheral blood did not yield parasites) on the ratio of R.B.C. to W.B.C., Leucopenia and Mononucleosis and the Aldehyde test, put together. Incidentally I tried to find the value of the Globulin test or Brahmachari test by examining one hundred consecutive cases admitted into my wards. The result was very disappointing and I have concluded that this test is of no value as an aid to diagnosis. The reaction was positive not only in K.A., but also in such widely differing diseases like capillary Bronchitis, Influenza, Pernicious anæmia, Nephritis, Malaria, Myocarditis, Bacillary dysentery, Biliary colic, Cirrhosis liver, Pneumonia, Rat-bite fever, Abdominal tuberculosis, T.P. and Ankylostomiasis. At the same time I must state that among Influenza cases three gave positive, and eight gave negative; among Malaria cases five positive and six negative; Cirrhosis liver two positive and three negative; T.P. one positive and six negative. A large number of other diseases gave negative.

Treatment.—The Danish treatment for scabies was tried for a few cases with good results.

I have to record by appreciation of the good work done by my Assistant Captain Siva Ram.

GOVT. GENERAL HOSPITAL, MADRAS,
17th February 1925.

M. R. GURUSWAMI, B.A., M.D., C.M.,
Fourth Physician.

HONORARY PHYSICIAN'S WARDS.

I was in charge of these wards as an Honorary Physician throughout the year.

Statement of admissions and discharges.

	Admissions and discharges.									
	Remaind.	Admitted.	Total.	Cured.	Relieved.	Discharged otherwise.	Died.	Remaining.	Average daily sick.	Death rate per 100.
Europeans	... 27	... 682	... 709	... 433	... 137	... 57	... 51	... 31	... 32·04	... 71·93
Non-Europeans ...										
Total ...	27	682	709	433	137	57	51	31	32·04	71·93

Percentage of mortality.

Total treated.	Deaths.	Percentage of deaths.	Moribund cases.	Percentage of deaths excluding moribund cases.
709	51	7·19	1	7·05

Minor operations.

	Number treated.
Intramuscular injections	906
Intravenous injections	898
Paracentesis abdominis	40
Do. thoracis	6
Lumbar puncture	10
Liver puncture	34
Venesection	40
Abscess opened	5
Total ...	1,939

Principal diseases treated with their mortality.

Diseases.	Total treated.	Deaths.	Remarks.
Malaria ... Benign tertian	50	...	
Malaria ... Malignant tertian	38	...	
Malaria ... Quartan	3	...	
Malaria ... Chronic	4	...	
Enteric	33	4	) complicated with pneumonia.
Influenza	43	6	
Pneumonia ... Lobar	24	4	Double pneumonia.
Pneumonia ... Broncho	16	2	
Dengue	4	...	
Kala Azar	0	6	2 complication, double pneumonia.
Tuberculosis of Lung	34	2	
Tuberculosis of Glands	3	...	
Tuberculosis of Intestines	13	2	
Tuberculosis of Peritonitis	6	1	
Rat bite fever	1	...	
Bronchial asthma	17	...	
Pleurisy ... Dry	3	...	
Pleurisy ... With effusion	3	1	
Diseases of the heart	38	5	
Do. stomach	22	...	
Do. intestines	10	2	
Do. nervous system	22	2	1 cerebral hæmorrhage admitted moribund.
Hemiplegia	10	...	
Pernicious anæmia	3	...	
Cirrhosis of liver	17	4	

Principal diseases treated with their mortality—cont.

Diseases.	Total treated.	Deaths.	Remarks.
Catarrhal jaundice	2	...	
Cancer liver	1	...	
Diabetes mellities	3	1	
Nephritis ... Acute parenchymmatous	5	...	
Nephritis ... Chronic parenchymmatous	11	3	2 admitted with signs of uremia.
Nephritis ... Chronic intestitial	2	...	
Dysentery ... Amœbic	13	...	
Dysentery ... Bacillary	11	3	
Encephelitis lethayica	1	...	
Meningitis	6	2	1 cerebra-spinal meningitis.
Cholera	1	...	
Smallpox	1	...	
Hysteria	5	...	
Deficiency diseases	7	...	
Rheumatism	5	...	
Ankylostomiasis	38	1	

REPORT ON HOOK WORM DISEASE.

Localities.	Number treated.
Madras ... Perambur	5
Madras ... Periamet	3
Madras ... Georgetown	4
Madras ... Triplicane	5
Madras ... Vepery	4
Madras ... Destitutes	7
Calicut	3
Malabar	2
Address not known	5
Total ...	38
Results—Cured ...	22
Relieved ...	15
Died ...	1
Total ...	38

OBSERVATIONS.

It was noticed that towards the latter part of October most of the cases admitted with broncho-pneumonia were secondary to enteric as were made out by the bacteriological and serological examinations. It was strange that all those cases about ten in number should have had only that one complication and none of the other more usual ones.

Angina pectoris due to malaria.—A patient was admitted on 5th February 1924 with a history of acute pain over the left side of the chest, radiating down the left arm to the tip of the little finger. The attacks were of irregular onset without any relation to undue exertion. The protracted and not very acute nature of the pain during the attack on admission made me label it "Pseudo-Angina" which only meant that the cause was not known. A slight temperature of about 101° on certain evenings roused my curiosity to examine the blood when M.T. rings were found rather easily. The relief of pain experienced and the absence of the same after treatment with quinine made me infer that malaria might have been the cause of the angina pectoris.

Kala Azar as a cause of ascitis.—A patient was admitted on 23rd April 1924 with ascitis and swelling of the lower extremities. She was in the hospital more than once before this for the same complaint. Paracentesis abdominis was performed and the abdominal organs were palpated when the enlarged spleen was thought to be one due to portal obstruction. The temperature was normal for one week from the date of admission. A few days after the tapping of the abdomen I noticed a rise of temperature of about 103° in the evenings which I first thought might be due to some secondary infection. As the abdomen did not fill up as rapidly as I expected it to do if the ascitis was due to portal cirrhosis of liver, I had my suspicions if the trouble was due to Kal-Azar. In spite of the formaldehyde test being negative a liver puncture was made and "Donovan bodies" were found. As was expected after this diagnosis she steadily improved under the usual antimony treatment and the spleen was scarcely palpable after six injections. Whether the ascitis is due to perihepatitis or a fine fibrosis of the liver secondary to Kala-Azar is a matter for conjecture in the absence of P.M. data on similar cases.

Pachymeningitis.—A patient aged about 50 years was admitted on 25th June 1924 with a history of a fall with fits two days prior to admission. She was comatose with contracted pupils and cold and clammy limbs. There was nothing abnormal with the nervous system; nothing to note of the other systems except that she had a Colle's fracture—rather the result of the fall. There was frequent jerking of the right lower limb with sometimes a little twitching of the muscles of the face on the same side. There were neither the tonic nor the clonic spasms. The probability of Jacksonian epilepsy was thought of. The coma gradually improved but she was somnolent most of the time. She had a facies indicative of diminished intelligence. She sometimes complained of a heaviness in the head and sometimes even of headache. A skiagram of the skull showed an irregular thickening of the durameter. Wasserman reaction was negative. The cause of the pachymeningitis is a matter for conjecture in the absence of any history worth mentioning.

