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Part II

CHAPTER XXXV

THE FIRST HALF OF THE NINETEENTH CENTURY

"Jaldi sab lak hojaga."

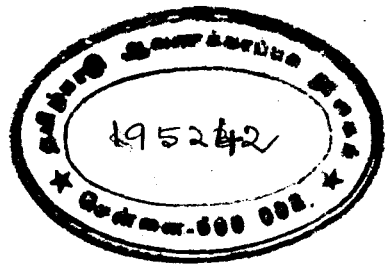
RANJIT SINGH.

THIS period, especially if we take it not as the exact term of fifty years, but include in it the fifty-six years before the Mutiny, was one of expansion and consolidation of the British power in India. One after another, great part of the Madras and Bombay Presidencies, the Upper Duab, Rohilkand, Arakan and Tenasserim, the Punjab, Nagpur, and Oudh, "became red." Some of the most important Indian states, Maisur, Gwalior, and Indore, passed from the condition of dangerous rivals into that of protected allies.

Apart from war and annexation, the most important events of this period were the successive extensions of the Company's charter. Renewed for twenty years in 1793, considerable opposition was made to its further renewal in 1813. Though passed, the new charter abolished the Company's monopoly of Indian trade, which was thrown open to all British subjects. When the charter was again renewed in 1833, the China trade followed, and the Company ceased to exist as a trading corporation, remaining in governing power. In the appendix to the C.G. of 25th July, 1834, is printed an order of 4th July, 1834, republishing Act 3 and 4 of William IV.

By *cap. 1* the Company's trade was abolished, while it was confirmed in all its possessions, which it was to administer on behalf of the Crown, except St. Helena, which was handed over to the British Government. In 1853 the charter was again renewed; not, as on former occasions, for a fixed period of twenty years, but indefinitely. Five years more, and the rule of John Company came to an end.

All matters of importance, concerning the I.M.S. as a Service, which occurred during this period, have been included in the



preceding chapters on Rank, Pay, Furlough, Pension, etc. In this chapter are comprised various miscellaneous items, which cannot well be brought under any of the previous headings.

A Political Letter from Madras, dated 20th Sept., 1816, in para. 17, reports an application from Assistant Surgeon Hunter for extra allowances for attendance on the Raja, the Raja Tondiman and the missionary establishment at Tanjore. The Madras Government granted him fifteen pagodas a month and *palki* allowance for attendance on the missionaries, and ordered that for his attendance on the Raja he might accept any remuneration offered, but must not demand any fees.

Three autobiographical works by officers of the I.M.S. deal with this period. All three are anonymous. The first in point of date of commencement of the author's service, though not the earliest published, is called *The Autobiography of an Indian Army Surgeon, or Leaves turned down from a Journal*; published by Richard Bentley, London, in 1854. The author calls himself Wilmington Walford, evidently an assumed name. The internal evidence is not sufficient for identification, especially as he states that several of the incidents in the book, his trial by Court-martial and his voyage to China on an opium smuggling clipper, are taken from the career of another officer, not from his own. The book is dull, but is of some interest to a member of the I.M.S. as a picture of the conditions of medical service in Bengal sixty to ninety years ago. The author says that he went in for medicine with the intention of entering the I.M.S., and studied at Edinburgh as a pupil of a retired army surgeon, who had served in India at the capture of Seringapatam, and in the Peninsula at Salamanca and Badajoz. He joined the Bengal Medical Service about 1820, paying £110 for his passage out, but got back half that amount to act as Surgeon of the ship on the voyage. He spent his whole service in military employ, served in the first Burmese war and in the Panjab war, being present at Chilianwala, but not in the first Afghan war nor in the Sutlej campaign, and retired shortly before the Mutiny. He seems to have been satisfied with his lot as he calls the I.M.S. (p. 41) "the most liberal public service" and "a most generous service."

By far the most interesting of these three works is *The Diary of an Assistant Surgeon*. This has never been published in book form; it appeared in the *Asiatic Journal* in sixteen parts, from

1841 to 1843. The internal evidence is not sufficient to identify the author. He joined the Madras Medical Service in 1828 or 1829, and served successively with the Horse Artillery at St. Thomas' Mount, with the 46th Foot at Bellary, with "Cæsar's Legion," presumably the 10th M.N.I., at Arni and Vellore, for a short time as Civil Surgeon of Chittur, and with another N.I. regiment at Trichinopoly and Quilon. From Quilon he went by sea to Madras, round Ceylon, a voyage which was expected to last eight days, but actually took only five, costing him Rs.250. From Madras he went home on sick leave, on the *Lord Amherst*, paying £150 for a cabin to himself. S.S. Sir Thomas Sevestre was a fellow-passenger. He resigned the Service on the expiration of his furlough.

Much of this *Diary* is very interesting. Like the author of the first book, the writer seems to have been satisfied with his lot. He says that the pay of junior officers is insufficient, but that of those in medical charge of a regiment is ample. He gives a table of expenses, and reckons those necessary at Rs.171 a month; viz., Servants 59, house-rent 17, mess-bill 65, other necessities Rs.30, total Rs.171; and states that, out of his pay of Rs.300, an Assistant Surgeon, if unmarried, should be able to save Rs.1000 a year. The servants' wages are given as follows: *Munshi* 17, headboy 8, dressing boy 5, horsekeeper 7, grasscutter 5, washerman 7, ironman 5, waterwoman 3, *chokra* 2; total Rs.59. Surely the largest item, the *munshi*, would not be a permanent servant, but only employed for a year or so. No *khidmatgar* appears in the list, perhaps the headboy did this work; and no sweeper is included. What is an "ironman?" If washerman and ironman together do the work of the *dhobi*, the cost of washing seems very high, for a bachelor, eighty years ago. The cost of stable servants is also nearly as high as in Northern India at the present day. The other items strike one as low.

As regards the rate of mortality he states that Assistant Surgeons are more, not less, exposed to risks than other officers, but on the other hand have the advantage of going out older and more experienced than Cadets and Writers, and continues—

"In the year 1830, the number of Assistant Surgeons on the Madras Establishment amounted to 147; of this number, in 1840, will be found on the list of the Medical Department the names of 83 of the same individuals; leaving 64 casualties, or about $6\frac{1}{2}$ *per annum*. But of these 64, fourteen

retired on the pension list; supposing therefore, that the whole remaining fifty died in India, it will show an amount of deaths at five *per annum*, or on 147 persons barely three *per cent.*"

When he says "barely three *per cent.*" he overlooks the fact that a mortality of three *per cent.* for young adult males, all passed as in good health to begin with, is a very high mortality.

The author gives a short account of two cholera epidemics; in the first thirty-three men and two officers were attacked in seven days, and just one half, sixteen men and one officer, died. In the second, on the march from Trichinopoly to Quilon, in 31 days, 93 cases occurred among *sipahis*, and 170 among camp followers. The deaths were, one officer, one officer's child, two native officers, the head doctor *babu*, and thirty privates, besides camp followers. The epidemic ceased immediately the regiment crossed the Travancore frontier.

Among miscellaneous matters mentioned, the author prefers Madras to the upcountry stations, and calls Bellary a very unpleasant station. He says that the duties with a King's regiment are heavier than in the N.I.; with the former a sick list of fifty is moderate, with the latter twenty form a high sick list. The other officers he found mostly very good fellows. He says that the medical officer is recognized as a mounted staff officer. The mess dined at 3.30 P.M. He gives some fair stories of tiger shooting and of duelling; the latter he considers a necessary evil. He also mentions a conjuring performance, in which he saw a native conjurer sitting in the air some feet off the ground, as far as he could see without any support. The conjuror died soon afterwards of cholera at Cuddapa. When stationed at Vellore, he tells the story of the Mutiny at that station, in 1806.

The third book is called *Stray Leaves from the Diary of an Indian Officer*, and was published by Whitfield Green and Son, London, in 1865. The author calls himself Mr. Carlisle. His real name was Robert Bakewell Cumberland. He joined the I.M.S. as Assistant Surgeon in Bengal on 16th April, 1828, became Surgeon on 1st Feb., 1845, retired on 20th Jan., 1854, and died at Crediton on 17th Dec., 1876. Unlike the other two, he spent much of his service in civil employment. Landing at Calcutta in Sept., 1828, he served with regiments at Cawnpore, Mainpuri, and Sagar, and went home sick in 1830. On his return in 1832 he was posted to Balasore, then to regiments at Cuttack and Midnapur,

and in 1836 became Civil Assistant Surgeon of Puri. There he spent nine years. His descriptions of Puri, and of a visit to Sambalpur, are the most interesting part of the book. In Jan., 1846, he went on sick leave to Australia, and married there. On his return to India he went back to military duty, and was posted to a N.I. regiment at Dakka. He states that this regiment suffered from fever at Dakka to such an extent that on one occasion, out of a strength of between 800 and 900, only one man was fit for duty. The regiment was ordered to the Panjab in 1848, in the Army of Reserve, but was found too sickly for active service, so was halted at Allahabad and then sent to Etawa. The number of this regiment is not given, but it was the 62nd N.I., originally raised at Cawnpur in 1818. It mutinied at Multan in 1858. On retirement Cumberland went to Australia, and settled there; but after six years in the Colonies returned to England.

In 1835 Surgeon Ranald Martin suggested to the Medical Board that officers of the I.M.S. should be called upon to compile medico-topographical reports of their stations. The Board at first threw cold water on the scheme, whereupon Martin laid his suggestion before Government, which approved; and the Board then called for such reports. A number were compiled and submitted, and several were published during the next few years. The best known are Martin's own report upon Calcutta, published in 1837, with a second edition in 1839, and Taylor's *Dakka*, 1840. Other reports published under this scheme are—

Butter, D.; Oudh and Sultanpur, 1839.
Dollard, W.; Kumaon, 1840.
Irvine, R. H.; Ajmir, 1841.
Jacob, W.; Jessore, 1837.
McCosh, J.; Assam, 1837.
Macleod, D. A.; Bishnath, (Assam), 1837.
Rankine, R.; Saran, 1839.
Strong, F. P.; Calcutta, 1844.

Dr. Cumberland, in his *Stray Leaves*, states that he submitted a report upon Puri, but it does not appear to have been published.

The *India Journal of Medical and Physical Science* for 1836 contains an article on the constitution of the Medical Department, probably by the editor, Frederick Corbyn, and makes various suggestions for the improvement of the Service. Among others, the writer proposes the amalgamation of the three Medical

Services, Bengal, Madras, and Bombay, under a Director General, instead of a Medical Board, assisted by twenty I.G.'s and twenty D.I.G.'s. These suggestions have since been carried out, sixty years after they were made, except that the number of Surgeon Generals is very much less than the twenty proposed. Apart from considerations of cost, it is hard to imagine how work could be found for twenty Surgeon Generals. The writer, unlike the authors of the works described above, takes a very pessimistic view of the prospects of the Service. Among other miscellaneous statements, he tells us that few regiments of the Indian Army keep up a mess; that the Assistant Surgeon's outfit and passage will cost him £200, as well as another £150 for outfit in India, uniform, tent, horse, furniture, etc.; and that an Assistant Surgeon may expect to be permanently posted to a regiment after about five years' service.

The *Bengal Medical Code* was first published in 1838, as notified in Bengal G.O. of 26th March, 1838. It was compiled by the Secretary to the Medical Board, Surgeon James Hutchinson; who was also the author of a *Report on the Medical Management of Native Jails*, published in 1835.

A letter from Court, dated 11th April, 1839, published in Bengal G.O. of 22nd July, 1839, directs that Members of the Medical Board and S.S.'s shall wear uniform similar to that prescribed for I.G.'s and D.I.G.'s, respectively, of Her Majesty's forces.

The publication of this order was the cause of an amusing difference of opinion in the Calcutta Medical Board, which is thus described in the *Asiatic Journal*, Vol. XXXII, *New Series*, Aug., 1840, p. 305.

"There is a somewhat novel state of things, regarding the members of the Medical Board, at present under the consideration of the higher authorities, and which, immediately relating to the question of military uniform, involves the higher one of military authority. We shall relate one of several accounts (not substantially varying) which we believe to be the most correct. Not very long since, an order came out from the Court of Directors, decreeing that the relative rank of Members of the Medical Board should be that of Brigadier-Generals in the army. Soon after this, the senior member, Dr Sawers, considered that, as there was a uniform for the medical staff, that uniform should be worn at all meetings of the board, and he mentioned this desire to the other two members, Drs Smith and Campbell, and said that, at the end of a fortnight (allowing that time for the uniform to be prepared) they should appear accordingly.

They, considering this as a proposition rather than as an order, voted against it, and intimated to Dr Sawers that his motion was negatived by the majority of votes. He made no remark whatever upon this result, and such meetings as next ensued were attended in the old way,—plain cloth coat, or white jacket, according to the 'warm feelings' of the respective members,—until the first meeting occurred after the expiration of the fortnight's law, when, on Dr Campbell's entering the office in a white jacket, Dr Sawers, who was himself in undress uniform, ordered him to go home and consider himself in arrest for disobedience of orders. Home he went accordingly, and there he has remained in arrest ever since, and charges have been sent in against him by Dr Sawers grounded on his recusancy. Those charges are before Government and the Commander-in-Chief, and we believe it is not found to be easy to decide how they should be dealt with. *Englishman*, May 5th."

As regards the original matter in dispute, there can be no doubt that Dr. Sawers was in the right, and the other two members of the Board in the wrong. The Medical Board was a military board, a special uniform had recently been prescribed for them, and official meetings of the Board were undoubtedly an occasion when uniform should be worn, as is plainly shown by the orders passed upon the dispute. It must be remembered also that uniform was worn much more, seventy years ago, than it is now. As regards the action of Dr. Sawers, however, it appears to have been unnecessarily strong. The administration of the Medical Service was entrusted to the Board, as a Board, and not to the senior of the three officers who composed it. Whether Dr. Sawers had any power to order into arrest one of the other members of the Board would appear to have been, to say the least of it, very doubtful. To justify such strong action on the part of the senior member, some grave offence on the part of the junior would seem necessary; not a difference of opinion on what was, in fact, a mere trifle. No serious results ensued to any of the three, Sawers retired a few months later, on 3rd Oct., 1840, on the expiration of his five years' tour of office; Smith and Campbell each, in turn, succeeded to the post of senior member. The final orders of Government on the subject, while supporting Sawers' views as regards the wearing of uniform, do not mention the arrest directly, but the last clause supports Sawers. These orders run as follows:—*

"Headquarters, Calcutta, May 7th, 1840. The Commander-in-Chief is pleased, in consequence of appeals made to his authority by the members of the Medical Board, to direct, that they shall hereafter, at all public

* *Asiatic Journal*, Vol. XXXIII, *New Series*, Sept., 1840, p. 60.

places, and on all occasions of ceremony, wear the uniform prescribed for them by the Govt. G.O. of the 22nd July, 1839, so well suited to their relative rank, and merited by their long and valued services.

"At church, at the levees, or entertainments at Government House, or at the residence of the Commander-in-Chief, and at great public entertainments, the full dress is to be worn.

"At the meetings of the board, or other professional duties, and generally, when out of their own houses, the blue frock, with a forage cap, is the fit costume, and His Excellency has no objection to the lightest materials being used.

"The Commander-in-Chief directs, that all other boards connected with the army will conform to these rules; and he takes the opportunity of reminding officers, that all presidents of military courts, boards, or committees, are responsible to him for their correct assembly, dress, and proceedings."

New dress regulations for the Medical Service were laid down in the same year, and are published at length in the *Asiatic Journal*.* The full dress comprised a scarlet double-breasted coat, with white lining and turnbacks; epaulettes of gold, corresponding to rank; a plain cocked hat; trousers of blue cloth or white linen, according to the season; a black leather waistbelt; and crimson and gold swordknot. Undress uniform included a blue frock coat, single-breasted; a blue cloth cloak; shoulder straps; a blue cloth forage cap, with gold-edged peak; trousers, sword, etc., the same as in full dress.

The following orders on the medical administration of the Nizam's army were published in Jan., 1840. Incidentally these orders show that a medical school was in existence at Haidarabad, earlier than is generally supposed.

"General Order by Major-General Fraser, Resident at Hyderabad.

"With the sanction of the Right Hon. the Governor General of India, the following arrangements will have effect from the 1st Jan., 1840:—

"Mr Staff Surgeon Young to be Superintending Surgeon of the Nizam's army, upon a salary of Rs.1600 per month, viz. personal pay 800, staff allowance 700, and office allowance 100, to cover all charges for writer, stationery, &c.

"Mr Surgeon Key to be medical storekeeper and superintendent of the Medical School at Bolarum, on a staff salary of Rs.500 per mensem in addition to the pay and allowance of his rank.

"The Senior Surgeon of each division will, as such, draw an allowance of Rs.100 per month, in addition to his regimental pay and allowances for the charge of the details; but, in the event of another corps becoming temporarily vacant, the medical charge thereof will devolve on the next senior medical officer, without a separate charge.

* *Asiatic Journal*, Vol. XXXIII, New Series, Nov., 1840, p. 221.

"The Superintending Surgeon is placed under the immediate orders of the Resident, and will be responsible to him for the general efficiency of the Medical establishment."

In 1844 the Royal College of Surgeons, England, established the new grade of Fellows, 227 of the most distinguished members of the College being elected to the new honour. Full particulars are published in the *Lancet* of 19th Oct., 1844. The senior of the new Fellows, Caleb Woodyer, of Guildford, also the second, L. Leese, of Norwood, had taken their diplomas fifty-five years earlier, in 1789. Sixteen others had done so before the end of the eighteenth century. The junior, W. Hill, of Wootton-under-Edge, had got the M.R.C.S. only two years before, in 1842; and the last but one is Thomas Spencer Wells, Navy, 1841. Among well-known names in the list are the following:—

Thomas Chavasse, Birmingham,	M.R.C.S., 1833.
William Vesalius Pettigrew, London	" 1837.
John Simon, London	" 1838.
Joseph Toynbee, London	" 1838.
William Bowman, London	" 1839.
William Fergusson, London	" 1840.
Thomas Wharton Jones, London	" 1841.
George Murray Humphrey, Cambridge	" 1841.

Out of the total of 227, no less than eighty-three were officers of the Services, five in the Guards, twenty-three others in the A.M.D., twenty-six in the Royal Navy, and the following twenty-nine in the I.M.S. The first year, in brackets, is that of entry to the I.M.S., the second that of taking the M.R.C.S.

James Mellis, (B. 1806)	M.R.C.S., 1802.
Simon Nicolson, (B. 1807)	" 1802.
Henry Hough, (B. 1805)	" 1803.
J. T. Conran, (M. 1807)	" 1804.
John Marshall, (B. 1805)	" 1805.
James Ranken, (B. 1809)	" 1808.
William Darby, (B. 1813)	" 1810.
William Watson, (B. 1813)	" 1812.
James Lawder, (M. 1822)	" 1812.
John Wylie, (M. 1807)	" 1812.
Alexander Garden, (B. 1815)	" 1813.
Christopher Kane, (Bo. 1819)	" 1813.
William Jackson, (B. 1813)	" 1814.
Robert Pinhey, (Bo. 1816)	" 1814.
G. B. Macdonnell, (M. 1819)	" 1815.
Benjamin Williams, (M. 1816)	" 1815.
James Bird, (Bo. 1818)	" 1816.

George Knox, (M. 1817)		M.R.C.S., 1816.
William Mitchelson, (B. 1821)		" 1817.
James Hutchinson, (B. 1819)		" 1818.
C. C. Egerton, (B. 1823)		" 1819.
A. R. Jackson, (B. 1820)		" 1819.
T. M. Lane, (M. 1822)		" 1820.
M. T. Kays, (Bo. 1823)		" 1822.
William Dollard, (B. 1826)		" 1825.
E. W. W. Raleigh, (B. 1826)		" 1825.
Samuel Rogers, (M. 1827)		" 1826.
H. H. Goodeve, (B. 1831)		" 1828.
F. J. Mouat, (B. 1840)		" 1838.

In the middle of the nineteenth century, Colesworthy Grant published a work entitled *Lithographic Sketches of the Public Characters of Calcutta*, 1838-185-, which includes five members of the I.M.S., E. W. W. Raleigh, F. P. Strong, Jas. Burnes, (Bombay), Frederick Corbyn, and Charles Bonnor Chalmers. The last-named was the subject of one of the most remarkable recoveries from injury on record. He entered the Bengal Medical Service on 4th Dec., 1840, at the age of twenty-two, and spent several years of his early service as Civil Assistant Surgeon of Sinhbhum, stationed at Chaibasa. He was a noted and successful *shikari*. In these days, it must be remembered, breechloading rifles had not been invented; in the pursuit of big game men had to rely on ball fired from a smoothbore. On one occasion, he was following up a wounded wild buffalo in thick jungle, when the animal turned on him, threw him down, and gored him, one horn penetrating into his lung, from behind, another ripping up his abdomen, causing the intestines to protrude, after which the buffalo thrust one horn through the large muscles of one of his thighs, carried him some distance, then dropped and left him. His native followers picked him up and carried him to his tent. While twisting himself about, trying to get a view of the wound in his back in a looking-glass, the intestines, which must themselves have been uninjured, went back through the wound in the abdominal wall. In spite of these injuries, and of the entire absence of any treatment other than his own, he made a perfect recovery, and served for nearly thirty years more. He became Surgeon on 28th Sept., 1854, served with the Gurkha force in the Mutiny, became Surgeon Major on 4th Dec., 1860, and D.I.G. on 23rd Dec., 1866, retiring on 30th Sept., 1871. I met Dr. Chalmers in Scotland in 1880, nine years after his retirement. He was then, at the age

of sixty-one, a hale strong man, and looked very young for his age. He died at Brisbane on 24th June, 1889.

Another instance of a remarkable escape was that of John McCosh, who entered the Bengal Service on 2nd Feb., 1831. When serving on the South-East Frontier, in operations against the Kols, in 1832-33, he contracted severe jungle fever, and was granted sick leave to Van Diemen's Land. The vessel in which he sailed, the barque *Lady Munro*, was wrecked on the island of Amsterdam, on the night of 11th Oct., 1833. An account of the wreck is given in the *Calcutta Courier* of 18th, 20th and 22nd Jan., 1834. Out of a total of 96 on board, 75 lives were lost; the Captain, his wife and child; the second and third officers; twenty-eight passengers; nine European convicts; nine native servants, and twenty-four lascars. The twenty-one who escaped were, one passenger, McCosh; the chief officer; one European convict, and eighteen lascars. The ship was shortening sail when she struck, which accounts for the large proportion of lascars saved. The passengers, who were chiefly Army officers with their families, were asleep below in their cabins when she struck. The survivors were taken off the island by an American schooner, the *General Jackson*, and might consider themselves very fortunate in being rescued so soon.

McCosh's experiences may be related in his own words.*

"I have already alluded to my having suffered severely from a jungle fever, contracted on field service. While proceeding to Van Diemen's Land, for the recovery of my health, the vessel was cast away, about one in the morning, upon the desolate island of Amsterdam, with the loss of seventy-six lives. I swam ashore, almost naked, a few minutes after the ship struck; sat on the bare rocks, under heavy rain, till daylight; clothed myself in various pieces of dress, as they lay on the shore, and let them dry on my person; subsisted upon putrid rice, and brackish water, and half-roasted seabirds; and, for fourteen days, underwent all the concomitant hardships inseparable from such a state of uncertainty and destitution, yet I never caught so much as a cold."

He does not say where he was when the ship struck. On his return to Calcutta, the unexpired portion of his furlough was cancelled in Bengal G.O. of 6th Feb., 1834. He subsequently served in the Gwalior war, and was present at the battle of Maharajpur; in the Punjab war, at Sadullapur, Chilianwala, and Gujrat; and in the second Burmese war, at the capture of Rangoon and

* *Medical Advice to the Indian Stranger*, W. H. Allen and Co., London, 1841.

Bassein. He became Surgeon on 31st Dec., 1847, retired on 31st Jan., 1856, and died in London on 16th Jan., 1885.

In 1856 Sir Ranald Martin submitted to Government a Memorandum on the status of the Army Medical Officer, which is quoted as follows by Sir Joseph Fayrer, in his *Life of Inspector General Sir James Ranald Martin*.*

"The present Commander-in-Chief of the Austrian Army in Italy, Marshal Radetsky, has said—'The difference between officers as combatants and surgeons as non-combatants must cease. I see everywhere military officers and surgeons equally exposed to the fire, and therefore the surgeons shall enjoy advantages and distinctions in every respect equal to those of the officers.'

"The great Napoleon acted on this principle, and bestowed, on the field of battle at Wagram, the highest class of the Legion of Honour on Barons Larrey, Desgenettes, and Percy, declaring that such an act was a necessity in any plan which should pretend to give consistence to the system of recompenses granted by the State to its servants. He did not deem the question one which had need of discussion or of proof, the exclusions of former days, which banished hope and emulation from the minds of public servants, having been the results of the injustice of feudalism and of after-ignorance.

"The late Dr Robert Jackson, the greatest physician that ever served in the British Army, declared, on his experience of half a century of the most distinguished service, that, 'as the Medical Staff shares the fatigues and dangers of war, so in just reason it is entitled to a share of advantages.' In this he represented the feelings and deeply rooted sentiments of the whole Medical Department, and of the entire medical profession, of which he was so pre-eminent a member.

"The Duke of Wellington said of officers generally—'That those who do the duty of the army ought to be promoted, and ought also to enjoy its benefits and advantages.'

"The quotations here presented appear to me to impress a just view of an interesting and very important public question, and one which, if fairly carried out in practice, by the removal of all inequalities and distinctions, would put an end to heart-burnings, chronic discontents, and feelings of depression, injurious alike to individuals and to the service at large; for whatever has a tendency to disappoint or repress a just and honourable ambition in public men, is sure in the end to prove injurious to the public interests.

"It will not be contended that anywhere, even on the field of battle, the surgeon is of less importance than the captain or the major; in truth, the regimental Surgeon is here of far more individual importance than either. As regards personal hazards too, hardships, fatigue, privation, and death come by more ways to the surgeon than to the captain, and the surgeon knows it. 'In just reason,' then, there should be no distinction or difference whatever. For the good of the public service, I am quite assured that there ought to be none such, and to render the medical corps an establishment

* A. D. Innes and Co., London, 1897, Chap. VIII, pp. 150-152.

of reliance for all purposes, it must be raised to the position in the army which it deserves—it must be made a contented service.

"Lastly, the attempt on the part of governments to lead educated men to the highest point of excellence and of exertion by money alone is impossible of success.

"Even in a matter so trifling as uniform, a proper consideration should be shown to the surgeon, for matters of this kind are noticed by the soldier. It has been justly observed that costume everywhere 'aids at least the formation of first impressions; and it has already been found in more than one instance, that the introduction of a distinguished uniform has conduced to the general elevation of the class to which it was assigned. If the coat is an honourable one, a man is careful not to disgrace it, and a respect for his profession becomes added to his respect for himself. A mean dress is, on the other hand, held to be a reproach, if not a disgrace.' An appropriate uniform everywhere fosters *esprit de corps* and a sense of responsibility.

"The grant of the military division of the Order of the Bath and that of the Victoria Cross to medical officers, would appear to settle their status in the army, but their actual position ought not to rest upon chance, or upon the mere occasional circumstances of a decoration. It should be ordered and fixed by a royal ordinance, as one of the permanent scientific corps of the army. I think that the Medical Corps should rank with the corps of Royal Engineers, and stand next after it in the Army List. The uncertainties which surround the medical officer have at all times proved prejudicial to the interests of the public service, by occasioning depression and discontent.

"Nov. 12, 1856.

(Signed) J. R. Martin."

No account of this period would be complete without some reference to Simon Nicolson, the most successful, possibly, according to the lights of his time, the best physician who ever practised in India. He was born on 5th July, 1779, in the manse at Kiltarlity, in Inverness-shire, of which parish his father was minister, and educated at St. George's, where he was House Surgeon and Assistant to Sir Everard Home. He was appointed to the Madras Medical Service in a Mily. Letter from Court to Madras, dated 30th July, 1806, paras. 643-645, but never joined that Presidency, being gazetted to the Bengal Medical Service as Assistant Surgeon on 2nd Feb., 1807, and on arrival was posted as Assistant in the General Hospital, Calcutta. Except for one period of leave to the Cape, in Calcutta he spent the rest of his service and of his life. He reached the rank of Surgeon on 8th Jan., 1820. From 1807 to 1820 he served in the Calcutta General Hospital, and from 1820 to Nov., 1832, held the post of Surgeon to the Calcutta Native Hospital, resigning the appointment then on account of ill health, and going on two

years' leave to the Cape early in 1833. On his return to India in 1835 he was appointed Surgeon to the General Hospital, and held that post until his death, twenty years later. In 1839 he was gazetted S.S., but was allowed to decline promotion, and to retain his appointment in Calcutta. He retired from 1st Aug., 1855, and died in Calcutta a week later, on 8th Aug., 1855.

It was Nicolson who first brought James Ranald Martin into notice, recommending him, in 1823, to the Governor General, Lord Amherst, to be sent to Haidarabad to treat Sir Charles Metcalfe, the Resident there, who was seriously ill. Ten years later, Martin succeeded Nicolson as Surgeon to the Native Hospital; he also took charge of Nicolson's practice while he was at the Cape.

Nicolson left no published works, and nowadays he is almost forgotten, a mere name. But no officer in the I.M.S. ever stood higher in the public and private estimation of his contemporaries. Sir John Kaye has described him, under the name of Nicholas FitzSimon, in a long-forgotten novel, *Peregrine Pulteney*. A retired Bengal civilian in the novel speaks of him as follows:—

"Nicholas FitzSimon, everybody knows him in India—finest fellow in the world—kind, generous, trump of a fellow. Now I'll tell you; go to him—give you breakfast, tiffin, dinner, shelter, advice, everything. If you are sick, go to him, sure to cure you—sure to be kind to you—saved more lives than the invention of the lifeboat—a most excellent fellow—good Samaritan—sure to love him." *

Nicolson's personal appearance is thus described in the same work, Vol. III, Chap. III, p. 46.

"He was a tall, rather upright man, dressed according to the season, all in white, and there was something about him well calculated to attract the attention of even an indifferent observer. Apparently rather more than half a century old, his hair was quite grey, cut rather short, and brushed straight off his forehead, which was high, but not very broad, with rather projecting brows, and an aspect certainly of superior wisdom. He wore spectacles, which rested upon a nose very well calculated to support them, being no insignificant feature in his face, and his mouth was one which was not easy to understand at first glance. When Peregrine first saw him, he thought that it was a severe one—indeed that the whole expression of the stranger's face was rather severe than otherwise, but . . . when Dr FitzSimon held out his hand to Peregrine, and said that he was sorry to see him for the first time under such unfavourable circumstances,

* *Peregrine Pulteney, or Life in India*. In three volumes. London, John Mortimer, Adelaide Street, Trafalgar Square, 1844. Volume I, Chap. V, p. 111.

our hero thought that he had never seen a face so full of genuine benevolence, nor a mouth that relaxed itself into a smile of such kindliness as the good doctor's."