Ascitis probably caused by chronic bacillary dysentery.—I am inclined to believe that there are many cases of ascitis, usually regarded as being caused by portal cirrhosis of the liver, which are really the result of chronic peritonitis secondary to bacillary dysentery. This view is based on the belief that cases of ascitis due to cirrhosis of the liver do not survive many tappings and from the fact that ascitis apparently of the type due to alcoholic portal cirrhosis of the liver is found in many total abstainers from birth. A case of ascitis was admitted into my wards on 16th June 1924 who did not give any history of alcohol. I had no reason to doubt that statement. A history of previous dysentery and a few previous tappings of the abdomen was elicited. There was not the characteristic facies of ascitis due to cirrhosis of the liver; neither did the abdomen fill up rapidly after he was tapped a few days after admission. I am inclined to believe that this is a case of chronic peritonitis due to the toxins of the dysentery bacilli. I was not able to follow this case up as the patient left the hospital soon after he was relieved by the tapping of the abdomen.

Pituitary headache.—A woman aged about 25 years was admitted with a history of headache, boring in character and worse at night. The commoner causes such as migraine, error in refraction, etc., were excluded and a cerebral tumour as a probable cause of the headache was diagnosed clinically. X-ray finding showed widening of the pituitary fossa with an enlarged hypophysis probably calcified. The headache was attributed to hypopituitarism. After the patient was put on whole gland hypophysis, she was relieved of the headache a good deal. I was not able to follow the improvement as she left the hospital soon after she was relieved.

Allylene in tuberculosis.—A girl aged about 12 years was admitted with a history of fever for 30 days previous to admission. Though there was a slight enlargement of the spleen, on account of the symptoms in the apex of one lung, T.P. was clinically diagnosed. As B. typhosis were isolated from a culture of the blood, the possibility of a superimposed typhoid of not more than 10 days' duration was thought of. The temperature was sticky and of a hectic type even after 30 days after admission, i.e., 60 days after the onset of fever according to the history. The girl was then put on 1 c.c. allylene injections on alternate days. There was a steady though slow improvement in the temperature which did not go above normal after the fifth injection. The improvement was however too good to be solely attributed to allylene.

Urea stibamine in the treatment of Kala-Azar.—The drug has all the advantages over the antimony tartarates of sodium and potassium claimed for it except the claim for cure in one course of four injections. Perhaps I have not tried the drug sufficiently long to prove it. The question of cost is against its being freely used in a hospital. If the drug could really cure a patient in one course of four injections as claimed by its adherents, I should think it would be a decided advantage in spite of the cost as there would be a great saving in regard to the hospital stoppages.

My special thanks are due to Dr. K. Vasudeva Rao, M.D., who ungrudgingly carried out the onerous duties of an assistant with that zeal and love for the work which is a marked characteristic in him.

I cannot close my report without expressing my sincere and heartfelt thanks to Government (i) for having brought into practice the system of working the hospitals with honorary workers and (ii) for the opportunity that the Government has been pleased to afford scope for disinterested and earnest effort. I have tried to do my utmost in my own humble way and I feel flattered that it should have been my privilege to have been chosen to do work in this hospital.

GOVT. GENERAL HOSPITAL, MADRAS,
1st February 1925.

N. VENKATASWAMI,
Honorary Physician.

FIRST SURGEON'S WARDS, 1924.

Lieut.-Col. E. W. C. Bradfield, O.B.E., M.S., I.M.S., was in charge of S. 1 wards during the year.

The following table shows the number of patients treated during the year :—

Class.	Remaining.	Admission.	Total.	Cured.	Relieved.	Discharged otherwise	Died.	Remaining.
Europeans	11	256	267	202	26	15	16	8
Non-Europeans	70	1,207	1,277	863	146	116	91	61
Total ...	81	1,463	1,544	1,065	172	131	107	69

Mortality.—6·93 per cent.

The following table shows the operative work done during the year 1924 :—

Class.	Remaining on 1 Jan. 1924.	Operated during the year.	Total.	Cured.	Relieved.	Discharged otherwise.	Died.	Remaining.
Europeans	7	116	123	103	14	...	3	3
Non-Europeans	20	843	863	656	103	20	51	33
Total ...	27	959	986	759	117	20	54	36

Mortality.—5·92 per cent.

The following table shows the important operations done during the year :—

Diseases.	Total number operated.	Cured and relieved.	Discharged otherwise.	Died.	Remaining.
Removal of tumours (including malignant)	49	38	7	4	...
Plastic operations for malformations, etc.	16	16	...	...	...
Bones—					
Osteotomy for genu valgum	1	1	...	...	...
Cuneiform osteotomy	3	3	...	...	...
Sequestrotomy	19	19	...	...	...
Bone grafting	2	2	...	...	...
Wiring	2	2	...	...	...
Plating	1	1	...	...	...
Arthrodesis	1	...	...	...	1
Excision of joints	8	8	...	...	...
Excision of breast	5	5	...	...	...
Excision of Rectum	1	...	...	1	...
Exploratory Laparotomy	18	15	3	...	...
Tuberculous Peritonitis	7	6	1	...	...
Gastroenterostomy	104	92	...	12	...
Gastrectomy	3	1	...	2	...
Liver abscess (Aspiration)	12	11	...	1	...
Cholecystostomy	1	...	...	1	...
Cholecystectomy	4	3	...	1	...
Cholecystenterostomy	1	1	...	...	...
Colopexy	2	2	...	...	...
Intestinal anastamosis	3	3	...	...	...
Enterectomy with anastamosis	2	1	...	1	...
Intestinal obstruction	1	...	...	1	...
Appendicectomy	26	26	...	...	...
Strangulated Hernia	5	4	...	1	...
Hernia (ordinary)	76	75	...	1	...
Nephrectomy	1	1	...	...	...
Nephro Lithotomy	1	1	..	...	...
Splenectomy	1	...	...	1	...
Amputation penis	2	2	...	...	...
Hypospadias	1	1	...	...	...
Elephantoid scrotum	15	13	...	2	...
Hydrocele and Haematocele	98	92	...	1	...
Varicocele	1	1	...	...	...
Hæmorrhoids	39	38	...	1	...
Fistula-in-ano	26	26	...	...	...
Tonsil and adenoids	40	40	...	...	...
Mastoid	6	6	...	...	...
Abscesses	48	48	...	...	...

Diseases.	Total number operated.	Cured and relieved.	Discharged otherwise.	Died.	Remaining.
Empyema thorax	2	2	...	...	...
Circumcision	6	6	...	...	..
Glands neck	18	17	1	...	...
Decompression and Trephining	2	2	...	...	...
Vesical Calculus	2	1	...	1	...
Adenoma of Prostate	1	1	...	...	...
Ectopia Vesicae	1	...	..	...	1
Trigeminal neuralgia (injection)	3	3	...	...	...
Cystoscopy	6	6	...	...	...
Cystotomy	2	2	...		...
Urethral calculus	1	1	...	...	...
Resection of ribs	1	1	...	...	..
Aneurysm	1	1	...		...
Stricture and urinary Fistula (including dilatation)	56	52		4	...
Ligature of arteries	4	4	...	...	...

Total number of operations for 1924—986.

Cancer.

The following table shows the incidence of cancer in all the Surgical Wards of the General Hospital for 1924:—

Site.	Hindus.	Europeans and Anglo-Indians.	Christians and other castes.	Muhammadans.	Total.
Tongue and floor of mouth	9	3	...	3	15
Jaws	8	...	1	1	10
Cheek	24	...	3	2	29
Lips	5	...	1	1	7
Breast	2	4	...	...	6
Penis	22	...	...	...	22
Uterus	3	...	...	...	3
Anus and Rectum	5	2	...	...	7
Stomach	7	...	1	3	11
Intestines	2	...	...	...	2
Larynx	...	1	...	...	1
Liver	1	1	1	...	3
Bladder	1	...	...	...	1
Skin	6	...	1	..	7
Other parts	7	...	...	...	7

Appendicitis.

The following table shows the number of admissions to the General Hospital for appendicitis during the last 21 years:—

Year.	No.	Total out-patients.	Year.	No.	Total out-patients.	Year.	No	Total out-patients.
1904	7	56,704	1911	27	47,560	1918	25	61,721
1905	8	49,756	1912	34	50,972	1919	29	60,099
1906	2	54,546	1913	19	53,235	1920	35	61,926
1907	4	53,800	1914	43	62,854	1921	41	60,648
1908	6	52,243	1915	40	62,858	1922	54	61,528
1909	11	47,095	1916	40	58,337	1923	81	60,174
1910	5	51,996	1917	42	59,873	1924	68	62,050

Admissions for the disease suddenly increased in 1911 and have been steadily increasing since that year.

The next table shows the condition of the appendix and the caste of the patients operated upon during the last three years, viz., 1922, 1923 and 1924.

Caste.	Gangrenous	Acute catarrhal.	Chronic and Relapsing.	Total.
Europeans	5	11	55	71
Hindus	10	6	85	101
Muhammadans	1	1	6	8
Christians and other castes	2	...	16	18
				198

Sixty per cent of these patients were Indians, proof that appendicitis is more common amongst the people of South India than is generally recognized. There is probably room for a large margin of error in diagnosis among the patients included in the third column but all of those included as Acute Catarrhal or Gangrenous are undoubted. Elsewhere we have noted that of appendices removed during the course of gastric operations 50 per cent contained thread worms. This is a possible cause of appendicitis but does not explain the sudden increase of cases from 1911 onwards. It cannot be due to any special bias amongst the staff of the Hospital, which remained practically the same from 1904 until considerably late after that year.

Diseases of stomach and duodenum.

The fact that 530 patients suffering from ulceration of the stomach or duodenum were operated upon during the past three years by six Surgeons with a total mortality of 11·5 per cent in all cases is evidence that these diseases are very prevalent in South India. The statistics of my own wards for the past year are as follows:—

Diagnosis.	Number of patients.	Nature of operation.	Number.	Deaths.	Mortality per cent.
Duodenal ulcer	86	Gastroenterostomy	86	7	7·8%
Gastric ulcer	19	Do.	16	0	0
		Gastrectomy	3	1	25
Cancer of stomach	5	Gastroenterostomy	4	0	0
Cancer of duodenum	1	Cholecystenterostomy	1	0	0
Obstruction duodenum	1	Duodeno-jejunostomy	1	0	0
Jejunal ulcer	3	Excision of ulcer	1	0	0
		Gastroenterostomy	1	0	0

Duodenal Ulcer.—The collected records of the above 86 cases of duodenal ulcer show that—

1. The average age was 33, the oldest being 60, while two patients were only 18.
2. The average weight of these patients was 92 lb. while five adults weighed under 65 lb.
3. The average duration of symptoms was four years, the longest being 15 years and the shortest two months.
4. The appendix was inflammed in 21 patients and contained thread worms in 40 (50 per cent).
5. A second ulcer was present in 7 patients. Of these five were on the lesser curvature of the stomach, one involved the pylorus, and one the duodenum.
6. One patient had a gall stone with chronic cholecystitis and the operation successfully performed included cholecystectomy as well as a Gastroenterostomy.

The results of operation have been satisfactory considering the very feeble condition of many of these patients, especially those with advanced stenosis.

The cause of death in the 7 cases recorded have been as follows:—

(1) Shock. Three patients with severe stenosis, and poor operative risk.

(2) Pneumonia. One patient who died 13 days after operation with symptoms of pneumonia and gangrene of the lung, no post-mortem was allowed.

(3) Haemorrhage. At operation early cirrhosis of the liver was noted. The patient had a fatal haematemesis on the 18th day after the operation. No post-mortem allowed.

(4) Sepsis. A very mild sepsis which caused adhesions between the ileum and the scar of the anterior abdominal wall. The patient developed symptoms of intestinal obstruction on the 20th day but unfortunately refused any operative relief until he was in extremis.

(5) Haemorrhage. This patient died 2 hours after operation with symptoms of collapse. Post-mortem, a small haemorrhage was found in the abdomen due to a faulty ligature. The bleeding was not severe and his poor general condition and inabillty to stand any further shock largely accounted for the fatal result.

I believe that the universal use of the "Fowler position" after these operations, by causing anaemia of the brain, may sometimes be partly responsible for disaster. Shock is

really a poor explanation for a death occurring 36 hours after operation and where general emaciation, degenerate heart muscle and small atrophied liver are the only post-mortem findings. Recent work has suggested that the sitting up posture may be responsible for an acute dilatation of the stomach where the pull of the intestines and mesentery causes the superior mesenteric vessels to obstruct the last part of the duodenum. One of our patients who developed acute dilatation of the stomach six days after operation certainly seemed to suggest the correctness of this theory. Washing out the stomach had produced no relief and we decided to raise the foot of the bed as high as possible and to turn the patient over with face down. The result was extraordinary for all the symptoms passed away within about five hours and did not recur.

In last year's report, it was predicted that a number of patients on account of their economic condition and inability to take any precautions about their diet would probably return with jejunal ulceration. Three patients were seen during the year, two operated on elsewhere and one one of our own patients. (Patients frequently resort to other Surgeons when their symptoms recur). For one patient admitted in a moribund condition with acute dilatation of the stomach, nothing could be done. In another patient adhesions around a stenosed jejunal ulcer were so numerous that the ulcer itself could not be dealt with but a second gastroenterostomy produced relief and improvement in the general condition. In the third patient excision of a jejunal ulcer which had perforated the transverse colon was necessary and has apparently produced a cure. In both patients operated upon, the original duodenal ulcer was completely healed, though stenosis remained but it did not appear feasible to undo the anastamosis.

Castric Ulcer.—The percentage of ulcers involving the stomach is rather larger than usual. The mortality from partial gastrectomy is very high and is not now attempted except in selected cases. One death from this operation was due to shock and the other an emaciated patient aged 30 died from volvulus of the intestines, which developed three days after the operation and when the patient's condition was too critical to allow of any relief. Two patients were noted as being probably cancerous and were too ill for more than a rapid short circuiting to be done but left Hospital with relief of all symptoms. One patient had a peculiar leather-bottle condition of the stomach. He also was too ill for more than a gastroenterostomy but improved very rapidly after operation, a happy result probably aided by a course of anti-syphilitic treatment suggested by a strongly positive Wassermann reaction.

Cancer of Stomach.—Five patients, one of whom was too ill to stand any operation. In three of these the diagnosis was proved by microscopic examination of enlarged glands.