A picture of Nicolson, seated in a chair, hangs in the rooms of the Calcutta Asiatic Society. The late C. R. Wilson, in his *Descriptive Catalogue of Paintings in the possession of the Asiatic Society of Bengal*, quotes two other references to Nicolson which should be reproduced here.

"His practice was only limited by the impossibility of performing more than a certain amount of work within a certain space of time. One carriage was always kept ready waiting, day and night, to enable him to attend to any call without delay."

In accepting his resignation, the Governor General, Lord Dalhousie, wrote to him as having long possessed—

"In a measure rarely equalled, the confidence and reverence of your professional brethren, the universal respect and esteem of the community among whom you have passed your days, and the approbation and gratitude of the Government, to whose service you devoted a long course of valuable and distinguished labours."

CHAPTER XXXVI

THE MUTINY

"Was it storm? Our fathers faced it and a wilder never blew;
Earth that waited for the wreckage watched the galley struggle through."
R. KIPLING, *Departmental Duties; The Galley-slave.*

FIFTY-SIX years have come and gone since the Mutiny in 1857 shook the British power in India to its foundations. As is well known, the Mutiny was practically confined to the Bengal army, including the irregular corps in Rajputana and Central India. We would naturally expect, therefore, that the medical officers who lost their lives in the struggle belonged for the most part to the Bengal service. As a matter of fact, all the I.M.S. officers who were killed were Bengal men. They numbered twenty-eight, of whom no less than nine, one-third of the whole, perished at Cawnpore. It is not known with certainty how all of these nine died. For instance, acting S.S. Christopher Garbett is stated, in an obituary notice in the *Lancet* of 14th Nov., 1859, to have died of wounds; in the list of casualties in the *East India Register* he is said to have died of fever in Wheeler's entrenchment, before the final surrender. Of the other 27, two were killed in action, Assistant Surgeon T. H. Woodward before Delhi on 31st Aug., 1857, and Assistant Surgeon R. H. Bartrum* in the advance on Lucknow on 26th Sept.; one died of wounds, Assistant Surgeon E. Darby, in Lucknow Residency, on 27th Oct.

The twenty-eight medical officers killed were the following. The dates in brackets after their names are the dates of entering the Service:—

S.S. James Graham, (9th Jan., 1820), killed by mutineers at Sialkot, 9th July.

* Mrs. Bartrum was in the Lucknow Residency throughout the siege. Her husband, who was with the relieving force, was shot through the head on 26th Sept., 1857, the day after the first of that force had entered the Residency. She subsequently published her experiences under the title, *A Widow's Reminiscences of the Siege of Lucknow*. 12mo., Nisbet and Co., London, 1858.

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Acting S.S. Christopher Garbett, (23rd May, 1828), died in Wheeler's entrenchment, Cawnpur, June.

Surgeon Thomas Smith, Invalid establishment, (22nd Oct., 1831), killed by mutineers at Meerut, 10th May.

Surgeon Henry Hawkins Bowling, (1st March, 1838), killed by mutineers at Shahjahanpur, 31st May.

Surgeon Kinloch Winlaw Kirk, (2nd Oct., 1838), killed by mutineers at Gwalior, 13th June.

Surgeon Nathaniel Collyer, (1st Nov., 1838), killed at Cawnpur, 27th June.

Surgeon William Robert Boyes, (1st Aug., 1841), killed at Cawnpur, 27th June.

Surgeon Arthur Wellesley Robert Newenham, (11th May, 1842), killed at Cawnpur, 27th June.

Surgeon Thomas Godfrey Heathcote, (12th Aug., 1842), killed at Cawnpur, 15th July.

Surgeon Samuel Maltby, (31st Oct., 1843), killed at Cawnpur, 15th July.

Assistant Surgeon John Macdowall Hay, (29th May, 1843), killed by mutineers at Bareilly, 31st May.

Assistant Surgeon John Colin Graham, (16th Jan., 1844), killed by mutineers at Sialkot, 9th July.

Assistant Surgeon Hartwell Samuel Garner, (11th Feb., 1845), killed by mutineers at Sigauli, 23rd July.

Assistant Surgeon Robert Dallas Dove Allan, (20th March, 1845), killed at Cawnpur, 27th June.

Assistant Surgeon Thomas Moore, (20th Jan., 1847), killed by mutineers on road from Cuttack to Sambalpur, 17th Nov.

Assistant Surgeon William Barker MacEgan, (9th March, 1847), killed by mutineers at Jhansi, 7th June.

Assistant Surgeon Robert Lyell, (25th Sept., 1847), killed in a riot at Patna, 3rd July.

Assistant Surgeon Horatio Philip Harris, (7th April, 1848), killed at Cawnpur, 12th June.

Assistant Surgeon George Hansbrow, (4th Feb., 1849), killed by mutineers at Bareilly, 31st May.

Assistant Surgeon John Pierce Bowling, (20th Dec., 1851), killed at Cawnpur, 27th June.

Assistant Surgeon Anthony Dopping, (4th April, 1854), killed by mutineers, Delhi, 11th May.

Assistant Surgeon Robert Henry Bartrum, (11th Jan., 1855), killed in action, in advance on Lucknow, 26th Sept.

Assistant Surgeon Marcus George Hill, (24th Jan., 1855), killed by mutineers, Sitapur, 2nd June.

Assistant Surgeon Daniel Macauley, (4th Aug., 1855), killed at Cawnpur, 15th July.

Assistant Surgeon Edmund Darby, (20th Feb., 1856), died of wounds in Residency, Lucknow, 27th Oct.

Assistant Surgeon William Henry James, (20th Feb., 1857), killed by mutineers, Agar, Central India, 4th July.

Assistant Surgeon Thomas Hewlett Woodward, (20th Feb., 1856), killed in action, Delhi, 31st August.

Assistant Surgeon Henry Thomas Cary, (4th Dec., 1856), killed by mutineers, Mehidpur, 8th Nov.

In addition to those actually killed, many other officers succumbed to disease and to the hardships of the campaign. At least ten men of the Bengal service thus lost their lives.

Surgeon John Bannatyne Macdonald, (27th Feb., 1830), died of cholera in Lucknow Residency, 8th Aug., 1857.

Surgeon Thomas Christopher Hunter, (24th July, 1834), died at Cawnpur, 28th March, 1858.

Surgeon William Amys Rolfe, (22nd Dec., 1840), died in Calcutta, 4th Aug., 1857.

Surgeon James Anderson Nisbet, (2nd April, 1844), died at Multan, 9th March, 1858.

Assistant Surgeon Thomas Mawe, (4th March, 1844), died of fatigue and exposure at Manipur, Banda, after escape from the massacre at Jhansi, 28th June, 1857.

Assistant Surgeon William Sutherland Stiven, (10th Sept., 1846), died at Allahabad, 27th Feb., 1858.

Assistant Surgeon William Gardiner Morris, (20th Nov., 1848), died at Delhi, 13th Jan., 1858.

Assistant Surgeon John Kirk, (4th Aug., 1855), died at Attock, 21st July, 1857.

Assistant Surgeon William Boyle Chavasse, (20th Feb., 1856), died at Meerut, 2nd Nov., 1857.

Assistant Surgeon William Joseph Shaw, (4th Aug., 1856), died of phthisis at Dilkusha, Lucknow, 27th Nov., 1857.

Assistant Surgeon Frederick Christian Bushman, (4th Dec., 1856), died at Barkata, 20th Jan., 1858.

Others, who survived the actual campaigns, contracted disease which proved fatal before long. As one of such may be mentioned John James Halls, (10th June, 1854), Civil Surgeon of Shahabad, who was one of the defenders of Arrah. He died on board the *Ceylon* on his way home on 6th Nov., 1860.*

No officer of the Bombay Service seems to have lost his life in the Mutiny. Of the Madras Service, though none were actually killed, four died during the Mutiny in the disturbed area.

Surgeon William Henry Sceales, (25th Jan., 1841), died at Dinapur on 24th June, 1858, of dysentery brought on by fatigue and exposure while serving in Sir E. Lugard's division.

Assistant Surgeon Ridley Porter, (13th Jan., 1853), died at Jabalpur, 17th Sept., 1857.

Assistant Surgeon George Dunman, (24th Jan., 1855), died at Camp Kirwer, 14th June, 1858.

Assistant Surgeon John Stafford Bush, (20th Feb., 1856), died at Kampti, 15th Aug., 1857.

* Dr. Halls wrote a short account of the Siege, *Two Months in Arrah in 1857*. 12mo. London, Longmans & Co., 1860.

The first accounts of the outbreak of the Mutiny which reached England were partly fact and partly rumour. Many officers were reported as killed, who had in fact survived, and lived for long afterwards. In the *Lancet* of 26th Sept., 1857, is a list of medical officers killed in the Mutiny, which includes the names of Assistant Surgeon Joseph Fayrer, (29th June, 1850), who was fated to live for nearly half a century longer, and died so recently as 21st May, 1907; and of Surgeon Richard Henry Oakley, (8th Jan., 1842), who lived till 11th Dec., 1900.

Such mistakes, in the early reports received from India, were natural enough; and indeed inevitable. But in the *East India Register* for 1858, an official publication, issued several months after the event, the name of Assistant Surgeon William Wotherspoon Ireland, (4th Aug., 1856), is shown among the Bengal casualties, as "killed before Delhi, 26th July, 1857." His injuries are thus described in the *Lancet* of 7th Nov., 1857—

"A ball had entered the eye, and passed below the brain, coming out near the ear. . . . He had a second wound, though of a less serious character, a ball having entered the shoulder, which was found lodged in his back."

(The action at Najafgarh, in which Dr. Ireland was wounded, was fought on 25th Aug., 1857, not July.) It is not to be wondered at that such wounds were supposed to be mortal. Dr. Ireland, however, recovered more or less, but had to take sick leave in 1858, which was extended up to three years, at the end of which, being still unfit to rejoin duty, he resigned the Service, from 1st Aug., 1861. He died at Musselburgh, on 17th May, 1909.

Many medical officers were wounded during the campaigns. The following cases have been collected from "war services" and other sources:—

Surgeon William Abbot Green, (B. 6th June, 1830), shot through the thigh at the disarmament of the Sepoys at Dakka, 17th Nov., 1857.

Surgeon William Brydon, (B. 9th July, 1835), the sole survivor of the Kabul massacre in January, 1842, shot through the loins while sitting at dinner in Gubbins' house in the Lucknow Residency, 21st July, 1857, (Fayrer's *Reminiscences*, page 179).

Assistant Surgeon Nathaniel James Grant, (B. 18th Dec., 1853), dangerously wounded in action with rebel cavalry at Rohni, June, 1857.

Assistant Surgeon William Watson, (B. 1st Aug., 1854), slightly wounded in head at Sasia Ghat, Agra, 5th July, 1857.

Assistant Surgeon William Henry Hayes, (B. 4th Aug., 1855), wounded near Chaibasa, in a rising in the Kol country, 14th Jan., 1858.

Assistant Surgeon Archibald Hamilton Hilson, (B. 29th Jan., 1857), wounded severely in face by a musket ball.

Assistant Surgeon James Lumsdaine, (Bo. 10th Nov., 1852), wounded at battle of Kunch, Central India.

Assistant Surgeon William Ashton Shepherd, (Bo. 9th Dec., 1852), slightly wounded in action at Ambapani, while serving with the Satpura Field Force.

Assistant Surgeon John Cruickshank, (Bo. 20th Feb., 1856), severely wounded in the storm of Jhansi, where he accompanied the storming party.

Assistant Surgeon Thomas Miller, (Bo. 19th Nov., 1856), severely wounded in the storm of Jhansi.

The Army Medical Department lost many killed and wounded during the campaign. Amongst their casualties were the following :—

Assistant Surgeon S. Moore, 6th Dragoon Guards, died at Meerut, 2nd June, 1857, of wounds received in action at Ghaziudinnagar on 31st May.

Surgeon Stack, 86th Foot, killed in the storm of Jhansi, while attending a wounded soldier.

Surgeon J. H. Ker-Innes, 60th Rifles, wounded at Delhi.

Assistant Surgeon S. A. Lithgow, 75th Foot, wounded at Delhi.

D.I.G. William Cruickshank, died at Simla, from the effects of service in the field, 5th Nov., 1858.

Assistant Surgeon Paterson Allen, F. Troop, Horse Artillery, died at Jaitpur, Bundelkand, of fever brought on by heat and exposure, 23rd Dec., 1858.

Surgeon R. Dowse, 70th Foot, died of fever, on the march to Multan, 4th Feb., 1859.

In Holmes' *History of the Indian Mutiny*, (pp. 254-57), Surgeon Major Morton is mentioned as one of the victims of the Mutiny at Sitapur. Morton was not a medical officer, but a *Sergeant Major*.

Sub-Assistant Surgeon Chimmun Lall, of the Delhi hospital, a Christian, who had been baptised on 11th July, 1852, was killed in the Massacre at Delhi on 11th May, 1857. On the other hand, Sub-Assistant Surgeon Wazir Khan, teacher of Materia Medica in the Agra Medical School, became prominent among the rebels.

Among the officers mentioned in General Wilson's despatch, reporting the capture of Delhi, are the following medical officers :—

S.S. Edmund Tritton, (Bengal, 4th Dec., 1825).

Offg. S.S. Campbell Mackinnon, (Bengal, 30th March, 1830).

Surgeon J. H. Ker-Innes, 60th Rifles, (A.M.D.).

Surgeon Edward Hare, 2nd Fusiliers, (Bengal, 24th Feb., 1839).

Surgeon James Peter Brougham, First Fusiliers (Bengal, 8th March 1840).

Surgeon David Scott, Medical Storekeeper, (Bengal, 20th Dec., 1845).

Assistant Surgeon J. J. Clifford, 9th Lancers, (A.M.D.).

Assistant Surgeon W. F. Macintyre, Commander-in-Chief's Staff, (A.M.D.).

The G.O. issued by the Governor General in Council, Lord Canning, No. 1383, dated Fort William, 5th Nov., 1857, on the siege of Delhi, includes the following tribute to the medical officers :—

"The arrangements made by Superintending Surgeon E. Tritton, for the care and comfort of the numerous patients in hospital, have been most satisfactory, and the Governor General in Council has pleasure in offering to that officer, as well as to the regimental and staff officers of the Medical Department by whom he was supported, this acknowledgment of their good service."

Brigadier Inglis mentions the names of the following medical officers in his despatch on the siege of Lucknow :—

Surgeon William Brydon, 71st Native Infantry, (Bengal, 9th July, 1835).

Surgeon John Campbell, 7th Light Cavalry, (Bengal, 22nd Dec., 1840).

Surgeon George Mathieson Ogilvie, Sanitary Commissioner, (Bombay, 9th March, 1841).

Assistant Surgeon Boyd, 32nd Foot, (A.M.D.).

Assistant Surgeon Joseph Fayrer, Civil Surgeon, (Bengal, 29th June, 1850).

Assistant Surgeon Samuel Bowen Partridge, 2nd Oudh Irregular Cavalry, (Bengal, 12th Oct., 1852).

Assistant Surgeon Henry Martineau Greenhow, (Bengal, 20th Jan., 1854).

Assistant Surgeon Robert Bird, Artillery, (Bengal, 4th Aug., 1855).

Assistant Surgeon Edmund Darby, (Bengal, 20th Feb., 1856).

Brydon, Campbell, and Ogilvie, got the C.B.; Fayrer, Partridge, Bird, and Greenhow, were promoted to Brevet Surgeoncies. The first three also, soon after, received important civil appointments; Fayrer the Professorship of Surgery, and Partridge that of Anatomy, in the Calcutta Medical College, and Bird the Civil Surgeoncy of Howrah. All four survived for over thirty years. Bird died at Cobham, Virginia, on 31st Oct., 1890; Partridge at Anerley, Kent, on 7th May, 1898; Fayrer at Falmouth on 21st May, 1907; while Greenhow, the last survivor, died at Esher, in Surrey, so recently as 26th Nov., 1912, more than fifty years after his service in Lucknow. Darby, as stated above, was killed during the siege.

Sir Hugh Rose, in his despatch on the Central India Campaign,

mentions the following medical officers, confirming a report of S.S. Francis Shortt Arnott, (Bombay, 19th Feb., 1829):—

Surgeon David Ritchie, Field Surgeon, (Bombay, 11th Aug., 1831).
 Surgeon William Mackenzie, 3rd Hyderabad Cavalry, (Madras, 14th Jan., 1835).
 Surgeon John Deas, 3rd Cavalry, (Bombay, 20th March, 1837).
 Surgeon James Vaughan, (Bombay, 2nd Feb., 1842).
 Surgeon Stack, 86th Foot, shot dead at storm of Jhansi, (A.M.D.).
 Surgeon Stuart, 14th Light Dragoons, (A.M.D.).
 Assistant Surgeon George Nayler, (Bombay, 20th Oct., 1852).

Lord Clyde, (Sir Colin Campbell), in his despatch, dated 21st Feb., 1859, announcing the final recapture of Lucknow, which brought the Mutiny to an end, as far as large operations were concerned, though much still remained to be done in the way of hunting down scattered parties and bringing into subjection rebellious tracts of country, acknowledges the services of the Medical Department as follows:—

"To His Excellency the Right Honourable the Governor General, Head Quarters Camp, Lucknow, February 21st, 1859.

"My Lord,—The military operations in the Presidency of Bengal, which ensued on the great Mutiny of 1857, having happily been now brought to a close, I have the greatest satisfaction in recommending warmly to your Excellency's protection two great departments of the military administration, to which the troops and the officers who have commanded them in their long campaigns are under real and great obligations. I allude to the medical and commissariat departments.

"The former, being composed of officers belonging to the two services, has shone equally in the matters of general organisation and of regimental arrangements. The Director-General, Dr. Forsyth, and the Inspector-General of Her Majesty's Forces, Dr. Linton, C.B., in Calcutta, have worked successfully to meet the great requirements made on them; and the staff and regimental medical officers have well maintained the credit of their noble profession, and the reputation for self-sacrifice which belongs to the Surgeons of Her Majesty's Armies,—a reputation which is maintained in the field on all occasions, as well as in the most trying circumstances of the hospital.

"Clyde, General, Commander-in-Chief, East Indies."

A number of medical officers received the Companionship of the Bath, for their services in the Mutiny.

19th Jan., 1858.—S.S. Edmund Tritton, (Bengal, 4th Dec., 1825), Delhi.
 24th March, 1858.—Surgeon John Campbell Brown, (Bengal, 5th July, 1836), Delhi.
 16th Nov., 1858.—Surgeon John Campbell, (Bengal, 22nd Dec., 1840) Lucknow.

16th Nov., 1858.—Surgeon William Brydon, (Bengal, 9th July, 1835), Lucknow.

16th Nov., 1858.—Surgeon John Henry Orr, (Madras, 22nd Feb., 1837), Central India.

16th Nov., 1858.—Surgeon G. M. Ogilvie, (Bombay 9th March, 1841), Lucknow.

22nd March, 1859.—S.S. F. S. Arnott, (Bombay, 19th Feb., 1829), Central India.

22nd March, 1859.—Surgeon William Mackenzie, (Madras, 14th Jan., 1835), Central India.

May, 1859.—D.I.G. John Charles Graham Tice, (A.M.D.).

May, 1859.—D.I.G. Francis William Innes, (A.M.D.).

May, 1859.—D.I.G. John Fraser, (A.M.D.).

May, 1859.—Surgeon Charles Alexander Gordon, 10th Foot, (A.M.D.).

May, 1859.—Surgeon James Gordon Inglis, 64th Foot, (A.M.D.).

May, 1859.—Surgeon Joseph Jee, 78th Foot, (A.M.D.).

The Army Medical Department, which had already won three Victoria Crosses in the Crimea,* gained three more in the Mutiny, as follows:—

Surgeon (afterwards S.G. and C.B.) Herbert Taylor Reade, 61st Foot, at storm of Delhi, 14th and 16th Sept., 1857.

Surgeon (afterwards I.G. and C.B.) Joseph Jee, 78th Foot, Ross-shire Buffs, at first relief of Lucknow, 25th Sept., 1857.

Surgeon (afterwards S.G. and K.C.B.) Anthony Dickson Home, at first relief of Lucknow, 26th Sept., 1857.

Retired members of the Service will remember Sir Anthony Home as P.M.O., H.M.'s Forces in India, in the early 'eighties. He got his K.C.B. as P.M.O. in Ashanti.

The Honours given in celebration of the King's birthday on 28th June, 1907, included thirty-seven C.B.'s given to Mutiny veterans, in celebration of the fiftieth anniversary of the campaign. Among them were S.G. T. Tarrant and D.S.G.'s E. M. Sinclair and A. Eteson, the two former of the A.M.D., the last of the Bengal Medical Service. All three, of course, had long since retired from the Army.

Five Assistant Surgeons of the Bengal Service received brevet promotion to Surgeon, viz., J. Fayrer, H. M. Greenhow, S. B. Partridge, and R. Bird, all for the defence of Lucknow; and Joseph Walter Raleigh Amesbury, (11th Jan., 1851); the first four dated 7th Sept., 1858, the last 14th Aug., 1860. The

* Surgeon J. Mouat (afterwards Surgeon General and K.C.B.), at Balaklava, 26th Oct., 1854; Asst. Surgeon (afterwards Surgeon Major) T. E. Hale, 8th Sept., 1855; Asst. Surgeon W. H. T. Sylvester, 23rd Foot, 8th Sept., 1855.

Mutiny services of the last-named include commanding a troop of the third Oudh Irregular Cavalry, and raising a troop of volunteer cavalry which served under Generals Neill and Havelock. Assistant Surgeon Henry Mills Cannon, (Bengal, 1st June, 1846), was also recommended for a brevet of Surgeon, but in the meantime got his step in the ordinary way, by seniority, from 16th Sept., 1859.

In 1907, half a century after the Mutiny, more than ninety members of the I.M.S. who had entered the Service before May, 1857, were still alive. During the past six years, the numbers have sadly diminished. But even now, in May, 1913, fifty-six years after the Mutiny began, over forty still survive. Their names are given below; those who actually served in the campaigns of 1857-58 being marked with an asterisk. The senior survivor, Surgeon Major H. B. Hinton, has now completed his century. He did not see service in the Mutiny, but went to China with the 70th N.I., now the 11th Rajputs. Both Hinton and Mactier served in both the Sikh wars, the Sutlej campaign of 1845 and the Panjab campaign of 1849; Hinton also served in the Gwalior war. W. H. Harris served also in the Crimea. And Surgeon Major R. Boustead, who entered the Bombay Service on 23rd July, 1858, more than a year after the beginning of the Mutiny, served in both the Crimea and Mutiny; also in the second China war, in the Abyssinian war, and in the Soudan in 1885.†

Pre-Mutiny Officers of the I.M.S. still surviving, May, 1913.

BENGAL.

H. B. Hinton.	(14th Jan., 1839)	N. C. Macnamara.	(4th Nov., 1854)
*W. F. Mactier.	(3rd Dec., 1844)	*J. H. Loch.	(20th Dec., 1854)
D. H. Small.	(21st Nov., 1846)	S. C. Amesbury.	(14th Jan., 1855)
A. J. Payne.	(20th Dec., 1848)	G. K. Poole.	(14th Mar. 1855)
*A. C. C. De Renzy.	(29th July, 1851)	*G. A. Watson.	(4th Aug., 1855)
*A. Christison.	(20th Oct., 1851)	*J. Fairweather.	(4th Aug., 1855)
*C. T. Paske.	(26th Aug., 1852)	*C. Planck.	(4th Aug., 1855)
B. Simpson.	(20th Oct., 1853)	*F. Carter.	(4th Aug., 1855)
*N. J. Grant.	(18th Dec., 1853)	*W. H. Hayes.	(4th Aug., 1855)
J. J. T. Lawrence.	(30th Jan., 1854)	*J. H. Thornton.	(9th Jan., 1856)
T. B. Farncombe.	(20th Feb., 1854)	*W. S. Caldwell.	(29th Jan., 1857)
*P. W. Sutherland.	(6th May, 1854)		

† Before the end of 1913, four of these officers died: W. S. Caldwell at Stranraer on 21st Sept.; R. Dick on 14th Oct.; R. Byramji at Ravenscourt Park London, on 3rd Nov.; and Sir John James Trevor Lawrence at Burford House Dorking, on 22nd December.

MADRAS.

*A. C. Macleod.	(8th Mar., 1841)	B. Williamson.	(11th Jan., 1856)
*W. H. Harris.	(13th Feb., 1853)	J. Henderson.	(20th Feb., 1856)
C. Cooper.	(20th Nov., 1853)	A. C. Gamack.	(4th Aug., 1856)
S. J. Wyndowe.	(24th Mar., 1854)	S. T. Heard.	(29th Jan., 1857)
*A. H. Beaman.	(10th June, 1854)	*W. A. Smith-Wyane.	(29th Jan., 1857)

BOMBAY.

C. J. Sylvester.	(3rd May, 1846)	G. E. Seward.	(4th Aug., 1855)
T. B. Beatty.	(20th May, 1851)	J. Pinkerton.	(4th Aug., 1855)
E. R. Butler.	(4th Oct., 1854)	*C. Joynt.	(20th Feb., 1856)
G. Birdwood.	(20th Oct., 1854)	C. K. Colston.	(20th Feb., 1856)
H. Cook.	(24th Jan., 1855)	R. Byramji.	(29th Jan., 1857)
R. Dick.	(24th Jan., 1855)		

CHAPTER XXXVII

THE CROWN SUCCEEDS THE COMPANY

"The Mutiny sealed the fate of the East India Company, after a life of more than two and a half centuries."
Sir W. W. HUNTER, *The Indian Empire*, Chap. XXV, p. 494.

THE Government of India was transferred from the Company to the Crown by Acts 21 and 22 Victoria, *caput* 106, *An Act for the better Government of India*, dated 2nd Aug., 1858. This momentous change was published in India by Her Majesty's proclamation at Allahabad on 1st Nov., 1858.

By this Act the Military and Naval Services of the East India Company became those of the Crown. The Indian Army was amalgamated with the British Army by a G.O. dated 10th April, 1861, when Royal commissions were conferred upon the combatant officers of the Company's Army. By clause 44 of the Warrant of 7th Nov., 1864, the officers of the I.M.S. also received Royal commissions.

The subject matter of this chapter may conveniently, however, begin a little earlier, with the *Minute* on the I.M.S. written by the great Governor General, Lord Dalhousie, and dated 1st Feb. 1856, shortly before he left India. This minute, in Dalhousie's own handwriting, is preserved in the Calcutta Record Office. Extracts from it are given in Dr. George Smith's *Life of Surgeon-Major Alexander Grant*, Dalhousie's personal physician, entitled *Physician and Friend*, (p. 89). Dr. Smith states that the minute was founded upon a paper drawn up by Grant. A short summary is also given in Fayrer's *Life of Sir Ranald Martin*, (pp. 135-8).

The minute is long, but is most interesting, and is of great importance in the history of the Service. Almost all the changes and improvements which Dalhousie advocated have since been carried out, some sooner; others later. The most important modifications in the administration of the Service therein advocated, are as follows:—

Paras. 4-11. Administration by Medical Board objectionable and inefficient; one officer should be appointed, after careful selection, as head of the Service, with the title of Director General. This reform was carried out in the following year, with effect from 12th Nov., 1857, a Director General being appointed, in place of the Medical Board, for each of the three Services, Bengal, Madras, and Bombay.

Para. 13. The Director General of the Bengal Service should be assisted by two I.G.'s, one Civil, the other Military. These appointments were also made from 12th Nov., 1857. But the division of duties, between the two I.G.'s, as fixed, was not that of Civil and Military administration respectively; but, as advocated by Sir Barnes Peacock and Mr. J. P. Grant, geographical, one being placed over the Upper, the other over the Lower Provinces.

Para. 19. Introduction of a new rank, that of Staff Surgeon, intermediate between Superintending Surgeon and Surgeon; one officer of this new rank being posted to each circle, as Deputy and Assistant to the Superintending Surgeon. These appointments were not made, and, with increased facility of communication and inspection, have not been found necessary. As far as rank goes, an equivalent was found in the institution, from 1879, of the new rank of Brigade Surgeon, now represented by that of Lieut.-Colonel on the selected list.

Paras. 27 and 28. Assistant Surgeons to be divided into two grades, first and second class. This was practically granted in clause 9 of the Warrant of 1st Feb., 1859, when Assistant Surgeons were given the rank of Captain, with increased pay, on completion of six years' service.

Paras. 34-38. Medical officers should not be considered as non-combatants, and should receive substantive rank. Such rank was conferred in 1898, more than forty years after Dalhousie had advocated the concession.

Para. 41. Recapitulation and summary.

"*Minute on the Indian Medical Service.* By the Governor General, Lord Dalhousie. Dated 1st February, 1856.

"*Original Consultations—Military Department, 28th Feb., 1856.*

"There still remain departments in the several branches of administration, which I should have been glad to have had time to review and amend, before resigning the Government of India. But the constant pressure of business requiring immediate attention has rendered it impossible

for me to find time for everything; and the near approach of the day of my departure almost forbids any further attempt to propose reforms. There is, however, one department which calls for improvement so loudly, which calls for it so justly, which is so easily susceptible of full improvement, which is so worthy of it, and will so completely and amply repay it, that I cannot be content to leave India without submitting my views regarding that portion of the service to the Honourable Court, and earnestly soliciting their favourable consideration of what I shall propose. I allude to the Medical Department of the three Presidencies.

"2. It is impossible for me now to work out the subject in its lesser details. Indeed it is inexpedient that I should attempt to do so. It is far preferable that these details should be left to the management of the government hereafter, if the Honourable Court should be pleased to approve of the general outline of what I am about to propose. It is that general outline only which I now desire to submit.

"3. The Indian Medical Service has been the subject of enquiry, discussion, and representation for many years past. The Honble Court have full information at their command regarding its condition, its deficiencies, and all the various means of improving the one and repairing the other. The records of enquiries held in this country by direction of the Govt. of India, the evidence which has been given before the Committees of Parliament, and the numerous memorials which have from time to time been presented to the Honble Court by members of the medical service of name and note in the several presidencies, all furnish a body of important facts which cannot be controverted and have never even been disputed.

"It is therefore unnecessary for me to burden this minute by setting forth in it facts which are already so fully on record; and which will at once be present to the memory of the Honble Court, and familiar to it, on my referring to them.