Cancer of Duodenum.—This patient was admitted to Hospital with intense jaundice and a dilated gall bladder. Exploration found a cauli-flower growth at the ampula of vater and temporary relief of symptoms was obtained by a cholecystenterostomy.

Obstructed Duodenum.—This patient had suffered from symptoms of dyspepsia for six years. Operation disclosed dilatation of the first part of the duodenum caused by enlarged, possibly tuberculous glands, at the root of the mesentery. Duodeno-jejunostomy produced complete relief.

Tuberculous abdomen.

Tuberculosis amongst cattle appears to be unknown in the Madras Presidency and although no bacteriological investigations have been made, it is more than probable that this absence of Bovine Tuberculosis influences the incidence and character of the disease in South India. Tuberculous diseases of bone and joints, though not so commonly seen as in European Hospitals, pursue a much more intractable course and appear to be less amenable to non-operative forms of treatment. The economic problems of this country and the ignorance of people of the Hospital class, are contributory factors, but multiple lesions appear to be more common and the surgical forms more frequently complicated by the presence of lesions in the lungs.

In 1924, 205 patients were admitted to the General Hospital, Madras, for surgical forms of tuberculosis or 2·1 per cent of the total admissions. The sites of the disease were as follows :—

Abdomen	95
Lymphatic glands	39
Bones	35
Joints	28
Abscess (not classified)	3
Skin	2
Testis	1
Kidney	1
Larynx	1
Total	205

Abdominal tuberculosis (including enteritis 20) accounted for 95 of these patients or 0·97 per cent of the total admissions to the Hospital a very much higher percentage than is found in European General Hospitals for all ages, and a figure approximating to that of Childrens' Hospitals, where it generally averages from ·05 to 2 per cent of the total admissions.

The admissions to Medical and Surgical wards were as follows :—

Tuberculous Peritonitis	55
Tuberculous Enteritis	20
Tuberculous Caecum	20

I have endeavoured to estimate the value of surgical treatment in what is undoubtedly a common form of tuberculosis in South India by a study of the First Surgeon's operation Registers of the General Hospital for the past six years. These researches only show the type of disease found and the immediate results of operation. The difficulty of tracing Indian patients is very great but some idea of the ultimate results can be obtained from my personal notes. Most of our enquiries remained unanswered. One patient, who replied some months after the notices had been sent, had been so alarmed at the receipt of a letter that he at once buried it and it was only opened when he considered a safe period had elapsed.

The results of operation have been as follows : —

	Total.	Mortality.	Ratio.
Tuberculous peritonitis	43	14*	32·5%
Tuberculous caecum			
Excision of caecum	14	2	14·2%
Ileocolostomy	6	0	0
Simple laparotomy	7	0	0
Caecostomy	1	1	0

* 3 died within three months of leaving Hospital.

I. Tuberculous peritonitis.

1. **Ascitic Variety.**—Of three patients operated upon one with extensive involvement in the pelvis died after two months. This variety in its true form is comparatively rare and not enough cases have been recorded to test the value of simple laparotomy, the usual treatment advocated. Operation when fluid in the abdomen has been diagnosed has generally revealed the presence of the numerous adhesions which characterise the next type and in which the results of operative interference are very poor.

2. **Fibrous and Adhesive Variety.**—Of 40 patients submitted to operation 11 died, a mortality of 27·5 per cent. Many of these patients were operated upon for acute complications. Perforation of tuberculous ulcers with resulting acute peritonitis accounts for four with four deaths intestinal obstruction 5, with 3 deaths, infected tuberculous abscess 4 with 3 deaths. In 6 patients enlarged tuberculous glands were a prominent feature and in two of these infection had taken place in a chronic abscess with fatal result.

The average age of the majority of these patients (22 out of 39) was between 20 and 30 years. In typical cases diagnosis is not difficult. Abdominal pain, sometimes with definite relation to taking food, and fever are complained of, while a doughy, distended abdomen often with evidence of free fluid in the peritoneal cavity, sometimes with a tumour mass or with peristalsis due to chronic obstruction are signs which cannot be mistaken. In the early stages chronic dyspepsia resistant to treatment sometimes with tenderness in the right abdomen may render diagnosis difficult but the pain never has the relapsing character of a duodenal or gastric ulcer. A tumour mass may call for an exploratory laparotomy but the results immediate and remote with these patients are very poor.

II. Tuberculous disease of the caecum.

Ileo-caecal tuberculosis was described by Hartman (to whom we owe the best description of this disease) as a form of tuberculosis very amenable to operative interference and more common than is generally recognized. A record of 20 cases in one year is evidence that the disease is very common in South India, though it is probable that many of the patients, who were not submitted to operation, were really extensive examples of fibrous peritonitis. The disease occurs in two forms, in both of which a mass is found in the right iliac fossa. The entero-peritoneal form is an ulcerative caseous tuberculosis not confined to the caecum but attacking also the ileum and the appendix. The ileo-caecal region becomes lost in a mass of adhesions, among which caseating cavities often forming in the later stages pyo-stercoral fistulae, are found. This variety may simulate an appendicitis and the signs are those of an enteritis, never of obstruction. The lungs are frequently involved. Actinomycosis has never been seen in South India but in other countries may produce similar symptoms. The hyper-plastic variety simulates a neoplasm in the right iliac fossa and after a very vague insidious onset, the symptoms are those of a chronic intestinal obstruction. Tuberculous foci are scanty, surrounded by a dense fibrous tissue mass and associated with other purely inflammatory lesions, as for

example, dense sclero-adipose-thickening and the production of numerous polypi and vegetations in the mucous membrane. The disease in this variety is confined until late to the caecum, the walls of which are converted into a hard, rigid mass associated often with very extreme stenosis. Ulcers are sometimes found in the ileum and a similar hyper-plastic condition may occur in other parts of the large intestine. The lymphatic glands are often markedly infected.

The disease, as we have seen it at operation, has had the characters of the hyper-plastic variety, rather than of the ulcerating caseous entero-peritoneal form. There are a number of specimens of the disease preserved in the Medical College Museum, all of which show massive fibrous formation in the walls of the caecum. Of 28 patients whose operations were recorded six were too ill or too extensive to allow of more than an exploratory laparotomy and cannot be classified. Five appeared to have been entero-peritoneal in character, 17 were hyper-plastic, one of which involved the sigmoid flexure. An interesting point about all these patients is that the ages noted were from 25 to 35 except four, aged 43, 45, 29 and 17. This agrees with Hartman's description that the disease presents its maximum frequency between the ages of 20 and 40.

My own records suggest that the hyperplastic variety is not so entirely confined to the caecum as the original description would suggest and this is borne out by the brief notes of the other Surgeons. The reason of course may be that our patients are seen at a later stage than in a more educated European community. In six patients, the disease was entirely confined to the caecum, in two there were scattered ulcers on the lower part of the ileum and in two, in addition to ulcers on the ileum, there were a number of scattered milliary tubercles over the peritoneum of the small intestines. In the patient on whom a caecostomy was done the tuberculous mass was entirely confined to the splenic flexure but on account of his poor general condition and the presence of a sub-acute obstruction, no radical treatment could be attempted. In only three of these elven patients was there obvious disease in the lungs Col. Niblock reported one patient, entero-peritoneal variety, on whom a lateral anastamosis was completed with complete success. A further operation was performed by him on this patient some months after the original and the tuberculous mass was found to be entirely healed, no evidence of tubercle remained.

Of my eleven patients, one caecostomy died five days after the operation, another patient with extensive disease in the lungs died on the 5th day after an ileocolostomy. Of the remaining nine patients (Excision of caecum) seven left Hospital with apparently an excellent result. All the nine patients were discharged from the Hospital and we have been able to trace the after-history of five of them up to two years.

(1) Male, age 35, Tuberculous caecum, entero-peritoneal. There were several scattered ulcers on the ileum and milliary tuberculous nodules on the peritoneum. Tuberculous infection present in both lungs. The chief signs were pain in the abdomen, chronic diarrhoea and a tumour in the right iliac fossa. Operation: Excision of caecum with lateral anastamosis. The patient developed a faecal fistula at the site of operation and was discharged with this still not healed. He died six months after operation as a result of general tuberculosis.

(2) Female, age 38, had been treated at a Sanatorium for tuberculosis of the lung with improvement. History of a hard fixed mass in the right iliac fossa for several years. Lately she has been subject to attacks of pain, which commence 1½ hours after food and are relieved by vomiting.

Operation, Excision of caecum with lateral anastamosis of ileum to transverse colon. Hyperplastic disease of the caecum but the coils of the ileum in the pelvis was studded with tubercles and matted together. Pathologist's report says that the ileocaecal valve was stenosed to almost complete obstruction by hyper-plastic tuberculosis. Following the operation she had a service broncho-pneumonia which caused considerable anxiety for some time but eventually cleared. A faecal fistula developed at the wound but this healed with careful dressing two months after the operation. This patient is still at the sanitorium, eighteen months after the operation. Her general condition is slowly improving but she still gets fever after over-exertion.

(3) Remaining cases, girl, age 20, man age 45, and girl age 18, with typical hyper-plastic tuberculosis. Two and a half, two, and one year after the operation, they each appear to be in excellent health and free from tuberculosis.

The treatment of these forms of ileocaecal tuberculosis should be surgical and if seen at a reasonably early period, the results will be very satisfactory and the dangers of the patient developing further tuberculous lesions remote. Simple laparotomy is of course useless, and short circuiting, or ileo colostomy should be reserved for advanced degrees of the disease or for the entero-peritoneal variety, which presents many difficulties both on account of the adhesions in the abdomen, and the often extensive distributions of the tuberculous infection. Excision of the caecum including any involved area of ileum or ascending colon is not a very difficult operation, and the divided ileum is joined either to the transverse colon or to the sigmoid loop. The average reported mortality from the operation varies

from 12 to 25 per cent and though we have had no mortality in our last seven operations, two of these patients developed very alarming symptoms of severe toxæmia and were acutely ill for 48 hours. Handling of the tuberculous mass probably accounted for this condition but recovery from the operation was otherwise very rapid and satisfactory. A two-stage operation does not appear to be necessary except for very feeble patients. Two of our patients developed fæcal fistulæ, an accident I attribute partly to the drainage employed, and which I now endeavour if possible to avoid.

Two other unusual forms of abdominal tuberculosis in the period under review are worthy of note here. One patient with typical tuberculous ulcers in the upper part of the jejunum was operated upon under the mistaken diagnosis of duodenal ulcer. Another patient with symptoms mainly gastric was found to have a complete fibrous structure at the ileo-caecal valve. No evidence of tuberculosis could be found and the patient made a complete recovery after excision of the cæcum. We have not been able to trace the further history of this patient but the condition as in two similar cases reported by Hartman may have been tuberculous in origin.

Special Department.

The number of cases that attend the Special Department during the year 1924 was 7,157 of which 2,992 cases were new admissions made up as follows :—

1.	Syphilis	1,421
	Primary	237
	Secondary	722
	Tertiary	462
2.	Extra-genital chancre	9
3.	Infective granuloma	62
4.	Soft sore	176
5.	Scabies of genitals	25
6.	Stricture urethra	10
7.	Perineal abscess	17
8.	Chyluria	6
9.	Psoriasis on-specific	15
10.	Yaws	1 Malabar.
11.	Gonorrhœa acute	338
12.	Gleet chronic with prostatitis	902

Minor operations performed during the year 1924.

Made up as follows :—

1.	Circumcision	87
2.	Reduction of paraphimosis	31
3.	Incision and erasion of inguinal glands	29
4.	Primary dilatations	15
5.	Secondary dilatations	62
6.	Intravenous injections of pure salvarsan	1
7.	Do. new preparations of salvarsan	1,401
8.	Do. stabilarsan	95
9.	Do. silver salvarsan	6
10.	Do. neosilver salvarsan	15
11.	Do. 2 per cent solution of tartar emetic	465
12.	Do. cyarsal	304
13.	Do. 1 per cent emulsion of intramine, 1 Sulfarsal	263
14.	Intra-muscular injections of mercurial cream	452
15.	Do. neotrepol	41
16.	Do. trepol	17
17.	Do. bismogenol	24
18.	Do. intramine	35
19.	Hypodermic injections—various	1,579
20.	Aspiration of bubos and injection of iodoform emulsion, colloseal argentum and colloidal iodine	45

Govt. General Hospital, Madras,
23*rd February* 1925.

E. W. C. Bradfield, M.S., F.R.C.S.,
Lieut.-Col., I.M.S.,
First Surgeon.

SECOND SURGEON'S WARDS.

These wards were in charge of the following Medical Officers during the year 1924:—
Lt.-Col. R. B. B. Foster, I.M.S., from 1st January to 16th December 1924.
Major K. G. Pandalai, I.M.S., 17th December to 31st December 1924.
The following table shows the number of patients treated:—

Class of patients.	Remained.	Admitted.	Total.	Cured.	Relieved.	Discharged otherwise.	Died.	Remaining.
Europeans	3	101	104	74	11	8	4	7
Non-Europeans	61	935	996	627	139	109	54	67
Total ...	64	1,036	1,100	701	150	117	58	74

Mortality—

OPERATIVE WORK.

The following table shows the operative work done during the year:—

Class of patients.	Remained.	Performed during the year.	Total.	Cured.	Relieved.	Discharged otherwise.	Died.	Remaining.
Europeans	1	33	34	31	2	...	1	...
Non-Europeans	31	457	488	375	55	11	21	26
Total ...	32	490	522	406	57	11	22	26

Operative mortality—

The following table shows the more important operations done during the year:—

Diseases.	Total number operated.	Cured.	Relieved.	Discharged otherwise.	Died.	Remaining.
Tumours and cysts	11	9	1	...	...	1
Tonsils and adenoids	13	12	...	...	...	1
Inguinal hernia	34	33	...	...	...	1
Hydrocele and hæmotocele	75	71	...	...	1	3
Enterectomy and anastomosis	2	1	...	...	1	...
Gastro-enterostomy	39	32	...	...	7	...
Appendicitis	12	10	...	...	1	1
Liver abscess	4	3	1	...	...	...
Vesical calculus	1	1	...	...	...	...
Renal calculus	1	1	...	...	...	...
Empyema	6	5	...	...	...	...
Operations on bones	17	11	2	1	1	2
Elephantoid scrotum	4	3	...	...	...	1
Mastoid operation	9	7	...	1	...	1
Excision breast	2	2	...	...	...	...
Cancer cheek	4	2	1	...	1	...
Stricture urethra	5	5	...	...	...	...
Cancer penis	4	4	...	...	...	...