"4. The first great fault in the organisation of the Indian Medical Service,—the beginning, middle, and end of its imperfections,—is the vicious principle upon which the direction and control of the Department is based. It is governed by a Board consisting of three members, those three Members having been, systematically, the three oldest officers on the medical list. Recently the Honble Court permitted a modification of this system of rigid seniority to be made, so far as to allow that one of the three members should be appointed by selection. When I proceeded to act on this permission I met with the utmost opposition, and although I selected a medical officer of the most eminent ability, of distinguished service, and moreover among the three seniors of the Superintending Surgeons, I was compelled to insist upon his appointment, before I could overcome the resistance which, by repeated remonstrance and representation on behalf of the two seniors, was made to the measure from Army Head Quarters.

"5. When the medical service has been for so long subjected to the Government of a Board; when that board has been uninterruptedly filled by a rigid system of seniority, and when that system of seniority has been thus inflexibly sustained by the military authorities and countenanced by the Government, the Honble Court can have no doubt of the ill effects which must have ensued.

"6. I say that 'the Honble Court can have no doubt of the ill effects which must have ensued' from such an organisation, because the Honble

Court have already recognised the viciousness of the principle on which it is based, in the case of another controlling authority of a similar constitution,—viz. the Military Board. That Board was not in its constitution so radically bad as the Medical Board, because it had not been fixed like the latter in all its grades by absolute seniority. But it was largely subject to objections of the same character. The Honble Court acknowledged the inherent faultiness of its constitution. They even outstripped me in proposals for rescuing different departments from its influence; which I had made gradually and cautiously in order that alarm might not be created by any appearance of wholesale innovation. Finally the Honble Court readily consented last year to the total abolition of the Military Board.

"7. I strongly recommend and earnestly hope that the Honble Court will in like manner consent to the total abolition of the Medical Boards.

"8. The one true, right, sound principle for the Government of the Indian Medical Service in India is that which the Court have permitted the Government of India to act upon, providing a substitute for the collective control of the Military Board, namely, unity of authority coupled with direct responsibility.

"9. Let this principle be strictly observed in framing the direction of the department;—let the principle which is to govern all other appointments in it be, not succession but selection. Let the responsibility of causing effect to be given to these two principles be placed, not indirectly as it is at present, but directly upon the shoulders of the Government; and I will make answer for it, that the Medical service of the East India Company will be surpassed by none in the world, either in its Civil or its Military branch.

"10. Already in many respects the Indian Medical Service is superior to the Royal service, especially in the organisation of the inferior grades. There have already been found in its ranks many men of the highest capacity and value, who elsewhere would have won an European reputation. On the other hand there have too often been tolerated in it many who were dolts, sluggards, or reprobates. But if the directing authority of the Department were what it ought to be, the number of those who do it honour would be still more increased, while it would become the fault of the Government itself if those who are a reproach to the Department continue to discredit it.

"11. I therefore advise that the Medical Board at the several Presidencies should be abolished; and that in each Presidency the entire direction and control of the Medical Department, subject to the authority of the Government, should be vested in a Director General.

"12. I recommend that the Director General should be selected by the Government from among the Superintending Surgeons or Staff Surgeons, who will be mentioned hereafter; that his tour of duty should be for five years, renewable by the Government if it should think proper, and that his salary should be 3500 Rs per mensem.

"The Director General should perform all the duties which the Medical Board is now expected to perform, and he should have the services of a Secretary.

"13. The extent of the Bengal Presidency is now so great,—the new provinces, subsidiary to it are so numerous and still increasing,—the Civil and Military Establishments connected with it are so immense,—that the

Director General would be unable to perform the onerous functions of his office, unless he had either a very large and costly establishment, or assistance of a high class immediately subordinate to his office.

"As the more effective measure, and also in order that the opportunities of advancement and reward for medical officers, which are already much curtailed, should not be unduly diminished, I would advise that two officers be appointed under the Director General, one to be the Inspector General of Military Hospitals, the other to be the Inspector General of Civil Hospitals and Dispensaries.

"The names of these officers indicate their respective duties. Their salary should be 2500 Rs per mensem. They should each have an assistant or secretary. They should be liable to be deputed on special duty by the Director General, and his place should be taken by one of them if he should be temporarily absent.

"14. The Superintending Surgeons should correspond with the Inspectors General, and they with the Director General; but all ultimate decision and responsibility within the Department will rest with the Director General.

"Present members of the Medical Board, who may not be employed as Director General or as Inspector General, should be allowed to retire, retaining their allowances for so long as their tour on the Board would have lasted.

"15. The next grade in the Department should be, as at present, the Superintending Surgeon.

"This office is an efficient part of the system, if it be filled by efficient men. But the promotion to it, as to the Medical Board, has been hitherto regulated by the recommendations of the Commander in Chief, proceeding invariably and exclusively by strict seniority.

"It is manifestly impossible that the twelve senior officers on the Medical list, next after the members of the Board, can be the twelve fittest men for the performance of the important and responsible duty of superintending the whole executive of the department. It is certain that, altho' some are, the Superintending Surgeons as a body are not, the fittest men to superintend others, and thereby at once to protect the interests of the Government, and to promote the welfare of the community. Yet they ought to be so.

"The only means by which the Honble Court can ensure that they shall be so, is by directing that the appointment to the office of Superintending Surgeon shall in all cases be by selection of the fittest man for each vacancy that may occur."

"I beg to recommend that the Honble Court should issue such instructions accordingly.

"The substitution of the twelve best men in the medical service for the twelve oldest men (next after the Director and Inspectors General) as Superintending Surgeons, will have a great and wholesome effect. But it will still leave a deficiency to be supplied.

"16. The Superintending Surgeon cannot, unassisted, perform fully the duties that belong to his office, even if he be thoroughly efficient. The proper discharge of the duties which require his almost constant presence at Divisional Head Quarters is incompatible with those frequent inspections of all his stations, in which consists the very essence of superintendence.

"17. The consequence now is, that in most circles the duty cannot be

said to be done at all. Where it is done, the duty left at Head Quarters is naturally neglected by the senior officer, into whose hands it falls, and who gets neither credit nor advancement nor emolument by it.

"18. The consequence hereafter will be, when efficient Superintending Surgeons shall be appointed, that the duty generally will be vastly better done, but it must still be imperfectly done, either at head quarters or in the mofussil.

"19. To remedy this deficiency I beg to advise that a new grade of Medical Officers shall be created, who shall be called 'Staff Surgeons.' In number they should be one for each circle in which there is a Superintending Surgeon, and one for general duties at the Presidency.

"Their salary should be 1000 Rs a month. They should be appointed by selection from among officers of the rank of Surgeon. They should do the duties of Superintending Surgeon, if that officer leave Head Quarters, they should do his duties in the mofussil if he should depute them for that purpose.

"20. The addition of one 'Staff Assistant Surgeon' for each Staff Surgeon would render the system complete. But at present I urge only the appointment of Staff Surgeons.

"21. By these means the function of Superintendence would be properly performed, which it has never yet been. All duties would be carried on in each circle without arrears or irregularities. Great economy as well as greatly increased efficiency would be the certain result in time of peace; and in time of war Government would have ten or twelve of their best men ready to their hand for employment in the field, without stripping regiments or establishments, and without most seriously deranging the whole working of the department throughout the Presidency, as is now the case on any sudden call.

"22. Moreover a great boon, and most desirable encouragement would be given to the large body of full Surgeons, who have now very many years to wait after their promotion without any increase of allowance, which they can only obtain by reaching step by step the grade of Superintending Surgeon; while even under the system of selection to that grade which has now been recommended, the existence of an intermediate step would greatly quicken professional zeal and ambition, and by its cheering effect would repay the Government a hundredfold for the inconsiderable extra expense which the measure would involve.

"23. The initiation of the nomination to all the principal appointments in the Medical Service has hitherto rested with the Commander-in-Chief, the real power of appointment being in the Governor General in Council, whose confirmation was necessary to His Excellency's nomination.

"I recommend that this apparently divided responsibility should be set aside, and that the appointment of the high medical officers should rest directly, as it hitherto has practically, with the Governor General in Council.

"The medical service is not exclusively military in its composition, although all its members hold military Commissions. On the contrary the Civil appointments of all kinds are much more numerous than the Military. All military appointments should be made by the Commander in Chief, all Civil appointments by the Governor General in Council, the Governors in Council, and the Lieutenant Governors.

"The Director General should be appointed by the Governor General

in Council. The Inspectors General, Superintending Surgeons and Staff Surgeons by the Governor General in Council.

"But in every appointment, whether by the Governor General in Council, the Governors in Council, or the Lieutenant Governors, *the Director General should recommend.** And altho' it would not be expedient that the nomination of the Director General should be declared to be binding or final, (because some appointments are personal, and in the Foreign Department medical officers from other Presidencies might be desired), still his recommendation should never be set aside except upon very strong grounds, which should be placed upon record.

"24. No doubt this measure would limit the patronage of all the high functionaries I have named. But it is very fitting that their patronage should be so limited in regard to medical officers, of whose qualities and professional capacities it is not possible for them to form a correct judgment.

"25. The principle of the measure, however, is no novelty, for the power which I propose to give to the Director General in India has always been exercised by the Director General in the Royal Service.

"26. By adopting these measures the mistakes which we all occasionally commit, however unconsciously, in the administration of patronage will be avoided. The right men will be chosen. The profession will get fair play. The rise of an officer of merit will no longer be doubtful; and the service will recover the popularity it formerly had among men devoting themselves in youth to the medical profession.

"27. The Assistant Surgeons of the Company's service are sufficiently well paid on their first entrance into it. But many years elapse before they are promoted to the rank of Surgeon, and intermediately there is no increase of emoluments for the main body of the Assistant Surgeons, or for any but those who obtain detached employment.

"28. A great stimulus to exertion would be given, and great benefit would result, if the Honourable Court would consent to allow to the Assistant Surgeons, as such, some increase of emoluments on certain first conditions. At present an Assistant Surgeon, who is in charge of a regiment, receives only half the staff salary which is drawn by a Surgeon holding a similar charge. I would propose that any Assistant Surgeon in charge of a regiment who after seven years service shall be recommended by the Director General as in every respect deserving of reward, should receive the same staff salary as would be drawn by a Surgeon in the same position.

"29. The Assistant Surgeons might thus be divided into first and second class Assistant Surgeons.

"30. It certainly seems that something is required to restore the attractions which the medical service of the Honourable Company possessed in former years, but which general testimony and obvious facts unite to shew it has now lost.

"I remember that when twenty years ago I asked for a medical appointment from one of the Directors, I was told that it was as difficult to obtain an appointment in the medical service as in the Civil service, and in point of fact it was only obtained for me on that occasion by an exchange.

"The medical service of the Honourable Company is now open to everybody; yet the public journals show that there are hardly more candidates than vacancies.

"31. There must be a reason for this change in estimation in which the

* Italics in original.

Indian Medical Service is held. Those of the profession whom I have consulted attribute it to the fact that there are fewer prizes for Assistant Surgeons in India now than formerly, and to the increased inducements which the Royal Service now holds out.

"It is in order to counterbalance these drawbacks, as well as offer an encouragement which seems just and wise in itself, that I make these proposals in favour of Assistant Surgeons, which I beg to recommend to the favour of the Honourable Court.

"32. There are several particulars in which the Medical Service as a body lies under great disadvantages, and which they regard, justly in my opinion, as grievances that ought to be removed. I refer to the inequality which now prevails between the position of a medical officer and that of his brother officers, in respect of pension, honours, and rank.

"I respectfully submit that such irregularities are founded on no sound grounds of justice, expediency, or policy. No valid reason ever has been, or can be, alleged for maintaining them. Their effect is to depress the spirits of the medical officer;—to depreciate a profession and class of service which ought to be held in the utmost respect, and supported equally from motives of prudence and gratitude.

"All such irregularities should be at once removed; and the medical officer, in respect of real rank, dress, honours, and promotion, should be placed on a footing with his brother officers, who hold the Honourable Company's commission like himself.

"33. As the first step towards the removal of these irregularities, and one which it is in the Company's own power to take, I respectfully advise the Honourable Court to lend an ear to the memorials which have been addressed to them respecting the retiring pension; and to permit their medical officers to retire upon pensions under the same regulations as all other military officers.

"34. Whenever the opportunity may be open to it, I beg to urge upon the Honourable Court the justice of representing strongly and perseveringly to Her Majesty's Ministers the claims of their medical officers to share reasonably and in a far larger proportion than they do at present, in the military honours and decorations which are granted for services in the field.

"The absurdity of regarding a medical officer as a noncombatant is, I believe, abandoned. The medical officer comes constantly under fire like other men. Every campaign which is fought exhibits the names of medical officers in the lists of killed and wounded; and the returns invariably show that they still more often fall victims to their own exertions on behalf of their suffering comrades.

"Proof can hardly be required of such well known facts. If it be, the fatal record of the service which our countrymen have been performing during the last year and a half in Turkey and the south of Russia will more than bear out the statement I have made.

"35. But the most galling, the most unmeaning, and purposeless regulation by which a sense of inferiority is imposed upon medical officers, is by the refusal to them of substantive rank.

"The Surgeon and Assistant Surgeon rank nominally with the Captain and Lieutenant; but the rank is only nominal. Wherever medical officers and others are brought together on public duty the former has * no rank at

* Has in original, a slip for have.

all; and the oldest Surgeon on the list must in such case range himself below the youngest Ensign last posted to a Corps.

" 36. It is impossible to conceive how such a system as this could have been maintained so long on the strength of no better argument than that 'it has been, therefore it ought to be.'

" It is impossible to imagine what serious justification can be offered for a system which, in respect of external position, postpones service to inexperience, learning to ignorance, age to youth, a system which gives a Subaltern who is hardly free from his drill precedence over his elder who, perhaps, has served through every campaign for thirty years; a system which treats a member of a learned profession, a man of ability, skill, and experience, as inferior in position to a Cornet of Cavalry, just entering on the study of the Pay and Audit regulations; a system in fine which thrusts down grey-headed veterans below beardless boys.

" 37. It is not necessary to refer to Parliamentary evidence or to memorials for testimony to the reality of this grievance. Its occurrence is notorious. It has happened frequently, it has happened within my own knowledge, and not three months ago.

" 38. I trust that the Honourable Court will put forth all their energies to obtain from Her Majesty's Government (from which I presume it must proceed) an abrogation of this regulation, so humiliating to medical officers, and therefore injurious to the service.

" 39. I have only now to add a few words regarding the numerical strength of the medical establishment.

" The Honourable Court have been pleased not long since to sanction an augmentation of the Medical Establishment. But demands are perpetually increasing. The new furlough rules have the effect of augmenting largely the number of temporary absentees. The requisitions for medical officers are so constant and so urgent that it is still found impossible to detain young officers at the Presidency for that training, which is wisely enjoined by the regulations, and which all authorities concur in regarding as essential to the usefulness of the young Assistant Surgeon.

" I beg therefore to recommend that the Medical Establishment should be revised annually; that it should be kept up to its full strength; and that either a reserve should be added to it, or that supernumeraries should always be maintained, to the extent of at least ten per cent. on the regular strength of the Establishment.

" 40. Lastly, I have to observe with respect to the financial part of the question, that I do not pretend that the improvements now suggested and recommended can be effected without additional expense. Undoubtedly additional charge will be involved in these proposals. But I do not for that reason shrink from recommending them. I believe that the ordinary revenue of the country will be found amply sufficient to bear any such small additional charge, and I sincerely trust that the Honourable Court will not be deterred by such a consideration from introducing into the system of its medical service the great amendment of which it is susceptible and which it so much needs.

" 41. I will now close this minute by recapitulating the several suggestions and recommendations which have been made them, regarding the Medical Service of the East India Company.

" I. That the several Medical Boards should be abolished.

" II. That the control and management of the medical department in

each Presidency should be placed in the hands of a single officer, who shall be called the Director General. That this officer should be selected from among the Superintending Surgeons, or Staff Surgeons, and that his tenure of office should be for five years.

" III. That the Director General should be assisted by two officers, to be called the Inspector General of Military Hospitals, and the Inspector General of Civil Hospitals and dispensaries; and that they should be selected in the same manner as the Director General.

" IV. That the Superintending Surgeons should henceforth be appointed invariably by selection, not by Seniority.

" V. That a grade of 'Staff Surgeons' should be created, one in each circle and one at the Presidency, who should be appointed by selection from the Surgeons.

" VI. That Assistant Surgeons, after seven years' service, and on the recommendation of the Director General, should if they are in charge of a regiment receive the same staff salary as a Surgeon holding a similar charge.

" VII. That the injurious inequalities which are now maintained between medical and other officers should be removed.

" VIII. Especially that medical officers should be permitted to have the same option regarding retiring pension as all other officers of the Army.

" IX. That medical officers should receive a fair proportionate share of military honours and decorations.

" X. Above all that the relative rank allotted to medical officers should no longer be nominal but substantive and real; and that medical officers should thus be relieved from the humiliations to which they are now habitually subjected.

" XI. That the medical department should not only be kept up to its full strength at all times, but that a reserve or supernumeraries should be maintained; in order that young medical officers may be certain to enjoy those opportunities of gaining, on their first arrival, experience, which the Government is enjoined to provide for them, and which is essential to their efficiency, but which they do not now obtain.

" 42. I have now the honour to commend this important subject to the careful and the early consideration of the Honourable Court.

" (Signed) DALHOUSIE. 1st February, 1856.

" (Signed) GEORGE ANSON."

The Commander-in-Chief, General Anson, signed Dalhousie's minute without comment. Two other members of Council, Mr. J. Dorin and Genl. Low, wrote short notes of concurrence. A fourth, Mr. John Peter Grant, wrote a long minute, dated 14th Feb., 1856, concurring on the whole with the Governor General's recommendations, but suggesting that, on account of the vast extent of the Bengal Presidency, the two I.G.'s, instead of inspecting military and civil hospitals respectively, should each inspect half of the Presidency. The fifth member, Sir Barnes Peacock, the Legal Member, wrote a short note, approving of the Governor General's minute, but agreeing with Mr. Grant that the two I.G.'s should each inspect half the Presidency.

"Inspector General of Hospitals as Brigadier General, according to the date of his appointment; if with an Army in the field, or after three years service in India as Inspector General, as a Major General, from the date of his joining such army in the field, or according to the date of completion of such service.

"10. Such relative rank shall carry with it all precedence and advantages attaching to the rank with which it corresponds, (except as regards the presidency of courtsmartial, where our will and pleasure is, that the senior combatant officer be always president), and shall regulate the choice of quarters, forage, and prizemoney. But when a medical officer is serving with a regiment or detachment, the officer commanding, though he be junior in rank to such medical officer, is entitled to a preference in the choice of quarters.

"11. Medical officers shall be entitled to all the allowances granted to our Indian military forces, on account of wounds and injuries received in action, as combatant officers holding the same relative ranks.

"12. Their families shall, in like manner, be entitled to all the allowances granted, under existing regulations, to the families of combatant officers holding the same relative ranks.

"13. Medical officers shall be held entitled to the same honours as other officers of our army of equal relative rank.*

"14. A medical officer, retiring after a service in India of twenty-five years and upwards, may, if recommended for the same by the head of his department, receive a step of honorary rank, but without any consequent increase of pay.

"15. Six of the most meritorious medical officers of the army shall be named My Honorary Physicians, and six, My Honorary Surgeons.

"Given at our court at Windsor, this 1st day of February, 1859, in the twenty-second year of our reign. By Her Majesty's command. STANLEY."

This Warrant remained in practical force for a very short time. The I.M.S. was soon afterwards closed to competition, for four and a half years, the last admissions being made on 1st Oct., 1860. For the next four years the amalgamation of the I.M.S. with the A.M.D. was under the consideration of Government, in India and in England. The following extracts, about the I.M.S., from a Minute on the Indian Army by Sir James Outram, Military Member of Council, dated 2nd Jan., 1860, are taken from *Physician and Friend*, pp. 203-7. The name "Dr. McLaren" is a mistake, either in writing or in copying. There was no officer of that name high in rank in any of the Medical Services. It should be John McLennan, who entered the Bombay Medical Service on 7th May, 1821, became Physician General on 1st Jan., 1849, retired on 26th Jan., 1855, and died in London on 5th April, 1874.

* Footnote in original.—"This clause does not extend to the compliments to be paid by garrison or regimental guards, as laid down in pages 29 and 30 of the Queen's Regulations for the Army."

Extracts (about I.M.S.) from the Minute on Indian Army by Sir James Outram, dated 2nd January, 1860.

"67. There is one class of officers in respect of whom I would fain make a special appeal on this score, as they are a class which, to our disgrace be it said, has been treated with singular harshness and illiberality alike by their military and civil superiors. I allude to the officers of the Medical Department, a body of men who not only are unsurpassed by any other body in the Service for professional zeal and skill, gallantry and devotion to their duties, but have especially distinguished themselves by the success with which they have cultivated general science, and the earnestness with which they have applied themselves to the promotion of education and other philanthropic objects. These men, especially those of the Bombay establishment, have been treated by us with such unfairness that a late Physician General of that Presidency, a man whose name is held in honour both in and out of his profession—I allude to Dr McLaren*—felt himself authorized to assure the late Lord Frederick Fitz-Clarence that, had any officer treated his dogboy in the manner in which the Court of Directors and Board of Control have treated the Medical Service, he would have been brought to a Court-Martial, and cashiered for dishonourable breach of faith. The Physician General's illustration was a strong one; but after explanation, its justice was admitted by that Commander-in-Chief, who thenceforth felt as warmly on the subject as the head of the Medical Department.

"68. In behalf of this noble and illused Service Lord Dalhousie made a generous interposition; and, though His Lordship's efforts were at the time unsuccessful, his appeal was so forcible, and his general views have been so earnestly and ably supported by Lord Canning, that justice cannot long be denied them if the Army of India be kept a Local one; but to the Medical Service amalgamation would be ruinous.

"69. Than Dr Alexander, the Director-General of Her Majesty's Military Medical Service, I am assured that no worthier or more honourable man exists; but he is only a man—of finite knowledge and human feelings. He knows the officers of his own Service; he knows that many of them are eminently deserving of that promotion which at present it is not in his power to bestow, but for which amalgamation would afford an opportunity. And, not knowing the men in the Local Army, his partialities would needs be in favour of the men of his own Service, to an extent that would prove ruinous to the just claims of the medical officers of the Local Service. And even if he should deem it his duty, on the first opportunity, to promote to the higher grades those medical officers, the seniority rules of whose Service prevented their obtaining promotion for the same services as secured promotion for their more fortunate brethren of the Royal Army, the very number of promotions that have recently been made to the grade of Deputy-Inspector in the Royal Service would for a considerable length of time prevent him from doing justice to those of the Local Service, whose names had been honourably mentioned by the various Generals commanding in the Field: and ere these arrears of promotion were disposed of, the claims of those in whom as members of his own Service he naturally feels more interested, would have again accumulated and pressed for favourable notice."

* Should be McLennan.

A long and interesting extract from the *Appendix* to this Minute of Sir James Outram has been given in Chap. XXVIII, *Surgeons as Civil and Political Officers*.

For the next four years, 1860 to 1864, the amalgamation of the I.M.S. with the A.M.D., in the near future, seemed to be almost a certainty. Notifications in the Gazettes and General Orders during this period show officers of the two Services relieving each other indiscriminately of charges with British and Native troops, and of Civil Surgeoncies. And, though the proposed amalgamation had been negatived by the Warrant of 7th Nov., 1864, officers of the A.M.D. continued to be eligible for Civil Surgeoncies for over a year more. Letters from the Secretary to the Govt. of India, Mily. Dept., to the Civil Governments, Nos. 207 to 211, of 7th Feb., 1866, quoted in *I.M.D. Circ.* No. 26, of 11th July, 1866, rule—

"Except in cases where no officers of the Indian Medical Service are available or within reach, officers of the British Medical Service are not to be considered eligible for appointment to any Civil charge."

The *Lancet* of 27th June, 1863, published proposals for the amalgamation, quoted from the *Times of India*, and pointed out that the proposed changes would benefit the senior officers of the I.M.S. very little, but that the juniors would get a great acceleration of promotion. These proposals may be summarised as follows:—

"(1) The I.M.S. is to form part of the British Medical Service, and all officers in it are to be eligible to serve everywhere in India, but not to be liable to serve out of India, unless they have accepted general service.

"(2) All Medical Officers to be allowed to volunteer for general service, and the new line regiments to be officered from those who do so.

"(3) The names of those who volunteer to be retained on the list, and all are to retain their claim on the funds.

"(4) All Medical Officers to be allowed the choice of Indian or British pension rules.

"(5) Promotion to D.I.G. to be made according to the practice of the British Army.

"(6) Those officers who do not volunteer for general service to remain on their present footing, and to have a prior claim to civil appointments, and to the charge of native regiments.

"(7) Promotions to be made immediately, to make the proportion of Surgeons to Asst. Surgeons the same in the Indian as in the British Service.

"(8) Retrospective effect to be given to the I.M.S. Warrant of Jan., 1860,* that it may confer the same advantages as the A.M.D. Warrant of Oct., 1858.

* Apparently the I.M.S. Warrant of 1st Feb., 1859, is meant.

"(9) The rank of Surgeon Major in the Army to be given after twenty years service, without reference to absence on leave.

"(10) Pay to be consolidated, and headmoney abolished.

"(11) Furlough pay for Surgeons to be eighteen shillings a day, for Asst. Surgeons seven shillings and tenpence.

"(12) The Medical Staff for Bombay to consist of one Principal I.G., one I.G., and six D.I.G.'s.

"(13) There are to be one I.G. and six D.I.G.'s for the whole of India, selected from the British Service; the proportion for each Presidency not defined.

"(14) The Medical Fund to be guaranteed according to the rules existing on 20th August, 1860."

The above proposals embody a scheme not so much for the amalgamation of the two Services, as for the absorption of the I.M.S. into the A.M.D. Provision is made for the future of all existing officers of the I.M.S. But the scheme does not seem to contemplate the continuance of that Service; nor does it show how the Medical Service of India is to be provided in future, whether by volunteers from the A.M.D., or by officers of that department deputed for a tour of service in India, or otherwise.

The proposals for amalgamation were finally negatived by the I.M.S. Warrant of 7th Nov., 1864, embodied in Mily. Letter No. 340 of 7th Nov., 1864, from Sir Charles Wood, Secretary of State for India, to the Indian Government. Earl de Grey and Ripon, mentioned in paras. 5 and 6, was at that date, from 1863 to 1866, Secretary of State for War. He succeeded Sir Charles Wood as Secretary of State for India in 1866, was Viceroy of India from 1880 to 1884, and died so recently as 9th July, 1909. The Governor General who, as mentioned in para. 2, recommended the amalgamation of the two Services, was Lord Canning. Lord Elgin succeeded him as Governor General on 12th March, 1862.

Para. 8 states that it had been proposed to replace the I.M.S. by a Medical Staff Corps, for service in India, recruited by volunteers from the A.M.D., in the same way as the Indian Staff Corps were recruited from the British Army. To do this, it was necessary to obtain sanction from Parliament to repeal that part of Act 16 and 17 Victoria, which provided that all appointments to the I.M.S. should be made by open competition. This sanction the Government failed to obtain, the motion being defeated in the House of Commons, in 1864, by two votes.*

The formation of such a Medical Staff Corps, in place of the

* See Chap. XXII, *Appointment to the Service, Examinations*, Vol. I, p. 513.

I.M.S., or, in other words, the future recruitment of the I.M.S. altogether by volunteers from the A.M.D., would probably have been the best solution of the problem, both for India and for the Service. It would have brought the Medical Service into line with the Indian Staff Corps, as regards the manner of its recruiting, and would have officered the I.M.S. with men who had already served in the A.M.D., and who volunteered for continuous service in India with a knowledge of what they undertook, and of the special advantages and disadvantages of such service. But there were two great objections to this proposal, one from the Indian, and one from the British point of view; objections which proved insuperable, when amalgamation was again under consideration in 1880-1. Admission to the A.M.D. being restricted to men of unmixed European extraction, such a system of recruiting would have debarred natives of India from entering the Service. Admission to the I.M.S. had been thrown open, ten years before, to all British subjects, without distinction of race, and some natives of India had already entered the I.M.S., and were serving therein with credit. The Indian Government could not consent to the complete exclusion of Indians from the Service in future. And, on the other hand, under such a system of recruiting by volunteers from the A.M.D., the superior attractions of the I.M.S. would have drawn off the majority of the more energetic and ambitious members of the British Service, a result which would have been most unsatisfactory to the British Army.

The statement, in para. 13, that "the indiscriminate employment of officers from either Service in the supervision of both" is impracticable, reads curiously now, half a century later, when such a system has been in force for over thirty years. What was found impracticable in 1864 was found quite practicable sixteen years later, in 1880. It is true that strong objections were made, especially by the I.M.S., to the introduction of this unified system of administration. But these objections were made, not so much to the system itself, as to the reduction in the number of administrative posts, and to the consequent loss of prospects of promotion, which necessarily accompanied the change.

After the issue of this Warrant, the I.M.S. was again thrown open to competition, the commissions of the candidates who passed the first examination being dated 1st April, 1865. On this occasion the first place was taken by Kenneth McLeod,

afterwards Professor of Surgery in Calcutta; while James Cleghorn and Robert Harvey, both of whom had already passed through Netley as candidates for the A.M.D., and both of whom later on in succession filled the post of Director General, stood second and third.

The chief alterations made by the Warrant of 7th Nov., 1864, were the following:—

Para. 18; Strength of the I.M.S., 861, to be diminished.

Paras. 22, 23; Promotion to Surgeon to be made on completion of twelve years' service.

Para. 27; All executive appointments to be tenable equally by officers of all executive ranks.

Para. 31; Limitation of tenure of office of D.I.G. to five years.

Para. 35; Grant of increased pensions.

Paras. 36, 37; Grant of higher pensions to I.G.'s and D.I.G.'s.

Para. 44; Royal commissions conferred on all officers of I.M.S.

This new Warrant, as set forth in Mily. Letter No. 340, of 7th Nov., 1864, from the Secretary of State for India to the Governor General of India in Council, was published in India as G.G.O. No. 1060, of 23rd Dec., 1864. It is given in full below.

"India Office, London, 7th November 1864. To His Excellency the Right Honourable the Governor General of India in Council.

"Sir,—*Para. 1.* In continuation of my despatch, No. 152, dated 16th May 1864, and with reference to your reply thereto, No. 242, of the 29th June 1864, I have now the honour to communicate to your Excellency the decision at which Her Majesty's Government has arrived regarding the future establishment of medical officers for service in India.

"2. In a despatch, No. 82, dated 12th March, 1862, the late Governor General in Council recommended the formation of an amalgamated medical service for the United army of Great Britain and India, and expressed his concurrence generally in a scheme for carrying out such a measure, embodied in a memorandum by Colonel Norman which accompanied that despatch.

"3. A very important feature in the working of that scheme was the unavoidable removal of medical officers from employment in India after a limited number of years service in that country, whatever their employment might be.

"4. I was apprehensive that this might be attended with serious inconvenience, but, after much and careful consideration of the subject, I resolved to submit the proposal, with some slight modifications, for the concurrence of the Secretary of State for War.

"5. I forward for your information the correspondence which has taken place upon the subject, by which your Excellency will perceive that Earl de Grey objects to the scheme mainly on the following grounds:—

"1st. That the employment of British Medical Officers for limited

periods in Civil stations in India would put a stop to the continuous military training secured under the present system of the Army Medical Department, and considered by him to be essential to the efficiency of the service; that officers so employed might acquire habits of independence inconsistent with a due performance of regimental duties, and would have to return to a regiment at an age when men in general do not easily bend themselves to the practice of subordination required from a regimental officer of inferior rank.

" 2nd. His time, it is stated, would have been spent in treating diseases different to a great extent from those of soldiers, and he would have acquired no experience, and have had no occasion to practise that most important part of his duty as an Army Medical Officer, the prevention of disease. He would, in short, not be the officer whom the existing organisation of the Medical Department of the British Army contemplated, and whom it is the object of the costly and elaborate system recently established to provide for the Army.

" 3rd. Earl de Grey further objects, that 'regimental duties with native troops are at present of a very different nature from those required in British regiments, and would not afford Medical Officers the training and experience which the new organisation has rendered essential'; and lastly, his Lordship observes, that if the amalgamation were once carried out on these principles, it would be extremely difficult, if not impossible, to abandon them hereafter, whatever might be the result.

" 6. In my reply, I explained to Earl de Grey and Ripon my reasons for not being able to concur in the objections offered by his Lordship; but as I felt satisfied that these objections had not been lightly entertained, I felt that it would be useless to press a reconsideration of the subject.

" 7. It was further obvious from the correspondence that any plan involving the withdrawal for a time from their regular duty of the officers of the Army Medical Department, would be liable to objection on similar grounds, and Her Majesty's Government directed their attention therefore to the possibility of providing for the future demands of the Government of India by the formation of Medical Staff Corps for each Presidency.

" 8. In order to obtain for the Medical Service in India the advantage of having its officers drawn from the same source, and having passed the same examination as those of the British Army, and with a view of placing them on a footing of perfect equality, by obliterating as much as possible all distinction between the bodies of officers so employed and those of the British Army, it was proposed to form the several Staff Corps by means of Medical Officers of Her Majesty's Service volunteering to join them.

" 9. With this view, however, it became necessary to obtain the sanction of Parliament to the repeal of that part of the Act of the 16 and 17 of Victoria, cap. xcv, sect. 37, which prescribes the manner in which Medical Officers shall be provided for employment under the Government of India.

" 10. Her Majesty's Government having failed to obtain the consent of Parliament to a measure proposed with this view, it became necessary to give up the scheme of a Medical Staff Corps, as proposed, and to revert again to the system of an entirely separate service as heretofore.

" 11. The changes which have been recently made in the amount and composition of the military force in India, the transfer of the whole of the European troops to the British Army, and the reduction of the native force,

render necessary a corresponding reduction in the establishment of Medical Officers serving under the local Governments, as well as some change in the nature of their employment.

" 12. One of the objects aimed at in the contemplated union of the British and Indian Medical Service was the abolition of the double administrative staff in India. This advantage would have been unattainable on the formation of Medical Staff Corps, and is equally so in the continuance of a separate service as now proposed.

" 13. It is obvious that a single medical staff for all India is only compatible with one amalgamated medical service, and that the objections advanced by the Secretary of State for War, and which have proved fatal to the scheme of amalgamation, must apply with even greater force to any plan that would involve the indiscriminate employment of officers from either service in the supervision of both.

" 14. The evils that have resulted up to the present time from the employment of a double staff will, it is believed, disappear when the duties of the officers of the two services shall have been entirely separated. The sole objection to such double staff will then consist in its expense. This, I apprehend, will, on a readjustment of the local department of inspection, with a view of meeting the altered condition of the service, be found susceptible of considerable reduction.

" 15. Her Majesty's Government have therefore determined that the duties of the Medical Officers of the British Army serving in India shall in future be kept wholly distinct from those of the Medical Officers of the Indian Establishment, and that there shall be a separate administrative establishment for each.

" 16. Under these circumstances, it will be necessary that the administrative establishments in the several Presidencies should be revised, and the duties of the several medical officers of the higher grades redistributed, and I request that you will take the subject into early consideration, with a view of determining the number of Inspectors General and Deputy Inspectors General of each service that will be required to conduct the administrative duties of the respective services in each Presidency.

" 17. In my despatch No. 152, I authorized your augmenting the number of officers above the rank of Assistant Surgeon in Bengal to 152, Madras to 86, Bombay to 69, leaving the aggregate establishment of Medical Officers in each Presidency the same as before.

" 18. That establishment is at present as follows:—Bengal, 425; Madras, 243; Bombay, 193.

" 19. You were informed, in my despatch, No. 291, dated 8th August, 1863, that the War Office would take measures for relieving, as soon as possible, the Assistant Surgeons of the Indian Army from the brigades of Artillery and new Line Regiments, and the same course will hereafter be adopted as a necessary consequence of the transfer of those regiments to the British Army, in regard to the Surgeons. A reduction in the establishment of Medical Officers required for service in India will necessarily follow, and I request that the subject of the number likely to be required henceforward in the several Presidencies may receive your early consideration.

" 20. In making this calculation, you will, of course, take into account the several situations which may be properly filled up by Uncovenanted members of the medical profession.

" 21. It is believed that, in consequence of all appointments to the local service having ceased during the last three years, the aggregate number of Medical Officers at present borne on the strength of the several Presidencies will be, if anything, below the prospective wants of the service, but I shall make arrangements without delay for filling up vacancies as they may occur on your revised establishment.

" 22. The promotion of Assistant Surgeons who may hereafter enter the Indian Army will be regulated by length of service, and not, as heretofore, by succession to vacancies in a fixed establishment of officers of the higher grades.

" 23. Assistant Surgeons of twelve years service from the date of first commission, (of which two years shall have been passed in charge of a Native Regiment), who shall have passed the prescribed examination in professional subjects, will be promoted to the rank of Surgeon.

" 24. The benefit of this rule is to be extended to all Assistant Surgeons now in the Indian service, but officers now in the service who may be so promoted will be considered supernumeraries to the establishment of Surgeons as recently laid down, so that no promotion by seniority will take place until such supernumeraries are absorbed.

" 25. You will make the promotions consequent upon this concession from the date of the receipt of this despatch.

" 26. In the despatch above referred to, I informed you that you were authorized to introduce certain changes in the mode of payment of Officers of the Medical Department serving in India, and you were informed that, pending a further communication upon the subject, Officers of the British or Indian Medical Service, holding staff appointments, the salaries of which are consolidated, will continue to draw their salaries as at present; and all officers of the Indian Medical Department, in the receipt of staff salaries, including such as are in medical charge of native regiments, will continue to draw the aggregate amount of pay and staff allowances they now receive, provided it be not less than the rate of pay laid down in the above table for officers of their rank and standing in the service.

" 27. I have now to inform you that it has been determined that in future all employment on the part of Medical Officers of the Indian Service involving the receipt of special staff salary shall be considered as staff employment, the salaries being in all cases consolidated; and that all appointments, whether Civil or Military, held in future by Officers of the present Indian Medical Service below the rank of Deputy Inspector General, will be alike tenable by Surgeon Majors, Surgeons and Assistant Surgeons.

" 28. The salaries of the principal Administrative and Military appointments are fixed at the following consolidated sums:—Inspector General, 2500 Rs; Deputy Inspector General, 1800 Rs, whether of the British or Indian Medical Service; Surgeon Major in charge of Native Regiments, 1000 Rs, with 90 Rs for horse allowance in Cavalry Regiments; Surgeon in charge of ditto, 800 Rs, with 90 Rs ditto; Assistant Surgeon above five years full pay service, ditto, 600 Rs, with 60 Rs ditto; Assistant Surgeon under five years ditto, 450 Rs, with 60 Rs ditto. But officers now in the Indian Service will receive the pay due to their rank as laid down in para. 10 of my despatch No. 152 of 16th May 1864, when such pay is in excess of the consolidated salaries above-mentioned.

" 29. Officers who may hereafter be appointed to the Indian Medical Service will receive pay when unemployed in India according to the following scale:—

Rank.	Years Service.	Unemployed Pay.		
		Rs.	a.	p.
Surgeon Major	25	888	12	0
Ditto	20	852	3	7
Surgeon	15	677	6	11
Ditto	12	640	14	6
Assistant Surgeon	10	410	9	5
Ditto	6	392	5	2
Ditto	5	304	14	2
Ditto	Under 5	286	10	0

" 30. The salaries of other medical appointments in the Civil and Military Departments will be revised with reference to the above, and fixed at a consolidated sum; and I request that a report may be made to me upon the subject with as little delay as possible. In the meantime, the aggregate sums at present received in each case will continue to be drawn.

" 31. With a view of promoting the efficiency of the service, it has been further determined that the tenure of office by a Deputy Inspector General of the Indian Service shall, as in the case of Inspectors General, be limited to five years; officers being, however, if not disqualified by age, eligible either for employment for a second tour of duty in the same grade, or for employment in the higher grade of Inspector General by promotion thereto.

" 32. You will follow, in the case of Officers now holding the office of Deputy Inspector General, the same course which your Government adopted in 1861, in regard to combatant officers holding certain staff appointments, and permit all such to hold their offices for two years longer, irrespective of the periods they may severally have served in them. Should any Officer have served up to the present time less than five years, he will be allowed to complete a full period of seven years.

" 33. The rank of Inspector General and Deputy Inspector General conferred upon officers of the Indian Medical Service under the Royal Warrant of the 13th January 1860, is to be considered as substantive rank. These officers, on vacating office at the expiration of the five years tour of duty, will be permitted in future to draw respectively an unemployed salary of 1200 rupees per mensem in the former and 900 rupees in the latter case for a period of six months from the date of their vacating office; after which they will be placed, when unemployed, on the rate of pay laid down in my despatch of the 16th May, 1864, for Officers of corresponding rank in Europe. These sums, deducted from the consolidated salary, will regulate the moiety of Staff salary to be drawn by Officers of those grades during absence on sick certificate. The decision reported in the third paragraph of your letter, No. 242 of 1864 will cease to operate from the date of publication of the present despatch.

" 34. With a view to improving the position and prospects of Officers of the Indian Medical Service, it has been resolved to introduce prospectively the following revised pension rules.

" 35. Officers of the Indian Medical Service will be allowed to retire on the following scale of pension, on completion of the required periods of service.

After 30 years service in India	£550
" 27 " "	456
" 24 " "	365
" 21 " "	292
" 17 " "	220

" 36. An Inspector General, after five years active employment in India in that grade, will be entitled to retire upon a pension of £350 per annum, in addition to that to which he may be entitled under the above scale.

" 37. A Deputy Inspector General will, after five years active employment in India in that grade, be entitled to retire upon a pension of £250 per annum, in addition to the pension to which he may be entitled under the above scale.

" 38. In each of the above cases, six months absence on medical certificate will be allowed to count towards actual service in these grades.

" 39. Officers now in the Indian Medical Service will, on retirement, have the option of pension according to the above rules, or according to those now in force.

" 40. My attention has been directed on this occasion to the rule regarding the qualification of an Assistant Surgeon for promotion to the rank of Surgeon required under Clause 3 of the Royal Warrant dated 13th January 1860. There can be no doubt that this rule, which has been again brought to notice by a recent despatch from your Government, requiring a service of two years in or with a regiment, bears very hardly on many officers, the nature of whose employment precludes their showing the required qualifications, and who on entering the service had no reason to suppose that such a regulation would be adopted.

" 41. These considerations have induced me to consent to exempt from the operation of the clause of the Royal Warrant all the Assistant Surgeons who entered the service prior to its date. It is to be understood, however, that the rule is to be strictly enforced in the case of all Medical Officers who entered the service after January, 1860.

" 42. In my despatch, No. 152, of 16th May, 1864, para. 7, I informed you that Her Majesty's Government had determined to modify the instructions given in my despatches of the 31st October, 1860, and 30th September, 1861, and to permit the period of service qualifying Surgeons for the rank of Surgeon Major, under that Warrant, to be calculated from date of first Commission, including all leave of absence of whatever kind.

" 43. I have now to inform you that the same principle is to be observed with respect to the grant of Honorary Rank on retirement, under Clause 14 of the Royal Warrant, and that the twenty-five years service qualifying for a step of Honorary Rank, the requirements of the clause in other respects being fulfilled, shall be inclusive of all leave of absence.

" 44. I have further to inform you that it has been determined, as in the case of combatant Officers of the Indian Army, to confer upon the Medical Officers of that Service Royal Commissions in substitution for those which they now hold, conferring rank in Her Majesty's service in any part of the world. The Medical Officers of Her Majesty's Indian Service will not, however, be required to serve out of India, except with their own consent.

" 45. I have, lastly, to inform your Excellency that Assistant Surgeons appointed to Her Majesty's Indian Service in future will not be called upon to become subscribers to any Military or Medical Funds, and that Her Majesty's Government have determined to guarantee to prevent incumbents on and subscribers to the several Medical Funds the annuities and pensions to which they are, or to which they, their widows and children may become entitled from those funds, according to the regulations now in force, and at the present rates of subscription. But this guarantee must be regarded as conditional on the absolute transfer of the assets of the Fund to the Government, and must not be construed as conveying to any Fund, or to any member of it, benefits which are not actually provided for in the regulations as at present in force.

" 46. The widows and children of Medical Officers hereafter appointed to Her Majesty's Indian Service will be granted pensions not less than those to which they would be entitled under the provisions of the Royal Warrant of June 15th 1855.

" 47. The above measures, which obviously tend greatly to improve the condition and prospects of the Medical Service in India, cannot be carried out, as your Government will at once perceive, without a heavy expense to the State. It is hoped, however, that the result will be at once to diffuse a spirit of satisfaction and contentment among the officers now in the service, and to secure for the future a certain supply of Medical Officers of good social position, liberal education, and professional ability, for Her Majesty's service in India.

" I have the honour to be, Sir, your most obedient, humble servant,
" (Signed) CHARLES WOOD."

The new Warrant is published at full length in the *Lancet* of 26th Nov., 1864, pp. 617-19, and is discussed in a leading article in the same issue, p. 611, which points out the great advantages which the Warrant confers on the Service as regards the three great points of promotion, pay, and pension.

As regards promotion, the grant of the step, from Assistant Surgeon to Surgeon on completion of twelve years' service gave promotion at once to no less than fifty-eight officers, nine in Bengal, twenty in Madras, and twenty-nine in Bombay, besides ensuring a steady flow of promotion for the future. The pay fixed in paras. 28 and 29 of the Warrant also gave an increase all round. In this connection a table is drawn up showing the various scales of pay, as formerly existing, as fixed in May, 1864, and as now laid down, in the latter case both employed and unemployed pay being included in the table; and it is pointed out that the new scale of unemployed pay will be a great boon to all medical officers employed on detached duty, away from their corps. Formerly the oldest Regimental medical officer, in such circumstances, drew no more than Rs. 415.

292. HISTORY OF THE INDIAN MEDICAL SERVICE

The table given is as follows :—

PAST, PRESENT AND FUTURE MONTHLY PAY TO MEDICAL OFFICERS IN CHARGE OF NATIVE CORPS, INCLUDING ALL ALLOWANCES WHATEVER, EXCLUDING FRACTIONS.

Ranks.	Years Service.	Old Scale.	Present Scale.	New Scale.	Extra with Cavalry.
		Rs.	Rs.	Rs.	Rs.
Surgeon Major .	25	674	888	1000	90
Ditto .	20	"	852	"	"
Surgeon .	15	"	677	800	"
Ditto .	10	"	640	"	"
Assist. Surgeon	10	"	410	600	60
Ditto	6	390	392	"	"
Ditto	5	"	304	"	"
Ditto	Under 5	"	286	450	"

The pensions given by the new warrant are also, it is pointed out, a considerable increase on those formerly in force, and on those granted for similar periods of service in the Royal Army. They will, however, have to be earned by actual service in India, while officers of the A.M.D. put in part of their service at home. It also appeared from the original wording of the Warrant, as if the periods of service for pension were periods of actual service in India, without allowing any deduction for furlough. This, however, was not intended; and a despatch from the Secretary of State for India, dated 24th March, 1865, and quoted in the *Lancet* for 24th June, 1865, (p. 681), lays down that—

"the aggregate period of service in India, noted in para. 35 of my despatch dated 7th November last, No. 36, is to include the periods of leave hitherto allowed to reckon under the new furlough rules as service for pensions."

The amount of leave thus allowed to reckon as service for pension was four years' furlough in thirty years' service.

CHAPTER XXXVIII

1865 TO 1896

"One generation passeth away, and another generation cometh, but the earth abideth for ever."

Ecclesiastes, chap. i., verse 4.

WITH the numerous appointments made on 1st April, 1865, the Service entered upon what may be called the final stage in the history of the old I.M.S., with its three "Establishments," Bengal, Madras, and Bombay. This stage lasted for thirty-one years, or just about a generation; and came to an end when the last appointments were made, on 29th July, 1896, to these three establishments, the place of which was taken, from 28th Jan., 1897, by the new combined or general Service.

This stage saw many changes of importance, the abolition in 1873 of the rank of Assistant Surgeon, and the alteration at the same time of the administrative titles from I.G. and D.I.G. to S.G. and D.S.G.; the abolition, in 1880, of the rank of Lieutenant for junior Surgeons; the introduction in the same year of closer relations between the A.M.D. and the military branch of the I.M.S., with a practical amalgamation in the administrative grades; the grant of military command in hospitals in 1889; and the introduction in 1891 of the compound titles, including that of Surgeon Lieutenant. The grant of military titles, in 1898, falls in date under the next chapter, though, of course, the great majority of those on whom those titles were conferred belonged to the old Service.

In 1867 the appointments of Presidency Surgeon were abolished, by G.G.O. No. 370 of 4th April, 1867, with effect from the date when they should be vacated by the officers then holding them. There were three Presidency Surgeons in Calcutta. The officers who held equivalent posts in Madras and Bombay were known as District Surgeons; there were four in Madras and three in Bombay. The men holding certain medical appointments,

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Ecclesiastes, chap. i., verse 4.

WITH the numerous appointments made on 1st April, 1865, the Service entered upon what may be called the final stage in the history of the old I.M.S., with its three "Establishments," Bengal, Madras, and Bombay. This stage lasted for thirty-one years, or just about a generation; and came to an end when the last appointments were made, on 29th July, 1896, to these three establishments, the place of which was taken, from 28th Jan., 1897, by the new combined or general Service.

This stage saw many changes of importance, the abolition in 1873 of the rank of Assistant Surgeon, and the alteration at the same time of the administrative titles from I.G. and D.I.G. to S.G. and D.S.G.; the abolition, in 1880, of the rank of Lieutenant for junior Surgeons; the introduction in the same year of closer relations between the A.M.D. and the military branch of the I.M.S., with a practical amalgamation in the administrative grades; the grant of military command in hospitals in 1889; and the introduction in 1891 of the compound titles, including that of Surgeon Lieutenant. The grant of military titles, in 1898, falls in date under the next chapter, though, of course, the great majority of those on whom those titles were conferred belonged to the old Service.

In 1867 the appointments of Presidency Surgeon were abolished, by G.G.O. No. 370 of 4th April, 1867, with effect from the date when they should be vacated by the officers then holding them. There were three Presidency Surgeons in Calcutta. The officers who held equivalent posts in Madras and Bombay were known as District Surgeons; there were four in Madras and three in Bombay. The men holding certain medical appointments,

chiefly Professorships, in the three Presidency towns, still carry on the duties formerly performed by the Presidency Surgeons, and are still sometimes called by that name. But they all carry on these duties in addition to those of their regular appointments, whereas, prior to 1867, the Presidency Surgeons were appointed for these duties, attendance on official patients, only. The pay of the Presidency Surgeons was not large, but they usually held other minor appointments, with attached allowances, in addition to their Surgeoncies; and, their official duties being light, they were able to find time for large private practices.

In 1868-69 the executive charge of district jails was made over to Civil Surgeons, who had, of course, performed the medical duties ever since jails were first established. This charge was first given in Bengal, by Bengal Govt. Resolution of 24th Nov., 1868, republished in *I.M.D. Circ.* No. 75 of 8th Dec., 1868. With the appointment of the Civil Surgeon as Supt. as well as Medical Officer of the district jail, a frequent source of friction was removed, and a marked improvement in administration effected.

In 1868 also new furlough rules were introduced. Twice again during the period covered by this chapter, in 1875 and in 1886, were new and improved furlough rules brought in. These have all been fully considered in Chap. XIX, *Furlough and Leave*.

In 1869, G.O.G.G. No. 392 of 2nd April, ordered that no extension of service should be granted to any medical officer, under the rank of D.F.G., after he had attained the age of 58. The Company's medical officers, as a matter of course, all got an extension of service from the age of fifty-five to that of fifty-eight, if they wished for it, and were physically fit. After they had died out, extensions after the age of fifty-five were very sparingly granted, and only in cases where the services of individuals were specially required, not more than some four cases in all,* until by para. 12 of the Royal Warrant of 13th March, 1908, Lieut.-Colonels on the selected list, who attained the age of fifty-five before they had completed thirty years' service for pension, were allowed, if physically fit, extensions of service to complete thirty

* Sir George King, (B. 1865), 12th April, 1895 to 28th February, 1898; F. A. Smyth, (B. 1869), 27th July, 1897, to 27th July, 1898; J. Young, (B. 1872), 5th August, 1900, to 31st March, 1902; J. Duke, (B. 1872), 14th June, 1902, to 31st October, 1902.

years, and so earn the full pension. This concession has been withdrawn, being no longer necessary, as regards all future entries, after the grant of pensions, graduated by yearly increases, in June, 1911.

In 1870 admission to the Service was again closed for two years, no new commissions being granted between 1st April, 1870, and 30th March, 1872. On the reopening of the Service to competition, a large number of vacancies were filled up, no less than forty successful candidates receiving commissions, twenty-eight in Bengal and twelve in Madras. Bombay got none. The list was headed by Alexander Crombie, an officer of the highest professional merit and distinction, who had previously served in the A.M.D., and who, after holding for some ten years the post of Civil Surgeon of Dakka, and for ten years more that of Surgeon Supt. of the Presidency European General Hospital in Calcutta, retired from the Service on 7th April, 1898, before his turn for promotion had come. He died in London on 29th Sept., 1906, having, since his retirement, filled the posts of Lecturer on Tropical Diseases at Middlesex Hospital, and member of the Medical Board of the India Office from 1900 to 1902, and having received the C.B. on 22nd August, 1902. An analysis of the careers of the men of this batch is made in some remarks on longevity, in Chap. XL, *General Remarks*.

By the Royal Warrant of 10th May, 1873, the rank of Assistant Surgeon was abolished, though Surgeons still retained the relative rank of Lieutenant for their first six years' service; the rank of Surgeon Major was given at twelve years' service; and the titles of S.G. and D.S.G. substituted for those of I.G. and D.I.G. This warrant was published in India as G.O.G.G. No. 673 of 1st July, 1873, and in the *I.M.D. Circs.* for that year. It is given in full below. A similar warrant for the A.M.D. had been published on 1st March, 1873.

G.O.G.G. No. 673 of 1st July, 1873.—“ In pursuance of G.G.O. No. 671 of this date, the Governor General in Council is pleased to direct the publication, for general information, of the Royal Warrant, dated the 10th May, 1873, regulating the promotion, relative rank, &c., of the Indian Medical Service.

“ *Victoria R.*

“ Whereas We have been pleased to approve of the reorganisation of Our Indian Medical Service, Our will and pleasure is that Our Warrant of 13th January 1860 be cancelled, and that from and after the date of this

warrant, the following rules shall be established for the future promotion and relative rank and allowances of the medical Officers of our Indian Military Forces, and that by these rules Our Viceroy and Governor General in Council, and the Governors in Council of Madras and Bombay respectively, shall be governed :—

“ 1. The grades of medical officers in our Indian Military Forces shall be four in number, *viz.* :—

1. Surgeon General.
2. Deputy Surgeon General.
3. Surgeon Major.
4. Surgeon.

“ 2. A Surgeon shall be promoted to Surgeon Major on completion of twelve years' service from date of first Commission, subject to his passing such examination as our Principal Secretary of State for India in Council may require.

“ 3. In cases, however, of emergency, or when the good of the Service renders such alteration desirable, it shall be competent for the Secretary of State for India, on the recommendation of Our Viceroy and Governor General of India in Council, to shorten the period of service above mentioned, in such manner as he shall deem fit and expedient.

“ 4. All promotion from the rank of Surgeon Major to that of Deputy Surgeon General, and from the rank of Deputy Surgeon General to that of Surgeon General shall be given by selection for ability and merit; and the grounds of such selection shall be stated to us in writing, and recorded in the office of the Secretary of State for India in Council.

“ 5. With a view to maintain the efficiency of the service, all medical officers of the rank of Surgeon Major shall be placed on the retired list when they shall have attained the age of 55 years, and all Surgeons General and Deputy Surgeons General when they shall have attained the age of 65 years; but as respects Surgeons Major, who entered the service prior to the 13th January 1860, this rule shall be relaxed, and an officer who has attained the age of 55 years without having obtained the rank of Deputy Surgeon General shall be permitted to remain in the Service for three years more, on his perfect competency and fitness being certified in such manner as Our Secretary of State for India may direct. In any special case where it would appear to be for the good of Our Service that the officer should continue in employment, he may be so continued, subject in each case to the sanction of Our Secretary of State for India in Council.

“ 6. The relative rank of the medical officers of Our Indian Military Forces shall be as follows :—

“ Surgeon as a Lieutenant, according to the date of his Commission; and after six years' service as Captain, according to the date of the completion of such service.

“ Surgeon Major as Major, according to the date of his commission; and after 20 years' service as Surgeon and Surgeon Major, as Lieutenant Colonel, but junior of that rank except for choice of quarters.

“ Deputy Surgeon General as Lieutenant Colonel, according to the date of his commission; and after five years' service as Deputy Surgeon General, as Colonel, according to the date of the completion of such service.

“ Surgeon General as Brigadier General, according to the date of his commission; if with an army in the field, or after three years' service as

Surgeon General, as a Major General from the date of his joining such army in the field, or according to the date of the completion of such service.

“ 7. Such relative rank shall carry with it all precedence and advantages attaching to the rank with which it corresponds (except as regards the presidency of courts martial, where Our will and pleasure is, that the senior combatant officer be always president), and shall regulate the choice of quarters and the rates of prizemoney.

“ 8. Medical officers shall be entitled to all the allowances granted to our Indian Military Forces on account of wounds and injuries received in action as combatant officers holding the same relative ranks.

“ 9. Their families shall in like manner be entitled to all the allowances granted, under existing regulations, to the families of combatant officers holding the same relative ranks.

“ 10. A medical officer, retiring after a service of 25 years and upwards, may, if recommended for the same by the Government of his Presidency, receive a step of honorary rank, but without any consequent increase of pay.

“ 11. Six of the most meritorious medical officers of the service shall be named Our Honorary Physicians, and six Our Honorary Surgeons.

“ Given at Our Court at Windsor, the 10th day of May 1873, in the Thirty Sixth year of Our Reign.”

G.O.G. No. 674 of 1st July, 1873.—“ In accordance with paragraph 1 of the Royal Warrant, published in the foregoing General Order (No. 673, dated 1st July 1873), officers of the Indian Medical Service will from this date bear the following designations :—

“ Inspectors General and Deputy Inspectors General of Hospitals will be styled Surgeons General and Deputy Surgeons General respectively. All Surgeons will be styled Surgeons Major, and all Assistant Surgeons, Surgeons, respectively.

“ Future appointments and promotions in the Indian Medical Department will be made in accordance with the above designations.”

G.G.O. No. 671 of 1st July, 1873, above-mentioned, intimates the receipt of the Royal Warrant of 10th May, 1873, and states (clause 3)—

“ 3. The rates of pay and allowances drawn in India by officers of the two services respectively are not in any way affected by these warrants.”

The rank of Major General was given to Surgeon Generals, from the date of their appointment, by the Royal Warrant of 14th Sept., 1876, published in India as G.O.G. No. 1117 of 1st Nov., 1876, and republished in *I.M.D. Circs.* for that year.

From 1st April, 1879, Civil A.M.O.'s, D.S.G.'s with the local rank and title of S.G., were appointed for Bengal, the N.W.P. (now the U.P.), and the Panjab; and the civil duties, chiefly inspection, of the military D.S.G.'s in those provinces came to an end.

In 1879-80 the question of the amalgamation of the I.M.S. with the A.M.D. was again the subject of long and deliberate consideration. The *Lancet* of 22nd Oct., 1881, republished from the *Bombay Gazette* a précis of a despatch sent home by the Indian Government, regarding this proposed amalgamation.

"(1). The whole of the I.M.S. to be united with the A.M.D. into one Imperial Service, to be styled the Royal Medical Service.

"(2). Officers of the present Indian Service to be eligible for service everywhere, but not out of India except at their own request.

"(3). All new appointments to be made to the Royal Service, so as to maintain the whole Medical Service at its full strength.

"(4). Officers to be eligible for civil situations, but to return to military employment, as a rule, after five years in Civil employ.

"(5). One staff to be formed for the medical duties of all India, to be composed of officers of both Services, and to be equal in strength to the present Indian Medical Staff.

"(6). All medical officers of the Indian Service to have the option of Indian or British retiring allowances, but this in no way to interfere with the claim to retiring allowances from the medical funds."