GOVT. GENERAL HOSPITAL, MADRAS.
2nd February 1925.

K. G. PANDALAI, Major, I.M.S.,
Acting Second Surgeon.

THIRD SURGEON'S WARDS.

The following table shows the total number of cases treated during the year:—

Class of patients.	Remained.	Admitted.	Total.	Cured.	Relieved.	Discharged otherwise.	Died.	Remaining.
Indians	57	1,224	1,281	825	144	191	61	60
Europeans	6	143	149	110	16	10	5	8
Total ...	63	1,367	1,430	935	160	301	66	68

Mortality including moribund cases:—Indians 4·75 per cent; Europeans 3·54 per cent.

The following table shows the operative work done during the year:—

Class of patients.	Remained.	Operated.	Total.	Cured.	Relieved.	Discharged otherwise.	Died.	Remaining.
Indians	41	813	854	667	111	20	30	26
Europeans	3	105	108	87	9	1	4	7
Total ...	44	918	962	754	120	21	34	33

Mortality.—Indians 3·78 per cent, Europeans 3·80 per cent, Total 3·79 per cent.

The wards were under the charge of Major K. G. Pandalai, I.M.S., from 1st January to 16th February 1924 when I took over from him. As has been already pointed out by Major K. G. Pandalai, I.M.S., in his last year's reports the small number of beds in the main Indian male wards is the cause of a good deal of inconvenience, and necessitates overcrowding and frequently patients coming up for admission on my days have to be sent away for want of accommodation. A redistribution between the three Surgeons is suggested.

The following table shows the more important operations performed during the year:—

Disease.	Cured.	Relieved.	Discharged otherwise.	Died.	Remaining.
Appendicectomy	30	...	...	...	3
Appendicular abscess	5	...	...	...	...
Appendicitis with peritonitis	...	...	...	2	...
Amputations { major	7	...	...	1	...
Amputations { minor	5	...	...	...	...
Antrum of Highmore; operation for empyema of	4	...	...	...	...
Cholecystotomy and Choledochotomy	...	...	...	1	...
Cholecystectomy	...	...	...	...	1
Colopoxy (Vaugh's operation)	...	1	...	...	...
Carbuncle	7	1	...	...	...
Castration	8	...	...	...	1
Cancer penis { amputation of penis, ...	10	1	1	...	...
Cancer penis { plastic operation for eclosure of gap	1	...	...	...	...
Excision of { bones	2	1	...	1	...
Excision of { joints	1	1	...	...	2
Excision of { glands (tub., malig., etc.) ...	28	2	...	...	1
Excision of { breast	1	1	...	...	1
Excision of { tumours	25	2	3	...	...
Empyema (resection of rib for)	...	...	...	2	3
Elephantoid scrotum	12	...	...	...	1
Fistula in ano	18	...	...	...	1
Filariasis leg (Koudoleou's operation)	...	...	...	...	1
Gastro-jejunostomy	56	5	...	3	2
Hernia { inguinal	81	...	...	...	1
Hernia { ,, strangulated ...	5	...	...	...	...
Hernia { umbilical	1	...	...	...	...
Hernia { ventral	2	...	...	...	...
Hysterectomy	3	...	...	...	...
Hypospadias (plastic operation for)	...	...	1	...	...
Hydrocele and hæmatocele (eversion of sac or excision of sac)	86	...	...	...	...
Lateral anastamosis (ileocolostomy)	1	...	1	...	...
Laparotomy	6	6	2	8	2
Liver abscess (paracentesis thoracis only) ...	1	2	1	...	...
Mastoid operations	10	1	...	...	...
Nasal { polypus (removal of)	5	1	...	...	...
Nasal { septum (submucous resection of deflected septum)	3	...	...	...	...
Osteotomy cuneiform (for coxavara)	...	1	...	...	...
Piles	48	...	...	...	...
Pyosalpinx	1	...	...	...	...

Disease.	Cured.	Relieved.	Discharged otherwise.	Died.	Remaining.
Prostatectomy	...	...	...	1	...
Resection of bowel (enterectomy with lateral or end to end anastomosis)	1	...	...	3	...
Rectum—Prolapse of—operation for	1	...	...	...	...
Removal of upper jaw	1	...	...	1	...
Removal of lower jaw	1	...	...	1	1
Removal of tongue	8	...	1	...	...
Removal of tonsils	35	...	...	...	...
Removal of naso-pharyngeal polypus ...	...	1	...	...	...
Nephrectomy	1	...	...	1	1
Stricture of urethra	30	12	...	...	1
Sequestrotomy	23	2	...	...	...
Colostomy (inguinal)	1	...	1	...	...
Suprapublic cystotomy (for cystitis)	...	...	...	...	...
Trephining	2	...	...	1	...
Talipes equino varus (operations for)	...	2	...	...	...
Thyroid tumours (operations for removal) ...	1	...	...	1	...
Tracheotomy	...	3	...	...	...
Varicocele	5	...	...	...	...
Varicose veins, excision of	2	...	...	...	...
Ventral fixation of the uterus	1	...	...	...	...

GOVT. GENERAL HOSPITAL, MADRAS.

S. RANGA ACHARYA, M.B., C.M.,
Third Surgeon.

OUT-PATIENT DEPARTMENT.

The out-patient department was in charge of the following officers during the year 1924:—

Major W. C. Paton, I.M.S., 1st January to 5th July 1924.
Capt. P. Verdon, I.M.S., 6th July to 31st December 1924.

The following Assistant and Sub-Assistant Surgeons were on the out-patient staff during the year:—

	From	To
(1) Senior Assistant Surgeons—		
First Class Military Assistant Surgeon D. H. J. Nicholas, I.M.D.	1 Jan. 1924	16 Apr. 1924
Civil Assistant Surgeon V. R. Natesan, L.M.S. ...	17 Apr. 1924	21 Apr. 1924
First Class Military Assistant Surgeon C. P. V. Shunker, I.M.D.	22 Apr. 1924	14 July 1924
Civil Assistant Surgeon F. deNetto, M.B., B.S. ...	15 July 1924	27 Sep. 1924
Third Class Military Assistant Surgeon, H. T. Ince, I.M.D.	28 Sep. 1924	31 Dec. 1924
(2) First Assistant to the Resident Medical Officer—		
Civil Assistant Surgeon G. I. Benjamin, L.M.S. ...	1 Jan. 1924	30 Sep. 1924
Temporary Civil Assistant Surgeon K.S. Appu, M.B., B.S.	13 Oct. 1924	21 Oct. 1924
Temporary Civil Assistant Surgeon P. A. Mathews, M.B., B.S.	22 Oct. 1924	3 Nov. 1924
Civil Assistant Surgeon R. Subbarama Ayyar, M.B., B.S.	4 Nov. 1924	31 Dec. 1924
(3) Second Assistant to the Resident Medical Officer—		
Temporary Civil Assistant Surgeon C. K. Ananta narayana Ayyar, L.M.S.	1 Jan. 1924	8 Aug. 1924
Third Class Military Assistant Surgeon C. A. Martin, L.R., C.P. (Lon.) M.R., C.S. (Eng.), I.M.D.	9 Aug. 1924	8 Sep 1924
Civil Assistant Surgeon R. Subbarama Ayyar, M.B., B.S.	9 Sep. 1924	2 Nov. 1924
Sub-Assistant Surgeons in charge of out-patient Dispensary—		
(1) U. S. Muttuswami Nadar	1 Jan. 1924	1 June 1924
(2) K. R. Ganesa Mudaliyar	2 June 1924	1 July 1924
(3) U. S. Muttuswami Nadar	2 July 1924	31 Dec. 1924
Sub-Assistant Surgeon working as Second Assistant to the Residental Medical Officer—		
(1) C. Duraiswami Mudaliyar, Selection grade Sub-Assistant Surgeon.	1 Dec. 1924	31 Dec. 1924