After the consideration of the subject had been concluded, and some of the proposed changes had been made, papers on the subject were printed by order of the House of Commons. These papers and proposals were discussed in an Editorial article in the *Lancet* of 7th March, 1885, (pages 444, 445), which runs as follows:—

"In the papers on the subject of Indian Army Reorganisation, printed by order of the House of Commons, there is an interesting document on the Medical Service in India. The Reorganisation Commission pointed out the importance of abolishing the costly system of maintaining a double staff, and submitted their views of the mode in which this change should be effected. The Government of India were fully impressed with the necessity for a radical reform of the Medical Service, and were satisfied 'that the needful improvement, both economical and administrative, is to be found only in some measure of unification.' They were not, however, satisfied with the scheme proposed by the Commission, and invited the two heads of the Medical Service in India, Dr. Crawford, Surgeon General, Her Majesty's Forces (now Director General of the Army Medical Department), and Dr. Cunningham, Surgeon General with the Government of India, to prepare a memorandum on the subject, based upon two conditions, which were deemed essential. 'First, that there should be only one Medical Service for India; and, secondly, that complete authority over the Medical Service serving in India, as to employment, distribution, and remuneration, shall rest with the Government of India.' A joint memorandum, prepared by these two officers, and dated Simla, 12th August, 1881, was submitted to the Government, and considered by them 'to satisfy all the essential conditions of the case, and to provide a

satisfactory solution of the difficulty.' It is a document of some length, and bears evidence of careful consideration, having regard to efficient and economical administration, and to respect for the rights and privileges of the existing forces. The memorandum recommends that there should be but one Medical Department, to be styled the Royal Medical Service, and to be divided into two branches, one for general and the other for Indian service, but that in any national emergency the Indian branch should be available, with the sanction of the Indian Government, for service in any part of Her Majesty's dominions; and the general branch, with the sanction of the Home Government, for service in India. It proposed that the Indian branch should be recruited by volunteers from the general list of officers under three years' service, that they should form one service for all India, primarily military, but also civil; the first two years to be spent in strictly military duty; after that period officers to be eligible for civil employ if they have passed the language test, but liable at all times to be recalled for military service if wanted. After ten years continuous civil service, if they do not return to military duty, they must look for promotion to the administrative grade in the civil branch only. It is recommended that exchanges should be freely allowed between the general and the Indian branches, but no Brigade Surgeon of the Indian branch to be eligible for promotion to Deputy Surgeon General of that branch unless he has had five years' Indian service above the rank of Surgeon, and no Deputy Surgeon General to be allowed to exchange into the Indian branch who has not had this qualifying service. Transfer also should be permitted from one branch to the other, when required in the interests of the service, and subject to the concurrent approval of both Secretaries of State. The memorandum proposes one administrative head, with the Government of India, for the whole Indian Medical Service, with a special rate of pay, who should recommend for all departmental promotions, and distribute officers to the several sections requiring them, civil, military, and sanitary; transferring medical officers from military to civil service and *vice versa*, as may be necessary, but not interfering with the employment of any officer after being so posted, which would rest with the Administrative Medical Officer immediately concerned. The Indian Director General 'would communicate with the Director General of the Royal Medical Service in all matters regarding recruiting, exchanges and transfers, and would report all casualties by death, retirement, etc.; he would also, as Sanitary Commissioner, prepare, as at present, an annual Sanitary Report for the whole of India.' Under the Director General there would be a Surgeon General for the Army, on the Staff of the Commander-in-Chief, charged with the medical administration, and having the control of the medical staff of the forces, and provided with the necessary administrative staff. The Civil medical administration would continue much as at present, but without the local rank of Surgeon General, the chief in each Local Government and Administration being designated simply as 'Principal Medical Officer.' Such are the most important of the recommendations for the reorganisation of the Royal Medical Service. For the subordinate Civil Service, it is proposed to constitute an 'Indian Medical Service' consisting of two classes,—Assistant Surgeons and Civil Medical Officers, recruited from natives of India who are licentiates or graduates of medicine of an Indian College, the admission to be by competitive examination, and the promotion by seniority on passing an

examination test, but with power to promote specially Assistant Surgeons who have distinguished themselves, or for the Governor General to appoint direct to the higher grade should he think fit. The officers of this branch of the service to be liable to be called upon, on emergency, to perform work in military hospitals within their own province, or with troops of their own province serving elsewhere.

"The reporters have fully considered and reported the mode in which this proposed system may be carried out with greatest advantage to the service and without inflicting any injustice upon the officers now serving, but it does not appear necessary here to enter upon such details. They also have discussed the question of pay and allowances, and recommended the abolition of the distinction of *unemployed* pay,—a recommendation which has already been acted upon. We are glad to find also that they call attention to the injustice so frequently inflicted on officers who are required to pay their own expenses on being removed to a new charge. 'An officer so moved from a doing-duty, or a so-called "unemployed" position to an officiating medical charge, which may not bring him more than one hundred rupees a month, but who, in consequence of the increased rate of pay he will draw, is obliged to join at his own expense, is frequently involved in expenses which months of such allowances will not cover.' We trust that this regulation, against which we have so frequently protested, will soon be abolished, and one of the causes of justifiable discontent on the part of the Indian medical officers be thus removed. They also recommend a revision of the regulations by which charge pay is drawn by officers going on furlough or accepting Civil appointments, while the officer who actually discharges the duty receives only a modified allowance; the rule adopted in the Army Medical Staff should be followed, that charge money be drawn by the officer on whom the duty and responsibility devolve.

"A letter from the Under Secretary of State for War reviews these recommendations, and states that Mr. Childers, who was then Secretary of State, did not concur in the views of the reporters. The principal grounds of dissent were that he thought the proposed change would have the effect of diminishing the supply of candidates, as 'the attraction of Indian service as an inducement held before the whole body of candidates would be seriously diminished; that the least eligible of the candidates would be left for the British branch of the service; that both India and Great Britain would be losers in the matter of varied experience on the part of medical officers; and that the proposed scheme would be more expensive to India than a simple unification. Mr. Childers approved, however, of the proposal for the amalgamation of the two services, and suggested that, as the number of appointments to be supplied by the Army Medical Department would be increased, the term of five years for service in India should be raised to seven, and that an officer selected for a civil appointment should be allowed to volunteer for another term of seven years.

"We have endeavoured to summarize as briefly as possible the recommendations contained in the memorandum. It gives the carefully considered opinions of two officers of long and varied service, representing the two branches of the existing Medical Service. The dual service in India has already been considerably modified, and it appears desirable in the interests alike of the public and of the officers of the Medical Service,

that still further improvements should be introduced. The form which these should take is clearly laid down in the memorandum now published, as well as the objections to it from a War Office point of view. It is obvious that the present system of two distinct and independent services working together in India is open to very serious objection, and that measures must be adopted to remedy the inconvenience and reduce the expense arising from such an arrangement. The principles laid down by Dr Crawford and Dr Cunningham appear well calculated to effect these objects, and at the same time to preserve intact the rights of officers in accordance with the conditions of the warrants under which they joined the service. Whatever form of departmental organisation may be adopted, we trust the Government will give due effect to the recommendations bearing upon the existing system of charge pay and of travelling expenses."

These proposals for amalgamation were found unsatisfactory on both sides, on the British, because it was feared that the superior attractions of Indian service would draw off most of the best men; from that of India, because they prevented the admission of Indians to the superior Medical Service.

The changes actually carried out fell far short of these proposals. They amounted practically to a partial amalgamation of the military medical administration of the two Services. They are detailed in G.G.O. No. 13 of 2nd Jan., 1880, republished in *I.M.D. Circs.* for that year, pages 1 to 4.

"*Changes in the organisation of the Medical Administrative Staff of the Army in India.*

"G.G.O. No. 13, dated 2nd Jan., 1880.

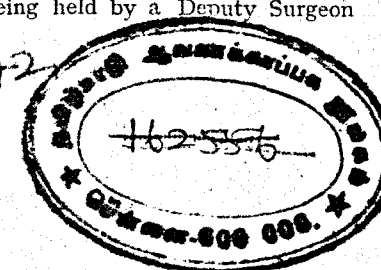
"Under instructions from the Secretary of State for India, the Right Hon'ble the Governor General in Council is pleased to direct the following changes in the organisation of the Medical Administrative Staff for the Army in India.

"From the 31st March, 1880, the British Army Medical Department and the Indian Medical Department will form one department for the medical administration of the Army in the three presidencies.

"2. The establishment for the Bengal Army will consist of—

- | | |
|--|--------------------|
| 1 Surgeon General, A.M.D. | } at Headquarters. |
| 1 Secretary to Surgeon General, A.M.D. | |
| 1 Secretary to Surgeon General, I.M.D. | |

- a. The statistical duties for the Army, British and Native, will be performed by the Statistical Officer attached to the Sanitary Commissioner with the Government of India.
- b. The eleven circles of medical superintendence will be distributed as follows, each being held by a Deputy Surgeon General:—



	A.M.D.	I.M.D.
1. Allahabad Division	1	—
2. Lahore Division	—	1
3. Meerut Division	1	—
4. {Oudh Division } {Rohilkund District }	1	—
5. Rawal Pindi Division	1	—
6. Sirhind Division	1	—
7. Eastern Frontier District	—	1
8. Presidency District	—	1
9. {Gwalior District } {Saugor District }	—	1
10. Peshawur District	1	—
11. Panjab Frontier Force	—	1
	6	5

" 3. For the Madras Army—

- 1 Surgeon General, A.M.D.
1 Secretary to the Surgeon General, I.M.D. } at Headquarters.

a. The six circles of medical superintendence will be distributed as follows, each being held by a Deputy Surgeon General.

	A.M.D.	I.M.D.
1. {Centre District } {Northern District }	1	—
2. {Southern District } {Malabar and Canara District }	—	1
3. {Mysore Division } {Ceded Districts }	1	—
4. {Hyderabad Subsidiary Force } {Hyderabad Contingent }	—	1
5. {Nagpore Force } {Central India Regiments }	—	1
6. British Burma Division	—	1
	2	4

" 4. For the Bombay Army—

- 1 Surgeon General, A.M.D.
1 Secretary to Surgeon General, I.M.D. } at Headquarters.

a. The four circles of medical superintendence will be distributed as follows, each being held by a Deputy Surgeon General.

	A.M.D.	I.M.D.
1. {Presidency District } {Belgaum } {Aden }	—	1
2. Poona Division	1	—
3. {Northern Division } {Mhow Division }	1	—
4. Sind District	—	1
	2	2

" 5. With the exceptions which are named below, all these officers will be relieved from any civil administrative duties they may have hitherto performed.

" 6. The Deputy Surgeons General of the Eastern Frontier District and of the British Burma Division will, in addition to their military duties, exercise the civil medical administration of their respective provinces, and will also perform the duties of Sanitary Commissioner in them.

" 7. The Deputy Surgeons General of the Panjab Frontier Force and of the Sind District will exercise the civil medical administration of these provinces.

" 8. After making provision for the civil medical administration of the remaining provinces of British India, the establishment for which will be duly notified in the proper department, there will remain, below the rank of Surgeon General, in excess of the establishment to be maintained for all duties—

Army Medical Department.

- 2 Deputy Surgeons General.
3 Superintending Surgeons Major.
2 Secretaries to Surgeons General.
1 Statistical Officer to Surgeon General.

Indian Medical Department.

- 6 Deputy Surgeons General.

" 9. Orders have already been issued by Her Majesty's Government for the withdrawal of the surplus administrative officers of the Army Medical Department.

" 10. With a view to provide for the retirement, on favourable terms, of the surplus officers of the Indian Medical Service, the Right Hon'ble the Governor General in Council is pleased to offer to the Surgeons General and Deputy Surgeons General of the three armies, their retirement on the extra pension of their grade with an honorary step in rank, notwithstanding that they may not have completed the qualifying service or these pensions.

" 11. The number of retirements in each army will be restricted to two.

" 12. The option of retirement will be given in order of seniority, but applications to retire, which must be made to the Military Department of the Government to which the officer belongs, cannot be accepted after the 31st March, 1880."

Clause 11 of *I.A.C.* for Jan., 1880, reprinted in *I.M.D. Circs.* for that year, page 7, states—

" *Instructions.* With reference to the foregoing (G.G.O. No. 13 dated 2nd January 1880), it is to be understood that, though the Surgeons General of the three armies will ordinarily be taken from the British Medical Department, the Government of India reserve the power of appointing specially qualified Officers of either Service to any of those positions."

As a matter of fact, during the fifteen years the above scheme of medical administration was in force, no officer of the I.M.S. ever was appointed to one of these posts of Surgeon General.

In 1905, by Indian Army Order No. 492 of that year, this administrative amalgamation was carried a step farther; circles of superintendence were no longer reserved, some for the A.M.D. and some for the I.M.S., but officers of both Services were made equally eligible, in equal numbers, for all these appointments. These orders are given in the next chapter, *The New Combined or General Service*.

After the issue of the above orders, G.G.O. No. 13 of 2nd Jan., 1880, the Civil Administrative Medical appointments throughout India were also reorganised, by Govt. of India, Home Dept. Not. No. 150 of 15th March, 1880, republished in *I.M.D. Circs.* for that year, pages 10 to 13. These orders are as follows:—

"Changes in the Administrative Staff of the Indian Medical Department in the several provinces of India.

"Home Dept. Notification No. 150, dated 15th March 1880.

"1. In continuation of General Order No. 13, dated Jan. 2nd, 1880, in the Military Department, and subject to such modifications as may hereafter be deemed necessary, the Governor General in Council is pleased, with the sanction of Her Majesty's Secretary of State, to issue the following orders regarding the Administrative Staff of the Indian Medical Department in the several provinces of India.

"2. From the 31st March, 1880, the following administrative appointments will be made:—

	Monthly salary. Rs.
One Surgeon General with the Government of India	2700
One Deputy Surgeon General, with local rank of Surgeon General, for Civil Medical Administration in Bengal	2250
One Deputy Surgeon General, with local rank of Surgeon General, in the North Western Provinces and Oudh	2250
One Deputy Surgeon General, with local rank of Surgeon General, in the Panjab	1800
One Deputy Surgeon General for Civil Medical Administration in the Central Provinces	1800
One Surgeon General for Civil Medical Administration in Madras	2500
One Secretary to the Surgeon General, Madras, (consolidated)	800
One Surgeon General for Civil Medical Administration in Bombay	2500
One Secretary to the Surgeon General, Bombay, (consolidated)	800

"3. The Surgeons General with the Government of India and with the Governments of Madras and Bombay will, in addition to performing Civil Administrative duties, be heads of the Indian Medical Departments in their respective Presidencies. It will be their duty, among other matters, to propose transfers between the Military and Civil Departments; to

recommend for promotion to the Administrative Grades, and to advise the Government on all questions relating to the admission of officers and subordinates to the Indian Service, to the conduct and services of Indian Medical officers of all grades, and to the supply of medicines and hospital stores. The Surgeon General with the Government of India will be entitled to receive any information he desires from the Surgeons General and Deputy Surgeons General attached to the Local Governments and Administrations, but he will exercise no direct authority over them. These officers will be solely under the orders of the Local Government or Administration to which each belongs.

"4. Officers will be selected for the above-named administrative offices by the Government of India for the Bengal Presidency and by the Governments of Madras and Bombay for their Presidencies respectively. Selections will be made in each Presidency from the whole Indian Medical Service of that Presidency; and the principles of selection hitherto followed in making such appointments, will be observed. Surgeons General and all Deputy Surgeons General, including those who may have the local rank of Surgeon General, will count their five years term of office from the date of their first entering on the duties of their rank, whether in the Military or Civil branch of the service.

"5. The Deputy Surgeon General for the Central Provinces will also be Sanitary Commissioner for those Provinces. As already notified in the Military Department Order above quoted, the Deputy Surgeons General of the Eastern Frontier District and of the British Burma Division will, in addition to their military duties, exercise the Civil Medical Administration of their respective Provinces, and will also perform the duties of Sanitary Commissioners in them. The Deputy Surgeons General of the Panjab Frontier Force, and of the Sind District, will also exercise the Civil Medical administration of those Circles. In respect of these Civil duties they will be subject to the orders of the provincial Surgeon General.

"6. In all Provinces for which a separate Sanitary Commissioner is sanctioned the Sanitary Department will remain distinct from, and not subordinate to, the Medical Department. The Sanitary Commissioner of Madras and of Bombay will, in future, have the rank and privileges of a Deputy Surgeon General, as soon as he attains twenty-six years service, or as soon as any officer below him on the list is promoted to the administrative grade; and, subject to the same conditions and limitations, the Sanitary Commissioner of Bengal, the North West Provinces, and the Panjab, will have the rank, pay, and privileges of a Deputy Surgeon General. This rule will apply to officers now holding the appointment of Sanitary Commissioner in these Provinces. The five years tenure of office by a Sanitary Commissioner in each province will reckon from the date of his attaining the rank and privileges of a Deputy Surgeon General. In the appointment of officers to be Sanitary Commissioners the same principles and procedure will be adopted as in the promotion to Deputy Surgeon General in the Military and Civil Administration; but in the selection for such posts knowledge and experience as a Sanitary Officer will be specially considered.

"7. The supervision of the Vaccination Department will form an important part of the duties of the Sanitary Commissioner in each province.

The separate appointment of Superintendent General of Vaccination, where it still exists, will be abolished, and this officer as well as the Superintendents of Vaccination will become a Deputy Sanitary Commissioner, under the orders of the Sanitary Commissioner, who will utilize not only them, but also the whole vaccination staff and the Civil Surgeons as far as possible in Sanitary work.

"8. Although the administration of the Indian Medical Department is divided into two branches,—Civil and Military,—Indian Medical Officers will remain as now, Military Officers, those in Civil employ being only lent to the Civil Department, and liable to be called on for military duty in the event of their services being required.

"9. Officers holding appointments which are abolished under these orders—viz. the Superintendent General of Vaccination, Panjab, and the Sanitary Commissioners for the Central Provinces and British Burma—will receive a personal allowance, making the emoluments of their future offices equal to the pay they now draw."

By Govt. of India, Home Dept., Medical, Order No. 7-336-42, of 30th July, 1880, republished in *I.M.D. Circs.* for that year, page 27, it was laid down that certain minor Administrative Medical appointments should be filled as follows :—

Central India ; by the Residency Surgeon, Indore.

Andamans ; by the Senior Medical Officer, who should be inspected by the D.S.G., Burma Division, but otherwise independent.

Berar ; by the Sanitary Commissioner, Berar.

Rajputana ; by the Supt. General of Vaccination and Dispensaries, Rajputana.

This last appointment was abolished by Govt. of India, Foreign Dept., Order No. 699 G. of 25th April, 1895, published in *I.M.D. Circs.* for 1895, page 17, and the duties imposed as an extra charge on the senior Residency Surgeon, who was given an allowance of Rs.300 a month for doing them. The appointment, however, was revived in 1901, and again abolished in 1913, the duties being handed over to the Civil Surgeon, Ajmir, with an allowance of Rs.250 a month.

In the *Proceedings* of the Govt. of India, Mily. Dept., No. 2106 S.C. of 19th Oct., 1880, republished in *I.M.D. Circs.* for that year, pages 49 to 52, were laid down rules for the relations of officers of the I.M.S. to the S.G. with the Government of India, the head of the I.M.S., and the S.G., Her Majesty's Forces, the Head of the A.M.D. in India, respectively.

"*Relation of officers of the Indian Medical Service to the Surgeon General with the Government of India and the Surgeon General, Her Majesty's Forces.*"

"*Extract from the proceedings of the Govt. of India, Mily. Dept., No. 2106 S.C., dated Simla, 19th Oct. 1880.*"

"It being desirable that the relative authority of the Surgeon General with the Government of India and the Surgeon General, Her Majesty's Forces, over the officers of the Indian Medical Service shall be defined, the Government of India direct—

"1. That surgeons of the Indian Medical Service appointed to Bengal, on arrival at Bombay, shall in accordance with the 'instructions' * (copy of which will then be furnished to them) send their letters of appointment to the office of the Surgeon General with the Government of India, by whom they will be at once forwarded to the Military Department. Thereon the officers will be gazetted as having come on a given date on the Bengal Establishment, and will be formally placed at the disposal of the Commander-in-Chief in India for military duty. Meanwhile, and in anticipation of this formal notification, the officers, in the absence of any order to the contrary, will proceed at once to Allahabad, and on arrival there, will report themselves to the Deputy Surgeon General of that Circle for military duty.

"Thenceforward, and until the officer may be withdrawn for other employment, he will be under the authority of the Surgeon General, Her Majesty's Forces, from whom he will receive all orders of His Excellency the Commander-in-Chief in India for his employment, postings, transfers, &c.

"The withdrawal of an officer for Civil employment will not be permitted until he has completed two years actual military duty, and then only provided his services can be spared. Should the interests of the public service, however, very urgently demand his withdrawal before the completion of his two years course of military duty, an exception may, under the orders of the Governor General in Council, be made, as a very rare and special case, in the above general rule.

"2. All officers of the Indian Medical Service are, subject to the above restriction, eligible for civil duties ; yet, however employed, they remain liable at any time to be recalled for military duty. Such recall can only be made by the Government of India in the Military Department. During the whole period of an officer's employment on any other than military duty under the Commander-in-Chief, and until he is formally replaced at His Excellency's disposal, he will be under the authority of the Surgeon General with the Government of India or of the Local Government under which he may be serving.

"3. A minimum establishment for the requirements of the army and for all other sanctioned appointments will always be maintained. This will include the prescribed margin for absentees on furlough or sick leave. Lists of the appointments controlled by the two Surgeon Generals are annexed ; but it will be considered that the army has the first claim on the medical service, and that any officer whose services are required with the army may be placed at the disposal of the Commander-in-Chief.

* *Footnote in original.*—"Instructions referred to in paragraph 1. Para. 11, Surgeons are allowed to count their service for furlough and pension, as well as to draw Indian pay and allowances, from date of arrival in India. The period of service at the Army Medical School at Netley will reckon as service for the full pay pension only."

" 4. All applications for medical officers required for Civil employment should be addressed by Local Governments to the Government of India in the Home Department.

" 5. As the Surgeon General with the Government of India is the actual administrative head of the Indian Medical Service, and should, therefore, have the means of keeping an accurate record of the services of all officers belonging to it, such returns and reports, including confidential reports, furlough statements, &c., as are considered necessary for this purpose by the Military Department will, as regards officers under the orders of the Commander-in-Chief, be furnished to the Head of the Department by the Surgeon General Her Majesty's Forces.

" Applications for furlough of officers under the Commander-in-Chief will be forwarded by the Surgeon General, Her Majesty's Forces, through the Surgeon General with the Government of India, so that all such applications may be dealt with for the Service as a whole; and all such officers while on furlough or leave will remain on the list of the Surgeon General Her Majesty's Forces.

" Appendix—

List of appointments referred to in paragraph 3.

Under Surgeon General with the Government of India :

All Medical Officers in civil employ ;
Surgeon to His Excellency the Viceroy ;
Principal Medical Storekeeper ;
Medical Storekeepers ;
Medical officer, Lawrence Military Asylum, Sanawar.

Under Surgeon General, Her Majesty's Forces :

Deputy Surgeons General in military employ	5
Secretary to Surgeon General	1
Surgeon to His Excellency the Commander-in-Chief	1
Garrison Surgeons	3
Sappers and Miners	1
Nineteen Bengal Cavalry Regiments	19
Forty-five Native Infantry Regiments	45
Four Gurkha Regiments	4
Panjab Frontier Force, 17 (viz. 5 Cavalry ; Guides 1 ; Sikhs 4 ; 6 Infantry, Panjab Infantry 5, Gurkhas 1)	17
Doaba Outposts	1
Central India Horse (a)	2
Malwa Bhil Corps (a)	1
Bhopal Battalion (a)	1
Deoli Irregular Force (b)	1
Erinpura Irregular Force (b)	1
Meywar Bhil Corps (b)	1
Mhairwara Battalion (b, c)	1

(a). Civil Corps, Administered by Deputy Surgeon General, Kampti Circle of Madras Presidency.

(b). Civil Corps—Will be administered by the Superintendent General of Dispensaries, Rajputana.

(c). Under medical charge of the Civil Surgeon, Ajmere."

The changes made by the orders of 13th Jan., 1880, were very unpopular in the Service, which lost six military administrative appointments. Now, when more than thirty years have elapsed, looking back on these changes, we may admit that the I.M.S., as a whole, gained rather than lost. While six administrative posts, as Military D.S.G.'s, had been abolished, three new civil administrative appointments of the same rank had been made just before, and five appointments as Sanitary Commissioner were now made to carry administrative rank, from the date when their holders completed twenty-six years' service. But that individuals suffered severely from these changes is certain. To many of the senior Brigade Surgeons in military employment, who, by the abolition of the six posts of D.S.G., lost all chance of attaining to administrative rank, which they might otherwise reasonably have expected, it was small consolation that their juniors in the Sanitary Department got that rank, with its advantages in the way of higher pay and pension, and went over their heads, at a period much earlier than they could have expected such promotion, if they had been serving in the regular line. Indeed, so unpopular was the change, that it lasted for only six years. In 1886 the orders by which the Sanitary Commissionerships carried the rank of D.S.G. were cancelled, and the "extra compensation pensions" given instead. The grant of these extra pensions, which again are only available to officers who entered the Service before the end of 1889, might be considered a fair compensation to the Service as a whole for the lost administrative appointments. But this grant was made too late to compensate the chief sufferers by the change, who had all retired uncompensated some years before.*

For some years prior to 1879 recruiting for the A.M.D. had been difficult, and the supply of candidates had almost ceased. On 27th Nov., 1879, a new Royal Warrant for the A.M.D. was issued, giving improved terms, which brought forward a plentiful supply of applicants for admission to the Department. These improved terms were extended to the I.M.S. by a Royal Warrant dated 16th Nov., 1880, issued in India as G.G.O. No. 13 of 7th Jan., 1881, and republished on page 2 of *I.M.D. Circs.* for that year. Under this Warrant the examination for promotion was

* See also Chap. XVII, *Rank*, and Chap. XX, *Pensions*, Vol. I, pp. 348-9; 450-1.

abolished by omission, (clause 4), the rank of Brigade Surgeon was introduced, with effect from 27th Nov., 1879, the date on which this new rank had been given to the A.M.D.; and the rank of Captain was bestowed on newly appointed Surgeons from date of commission. This last change was found to be a mistake, and was very unpopular with the Army in general. Senior subalterns, of six to twelve years' service, many of whom had seen much active service, were naturally aggrieved at finding newly joined medical officers made their seniors in rank. Ten years later, the rank of Lieutenant was again introduced, both in the A.M.D. and in the I.M.S., for medical officers under three years' service. What would probably have been the fairest treatment, as regards rank, to all concerned, would have been to have given to medical officers, who usually enter the Army from four to eight years older than subalterns, the rank of Lieutenant on first joining, but with five or six years' seniority in that rank, and to have assimilated their future promotion to that of the Indian Staff Corps, giving each step at the same length of service as in the Staff Corps, with the advantage to the Medical Department of the extra years of service, as suggested, on entry.

The Royal Warrant of 16th Nov., 1880, is given below, with G.G.O.'s No. 375 and 376 of 8th July, 1881, republishing the short Royal Warrant of 20th May, 1881, on the precedence of Brigade Surgeons; and the Royal Warrant of 6th July, 1881, published as G.G.O. No. 459 of 19th Aug., 1881, giving the rank of Lieutenant to the Surgeons on probation at the Army Medical School. These Warrants are also republished in *I.M.D. Circs.* for 1881, pages 36, 37, and 44.

" G.G.O. No. 13, dated 7th January, 1881.

" His Excellency the Governor General in Council is pleased to direct the publication of the following Warrant, dated the 16th November, 1880, regulating the promotions, relative rank, &c., of the Indian Medical Service :—

" " Victoria, by the Grace of God of the United Kingdom of Great Britain and Ireland, Queen, Defender of the Faith, Empress of India.

" " Whereas We deem it expedient to revise the rules for the promotion and relative rank and allowances of Our Indian Medical Service, Our will and pleasure is that Our Warrants of 10th May, 1873, and 14th September, 1876, be cancelled and that from and after the date of this Warrant the following rules shall be established, and that by these rules our Viceroy and Governor General in Council, and the Governors in Council of Madras and Bombay respectively, shall be governed.

" " 1. The grades of Medical Officers in our Indian Military Forces shall be five in number, viz.—

1. Surgeon General.
2. Deputy Surgeon General.
3. Brigade Surgeon.
4. Surgeon Major.
5. Surgeon.

" " 2. The relative rank of the Medical Officers of our Indian Military Forces shall be as follows :—

Surgeon General, as Major General, according to the date of his commission.

Deputy Surgeon General, as Colonel, according to the date of his commission.

Brigade Surgeon, as Lieutenant Colonel, according to the date of his commission, or according to the date upon which he completed 20 years service as Surgeon and Surgeon Major.

Surgeon Major, as Major, according to the date of his commission; and after 20 years service as Surgeon and Surgeon Major, as Lieutenant Colonel.

Surgeon, as Captain, according to the date of his commission.

" " 3. Such relative rank shall carry with it all precedence and advantage attaching to the rank with which it corresponds, (except as regards the presidency of courts martial, where our will and pleasure is that the senior combatant officer be always president), and shall regulate the choice of quarters and the rates of prizemoney.

" " 4. A Surgeon shall be promoted to Surgeon Major on completion of 12 years service from date of first commission.

" " 5. In cases, however, of emergency, or when the good of the service renders such alteration desirable, it shall be competent for the Secretary of State for India, on the recommendation of our Viceroy and Governor General of India in Council, to shorten the period of service above mentioned in such manner as he shall deem fit and expedient.

" " 6. All promotion from the rank of Surgeon Major to that of Brigade Surgeon shall be given by selection for ability and merit.

" " 7. All promotion from the rank of Brigade Surgeon to that of Deputy Surgeon General, and from the rank of Deputy Surgeon General to that of Surgeon General, shall be given by selection for ability and merit, and the grounds of such selection shall be stated to us in writing, and recorded in the office of the Secretary of State for India in Council.

" " 8. With a view to maintain the efficiency of the service, all medical officers of the ranks of Surgeon Major and Brigade Surgeon shall be placed on the retired list when they shall have attained the age of 55 years, and all Surgeons General and Deputy Surgeons General when they shall have attained the age of 60 years; but as respects Surgeons Major, and Brigade Surgeons who entered the service prior to the 13th January, 1860, this rule shall be relaxed, and an officer who has attained the age of 55 years without having obtained the rank of Deputy Surgeon General, shall be permitted to remain in the service for three years more, on his perfect competency and fitness being certified in such manner as our Secretary of State for India may direct. In any special case where it may appear to be for the good of our service that the officer should continue in employment, he may be so continued, subject in each case to the sanction of Our Secretary of State for India in Council.

" 9. Medical officers shall be entitled to all the allowances granted to Our Indian Military Forces on account of wounds and injuries received in action, as combatant officers holding the same relative ranks.

" 10. Their families shall in like manner be entitled to all the allowances granted, under existing regulations, to the families of combatant officers holding the same relative ranks.

" A medical officer, retiring on a pension after a service of 20 years and upwards, may, if recommended for the same by the Government of his Presidency, receive a step of honorary rank, but without any consequent increase of pay."

" *Precedence of Brigade Surgeons.* G.G.O. No. 375, dated 8th July, 1881.

" Whereas by article 2 of our Warrant of the 16th November, 1880, revising the rules for the promotion and relative rank and allowances of our Indian Medical Service, we did, amongst other things, direct that Brigade Surgeons and Surgeons Major after 20 years service should have the relative rank of Lieutenant Colonel.

" Our Will and Pleasure is, and We do hereby direct, that a Surgeon Major of our Indian Medical Service who, on promotion to the rank of Brigade Surgeon, is granted under the provisions of our said warrant the relative rank of Lieutenant Colonel, shall take precedence of all Surgeons Major who may be holding such relative rank.

" (Given at Windsor, 20th May, 1881)."

" G.G.O. No. 376, dated 8th July, 1881.

" With reference to the Royal Warrants published in G.G.O.'s Nos. 374 and 375 of this date, it has been laid down by Her Majesty's Government that the precedence of Brigade Surgeons over Surgeons Major established, by these Warrants is intended to take effect only amongst themselves, and that the precedence of Brigade Surgeons with respect to combatant officers will continue to be governed by the rules laid down in the Royal Warrants of the 27th November, 1879, and 16th November, 1880, respectively."

" *Title and Rank of Candidates for I.M.D. at Army Medical School.* G.G.O. No. 459, dated 19th August, 1881.

" Whereas We deem it expedient, with a view to the assimilation of the grades of Our Indian Medical Service to those of Our Army Medical Department, to provide for the appointments to Our Indian Medical Service being in the first instance made on probation.

" Our Will and Pleasure is that from and after the date of this Our Warrant—

" 1. The grades of Medical Officers in Our Indian Military Forces shall be six in number, the under-mentioned grade being added to those enumerated in article one of Our Warrant of 16th November, 1880, viz.—

6. Surgeon on Probation.

" 2. A Surgeon on Probation shall have the relative rank of Lieutenant.

" (Given at Windsor, 6th July, 1881)."

In 1881 the system of station hospitals for British troops in India was introduced, in the place of the former regimental hospitals, by Clause 147, *I.A.C.*, July, 1881, republished in *I.M.D. Circs.* for 1881, page 41. The regimental hospital

system, though often threatened, is still maintained in the Indian Army up to date, (1913).

In 1882-83 occurred the agitation about "unemployed pay," which, though long ago forgotten, created a good deal of stir at the time. The I.M.S. had been recruited to its full strength during the Afghan war, and, when the army returned to its cantonments in India, there were more junior medical officers available for duty than the number for which employment could be found. On top of this came the disbandment, in 1882, of some thirty regiments of the Indian Army, throwing out of employ an equivalent number of medical officers, for whom, of course, other posts had to be found, before any of the juniors, who had not yet obtained them, could get permanent appointments. Most of the men of four or six years' service, who were officiating in medical charge of regiments, were thus debarred from obtaining permanent appointments till a large number of their seniors, displaced from the disbanded regiments, could be provided for in the vacancies caused by death and retirement. Similarly the juniors were unable to obtain officiating appointments, and remained on unemployed pay. In the summer of 1883 there were a very large number of junior medical officers on unemployed pay, Rupees 286, annas 10 per month. It may be admitted that, small as the pay was, the work was even less, many of them were doing absolutely nothing. But all were ready and eager to work, if work could be found for them, and all were disappointed in not being able to obtain at least officiating appointments.

The junior medical officers, both those officiating and those unemployed, sent in memorials to Government, and the subject was brought up in the House of Commons, their cause being championed by Mr. Gibson, M.P. for Dublin University, afterwards Lord Ashbourne, Lord Chancellor of Ireland. It was answered that the Surgeons on Rs.286 unemployed pay had little cause of complaint, while the unemployed pay of a Lieutenant was only Rs.217; but this argument lost its force when it was pointed out that unemployed Surgeons were numerous, while such a thing as an unemployed Lieutenant was unknown, the most junior Lieutenants in the Indian Army receiving Rs.100 acting allowance as officiating Wing Officers, in addition to their unemployed pay. This agitation had some effect, the rate of unemployed pay was raised in 1885 to Rs.317, and subsequently,

in 1897, the lowest rate of pay drawn on joining was raised to Rs.350.* But most, if not all, of those who had taken part in the struggle, had obtained, some permanent and some officiating appointments, before even the first of these increases was given.

Coupled with the unemployed pay grievance was another, caused by the rule enforced by the Mily. Accounts Dept., which of course had no choice in the matter, that an officer transferred from one appointment to another on higher pay, should make the move at his own expense. Under this rule a Surgeon might have to travel at his own expense from one end of India to another, say from Calcutta to Peshawur, or *vice versa*, and then draw the officiating allowance at his new station for a few months only. Had this occurred to each individual only once, it would not have been so hard. But a Surgeon, officiating in a regiment, when relieved, reverted at once to unemployed pay, and his next move, even if ordered only a few days later, was again a transfer to a better paid billet, necessitating his paying his own travelling expenses again, and so on, time after time, until he at last got a permanent appointment.

The *Memorandum* issued at this time by the India Office to intending candidates, stated that no officer could draw any higher rate than unemployed pay until he had passed the Lower Standard examination in Hindustani. It was not unnatural that this stipulation should be taken to mean that an officer would be entitled to higher pay as soon as he had passed the L.S., though certainly this was not expressly promised. The L.S. was then a very easy examination, the standard has since been greatly raised. The *Memoranda* issued by the India Office now, and for many years past, distinctly state that the passing of this examination in itself gives no claim to a higher rate of pay.

There is much in a name, in spite of the proverb, and the very phrase, "unemployed pay," was in itself a grievance. While most of the men on this rate of pay had little to do, some of them were from time to time doing very hard and trying work. A Surgeon who had no permanent appointment, placed on special duty in a cholera epidemic, remained technically unemployed, and was reasonably aggrieved when he found himself drawing only unemployed pay for doing much harder and more trying

* See Chap. XVIII., *Pay*. In 1903 the unemployed pay of a Lieutenant was raised to Rs.420. See also footnote at end of this chapter.

work than his seniors or contemporaries who had the good fortune to hold permanent or officiating appointments.

Had the phrase "general duty pay" been used instead of that of "unemployed pay"; and had the rule requiring transfer at his own expense been enforced once only upon each individual, it is probable that this grievance would never have been much heard of or felt.

About this time the abbreviation I.M.D., which for some years had been used for the I.M.S., probably on the analogy of the A.M.D., gradually dropped out of use, and the proper abbreviation, I.M.S., came into general employment. The I.M.S. is, and always has been, a Service, not a Department. The abbreviation I.M.D. now survives in only one connection, the title of the *I.M.D. Circs.*, where it is used as including the Sub-Medical Services, as well as the Commissioned Service, the I.M.S.

GENERAL ABSTRACT FOR THE BENGAL PRESIDENCY.

	Appointments for Covenanted Medical Officers.			Bengal officers.	Madras or Bombay officers serving in Bengal.	Total.
	In List No. I.	In List No. II.*	Total.			
Government of India						
A. Home Department . . .	5	—	5	5	—	5
B. Military Department . . .	104	—	104	94	10	104
C. Foreign Department . . .	27	—	27	18	9	27
D. Financial Department . . .	4	—	4	2	2	4
Total	140	—	140	119	21	140
Under the Government of Bengal	51	4	55	55	—	55
Ditto N.W.P. and Oudh . . .	42	4	46	46	—	46
Ditto the Panjab	27	4	31	31	—	31
Under the Administration of the Central Provinces . . .	11	4	15	8	7	15
Ditto Assam	7	1	8	8	—	8
Ditto British Burma	6	4	10	5	5	10
Ditto Coorg	—	—	—	—	—	—
Ditto Berar	3	—	3	1	2	3
Total	147	21	168	154	14	168
Grand Total	287	21	308	273	35	308
Reserve at 25 per cent.	—	—	—	68	—	—
Total Bengal officers required	—	—	—	341	—	—

* List No. 1, for Commissioned or Covenanted officers only; List No. 2, for either Covenanted or Uncovenanted officers.

In 1884 the Government of India, in Home Dept., Medical, Order No. 17-48194 of 31st Oct., 1884, published a list of medical appointments in India, to be held by Commissioned and Uncovenanted Medical Officers respectively. This list is too long to quote here. It may be found in *I.M.D. Circs.* for 1884, pages 69 to 81. An abstract for the Presidency of Bengal is given on p. 315.

Government of India, Home Dept., Order No. 361 of 30th July, 1886, published in *I.M.D. Circs.* for that year, page 60, revised to some extent the civil administrative appointments of the I.M.S. Except for the discontinuance of the administrative rank, granted to Sanitary Commissioners, six years before, and the grant, in lieu thereof, of the extra compensation pensions, no great change was made. This order is as follows:—

" Revised Orders regarding the Administrative Staff of the Indian Medical Service in the several Provinces of India.

" Copy of Not. by the Govt. of India, Home Dept., No. 361, dated Simla, the 30th July, 1886.

" In continuation of G.G.O. No. 13, dated 2nd January, 1880, and Home Department Notification No. 150, dated 15th March, 1880, } in modification of the orders
Home Department Resolution Nos. F336- } marginally noted, the Governor
46, dated 30th July, 1880. } General in Council is pleased,
with the sanction of Her Majesty's Secretary of State, to issue the following orders regarding the administrative staff of the Indian Medical Service in the several Provinces of India.

" 2. The administrative appointments are the following:—

	Monthly salary. Rs.
1 Surgeon General and Sanitary Commissioner with the Government of India	2700
1 Secretary to the Surgeon General and Special Assistant to the Sanitary Commissioner with the Government of India	1200-1400
1 Deputy Surgeon General with title of Inspector General of Civil Hospitals for civil medical administration in Bengal	2250
1 Ditto. Ditto for North West Provinces and Oudh	2250
1 Ditto. Ditto for Panjab	2000
1 Deputy Surgeon General for civil medical administration in the Central Provinces	1800
1 Surgeon General with the Government of Madras	2500
1 Secretary to Surgeon General with the Govt. of Madras	800
1 Surgeon General with the Government of Bombay	2500
1 Secretary to Surgeon General with the Govt. of Bombay	800

" 3. The Surgeons General with the Government of India and with the Governments of Madras and Bombay will, in addition to performing civil administrative duties, be Heads of the Indian Medical Departments in their respective Presidencies. It will be their duty, among other matters, to propose transfers between the Military and Civil Departments, to recommend for promotion to the administrative grades, and to advise the Government on all questions relating to the admission of officers and subordinates to the Indian Medical Service, to the conduct and services of Indian Medical Officers of all grades, and to the supply of medicines and hospital stores. The Surgeon General with the Government of India will be entitled to receive any information he desires from the Deputy Surgeons General attached to the Local Governments and Administrations, and to communicate with these officers in regard to the operation of departmental rules and orders; but he will exercise no direct authority over these officers, who will be solely under the orders of the Local Government or Administration to which each belongs.

" 4. Officers will be selected for the above-named administrative offices by the Government of India for the Bengal Presidency, and by the Governments of Madras and Bombay for those Presidencies respectively. Selections will be made in each Presidency from the whole Indian Medical Service of that Presidency; and the principles of selection hitherto followed in all other respects in making such appointments will be observed.

" 5. The Deputy Surgeon General for the Central Provinces will also be Sanitary Commissioner for those Provinces. As already notified in the Military Department order of the 2nd January, 1880, above quoted, the Deputy Surgeon General of the Eastern Frontier District will, in addition to his military duties, carry on the civil medical administration of Assam, and will also perform the duties of Sanitary Commissioner in that Province. The Deputy Surgeon General of the Panjab Frontier Force will also exercise the civil medical administration of that circle; and in respect of these civil duties, he will be subject to the orders of the Provincial Deputy Surgeon General, styled Inspector General of Civil Hospitals.

" 6. In Central India, the Residency Surgeon at Indore will perform the duties of an administrative medical officer as regards all civil medical officers and subordinates employed under the orders of the Agent to the Governor General for Central India. He will exercise a general supervision over these officers, and advise the Agent to the Governor General on all civil medical arrangements.

" 7. In Berar, the Sanitary Commissioner will be entrusted with the medical administrative duties of the Province, instead of the Deputy Surgeon General at Hyderabad, who is now a purely military officer.

" 8. The administrative medical and sanitary duties, including vaccination, will, for the Province of Burma, be performed by the Inspector General of Jails, in addition to his other duties.

" 9. In the Andamans, the Senior Medical Officer will be entrusted with the medical administrative duties of the Settlement, including the Nicobars.

" 10. In Rajputana, the Superintendent General of Dispensaries and

Vaccination will exercise the functions of an administrative medical officer in respect of all civil medical duties.

" 11. In Baluchistan, the Residency Surgeon, Quetta, will exercise the functions of an administrative medical officer in respect of the civil medical duties in Baluchistan, at Sibi, and on the Bolan and Sind Pishin State Railways.

" 12. In minor matters, such as the submission of periodical returns and furnishing information, the officers above-named,—viz. the Residency Surgeon, Indore; the Sanitary Commissioner, Berar; the Inspector General of Jails, Burma; the Senior Medical Officer of the Andamans; the Superintendent General of Dispensaries, Rajputana; and the Residency Surgeon, Quetta—will communicate direct with the Surgeon General with the Government of India; but all matters of importance should be submitted to the Government of India by the Agent to the Governor General for Central India, the Resident at Hyderabad, the Chief Commissioner of Burma, the Superintendent of Port Blair, or the Agent to the Governor General for Rajputana or Baluchistan, as the case may be.

" 13. In all provinces for which a separate Sanitary Commissioner is sanctioned, the Sanitary Department will, except in regard to leave, pensions, and such questions, remain distinct from, and not subordinate to, the Medical Department; and in selection for such posts, knowledge and experience as a sanitary officer will be specially considered. The Sanitary Commissioners of such Provinces shall no longer, in virtue of their appointments as such, have the rank and privileges of a Deputy Surgeon General. This rule will apply to all officers appointed as Sanitary Commissioners after the 19th March 1886, the date of receipt of the Secretary of State's Despatch No. 37 (Military), dated London, 25th February 1886. As a compensation for the withdrawal from Sanitary Commissioners of the rank and privileges of a Deputy Surgeon General, Her Majesty's Government have sanctioned the annual grant of four extra pensions of £100 each to senior officers of the Indian Medical Department in the proportion of two for the Bengal and one each for the Madras and Bombay Medical Services. The conditions attaching to the grant of these pensions are embodied in India Army Circulars of 1886, clause 91, issued by the Military Department.

" 14. The supervision of the Vaccination Department will form an important part of the duties of the Sanitary Commissioner in each Province. The Superintendents of Vaccination are Deputy Sanitary Commissioners, under the orders of the Sanitary Commissioner, who will utilize not only them, but also the whole vaccination staff, on sanitary work. Civil Surgeons will also assist the Sanitary Department, as far as practicable, in that important duty.

" 15. Although the administration of the Indian Medical Service is divided into two branches, Civil and Military, Indian Medical Officers will remain, as now, military officers; those in civil employment being only lent to the Civil Department, and being liable to be called on for military duty in the event of their services being required."

A new Royal Warrant, dated 30th April, 1887, revised the rules for promotion and precedence in the I.M.S., cancelling

the warrants of 16th Nov., 1880, and 6th July, 1881. This warrant, on the whole, differed little from that of 1880. It is published in *I.M.D. Circs.* for 1887, page 37. The following summary shows the alterations made:—

1. Six grades; adds Surgeon on probation.
 2. Precedence; much the same as para. 2 of Warrant of 16th Nov., 1880, adds Surgeon on probation ranking as Lieutenant.
 3. "Such precedence shall not entitle the holder to military command of any kind, to the presidency of Courts martial, Courts of Inquiry, Committees, or Boards of Survey."
 - 4, 5, 6, 7. The same as before.
 8. "On appointment as Honorary Physician or Surgeon to Her Majesty, under Article 12, an officer below the rank of Deputy Surgeon General shall be promoted to that rank, remaining supernumerary of his rank until he would have been promoted in ordinary course."
 9. "In case of distinguished service in the field, an officer of the Indian Medical Service may be promoted from any rank to that next above it, remaining supernumerary in the higher rank until he would have been promoted in ordinary course, or a Surgeon Major ranking as Major may be advanced to rank as Lieutenant Colonel."
 10. Same as para. 8 of previous warrant.
 - Paras. 9 and 10 of former warrant omitted.
 11. "A medical officer retiring, not later than the 31st December, 1887, on a pension after a service of 20 years and upwards, may, if recommended for the same by the Government of his Presidency, receive a step of Honorary rank, but without any consequent increase of pay."
 12. "Six of the most meritorious Medical Officers of the Service shall be named our Honorary Physicians, and six our Honorary Surgeons."
- "NOTE.—Under instructions from the Secretary of State for India it is notified that an officer promoted to the rank of Deputy Surgeon General under Article 8 or Article 9 of the above Warrant, will not reckon his service in that rank as service for the additional pension of £250 per annum, until he has been absorbed into the establishment of the grade, except any period during which he may have officiated as an Administrative Officer."

In 1888 a change was made in the appointment and tenure of office of Sanitary Commissioners, who had lost their administrative rank in 1886, two years before. Govt. of India, Home Dept., Medical, Order No. 4 of 7th June, 1888, published in *I.M.D. Circs.* for 1888, page 49, laid down that Sanitary Commissioners were in future to be appointed for a term of seven years, which might be extended to ten years.

The Royal Warrant of 8th Feb., 1889, published on page 3 of *I.M.D. Circs.* for that year, gave the power of command in military hospitals to Officers of the I.M.S.

"Royal Warrant, dated 8th Feb., 1889, providing for the exercise by officers of the Indian Medical Service of Command, similar to that exercised by officers of the Medical Staff.

"Copy of a letter from the Right Hon'ble Her Majesty's Secretary of State for India, to His Excellency the Most Honourable the Governor General of India in Council, Military Department—No. 40, dated India Office, London, the 21st February, 1889.

"Having considered in Council your Military Despatch No. 210 of the 5th November, 1888, with the concurrence of the Secretary of State for War and of His Royal Highness the Commander-in-Chief, I submitted to Her Majesty a draft warrant, providing for the exercise by officers of the Indian Medical Service of command, similar to that exercised by the officers of the Medical Staff.

"2. Her Majesty having been pleased to approve of the issue of the Royal Warrant, which bears date the 8th February, 1889, copies of it are forwarded herewith."

"Victoria R. and I.

"Whereas We deem it expedient to amend in certain respects Our Royal Warrant of the 30th April 1887, Our Will and Pleasure is—

"1. That the words ' (except as provided in Article 3a) ' shall be inserted after the words ' military command of any kind ' in Article 3.

"2. That the following Article shall be inserted after Article 3.

"3a. The officers of the Indian Medical Service shall command the medical officers, and subordinates, the Army Hospital Native Corps, the Hospital attendants, and others doing duty in Military Hospitals, as well as all patients in Military Hospitals; and shall command the Medical Staff Corps when doing duty therewith, in the same manner as officers of the Medical Staff, as well as such officers, noncommissioned officers, and men, as may be attached for duty to the Medical Staff Corps, but otherwise they shall not hold any military command."

"Given at Our Court at Osborne, this eighth day of February 1889, in the fifty-second year of Our Reign."

In 1890 orders were issued by the Govt. of India, Mily. Dept., No. 14075 D., of 16th Oct., 1890, republished in *I.M.D. Circs.* for 1890, page 47, by which all officers entering the I.M.S. after that date were made liable to be recalled from the pension list to duty, in case of emergency, up to the age of fifty-five.

The Royal Warrant of 10th Aug., 1891, altered the title of the A.M.D. to Medical Staff, introduced the compound titles, and reintroduced the rank of Lieutenant for junior Surgeons on first appointment. These compound titles were unpopular, especially the lengthy and cumbrous Brigade-Surgeon-Lieutenant-Colonel,

and remained in force only seven years. The same titles, including that of Surgeon Lieutenant, were given to the I.M.S. by the Royal Warrant of 14th Dec., 1891.

"I.M.S. Warrant of 1891.

"India Office, December 14th, 1891.

"Victoria, R.I.

"Whereas we deem it expedient to revise the Rules for the promotion and precedence of our Indian Medical Service.

"Our will and pleasure is that our warrants of April 30th, 1887, and February 8th, 1889, be cancelled, and that from and after August 7th, 1891, the following rules shall be established, and that by these rules our Viceroy and Governor General in Council, and our Governors in Council of Madras and Bombay respectively, shall be governed.

"1. The substantive ranks of medical officers in our Indian military forces shall be as follows:

Surgeon Major General.

Surgeon Colonel.

Brigade Surgeon Lieutenant Colonel.

Surgeon Lieutenant Colonel.

Surgeon Major.

Surgeon Captain.

Surgeon Lieutenant.

"These ranks shall carry precedence and other advantages attaching to the rank indicated by the military portion of the title, but shall not, (except as provided in Article 2), entitle the officer to military command, or to the Presidency of Courts-Martial, Courts of Enquiry, Committees, or Boards of Survey.

"2. The officers of our Indian Medical Service shall command the medical officers and subordinates, the Army Hospital Native Corps, the hospital attendants, and others doing duty in military hospitals, as well as all patients in military hospitals; and shall command the Medical Staff Corps, when doing duty therewith, in the same manner as officers of the Medical Staff, as well as such officers, non-commissioned officers, and men, as may be attached for duty to the Medical Staff Corps; but otherwise they shall not hold any military command.

"3. A Surgeon-Lieutenant shall be promoted to the rank of Surgeon-Captain on completing three years' full pay service.

"4. A Surgeon-Captain shall be promoted to the rank of Surgeon-Major on completing twelve years' full pay service.

"5. A Surgeon-Major shall be promoted to the rank of Surgeon-Lieutenant-Colonel on completing twenty years' full-pay service.

"6. All promotion from the rank of Surgeon-Lieutenant-Colonel to that of Brigade-Surgeon-Lieutenant-Colonel shall be given by selection for ability and merit.

"7. All promotion from the rank of Brigade-Surgeon-Lieutenant-Colonel to that of Surgeon-Colonel, and from the rank of Surgeon-Colonel to that of Surgeon-Major-General, shall be given by selection for ability and merit, and the grounds of such selection shall be stated to us in writing, and recorded in the office of our Secretary of State for India.

"8. On appointment as our Honorary Physician or Surgeon under Article 11, an officer below the rank of Surgeon-Colonel shall be promoted to that rank, remaining supernumerary of his rank until he would have attained the rank of Surgeon-Colonel in ordinary course.

"9. In case of distinguished service in the field, an officer of our Indian Medical Service may be promoted from any rank to that next above it, remaining supernumerary in the higher rank until he would have been promoted in ordinary course, or until selected for further promotion for which he shall be eligible according to his standing in the higher rank.

"10. With a view to maintain the efficiency of the Service, medical officers shall be placed on the Retired List when they attain the following ages :—

Surgeon Major General	}	60
Surgeon Colonel		
Brigade Surgeon Lieutenant Colonel	}	55
Surgeon Lieutenant Colonel		
Surgeon Major		

"But as respects officers below the rank of Surgeon-Colonel who entered the Service prior to January 13th, 1860, this rule shall be relaxed, and an officer who has attained the age of fifty-five years without having attained the rank of Surgeon-Colonel shall be permitted to remain in the Service for three years more, on his perfect competency and fitness being certified in such manner as our Secretary of State for India in Council may direct. In any special case where it would appear to be for the good of our Service that the officer should be continued in employment, he may be so continued, subject in each case to the sanction of our Secretary of State for India in Council.

"11. Six of the most meritorious medical officers of the Service shall be named our Honorary Physicians, and six our Honorary Surgeons.

"Given at our Court at Windsor, this seventh day of December, in the fifty-fifth year of our Reign.—By Her Majesty's Command, — Cross."

The last of the Company's medical officers, S.G. William Roche Rice, retired on 29th March, 1895. He was born on 6th Jan., 1833, educated at Queen's College, Cork, the Richmond Hospital, Dublin, and Charing Cross Hospital; took the degree of M.D. in the long defunct Queen's University of Ireland, and the diploma of M.R.C.S. in 1856, and entered the Bengal Medical Service as Assistant Surgeon on 20th Nov., 1856. He became Surgeon on 20th Nov., 1868, Surgeon Major on 1st July, 1873, Brigade Surgeon on 10th April, 1884, D.S.G. on 9th Dec., 1887, and S.G. with the Govt. of India on 29th March, 1890. He received a Good Service Pension on 26th July, 1891, the C.S.I. on 25th May, 1892, and was nominated Honorary Physician to the Queen on 22nd April, 1896. During the Mutiny he served at Indore, and received the medal for that campaign. He died at Brighton on 27th March, 1903.

From 1st April, 1895, the three separate armies of the three Presidencies, Bengal, Madras, and Bombay, were abolished, the whole being combined into one force, the Indian Army, which was divided into four Commands or Army Corps, the Panjab, Bengal, Madras, and Bombay. By clause 35, *I.A.C.* of 1895, republished in *I.M.D. Circs.* for 1895, pages 7 to 9, the distribution of Principal Medical Officers was fixed as follows :—

"Distribution of Principal Medical Officers of Commands and Districts between the Army Medical Staff and the Indian Medical Service under the new Army Reorganisation scheme which takes effect from 1st April, 1895.

"Clause 35, *I.A.C.*, 1895.

"To each of the four Commands a Principal Medical Officer will be appointed; two will be taken from the Army Medical Staff, and two from the Indian Medical Service. Officers of either service will be eligible for any Command; but for either the Bengal or the Panjab Command a Principal Medical Officer belonging to the Indian Medical Service will ordinarily be nominated.

"2. The districts of Medical Superintendence of Surgeon-Colonels will be distributed as follows :—

	Army Medical Staff.	Indian Medical Service.
Panjab Command .	Rawal Pindi	Lahore
Bengal Command .	Sirhind	Panjab Frontier Force
	Allahabad and Nerbudda	Assam
	Meerut and Bundelkand	Presidency
	Oudh and Rohilkand	
Madras Command .	Secunderabad and Belgaum	Bangalore and Southern
	Mandalay and Chin Hills	Rangoon
Bombay Command	Poona	Madras
	Mhow and Deesa	Bombay
	Quetta	Karachi
		Kampti

"3. The administrative medical charge of the Peshawar District will be held alternately by a Brigade Surgeon Lieutenant Colonel of the Army Medical Staff and of the Indian Medical Service."

By clause 56, *I.A.C.* for 1895, the salary of the P.M.O. of each Command was fixed at Rs.2200 a month, while clause 63 granted them the rank of Surgeon-Major-General. (*I.M.D. Circs.*, 1895, p. 13.)

Subsequently, in 1904, the Madras command was abolished, as a separate Army Corps, and the Burma Division separated from it. The rank of Lieut.-General, and the right of corresponding direct with Army Headquarters, were still left to the

Commander of the Sikanderabad Division. The separate Commands were abolished later on, from 1st June, 1907, and the Indian Army reorganized in nine Divisions; divided into two Armies, the Northern and the Southern, plus a tenth Division for Burma.

The Royal Warrant of 21st Oct., 1895, published in *I.A.C.* for 1895, clause 195, and in *I.M.D. Circs.*, for 1895, page 59, provides for exchanges and transfers between officers of the I.M.S. and of the Army Medical Staff.

"Royal Warrant, dated 21st Oct., 1895, providing for exchanges and transfers between officers of the Army Medical Staff and of the Indian Medical Service.

"Clause 195, *I.A.C.*, 1895.

"The Governor General in Council is pleased to direct the publication of the following extracts of a Military letter from the Right Honourable the Secretary of State for India, No. 104, dated 14th November 1895, paragraph 1, and of the Royal Warrant, dated 21st October 1895, providing for exchanges and transfers between officers of the Army Medical Staff and of the Indian Medical Service:—

"I forward, for your information, copies of a Royal Warrant to which I have obtained Her Majesty's approval, providing for exchanges and transfers between officers of the Army Medical Staff and of the Indian Medical Service.

"Whereas we deem it expedient to provide for exchanges and transfers between Officers of Our Indian Medical Service and Officers of Our Army Medical Staff.

"Our will and pleasure is that additions as under shall be made to Our Warrant regulating the promotion and precedence of our Indian Medical Service, dated 7th December 1891.

"I. The following shall be inserted at the beginning of Articles 3, 4, and 5:—

"Except as provided in Article 9A."

"11. The following shall be inserted after Article 9:—

"9A. Exchanges between officers of our Indian Medical Service and officers of Our Army Medical Staff, below the rank of Surgeon Major, and transfers of such officers from either of the above Services to the other, shall be permitted subject to the approval of Our Secretary of State for War and of Our Secretary of State for India in Council and on the following conditions:

"1. That the officers shall have less than seven years' service.

"2. That the senior officer exchanging shall take the place of the junior on the Departmental list, and shall not be promoted under Article 3, 4, or 5, until the officer next above him shall have been so promoted.

"3. That the junior officer exchanging shall be placed for seniority next below all medical officers whose commissions have the same date as his own.

"4. That an officer transferred shall be placed for seniority below all medical officers holding the same rank at the time of his transfer, and shall not be promoted under Article 3, 4, or 5, until the officer next above him shall have been promoted."

"Given at our Court at Balmoral, this 21st day of October, in the fifty-ninth year of our reign.

"By Her Majesty's Command, George Hamilton."

By Govt. of India, Home Dept., Order No. 255 of 21st March, 1896, published in *I.M.D. Circs.*, for 1896, page 17, the appointments of Professors in the Medical Colleges, and of Supt. of the General Hospitals, were limited in tenure to five years, with power to the Local Governments to extend tenure for similar periods of five years at a time.

The amalgamation of the three Presidency Medical Services, Bengal, Madras, and Bombay, as far as men subsequently entering the Service were concerned, was ordered in G.G.O. No. 260 of 6th March, 1896. But this order may more fittingly begin the next chapter, practically the last in the history of the Service.

NOTE.—While it is easy to see, looking back over thirty years—a generation—that the unemployed pay grievance had no lasting ill effect upon the Service as a whole, yet at the time it was very hard upon those who suffered from it, especially upon the more senior among them.

The following rhymes were written in 1883 by two young Surgeons, both of whom had been on unemployed pay ever since they entered the Service, considerably over a year before; and both of whom were destined to remain in that condition for some time to come. Both, it will be noticed, use the abbreviation I.M.D., not I.M.S., for the name of the Service. They take what may be called a pessimistic and an optimistic view, respectively, of the state of affairs. It is hardly necessary to say that a student of the type described in the second would have had no chance of passing the examination for the I.M.S., competition for which, at the time, was severe. It is to be hoped that the writer of the first lines, should he ever read this note, will pardon the resuscitation of his early effort.

"De Profundis.

"Through his student's life he has worked with a will,
To acquire his share of a doctor's skill;
Morning and night within hospital walls
And all day long in the lecture halls.
He has learnt to read a sick man's look
As a scholar scans a page of his book.
He has trained his mind to its careful task,
And work to do is all he would ask.
He longs for a path with obstacles spread
Ere his mental vigour is drugged and dead.