The following table shows the work done in the out-patient department during 1924:—

—	Total treated.					Average daily sick.				
	Men.	Women.	Male children.	Female children.	Total.	Men.	Women.	Male children.	Female children.	Total.
Non-Europeans	38,231	9,215	5,651	3,096	57,093	240·13	52·23	36·28	27·69	356·41
Europeans	2,428	1,366	678	485	4,957	11·12	7·52	3·33	2·88	24·85
Total ...	40,659	10,581	6,329	4,481	62,050	251·25	59·85	39·05	30·05	380·76

The work of the out-patient department has been carried out on the same lines as the previous year:—

A waiting room for patients who arrive before 7 a.m. has been opened. All cases however applying for treatment, night or day, are attended by the Duty Assistant Surgeon. There is an Assistant Surgeon on duty for the whole 24 hours.

Casualty Department.—A number of new instruments were supplied to the Emergency Operation Theatre of this department during the year, but the structural alterations as suggested by Major W. C. Paton, I.M.S., have not as yet been attended to for want of funds. I am of opinion that this Theatre needs urgent attention.

Light and Fans.—The installation of electric lights and fans was completed last year.

Skin Department.—I think that a separate skin department should be opened under an Assistant Surgeon, apart from the Venereal Department.

Anti-rabic section.—The total number of cases that attended for Anti-rabic treatment is 684, as compared with 797 cases in 1923. Of these, 442 completed the full course of 14

injections. I think that the fee of Rs. 10 charged for a course of treatment to a person drawing a salary of Rs. 30 is the cause of many discontinuing the treatment. The fee is ⅓rd of the salary of a person drawing Rs. 30 which is really too much especially when it is taken into consideration that many have big families to support on that amount. I would suggest that people whose income is less than Rs. 50 should be excused this fee.

* Two cases developed hydrophobia out of the total number that had the full course of anti-rabic treatment and † five developed rabies out of those who had not had the full course of treatment. There were 10 cases of hydrophobia in all, three of which were admitted dying of hydrophobia and had not had anti-rabic treatment.

** Incomplete cases.*

Name.	Date of bite.	Commencement of treatment.	Date of hydrophobia commencement.	No. of injections.	Date of death.
Santappa	26 Feb. 1924	27 Feb. 1924	Not known exactly.	11	1 Sep. 1924
Arumugam	15 Apr. 1924	19 Apr. 1924	Do.	5	26 June 1924
Muniswami	12 June 1924	15 June 1924	Do.	9	25 July 1924
Venkataraju Naidu	Do.	Do.	Do.	12	2 Oct. 1924
Muniswami	Do.	Do.	Do.	13	Do.

† Completed cases.

Thirumurthi	20 May 1924	21 May 1924	Not known exactly.	..	25 June 1924
Muthammal	1 Oct. 1924	6 Oct. 1924	Do.	...	28 Oct. 1924

A special man has been appointed by the Director of the Pasteur Institute at Coonoor to visit every case treated, at the end of three months, to find out whether the patient is alive or dead. This is all the special staff appointed for this extra work.

A new injection room has been opened in this department.

Staff.—This is very insufficient and leaves no room for casualities. I agree with Major Paton, my Predecessor, that two more Assistant Surgeons and one more Sub-Assistant Surgeon are necessary.

GOVT. GENL. HOSPITAL, MADRAS,
12th February 1925.

P. VERDON, Capt., I.M.S.,
Resident Medical Officer.

ANNUAL REPORT OF THE GOVERNMENT X-RAY INSTITUTE FOR 1924.

The Government X-Ray Institute was in charge of Captain T. W. Barnard until 31st March 1924 when he went on leave out of India. Dr. M. J. Santanakrishna Pillai, L.M.S., First Assistant to the Radiologist, was in charge during the absence of the latter officer who resumed his charge on the 1st December 1924 on return from Home.

The following table shows the number of cases treated during the year 1924, the total being 52 per cent over that of the previous year's figures :—

STATISTICS.

Comparative Statistics of the work performed from 1919 *to* 1924.

Nature of work performed.	1919.	1920.	1921.	1922.	1923.	1924.
I. (*a*) Radiographs	999	1,758	3,853	5,383	5,617	7,294
(*b*) Screen examinations	55	49	..	...	...	...
II. (*a*) Clinical photographs	16	28	10	51	87	41
(*b*) Radiographic and photographic prints	...	...	77	410	189	211
III. Radio-therapeutic exposures (X-Ray Treatment) ...	602	660	1,342	1,386	2,573	3,608
IV. Electro-therapeutic sittings—						
(*a*) Galvanization	64	141	821	1,213	1,437	5,576
(*b*) Faradization and Sinusoidal-currents	281	289	179	441	2,036	1,962
(*c*) Ionic medication	360	396	892	1,524	2,061	1,527
(*d*) Electrolysis	11	4	13	6	35	11
(*e*) Cauterization	71	60	33	..	...	1
(*f*) Vibratory massage	72	80	28	48	85	86
(*g*) Muscle testing	...	...	67	52	60	59
(*h*) Diathermy, high frequency and other electrical treatment.	...	...	...	1,248	2,958	5,707
(*i*) Orthopœdic exercises	...	.	...	...	590	854
Total ...	2,531	3,465	7,315	11,757	17,778	26,987

Hospitals from which patients were sent for radiographic examination and treatment.

Hospitals.	Radiographs.	Electrical treatment, IV (a) to (i) above.	X-Ray treatment.	Photographs and prints.
Government General Hospital	6,224	15,229	3,338	245
Do. Rayapuram Hospital	518	163	72	3
Do. Ophthalmic Hospital	115	...	38	2
Do. Royapetta Hospital	46	...	2	...
Do. Hospital for Women and Children	8	8	55	...
Do. Penitentiary	6	98	24	...
Do. Tuberculosis Hospital	206	...	...	...
British Station Hospital	91	238	...	1
Indian Station Hospital	14	16	...	...
Government Mental Hospital	9	...	...	...
Do. Victoria Gosha Hospital	29	...	9	...
Rainy Mission Hospital	13	4	49	1
Kalyani Hospital	4	...	3	...
Government House Dispensary	1	27	15	...
King Institute, Guindy	...		5 (Experiment on bacillary emulsion).	...
Government Museum	10	...	...	...
Total ...	7,294	15,788	3,608	252

The General Hospital total, as usual, includes the mufassal cases sent for elucidation of obscure conditions.