Sure of his creed, he longs to strive,
 Knowing the fittest will still survive.
 Behold him then, in India's land,
 Anxiously waiting to turn his hand
 To the well-loved task, but he waits in vain
 Till dull grows the mind and torpid the brain;
 For the field's over-stocked and the work's too small;
 There's not enough for the hands of all.
 And Babu's work and reports to fill
 Requires not the least professional skill.
 He thinks of home, but he dare not face
 His compeers, once, in the vital race,
 Where men succeed by the force of brain
 And hearty effort is not in vain,
 And those, whose course is fairly run,
 Look back on an honest life work done.
 So he shakes his head, and sticks to his post,
 And sighs for his grand profession lost;
 And grimly thinks of the lying scheme
 That cruelly marred his life's young dream,
 And pities the men who still will be
 Duped and lost in the I.M.D."

"In Excelsis.

"To a medical school he was early sent
 And nine long years as a student spent.
 University, College, and Hall,
 He tried each one, and he failed in all.
 Seven examiners he had faced,
 Seven times failed, defeated, disgraced;
 Yet again he toed the mark, and at last
 He found, to his own surprise, he had passed,
 And proudly could to his friends display
 The glorious title of L.S.A.
 To comply with the rules of the I.M.D.
 He added the L.R.C.S.E.
 The exam was stiff, but he crammed with Cooke,
 And scraped through last, by a lucky fluke.
 So he left an ungrateful native land
 For service on India's coral strand.
 On general duty he sallied forth
 To the East, and the West, and the South, and the North.
 From Bombay to Peshawar he was quickly sent,
 From Peshawar to Shillong he speedily went,
 From Shillong to Quetta, from Quetta to Prome,
 And thus he wrote to his friends at home
 'If you want a good berth, with a decent screw,
 And nothing at all as your work to do,
 Then all you've to do is to do like me,
 And boldly to enter the I.M.D.'"

About this time the Madras Staff Corps was very short-handed, and was said, with pardonable exaggeration, to be officered entirely by Colonels on the verge of retirement, and by newly-joined probationers. A song used to be current, the singer of which, supposed to be a Surgeon in a Madras regiment, relates how, one by one, the other officers go away, handing over their duties to him. The chorus, adapted from one of Gilbert's *Bab Ballads*, ran—

"Oh! I am a Sub, and an Adjutant bold,
 And a Colonel commanding high;
 And my duties are large in the medical charge
 Of the ninety-ninth N.I."

CHAPTER XXXIX

THE NEW COMBINED OR GENERAL SERVICE; 1896 TO 1913

"The old order changeth, yielding place to new."
TENNYSON, *Morte d'Arthur*.

THE amalgamation of the three Presidential Armies in 1895 was followed by that of the three Establishments of the I.M.S., Bengal, Madras, and Bombay, from 1st April, 1896, as far as all future admissions to the Service were concerned. The commissions of the last batch of admissions to the old Service, who were on probation at the date of this amalgamation, date from 29th July, 1896. Those of the first admissions to the new general Service are dated 28th Jan., 1897. For ten years more the members of the old Service were shown, in the *Indian Army Lists*, on three separate lists, one for each Presidency. They were combined in one list for the first time in the *Army List* of 1st Oct., 1906. But, in spite of their being all shown on one list, the three separate cadres for promotion are still maintained; and presumably will be maintained until the last members of the old Services have been promoted, or have disappeared from the active list, which will probably not occur until about 1925. The combination of the names on one list showed up most effectively how rapidly the senior officers on the Bombay list were superseding those in Bengal and Madras.*

The orders for the amalgamation of the I.M.S. were issued in G.G.O. No. 260 of 6th March, 1896, republished in *I.M.D. Circs.* for 1896, p. 9.

"G.G.O. No. 260, dated 6th March, 1896.

"With the sanction of the Secretary of State for India, the Governor General in Council is pleased to notify that, from the 1st April 1896, the following changes in the organization of the Indian Medical Service will have effect.

"2. The Medical Services of Bengal, Madras, and Bombay will be

* Seven years later, at the end of 1913, promotion is fairly equalized in the three services. Up to 1910, it was most rapid in Bombay, and slowest in Madras, which now stands first in that respect, Bengal being still a little behind Bombay.

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amalgamated into one service under the direct administrative control of the Government of India.

"3. The Surgeon General with the Government of India will be the head of the amalgamated Indian Medical Service, and his designation will be Director General of the Indian Medical Service.

"4. No change will be made in the conditions under which officers of the Bengal, Madras, and Bombay Medical Services, appointed before the second examination in 1896, are serving; promotion will continue to run on their respective lists, and the sphere of their employment will remain as at present, except in cases of emergency, when it may be desirable to employ them temporarily beyond it. In time of war all officers who can be spared from civil duties will be employed as the exigencies of the service may demand.

"5. From the date of the second examination in 1896, Surgeon-Lieutenants will be recruited for the amalgamated Indian Medical Service, and the appointments will be made on one general list. Subject to the requirements of the service, officers will be allowed choice of commands according to their position on the list as determined by the combined results of the preliminary and final examinations. The officers appointed to this list, although ordinarily employed within the commands to which they may be posted, will be liable to employment in any part of India according to the exigencies of the service. The subsequent transfers to civil duties will ordinarily be allotted, so far as the requirements of the service will allow, to the provinces within the limits of the command to which the officers were originally posted.

"6. The present Surgeon Generals with the Governments of Madras and Bombay will retain their claim to rank, pay, and pensions under existing rules. The question of the continuance of these privileges to their successors in office will be reserved for future consideration.

"7. The Surgeon Generals will be restricted to the exercise of the functions of Administrative Medical Officers and Civil Inspector Generals of Hospitals in respect to the Civil Medical Staff and Civil Medical Institutions in the Presidencies of Madras and Bombay respectively. They will cease to exercise any control over those sections of the existing medical establishments of Madras and Bombay which are composed of officers employed with the army, or over the reserve of 25 per cent. for leave and casualties, the administration of which will be conducted directly under the orders of the Government of India.

"8. The post of Secretary to the Surgeon General with the Government of Madras or Bombay will be retained for the present incumbents of the office of Surgeon General with these Governments. On a vacancy occurring in the post of Secretary to the Surgeon General, Madras or Bombay, it will only be filled by an officiating officer, and when the present Surgeon Generals vacate their appointments, their successors will not have Secretaries, but only Personal Assistants."

The first officer to enter the new General Service I.M.S., i.e. who headed the list at the first competitive examination under the new conditions, was Andrew Augustin Frayne Macardle, M.B., R.U.I., 1895. He died of cholera in Calcutta on 11th Oct., 1902, while acting as Supt. of the Calcutta Museum. Since then, the

first man in the new Service has been Jasper Maxwell Woolley, M.B., Cantab., 1896.

In 1896 a change was made in the classification of Civil Surgeoncies, into first and second class. In Bengal there were formerly six first-class Civil Surgeoncies, Patna, Dakka, Murshidabad, Cuttack, the 24-Parganas, and Bardwan. Howrah was substituted for Bardwan by Govt. of India, Home Dept., Order No. 658 of 16th Sept., 1895, (*I.M.D. Circs.*, 1895, p. 40). In the N.W.P. and Oudh there were only four first-class Civil Surgeoncies, Allahabad, Agra, Lucknow, and Benares. In the Panjab the Civil Surgeons were classified, by Govt. of India, Mily. Dept., Letter No. 1148 of 30th March, 1867, into five first-class, Lahore, Delhi, Multan, Amritsar, and Ambala, and twelve second class. Subsequently Peshawar was substituted for Amritsar. By Home Dept. Resolution No. 2575 of 12th July, 1879, quoted in *I.M.D. Circs.* for that year, p. 87, the appointments of first-class Civil Surgeon in the Panjab were made personal, tenable by the holders in whatever stations they happened to be posted.

This change was carried out in 1896 by Govt. of India, Home Dept., Orders, No. 725 of 27th Aug., 1896, for the N.W.P. and Oudh, No. 910 of 19th Oct., 1896, for Bengal. (*I.M.D. Circs.* for 1896, pp. 10 and 19.)

In Burma a similar change was made twelve years later, the first-class Civil Surgeoncies being delocalized, and increased from two (Rangoon and Moulmein) to five, by Govt. of India, Home Dept., Order No. 631, Medical, of 11th June, 1908, quoted in *I.M.D. Circs.* for that year, p. 25.

Govt. of India, Home Dept., Order No. 991 of 2nd Nov., 1896, published in *I.M.D. Circs.* for 1896, p. 25, established one cadre of medical officers, posted after that date to Lower Bengal and Assam. This order affected only a few men, and nine years later, when Bengal was partitioned on 15th Oct., 1905, became of no effect.

By the Royal Warrant of 10th Aug., 1898, military titles were granted to the officers of the I.M.S. This warrant was published in *I.A.C.* for 1898, clause 185, and in *I.M.D. Circs.* for that year, p. 61. It has been given at full length in Chap. XVII, *Rank* (Vol. I, pp. 338-9).

A revised list of superior civil medical appointments in India,

correcting and bringing up to date that published in the Resolution of 31st Oct., 1884, quoted in the preceding chapter, was issued with Govt. of India, Home Dept., Resolution No. 988-1003 Medical, of 6th June, 1899, republished in *I.M.D. Circs.* for 1899, p. 11. This list is too long to quote, covering thirty-six pages. It ends with the following abstract :—

“Abstract statement showing the number of Indian Medical Service Officers required to fill sanctioned Civil Medical appointments under the Government of India in the Home, Foreign, Finance, and the Public Works Departments and under the several Local Governments and Administrations in the three Presidencies.

	Bengal Estabt.	Madras Estabt.	Bombay Estabt.	Total.
Govt. of India, Home Dept.	5	—	—	5
do. Foreign Dept.	20	5	5	30
do. Finance Dept.	2	1	1	4
do. P.W.D. Dept.	1	—	—	1
Bengal Govt.	62	—	—	62
N.W.P. do.	46	—	—	46
Panjab do.	32	—	—	32
Burma do.	10	11	—	21
C. P. Administration	9	7	—	16
Assam do.	9	—	—	9
Haidarabad Residency	1	2	—	3
Coorg Administration	—	1	—	1
Madras Govt.	—	49	—	49
Bombay do.	—	—	49	49
Total Civil Appointments	197	76	55	328
Add 20 per cent. for furlo' and 5 per cent. for casualties	49	19	14	82
Grand Total	246	95	69	410

By Mily. Dept. Order No. 4644 D of 16th Oct., 1899, republished in *I.M.D. Circs.* for 1899, p. 58, the appointments of P.M.O. at Quetta and Bombay were reserved for officers of the R.A.M.C. and of the I.M.S. respectively. This order, like all the others reserving different appointments as P.M.O. to members of the two Services, was cancelled by Indian Army Order No. 492 of 1905, given further on.

A Despatch from the Secretary of State, No. 3 Judicial, of 25th Jan., 1900, published in an order of the Govt. of India, Finance and Commerce Dept., dated 19th Feb., 1900, and in *I.M.D. Circs.* for 1900, p. 12, reorganized the Civil Medical Administration of Burma. Instead of an I.G. of Jails with Civil Medical Administration, on Rs.2000, with a Secretary on Rs.750,

were allowed an I.G. of Hospitals and Sanitary Commissioner on Rs.2000, an I.G. of Jails on Rs.1800, and a Deputy Sanitary Commissioner on Rs.600 rising to Rs.1000. Seven years later, by Order No. 5541 G of the Mily. and Supply Dept., dated 12th Sept., 1907, republished in *I.M.D. Circs.* for 1907, p. 56, a separate Sanitary Commissioner was allowed for Burma.

By Mily. Dept. Order No. 5857 D of 28th Sept., 1900, (*I.M.D. Circs.* for 1900, p. 40), a special Sanitary Officer was allowed for each of the four Army Commands. The number of Sanitary Officers was raised in 1907 to ten, one for each of the ten Divisions. These posts, however, are reserved for officers of the R.A.M.C.

The list of Civil Medical Administrative appointments in India was revised by Home Dept. Order No. 1992 of 19th Oct., 1900, republished in *I.A.C.* for 1900, clause 143, and in *I.M.D. Circs.* for that year, p. 43.

" Clause 143, *I.A.C.*, of 1900.

" In modification of clause 122, Indian Army Circulars, 1886, the following notification by the Government of India, in the Home Department, No. 1992, dated the 19th October, 1900, is republished for information :—

" The Governor General in Council is pleased to direct the substitution of the following for paragraphs 2, 3, and 4, of Home Department Medical Notification, No. 361, dated the 30th July, 1886, regarding the Administrative Staff of the Indian Medical Service in the several provinces in India.

" 2. The Administrative appointments are the following :—

	Monthly salary. Rs.
1 Director General of the Indian Medical Service and Sanitary Commissioner with the Government of India	2700
1 Secretary to the Director General of the Indian Medical Service and Sanitary Commissioner with the Government of India	1200— 1400
1 Surgeon General with the Government of Madras	2500
1 Personal Assistant to Surgeon General with the Government of Madras	600
1 Surgeon General with the Government of Bombay	2500
1 Personal Assistant to Surgeon General with the Government of Bombay	600
1 Colonel with the title of Inspector General of Civil Hospitals, Bengal	2250
1 Colonel with the title of Inspector General of Civil Hospitals, for the North Western Provinces and Oudh	2250
1 Colonel with the title of Inspector General of Civil Hospitals for the Panjab	2000
1 Colonel with the title of Inspector General of Civil Hospitals and Sanitary Commissioner for Burma	2000
1 Colonel for Civil Medical Administration in the Central Provinces	1800

" 3. The Director General of the Indian Medical Service will be the head of the amalgamated Indian Medical Services in India. It will be his duty, among other matters, to propose transfers between the Military and Civil Departments, to recommend for promotion to the administrative grades and to advise the Government on all questions relating to the admission of officers and subordinates to the Indian Medical Service, to the conduct and services of Indian Medical Officers of all grades, and to the supply of medical and surgical stores. The Director General of the Indian Medical Service and Sanitary Commissioner with the Government of India will be entitled to receive any information he desires from the Surgeon Generals, Inspector Generals of Civil Hospitals, Administrative Medical Officers and Sanitary Commissioners attached to the Local Governments and Administrations, and to communicate with these officers in regard to the operation of departmental rules and orders; but he will exercise no direct authority over these officers, who will be solely under the orders of the Local Government or Administration to which each belongs.

" 4. Officers will be selected for the above-named Administrative offices by the Government of India for the Bengal Presidency and by the Governments of Madras and Bombay for these Presidencies respectively. Selections will be made in each Presidency from the whole Indian Medical Service of that Presidency, and the principles of selection hitherto followed in all other respects in making such appointments will be observed. The nominations by the Governments of Madras and Bombay, respectively, will, however, be subject to the approval of the Government of India.

" The Surgeon Generals with the Governments of Madras and Bombay will be restricted to the exercise of the functions of Administrative Medical Officers and Civil Inspector Generals of Hospitals in respect to the Civil Medical Staff and Civil Medical Institutions in their respective Presidencies. They will exercise no control over those sections of the existing medical establishments of Madras and Bombay which are composed of officers employed with the army or over the reserve of 25 per cent. for leave and casualties, the administration of which will be conducted directly under the orders of the Government of India."

In 1901, by the introduction of "combined leave," whereby officers were enabled to combine privilege leave on full pay with furlough, a valuable concession was made to officers of all Services. This grant has been described in Chap. XIX, *Furlough and Leave* (Vol. I, p. 429).

Clause 23, *I.A.C.* for 1902, republished in *I.M.D. Circs.* for that year, p. 6, made some changes in the distribution of P.M.O.'s of the R.A.M.C. and of the I.M.S.

" Clause 23, *I.A.C.*, 1902.

" With the approval of the Right Honourable the Secretary of State for India, it is hereby notified that, with effect from 1st April, 1902, the following changes will be made in the distribution of military administrative charges in India.

" (1). A Lieutenant Colonel of the Indian Medical Service will be appointed Principal Medical Officer, Derajat District.

"(2). The appointment of Principal Medical Officer, Mandalay District, now held by a Colonel of the Royal Army Medical Corps, will be abolished, and the administrative medical charge now embracing the Rangoon and Southern Shan States command will be extended to the whole of Burma, the appointment being held alternately by an officer of the Royal Army Medical Corps and by an officer of the Indian Medical Service, with headquarters at Rangoon.

"(3). The appointment of Principal Medical Officer, Peshawar District, will be reserved for a Lieutenant Colonel of the Royal Army Medical Corps."

By clause 15, *I.A.C.* of 1903, republished in *I.M.D. Circs.* for 1903, p. 1, several improvements were made in the conditions of service of officers of the I.M.S. on first joining, the most important of which was the dating of their commissions from the beginning, instead of from the end, of their course of instruction in England. The first batch of new entries to get the benefit of this change were those commissioned from 1st Sept., 1902, only two months after their predecessors, whose commissions bear date 26th July, 1902.

The chief changes made by these orders were—

- (1). Title changed from Surgeon on probation to Lieutenant on probation.
- (2). Pay while under instruction raised to fourteen shillings a day.
- (3). Commissions to bear date from the day on which the course of instruction in England begins.
- (4). Permission to be seconded for a year in order to hold a resident appointment in a hospital. While seconded to receive no pay, but service to count towards promotion, increase of pay, and pension.

By clause 50 of *I.A.C.* for 1903, republished in *I.M.D. Circs.* for 1903, p. 11, the appointments of A.M.O. on the North West Frontier were allotted as follows—

Peshawar District, first class, to be held by a Colonel, R.A.M.C.
Kohat District, second class, to be held by a Colonel, I.M.S.
Derajat District, second class, to be held by a Lt. Colonel, I.M.S.

By clause 57 of *I.A.C.* for 1903, the appointment of P.M.O. of the Burma District was reserved for a Colonel of the I.M.S. By clause 59 of *I.A.C.* for 1903, the Burma District was separated from Madras and made independent as the Burma Command. These orders are republished in *I.M.D. Circs.* for 1903, pp. 19 and 20.

Revised rules regarding the appointment, pay, promotion, retirement, pension, leave, etc., of officers of the I.M.S. were

published in Govt. of India, Mily Dept., Not. No. 1047, dated 23rd Oct., 1903, republished in *I.M.D. Circs.* for 1903, pp. 35 to 38. These regulations gave an increase of pay to a large number of officers in military employment, both senior and junior. Among other changes the unemployed pay of a Lieutenant was raised to Rs.420. The pensions obtainable after seventeen and after twenty years' service were raised, and a new extra pension for Colonels introduced, £125 after three years' service in the rank. The period of service for the extra pension of a Surgeon General was reduced from five to three years.

"Not. No. 1047, dated 23rd Oct., 1903, by the Govt. of India, Mily. Dept.

"With the approval of the Right Honble. the Secretary of State for India, the following changes in the rules governing the appointment, pay, promotion, retirement, pension, leave, &c., of officers of the Indian Medical Service are sanctioned, and, except where otherwise stated, will have effect from the 13th August, 1903.

"1. The commissions of officers admitted into the Service on and after the 1st September, 1902, will reckon from the date on which their course of instruction in England begins, and all time from that date will count for increase of pay and for promotion and pension.

"2. The pay sanctioned for the Director General, Indian Medical Service, in G.G.O. No. 370, dated the 4th April 1897, is raised from Rs.2700 to Rs.3000 per mensem.

"3. The following scales of pay are substituted for those at present sanctioned in Articles 7 D, 312 B, 312 C, and 534, India Army Regulations, Volume I, Part 1.

MEDICAL CHARGE OF A REGIMENT, GRADE PAY, AND UNEMPLOYED PAY.

	Medical charge of a Native Regiment (Consolidated).	Grade Pay (for any month).	Unemployed pay (for any month).
Colonel	—	1000	—
Lieutenant Colonel (specially selected for increased pay)	1400	1000	—
Lieutenant Colonel, after 25 years' service	1300	900	—
Lieutenant Colonel	1250	900	—
Major, after 3 years' service	900	750	—
Major	800	650	—
Captain, after 10 years' service	700	550	—
— 7 —	650	500	—
— 5 —	600	450	475
Captain	550	400	475
Lieutenant	500	350	420

NOTE.—Staff pay is the difference between consolidated pay and grade pay.

"4. Officers after completing 18 months' service will be required to pass an examination in military law and military medical organization.

"7. The following rates of retired full pay are substituted for those at present sanctioned by Article 1461, India Army Regulations, Volume I, Part I :—

" 8. The following scale of extra pensions for officers of the administrative grade is substituted for that at present sanctioned by Article 1465, India Army Regulations, Volume I, Part 1.

Colonel after five years' active service as such, £250.

These revised rates of pay were extended to Medical Officers in civil employ a year and half later, by Govt. of India, Home Dept., Resolution No. 361-375 Medical, dated 17th April, 1905, republished in *I.M.D. Circs.* for 1905, pp. 6-11. As this increase, however, was given with over a year's retrospective effect, from 1st April, 1904, officers in civil employ really got it only six months later than those serving in the Army. Revised rates of pay for the Jail Dept. were issued in Govt. of India, Home Dept., Resolution No. 180-192 Jails of 22nd Sept., 1905, republished in *I.M.D. Circs.* for 1905, pp. 27, 28. Both of these orders have been given at full length in Chap. XVIII, *Pay*. Some further alterations in the terms and conditions of service in the Jail Dept. were notified in Circ. No. 3 C of 16th Oct., 1908, from the Director General, I.M.S., published in *I.M.D. Circs.* for 1908, pp. 38-40.

"The Governor General in Council is pleased to direct the publication of the following Royal Warrant, dated 28th November, 1903, revising the rules for the promotion and precedence of officers of the Indian Medical Service.

“Whereas we deem it expedient to revise the rules for the promotion and precedence of Our Indian Medical Service,

“The substantive ranks of Medical Officers in Our Indian Military Forces shall be as follows:—

Lieutenant.

"5. Time on half-pay, not exceeding one year, shall be allowed to reckon as service for promotion under Articles 2, 3, and 4, where removal to half-pay has been the consequence of ill health caused by Military Service.

"6. A Captain, after at least six years' service, a Major, or a Lieutenant-Colonel, may be promoted to the next higher rank by brevet for distinguished service in the field or for distinguished service of an exceptional nature other than in the field.

"7. A certain number of Lieutenant-Colonels may be specially selected for increased pay for ability and merit.

" 8. Promotion from the rank of Lieutenant-Colonel with increased pay to that of Colonel, and from the rank of Colonel to that of Surgeon General, shall be given by selection for ability and merit, and the grounds of such selection shall be stated to us in writing, and recorded in the office of our Secretary of State for India.

“ 9. A Lieutenant-Colonel may also be promoted to the rank of Colonel.

and a Colonel to the rank of Surgeon General, for distinguished service in the field. In any such case the officer shall remain supernumerary in the higher rank until the vacancy to which, in the ordinary course, he would have been promoted, or in the case of an officer promoted to the rank of Colonel, until selection for the rank of Surgeon General.

"10. On appointment as Our Honorary Physician or Surgeon under Article 13,* an officer below the rank of Colonel shall be promoted to that rank, remaining supernumerary of his rank until he would have attained the rank of Colonel in ordinary course.

"11. Exchanges between officers of Our Indian Medical Service and officers of Our Royal Army Medical Corps, below the rank of Major, and transfers of such officers from either of the above services to the other, shall be permitted subject to the approval of Our Secretary of State for War and of Our Secretary of State for India in Council, and on the following conditions:—

- (1) that the officers shall have less than seven years' service;
- (2) that the senior officer exchanging shall take the place of the junior on the Departmental List, and shall not be promoted under Article 3, 4, or 5 until the officer next above him shall have been so promoted;
- (3) that the junior officer exchanging shall be placed for seniority next below all medical officers whose commissions have the same date as his own;
- (4) that the officer transferred shall be placed for Seniority below all medical officers holding the same rank at the time of his transfer, and shall not be promoted under Article 3, 4, or 5 until the officer next above him shall have been promoted.

"12. With a view to maintain the efficiency of the Service, medical officers shall be placed on the Retired List when they attain the following ages:—

Surgeon General	60
Colonel	
Lieutenant-Colonel	55
Major	

"But a Lieutenant-Colonel, who has been specially selected for increased pay, if he attains the age of 55 years before he becomes entitled to the pension for 30 years' service, may be retained until completion of such service; and in any special case where it would appear to be for the good of Our Service that an officer should be continued in employment, he may be so continued, subject in each case to the sanction of Our Secretary of State for India in Council.

"13. An officer appointed on and after the 11th September 1890, who may retire on pension before completing 30 years' service, shall be liable, till he completes 55 years of age, to be recalled to duty in case of emergency.

"14. Six of the most meritorious medical officers of the service shall be named Our Honorary Physicians and six Our Honorary Surgeons.

"Given at Our Court at Sandringham, this twenty-eighth day of November 1903, in the Third year of Our Reign."

* Printed 13 in I.M.D. Circ., should be 14.

By Govt. of India, Home Dept., Not. No. 300-307 Medical, of 19th March, 1904, republished in *I.M.D. Circs.* for 1904, p. 9, the amount of leave allowable to officers of the I.M.S. holding administrative appointments was increased, as noted in Chap. XIX, *Furlough and Leave* (Vol. I, p. 433).

Govt. of India, Mily. Dept., Not. No. 139, dated 17th Feb., 1905, republished in *I.M.D. Circs.* for 1905, p. 3, sanctioned accelerated promotion to the rank of Major.

"Mily. Dept. Not. No. 139, dated 17th Feb., 1905.

"With the approval of the Right Honble. the Secretary of State for India, the Governor General in Council is pleased to notify that the promotion of an officer of the Indian Medical Service to the rank of Major may be accelerated if he produces, while in the rank of Captain, satisfactory evidence of progress in any branch of knowledge which is likely to increase his efficiency, such as obtaining a higher degree or special qualification of repute or by furnishing proof of having pursued with diligence and advantage the serious study of an approved subject.

"2. The period of acceleration that may be granted is fixed at six months provisionally.

"3. Recommendations for acceleration of promotion under this order should be submitted through the usual channels to the Director General, Indian Medical Service, for the orders of the Government of India."

The means by which such accelerated promotion can be obtained were detailed, at considerable length, in Circ. No. 1 C of 14th Feb., 1906, from the Director General, I.M.S., published in *I.M.D. Circs.* for 1906, p. 9. These orders lay down that the period of twelve years' service, necessary to attain the rank of Major, may be reduced by six months, in cases of an officer producing evidence of—

"(a) having passed while in the rank of Captain, a professional examination for a higher degree than any already possessed, or for a special qualification of repute, or

"(b) of having pursued a course of serious study in approved subjects for a minimum period of nine months."

This concession was further extended in 1911 by Secretary of State's Mily. Despatch No. 108 of 2nd Dec., 1910, to cases in which an officer who had been unable to take furlough and qualify for such promotion, before completing twelve years' service, might do so at any time up to the end of his sixteenth year's service. His promotion to Major is then antedated for six months, but without any claim to increase of pay for that period.

Govt. of India, Mily. Dept., Not. No. 179 of 3rd March, 1905, republished in *I.M.D. Circs.* for 1905, p. 4, introduced increased scales of leave pay for officers of the I.M.S. under the furlough rules of 1886. By these rules the furlough pay of the senior officers on military duty became considerably higher than that of those in civil employ. This order has been given in Chap. XIX, *Furlough and Leave* (Vol. I, p. 427).

The appointment of specialists in various subjects, with specialist pay at the rate of Rupees sixty per month, was ordered in India Army Order No. 433 of 1905, published in *I.M.D. Circs.* for 1905, pp. 18-20. This order has been given in Chap. XVIII, *Pay* (Vol. I, p. 392). Only officers in military employ, and only those below the rank of Lieut.-Colonel, are eligible for these appointments. Further orders on this subject were published in Letter No. 1933a, dated 8th June, 1907, from the Govt. of India, Army Dept., to the P.M.O., H.M.'s Forces in India, republished in *I.M.D. Circs.* for 1907, pp. 30-32.

The Royal Warrant of 28th June, 1905, was published in Mily. Dept. Not. No. 694 of 11th Aug., 1905, and will be found in *I.M.D. Circs.* for 1905, p. 23. In this Warrant were included the regulations for accelerated-promotion to the rank of Major. It was also laid down that the Director General, I.M.S., shall have the substantive rank of Surgeon General, but may have that of Lieutenant-General, if approved by the Secretary of State.

"Royal Warrant, dated 28th June, 1905, to regulate the promotion and precedence of Officers of the Indian Medical Service.

"Mily. Dept. Not. No. 694, dated 11th Aug. 1905.

"The Governor General in Council is pleased to direct the publication of the following Royal Warrant, dated 28th June 1905, amending the rules for promotion, &c., of officers of the Indian Medical Service, which were published in Military Department Notification No. 117 of 1904:—

"Edward R. and I.

"Whereas We deem it expedient to amend the rules for the promotion and precedence of Our Indian Medical Service.

"Our Will and Pleasure is that Our Warrant of the 28th November, 1903, shall be amended in accordance with the following provisions.

"1. The following shall be added to Article 1:

"The Director General of Our Indian Medical Service shall hold the substantive rank of Surgeon-General, but may rank as Lieutenant-General when approved by Our Secretary of State for India in Council."

"2. The following shall be substituted for Articles 3 and 4:

"(3) Except as otherwise herein provided, a Captain shall be promoted to the rank of Major on completing twelve years' full-pay service, but this period may be reduced by six months in the case of an

officer who produces satisfactory evidence of progress in any branch of knowledge which is likely to increase his efficiency.

"(4) Except as otherwise herein provided, a Major shall be promoted to the rank of Lieutenant-Colonel on completing eight years' full-pay service in the rank of Major."

"3. The following shall be added to Article 10:

"An officer below the rank of Colonel, who may be appointed as Our Honorary Physician or Surgeon after retirement from the Service, shall be granted the honorary rank of Colonel."

"4. The following shall be inserted in Article 12 at the head of the Table of Ages at which officers shall be placed on the retired list."

"Director General — 62."

"Given at Our Court of St. James' this twenty-eighth day of June, 1905, in the Fifth year of Our Reign.

"By His Majesty's Command, (Signed) St. John Brodrick."

A redistribution of military administrative medical appointments was made by Indian Army Order No. 492 of 1905, republished in *I.M.D. Circs.* for 1905, pp. 24, 25. This order introduced one change of much importance, viz., that in future all such appointments should be tenable by officers of either the R.A.M.C. or of the I.M.S., none being reserved for either Service, except that of P.M.O. of the Derajat Brigade, to be held by a Lieut.-Colonel of the I.M.S. The number, however, of officers of each Service who may hold such appointments is fixed, as is also the number of appointments tenable by officers of the Bengal, Madras, and Bombay Services respectively.

"India Army Order No. 492 of 1905,

"The Governor General in Council has approved the following redistribution of administrative charges of principal Medical Officers, under the rank of Surgeon General, consequent on the redistribution of the Army.