Radio-therapy (*X-Ray treatment*).—It is evident from the following figures that there is not only an increase of 40 per cent in the number of cases treated during the year under report, but also an increase of dosage over that of the previous year:—

In 1923—2,573 patients were given 3,430 "B" doses.
„ 1924—3,608 „ 4,777 „

This increase of dosage is due to the treatment of cancer in particular and uterine conditions in general. The new Cancer department, which is to be opened shortly, will be able to take up these cases and deal with them much more effectively.

Some of the special cases which gave satisfactory results under X-Ray treatment are as follows:—

1. Uterine Hæmorrhage.
2. Uterine Fibroids.
3. Hodgkin's Disease.
4. Enlarged spleen.
5. Leukæmia.
6. Tubercular glands.
7. Chronic skin lesions, including Lupus Erythematosus.
8. Post operative treatment for cancers.

Electrical treatment.—The statistics show the nature and amount of work done in the various departments. The comforting Diathermy treatment has been much more frequently availed of, than last year, for various "medical" conditions; and many operations, chiefly for facial cancers, have been carried out by the surgeons, with good results.

Bismuth meals.—There were 506 Bismuth Meal Examinations as against 441 of the previous year. These examinations were conducted for various conditions of the alimentary tract, viz, stricture of the Oesophagus, gastric and duodenal ulcers, obstruction of bowels by new growths, diverticula, intussusception, transposition of the viscera, cancer of the alimentary canal, etc.

Thoracic examination.—There were 503 thoracic examinations as against 406 of the previous year. Of these 206 were from the Government Tuberculosis Hospital and Institute, including several cases of artificial pneumothorax.

Examination of skull.—Three-hundred and nineteen Radiographs of the skull were taken as against 137 of the previous year. One-hundred and fifteen were from the Government Ophthalmic Hospital, mostly for examinations of the pituitary fossa and sinuses, in cases of Optic Atrophy, to aid in the research work carried on there by Major R. E. Wright, I.M.S. There were a few interesting cases of Internal Hydrocephalus, Glioma, and Gumma of brain and affections of antra among those cases.

Dental Radiography.—Two-hundred and four cases of dental radiography were done, chiefly for focal abscesses, as against 120 of the previous year.

Experimental.—Experimental X-Ray exposures on Bacillary emulsion for sterilization were made at the instance of the Director, King Institute of Preventive Medicine, Guindy, the results of which have not been concluded.

A number of Radigraphs of shells were taken for the Government Museum, to show the internal construction. Prints of these are to be hung over the actual specimens in the museum.

These Radiographs are also to be exhibited at the Madras Fine Arts Exhibition and in the scientific section of the 1925 Exhibition of the Royal Photographic Society in London.

Cancer treatment.—The new deep therapy department is almost complete and will be opened shortly when we expect to be able to deal more effectively with cancerous conditions.

The Department is a specially built Pavilion divided into three rooms by lead lined partitions. The apparatus is installed in one compartment and the patient is treated in the middle room, all the walls of which are lead lined, to protect the people working in the neighbourhood. From the third room the operator controls the apparatus, watching what is taking place, through a ¼" thick lead-glass window.

The apparatus and treatment consist of an English modification of the Erlangen method. The double coils are 30 per cent larger than the Erlangen group and give a high tension current of about 3,00,000 volts!!.

During his Home leave in 1924, the Radiologist spent a time with Colonel Watt at Guys Hospital, London, where a similar set to ours was installed about 15 months ago and with which much good work has been done.

The treatment needs very careful administering and many precautions have to be taken to safeguard the operator and also the patient. The work is best carried out by a Team consisting of a Physician, a Surgeon, a Pathologist (to make the blood count and to do microscopic work) and the Radiologist, in consultation.

An operator in this very dangerous department should be on duty for one month only in four, doing other work in the Institute for the intervening three months. As a matter of routine the blood count of all the operators must be made periodically to obtain early information in the case of an attack of pernicious anaemia there having been several fatal cases among X-Ray operators. In this connexion it is imperative that these men should have generous leave and short working hours and be instructed to get out in the open air as much as possible.

Government have recognized the dangerous nature of X-Ray work by granting a special allowance to the assistant surgeons engaged in it.

The Departmental Staff.—The staff of the Institute have carried out their duties in a most satisfactory manner and I wish to place on record my high appreciation of their assistance. During my absence on leave they worked extremely well together under Dr. Santanakrishna Pillai who was ably assisted by Dr. A. St. C. Bartley.

X-Ray Institute,
Govt. General Hospital, Madras,
10*th February* 1925.

T. W. BARNARD, Capt.,
Radiologist.

DENTAL DEPARTMENT.

The number of admissions during 1924 was	1,297
Those on the First Dental Surgeon's day being	571
And those on the Second Dental Surgeon's days	726
The admissions included—	
Europeans and Anglo-Indians	259
Muhammadans	64
Hindus	864
Other Castes	110
Males	938
Females	268
Children	91

The treatment carried out by me, as First Dental Surgeon, was as follows :—

Deciduous teeth extracted in treatment of persistence, stomalitis and dental caries	43
Permanent teeth extracted in treatment of the following conditions :—	
Dental caries	170
Pyorrhea Alveolaris	210
Alveolar abscess	100
Impaction	8
Abrasion	3
Irregularity	4
Cancer	4
Extractions ...	542

Anæsthetic administrations by the Anæsthetist, Major A. W. Lynsdale, I.S.O., for my operations, numbered—

Ethyl Chloride	57
EC_2 and Ether	1
A.C.E. Mixture	1
Fillings	10
Scalings	80
Incisions	8
Sequestra removed	2
Total operations	642
Treatment of gums, Alveolo-Dental periosteum, etc.	75
Advice	17
Refusals	20

Major A. W. Lynsdale, I.S.O., I.M.D., acted as Second Dental Surgeon during this period. His report on the cases treated by him follows :—

SECOND DENTAL SURGEON'S REPORT.

Operations.

Deciduous teeth extracted	40
Permanent teeth extracted in treatment of the following conditions :—	
Dental caries	248
Pyorrhea alveolaris	230
Alveolar abscess, etc.	27
Impaction lower Molers	12
Abrasion and attrition	11
Fracture and dislocation	17
Cancer cases	21
Supernumerary teeth	2
Irregularity	1
Concussion	2
Neuralgia	1
Periostitis	2
Total extractions	614

Other operations—	
Fillings	16
Scalings	151
Incision	19
Sequestra removed	3
	189
Total operations	803
Treatment of gums	73
Treatment of teeth	7
Preparation of carious cavities for filling	28
Grinding and polishing	1
Advice	13
Refusals	24
Transferred X-ray, etc.	2
Anæsthetics by Anæsthetist—	
Cocaine injections	16
Ethyl Chloride	99
Pressure Anæsthesia	2

A. W. LYNSDALE, I.S.O., Major, I.M.D.,
Retired.

On transference to the Government Rayapuram Hospital in pursuance of D.O. No. 685-1-G., from the Surgeon-General to the Superintendent, General Hospital, dated 24th March 1924, the Dental Department of the General Hospital was closed on the 7th April 1924.

GOVT. GENERAL HOSPITAL, MADRAS,
19*th January* 1925.

C. F. BADCOCK, L.D.S.R.C.S. (Eng.),
First Dental Surgeon.