Commands.	Divisions and Brigades.	Remarks.
Northern Command	1st (Peshawar) Division	The Divisional Principal Medical Officer to administer the Nowsheera and Mardan Brigades direct
	2nd (Rawal Pindi) Division Abbottabad and Sialkot Brigades	
	3rd Lahore Division	The Divisional Principal Medical Officer to administer the Multan and Ferozepore Brigades direct
	Sirhind and Jullunder Brigades Kohat Brigade Derajat and Bannu Brigades	

Commands,	Brigades and Divisions,	Remarks.
Western Command	4th (Quetta) Division	Includes civil medical administration of Sind The Divisional Principal Medical Officer to administer the Nasirabad Brigade direct
	Karachi Brigade	
	5th (Mhow) Division	The Divisional Principal Medical Officer to administer the Ahmednagar and Belgaum Brigades direct
	Jubbulpore and Jhansi Brigades	
Eastern Command	6th (Poona) Division	The Divisional Principal Medical Officer to administer the Allahabad and Fyzabad Brigades direct
	Bombay Brigade	
	Aden Brigade	The Civil and Sanitary Commissioners' duties hitherto performed by the Principal Medical Officer, Assam, to be now arranged for by the Civil Authorities
	7th (Meerut) Division	
Secunderabad Division	Bareilly and Garhwal Brigades	The Divisional Principal Medical Officer to administer the Secunderabad and Madras Brigades direct
	8th (Lucknow) Division	
Burma Division	Presidency and Assam Brigades	The Divisional Principal Medical Officer to administer the Rangoon and Mandalay Brigades direct
	9th (Secunderabad) Division	
	Bangalore and Southern Brigades	
	Burma Division	

"NOTE. (1) With the exception of the administrative charge of the Derajat and Bannu Brigades, which is reserved for a Lieutenant-Colonel of the Indian Medical Service, all the above are Colonels' appointments, to be divided equally between the Royal Army Medical Corps and Indian Medical Service, but no particular appointment will be reserved for either Service.

"(2) The revised arrangement will not affect the rule laid down in the footnote to paragraph 37, Army Regulations, India, Volume VI, (1904 edition). The Principal Medical Officers concerned will continue to be, as heretofore, visitors to lunatic asylums in their respective administrative areas."

Some changes have since been made in the distribution of these appointments, when the four Commands were abolished from 1st June, 1907, and the Indian Army reorganized in ten Divisions. The four appointments as P.M.O. of the four Commands were necessarily abolished. Two new appointments as P.M.O. were made, one for the Allahabad and Faizabad Brigades,

and one for the Sikandarabad Brigade; and a third as Deputy P.M.O., H.M.'s Forces in India. These changes were laid down in Army Order No. 247 of 30th May, 1907, republished in *I.M.D. Circs.* for 1907, p. 25.

"Extract from India Army Order No. 247, dated 30th May, 1907.

"247. The Secretary of State having sanctioned the introduction of temporary and provisional arrangements in the Administrative Services, in consequence of the abolition of the Commands, the following temporary changes in those services will be made with effect from 1st June, 1907.

"The permanent arrangement for the conduct of the duties in these services and for the remuneration of officers including those immediately affected by the abolition of the Commands will be notified hereafter when the details have received the approval of the Secretary of State.

"III—Medical.

"(a) The appointments of Principal Medical Officer, Personal Assistant to the Principal Medical Officer, Sanitary Officer and Staff Officer, Army Bearer Corps, in each Command, and of Sanitary Officer and Staff Officer, Army Bearer Corps, in the Secunderabad Division and Burma will be abolished.

"(b) The Principal Medical Officers of three of the Divisions will be Surgeon Generals, their pay being fixed at Rs.2,200 per mensem consolidated.

"(c) Two temporary administrative posts will be created, each to be held by a Colonel, viz.—one for the Allahabad and Fyzabad Brigades, and the second for the Secunderabad Brigades (Infantry and Cavalry).

"(d) A Colonel will be appointed Deputy to the Principal Medical Officer, His Majesty's Forces in India, his pay being fixed at Rs.1800 a month consolidated.

"(e) A Sanitary Officer will be appointed in each of the nine divisions and Burma, his staff pay being fixed at Rs.300 per mensem.

"(f) A Staff Officer for Medical Mobilization Stores will be appointed in each of the nine divisions (excluding Burma), his staff pay being fixed at Rs.300 per mensem.

"(g) Owing to the above changes the establishments of the Medical Services will be reduced by the number of officers corresponding to the number of cadre appointments abolished."

In 1911 a further change was made, a P.M.O. of the rank of Colonel being allotted to the Derajat and Bannu Brigades, while the post of P.M.O. of the Aden Brigade was fixed as that to be held by a Lieut. Colonel of the I.M.S.

Not. No. 74 of 13th July, 1906, by the Govt. of India, Mil. Supply Dept., (*I.M.D. Circs.* for 1906, pp. 24-26), made a change in the rules for the allotment of I.M.S. officers to commands. All officers entering the Service in future, at and after the second examination in 1906, became liable for military duty in any part

of India. For the purpose of civil employ, however, they were still allotted, as far as possible at their own choice, to four different areas, Madras, (including Burma) ; Bombay, (with Aden) ; Upper Provinces, (the Panjab, U.P. and C.P.) ; and Lower Provinces, (the two Bengals and Assam).

" Not. No. 74, dated the 13th July, 1906, by the Govt. of India, Dept. of Mily. Supply.

" With the approval of the Secretary of State for India, the Governor General in Council is pleased to notify the following changes in the organization of the Indian Medical Service.

" 2. Prior to the date of the second examination in 1896, officers were appointed to one or other of the three presidential cadres, namely, Bengal, Madras, or Bombay. Under the present system, which was sanctioned in G.G.O. No. 260, dated the 6th March, 1896, officers were allotted to a military area, and while borne on one general list and liable in cases of emergency to serve anywhere, are ordinarily employed in the area to which they happen to be posted according to the choice exercised by them at the time of their passing into the service as determined by their position on the list with reference to the combined results of the preliminary and final examinations. This system of territorial allotment results in administrative difficulty and entails unnecessary expense when postings to regiments, transfers from military to civil employment, grant of leave and provision of substitutes have to be arranged for, and more recently the inconvenience has been accentuated owing to the liability of regiments to be moved in relief to any part of the country.

" 3. The three presidential and the general lists of officers of the Indian Medical Service will therefore be amalgamated, and while it will no longer be possible to allow officers already in the service to retain the lien on the military areas of their choice that they have hitherto possessed, they will retain the right to employment in a civil capacity, should they be candidates for such employment, within the civil areas for which they are at present eligible. They will also remain eligible for promotion to the administrative appointments, military and civil, carrying the rank of Surgeon General or Colonel, at present open to them in the lists on which their names have hitherto been respectively borne, and the distributor Bengal, 21 of the sanctioned number of selected Lieutenant-Colonels; Madras, 11 under paragraph 7 of the Royal Warrant of the 28th November; Bombay, 9 1903, among the officers on those lists will be maintained.

" 4. Officers admitted to the service with effect from the date of the second examination in 1906 will be borne on the amalgamated list and will be liable for military employment in any part of India. For the purpose of civil employment, however, they will be allowed, subject to the requirements of the service and according to their positions on the list as determined by the combined results of the preliminary and final examinations in London, a choice of the following civil areas :—

1. *Madras*.—To include Madras and Burma.
2. *Bombay*.—To include Bombay and Aden.
3. *Upper Provinces*.—To include the United Provinces of Agra and Oudh, the Panjab, and the Central Provinces.

4. *Lower Provinces*.—To include Bengal and Eastern Bengal and Assam.

" 5. So far as civil employment is concerned, officers will ordinarily be employed in the areas to which they have been allotted as explained in paragraph 4 above, but in emergency will be liable for service in any part of India. They will, on first arrival in India, be posted as far as may be possible to the military Commands or Divisions within the civil areas of their choice, to enable them to become acquainted from the first with the language and people of the part of India in which they will in many cases serve ultimately in civil capacities.

" 6. After arrival in India officers desirous of entering civil employment should as heretofore apply through the prescribed channel to the Director General, Indian Medical Service, to have their names registered for such employment within the areas to which they have been allotted."

In accordance with the above order, the names of all officers in the Bengal, Madras, and Bombay Medical Services were entered on one list, in order of seniority, in the Indian Army List of 1st Oct., 1906, and subsequent issues.

These orders were practically repeated in Govt. of India, Mily. Supply Dept., Not. No. 23 of 19th April, 1907, republished in *I.M.D. Circs.* for that year, p. 17. The chief difference made in this latter order was that choice of area for civil employ was no longer given.

The Royal Warrant of 13th March, 1908, was issued in Not. No. 27, dated 24th April, 1908, by the Govt. of India, Mily. Supply Dept., and republished in *I.M.D. Circs.* for 1908, pp. 13-16. It embodied all orders up to date, including the permission of exchanges with the R.A.M.C., (clause 11), from the warrant of 28th Nov., 1903 ; the optional grant of the rank of Lieut.-General to the Director General, (clause 1), the extension of the age for compulsory retirement, in the case of the Director General, to sixty-two (clause 12), and the grant of accelerated promotion, (clause 3), from the warrant of 28th June, 1905. It has now been superseded by the warrant of 3rd June, 1913.

In 1908 a pension of £600, after twenty-seven and a half years' service, was granted by Govt. of India, Mily. Supply Dept. Not. No. 82, dated 18th Sept. 1908, republished in *I.M.D. Circs.* for 1908, p. 35. This pension, intermediate between the £500 given at twenty-five years' and £700 at thirty years' service, was a valuable concession to the I.M.S., at the time. Subsequently, however, from 1st April, 1911, a graduated scale of pension was introduced rising by regular annual steps from £300 at seventeen years' to

£700 at thirty years' service. These orders have been given in Chap. XX, *Pensions* (Vol. I, p. 448).

The publication in 1909 of the Secretary of State's Despatch No. 225 of 11th Dec., 1908, advocating the restriction in numbers of the I.M.S., and the substitution of non-official private practitioners in their place, aroused considerable discussion. The consideration of this subject, however, may more suitably be taken up in Chap. XLI, *The Future*.

In 1912 the designations of the Military Administrative Medical appointments were changed. By Army Dept. letter No. 3980-I, (C.G.S.), of 23rd March, 1912, the following alterations were made.

The P.M.O., H.M.'s Forces in India, to be Director, Medical Services, Army Head Quarters, India; the Deputy P.M.O. to be Deputy Director; and the two Secretaries to the P.M.O. and the Sanitary Officers of Divisions to be Asst. Directors.

Army Dept. letter No. 2181-I, (D.M.S.), of 27th June, 1912, added the following:—P.M.O.'s of Divisions, with the rank of Surgeon General, to be Deputy Directors; other P.M.O.'s of Divisions and Brigades to be Asst. Directors; Sanitary Officers of Divisions and Staff Officers for Medical Mobilization Stores to be Deputy Asst. Directors.

Two subjects of considerable importance to the I.M.S., on which repeated orders were published from time to time during the period covered by this chapter, are, the grant of study leave, and the question of medical attendance upon Indian chiefs and noblemen, with the fees which may be accepted in such cases. These subjects have been discussed in Chap. XIX, *Furlough and Leave*, and in Chap. XVIII, *Pay*, respectively.

A new warrant for the I.M.S., dated 3rd June, 1913, was issued in the *London Gazette* of that date, and is given at full length below. It differs little from that of 13th March, 1908, the most important changes being the addition of a new clause, the second, under which an officer may be removed from the Service, if, during his first three years, his retention is considered undesirable; and the alteration in the wording of Clauses 3, 4, and 5, in which it is stated that officers after certain periods of service *shall be eligible for promotion*, not, as in former warrants, that they *shall be promoted*. Both changes are for the better, bringing the I.M.S. into line with the rest of the Army. Clause 14 of

this warrant also embodies the orders of 8th Aug., 1911, by which the distinction of Honorary Physician and Surgeon to the King is confined to officers on the active list. This change also involves the omission of clause 10 of the warrant of 13th March, 1908, which is partly cancelled, and partly transferred to clause 14 of the new warrant.

"India Office, June 3rd, 1913.

"George R. and I.

"Whereas We deem it expedient to revise the rules for the promotion and precedence of Our Indian Medical Service:

"Our Will and Pleasure is that the Warrant of Our late Royal Father of the 13th March, 1908, and Our Warrant of the 8th August, 1911, be cancelled, and that from and after this date the following rules shall be established, and that by these rules our Viceroy and Governor-General in Council shall be governed.

"1. The substantive ranks of Medical Officers in Our Indian Military Forces shall be as follows:—

Surgeon General (ranking as Major-General).
Colonel.
Lieutenant-Colonel.
Major.
Captain.
Lieutenant.

"The Director General of our Indian Medical Service shall hold the substantive rank of Surgeon-General, but may rank as Lieutenant-General when approved by Our Secretary of State for India in Council.

"2. An officer will not be permitted to remain in the Service if at any time during the first three years from the date of his first commission his retention therein is, in the opinion of Our Secretary of State for India in Council, undesirable.

"3. Except as otherwise herein provided, a Lieutenant shall be eligible for promotion to the rank of Captain on completing three years' full pay service, if he has previously passed such examinations as may be prescribed by Our Secretary of State for India in Council, and is in all other respects qualified and recommended. An officer who has not passed the prescribed examinations may be provisionally promoted, if, in the opinion of Our Governor-General of India in Council, he has not had a reasonable opportunity of passing. Such provisional promotion may be cancelled as soon as he has had such opportunity and has not passed.

"4. Except as otherwise herein provided, a Captain shall be eligible, if in all respects qualified and recommended, for promotion to the rank of Major on completing nine years' full pay service in the rank of Captain. This period may be reduced by six months in the case of an officer who produces satisfactory evidence of progress in any branch of knowledge which is likely to increase his efficiency. A Captain who may be prevented by exigencies of the Service from obtaining an opportunity of qualifying for such accelerated promotion shall have the concession open to him or a period of four years after his promotion to the rank of Major in

ordinary course, but any antedate of promotion which may be granted shall be without adjustment of pay.

" 5. Except as otherwise herein provided, a Major shall be eligible, if in all respects qualified and recommended, for promotion to the rank of Lieutenant-Colonel on completing eight years' full pay service in the rank of Major, including any period covered by antedated promotion without adjustment of pay.

" 6. Time on half-pay, not exceeding one year, shall be allowed to reckon as service for promotion under Articles 3, 4, and 5, if removal to half-pay has been the consequence of medical unfitness caused by duty, military or civil.

" 7. A Captain after at least six years' service, a Major or a Lieutenant-Colonel may be promoted to the next higher rank by brevet for distinguished service in the field or for meritorious or distinguished service of an exceptional nature other than in the field.

" 8. A certain number of Lieutenant-Colonels may be specially selected for increased pay for ability and merit.

" 9. Promotion from the rank of Lieutenant-Colonel with increased pay to that of Colonel, and from the rank of Colonel to that of Surgeon-General, shall be given by selection for ability and merit, and the grounds of such selection shall be stated to Us in writing, and recorded in the Office of Our Secretary of State for India.

" 10. A Lieutenant-Colonel may also be promoted to the rank of Colonel, and a Colonel to the rank of Surgeon-General, for distinguished service in the field. In any such case the Officer shall remain supernumerary in the higher rank until the vacancy to which, in the ordinary course, he would have been promoted, or in the case of an Officer promoted to the rank of Colonel, until selection for the rank of Surgeon-General.

" 11. Exchanges between Officers of Our Indian Medical Service and Officers of Our Royal Army Medical Corps, being of the same rank and below the rank of Major, and transfers of Officers below the rank of Major from either of the above-mentioned Services to the other, shall be permitted with the approval of Our Army Council and of Our Secretary of State for India in Council, and on the following conditions:—

- " (1). That the Officers have less than seven years' service.
- " (2). That in the case of Captains their seniority for the purpose of exchange shall be determined as if they had been promoted after the period of service required for promotion to that rank in the Service into which they exchange, but that any alteration of date of rank made in pursuance of this provision shall be without adjustment of pay.
- " (3). Subject to (2) that the senior Officer exchanging takes the place of the junior on the list to which he exchanges, and shall not be promoted until the Officer next above him has been promoted or has been refused promotion in consequence of failure to qualify for it.
- " (4). Subject to (2) that the junior Officer exchanging is placed for seniority next below all Officers on the list to which he exchanges whose commissions have the same date as his own.
- " (5). That the Officer transferred is placed for seniority below all Officers holding the same rank at the time of his transfer, and shall not be promoted until the Officer next above him has been

promoted or has been refused promotion in consequence of failure to qualify for it.

" 12. With a view to maintaining the efficiency of the service, Medical Officers shall be placed on the Retired List when they attain the following ages:—

Director-General	62
Surgeon-General	60
Colonel	
Lieutenant-Colonel	55
Major	

" But a Lieutenant-Colonel who entered the service before the 1st April, 1911, and who has been specially selected for increased pay under Article 8 may, if he attains the age of 55 years before he becomes entitled to the pension for 30 years' service, be retained until the completion of such service, and in any special case where it would appear to be for the good of Our Service that an Officer should be continued in employment, he may be so continued, subject in each case to the sanction of Our Secretary of State for India in Council.

" 13. An Officer appointed after the 11th September, 1890, who may retire on pension before completing 30 years' service, shall be liable, till he completes 55 years of age, to be recalled to duty in case of emergency.

" 14. Six of the most meritorious Officers of Our Indian Medical Service on the Active List shall be named Our Honorary Physicians and six Our Honorary Surgeons, and they shall relinquish such appointment on retirement. On appointment as one of Our Honorary Physicians or Honorary Surgeons an Officer under the rank of Colonel in Our Indian Medical Service may be promoted to the brevet rank of Colonel.

" Given at Our Court at St. James's this twenty-eighth day of May, 1913, in the fourth year of Our Reign.

" By His Majesty's Command,—Crewe."

CHAPTER XL
GENERAL REMARKS

"If you've heard the East a-calling, you won't never heed naught else."
KIPLING, *Barrackroom Ballads*, *Mandalay*.

BEFORE concluding this account of the Indian Medical Service, it may be of interest to give some description of what life in that Service is like at the present time; or rather, perhaps, what it has been during the past thirty years. It is necessary, however, to mention that there are differences in the nature of the work in the dozen different provinces which make up British India, and that no general description can be accurate for all. The more exact it is for one province, the less so it must be for the others. The account given is based on experience almost confined to Bengal and Bihar.

Every officer of the I.M.S. is posted to military duty on first entering the service, and must do two years' military duty before he is eligible for civil employ. The majority apply for civil employment sooner or later, but some officers spend their whole service doing regimental duty; and others, after a longer or shorter trial of civil work, revert of their own choice to military employment.

The advantages of military employ are obvious, and are especially attractive to the younger members of the service. The work is usually not hard, except in times of war or epidemic; the pay is somewhat higher than in civil employ; there is always congenial society. For the regimental medical system is still in force in the Indian Army, the medical officer is one of the officers of the regiment to which he is posted, as much as any other officer in it, not a member of a separate department of his own, standing entirely outside regimental life. And, while there may be two opinions as to the relative efficiency of the departmental and the regimental system of medical administration, there can be only one as to which is socially the most pleasant for the

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officers concerned. Against these advantages, however, various drawbacks must be set. The military medical officer is not likely to get anything more than his pay. In some cases, it is true, he may get charge of a cantonment hospital, or of a small civil surgeoncy or jail, in addition to his military duties, with extra pay for the extra work; but he cannot count upon such with any certainty. And, when such extra charges are to be had, they are usually given to the senior officer available. Again, the work in the hospital of a native regiment, while light, is often very uninteresting. There is next to no surgery, and the whole professional work sometimes resolves itself into the treatment of a few cases of fever, dysentery, blistered feet, or rheumatism. In such cases the medical officer is apt to become rusty and to lose interest in his profession. And even in regimental employment, life may be deadly dull, if stationed in a small outpost, with only one or two other European officers. Such duty usually falls upon junior officers. A few extra-regimental appointments are held by men in military employ; two Secretaryships to Surgeon Generals, four appointments as Staff Officer, and four Medical Store-keeperships.

On first entering civil employment, the disadvantages, to a young officer, are probably more in evidence than the advantages. It is necessary to begin at the bottom, and it is likely that the station to which a man who has just entered civil employ is first posted, is anything but a paradise. Naturally, the junior men get the least important stations, those in which the hospital is poorest and worst equipped, the allowances and the practice smallest, the social advantages least, and life most dull. And how dull and wearisome life may be in such a station, where his work is perhaps the only thing in which an officer can take an interest, only those who have experienced it can understand. Some such stations may afford an alleviation by fair sport, but by no means all. Such work falls heaviest on the junior officers, who are most likely to get it, and who feel it more than their seniors. Bengal, and especially Eastern Bengal, are the provinces in which these "penal settlements," as they are sometimes called, are most numerous and most unpleasant; on the other hand, civil employ in Bengal is probably more lucrative all round than in any other province, even the smallest stations affording some private practice. And the medical officer sees

less of such stations than officers of the other Services, the Civil Service and the Police; for the Civil Surgeoncies of a number of such stations are usually held by Military or Civil Assistant Surgeons. Nor is it likely that a doctor, as sometimes happens to men of the other Services, will be the only European in his station. Having related the disadvantages, it is necessary to display also the other side of the shield. The smallest stations are not necessarily the least healthy; some of them are fairly pleasant places to live in, if only there were a few more residents, and there may be good shooting. Moreover, an officer may expect before long to be removed to a better station, one pleasanter to live in or more lucrative. Appointments of very varied nature are held by men in civil employ, but the majority are doing the work of the ordinary District Civil Surgeon, in the regular line; the seniors and the men most highly thought of in the better stations, the juniors and those less highly considered in the worse stations. The ordinary Civil Surgeon's work is extensive and varied, but not as a rule oppressive in amount, except in a few stations, or temporarily for exceptional reasons, such as a cholera epidemic in the jail. It is always much heavier than that of a military medical officer, under ordinary circumstances, and the pay is somewhat less; but the total income is greater, and the variety of the work lends interest to it; a man must be very indifferent to his work who cannot take an interest in some one or more branches thereof.

The Civil Surgeon's first duty, when he begins his morning's work, will probably be to visit his jail, of which he is Supt., as well as Medical Officer. Every civil station has a jail. But in some, about one out of every ten, the jail is a central jail, receiving the long-term prisoners from eight or ten other districts, as well as the ordinary crop of convicted criminals from its own district. Most central jails are too onerous a charge to be placed on a Civil Surgeon, in addition to his own work. Except a few of the smaller ones, each has therefore a medical officer as "whole time" Supt. In such cases the Civil Surgeon has nothing to do with the jail, no allowance, and no work nor responsibility. The ordinary district jail contains from 50 to 400 prisoners, usually over 200, and the jail allowance varies from Rs.50 to Rs.100 a month, according to the number of prisoners in the jail. The larger ones have, under the Supt., a staff of three native officials.

a jailor or *darogha*, an assistant jailor or *naib darogha*, and a Sub-Assistant Surgeon in subordinate charge of the jail hospital. Some of the smaller jails have no jailor, only the two other native officials. The warder guard, which also is under the orders of the Supt., varies in strength with the size of the jail. The jail will usually give the Civil Surgeon from one to two hours' work a day, according to circumstances. A few of the smaller central jails are held by Civil Surgeons, in addition to their own duties, with a jail allowance of Rs. 300 a month.

From the jail the Civil Surgeon will probably go on to the hospital, where he will most likely have another hour's work at the least, it may be two or three hours; sometimes, in times of pressure, even more. The time spent in hospital, however, depends a good deal on a man's own enthusiasm and fondness for the work. In subordinate charge of the hospital he will usually find a Civil Assistant Surgeon, a graduate of one of the Indian Universities, a highly trained and educated officer, speaking English fluently, and generally quite competent to take charge of the hospital, and the other medical duties of the station, during the Civil Surgeon's frequent absence on inspection duty. In some of the smaller hospitals the officer in subordinate charge is a Sub-Assistant Surgeon, a diplomate of one of the vernacular medical schools. Men of this class vary very much in their work and in their professional attainments; the best of them are very good, and it is usually the best who are serving in stations where there is no Assistant Surgeon. Almost all of them have enough knowledge of English to understand it and to make themselves understood. At the hospital the Civil Surgeon will probably do most of the operative surgery, though it is advisable to let the Assistant Surgeon also have a fair share of this, the most interesting part of the work, to keep up his interest and knowledge. The amount of operative surgery varies greatly in different places, with the locality, (e.g. stone is very common in some parts, almost unknown in others); with the equipment of the hospital, which must chiefly depend upon its income; with the skill and popularity of the Civil Surgeon and the Assistant Surgeon; and with the accessibility of a larger or more popular hospital.

Another daily duty of the Civil Surgeon is his office, where, with a native clerk to assist him, he will have to deal daily with a pile of correspondence, from the I.G. of Hospitals and Sanitary

Commissioner, from the Magistrate, from the dispensaries under him, from neighbouring Civil Surgeons, etc. Office work is seldom very urgent; it can usually be done, if preferred, in the afternoon. It occupies about an hour a day, sometimes more, but often less. The clerk is, as a rule, competent to prepare the numerous returns, which form the band of the lives of most officers of all Services.

There will also be a police hospital in the station, which has to be visited daily. This seldom takes much time. A Sub-Assistant Surgeon is in subordinate charge, there are seldom many patients, and those sometimes not seriously ill. This can be fitted in when most convenient, according as it is near the jail, the hospital, etc.

A very important part of a Civil Surgeon's duties is the performance of medico-legal *post-mortems*. These, however, are not nearly so numerous as they were twenty years ago, though even now the majority never get the length of requiring evidence in court. A *post-mortem* should, as a rule, be done as soon as possible after the body has reached the mortuary, and the papers have been received by the Civil Surgeon from the police; though the time this work is done will depend more or less upon the locality of the mortuary, etc. If possible one will naturally prefer to do it after the hospital visit, rather than before. The Civil Surgeon always has the help of a *dom* or sweeper in cutting up the body.

The time for visits to patients, official or private, will necessarily depend on various circumstances, such as the urgency of the case, the locality of the patient's residence, etc. Civil Surgeons have to attend gratuitously, at their own homes, as part of their duties, all civil officers at the headquarters of the district, European or native, whose pay is over Rs.250 a month. Attendance on wives and families is not gratuitous, but private practice, the usual arrangement being for a civil officer, whose wife and family are living with him, to pay the Civil Surgeon one week's pay in the year for medical attendance on them. Military officers are entitled to free medical attendance on their wives and families, as well as on themselves. In both cases medicines, such as are available, are supplied free by Government.

The Civil Surgeon is also *ex-officio* Supt. of Vaccination and Inspector of Factories in his district. As Supt. of Vaccination, he will have from 20 to 50 vaccinators, and from two to six native inspectors of vaccination under him. Vaccination work is done

almost entirely in the cold weather, between October and March. For the inspection of factories fees are paid by Government to the Civil Surgeon, Rs.16 for each inspection, if the factory employs less than 200 hands, Rs.32 if it employs over 200, as most of them do, the number in some running up to five or six thousand. In many, indeed in most districts, there are no factories, hence no factory inspection and no fees; in some few, the amount of fees averages Rs.100 or even more monthly throughout the year. Factories should be inspected at least twice yearly. In some cases whole-time medical factory inspectors have now been appointed, under the new Factory Act of 1912. Probably, sooner or later, all factory inspection will be done by whole-time men.

In a very few districts the Civil Surgeon is Supt. of a Lunatic Asylum or of a vernacular Medical School, the allowance being usually Rs.200 or Rs.250 a month for each.

Every Civil Surgeon has to do a certain amount of touring and inspection work during the year, inspecting dispensaries and vaccination. The number of outlying dispensaries in a district varies from two or three up to about forty; it is usually from twelve to twenty; the more dispensaries, the heavier the office work. Theoretically he is supposed to inspect each dispensary four times a year, but where there are over twenty dispensaries this becomes an absolute impossibility, having due regard to work at headquarters. Practically, the amount of inspection work, so long as each dispensary is visited at least twice a year, is left very much to the Civil Surgeon's own energy and discretion. Vaccination inspection is done while visiting dispensaries in the cold weather. To inspect 3000 or 4000 cases of vaccination in the season is fair work; few do as much as 10,000. When travelling on duty, the Civil Surgeon receives travelling allowances at the same rates as other civil officers; double first-class fare by rail; by road eight annas a mile if he covers more than twenty miles in a day, five rupees a day when he does less, or when halting. The military officer, travelling on duty, receives a warrant, entitling him, and his family if he has one, to travel first class; he also is allowed to take with him, free of expense, several servants, a quantity of luggage, and, if he is a mounted officer, one or more horses.

The majority of the medical officers in civil employ are Civil

Surgeons of districts, but there are many other branches of civil medical work.

Some forty men are employed as Residency Surgeons under the Foreign Office, Surgeons to the Residents at Native Courts, etc. Some of these appointments are among the pleasantest open to the Service, some are also lucrative. Others are in desolate and distant places, "remote, unfriended, melancholy, slow." Naturally the seniors usually hold the best appointments. Either as a Civil Surgeon or as a Residency Surgeon, it may happen that a man never sees a bad station, but such a case is exceptional. An officer who retired ten years ago, with 33 years' service, got one of the pleasantest and most favourite Residency Surgeoncies at three years' service, held it for 25 years, and then put in his last five years as an I.G. of Civil Hospitals.

The Jail Department employs a considerable number of men. Its advantages are, higher pay than the regular line, a free house, service in fairly good stations, and the chance of becoming an I.G. of Jails, of whom there is one in each province, highly paid appointments, usually filled from the Jail Department. The disadvantages are monotony of work, and separation from professional, especially from surgical work.

The Professorships in the Medical Colleges are perhaps the appointments most sought after. They are by no means well paid, considering that they are supposed to attract the very best men in the Service, but lead to professional reputation, and usually carry with them a large, sometimes a very large, private practice. At the same time, the expenses of living in the Presidency towns are great, and the work of a man, who runs a large private practice, as well as holding a University Chair, and does his duty by both, is very hard indeed; while the amount earned is usually much exaggerated, as no doubt is also the case with the most successful men at home.

There are several junior appointments, in connection with the medical colleges and hospitals in the Presidency towns, which are well paid for the standing of the junior men who hold them, and give great opportunities for professional work, sometimes for professional reputation.

The Scientific appointments are few in number, but are usually well paid. The appointment of Supt. of the Calcutta Botanical Gardens is about the best, the officer holding it is also Government

Quinologist, and Professor of Botany in the Calcutta Medical College, and receives an extra Rs. 200 a month, as well as a good house, rent-free, in the Botanical Gardens at Sibpur, on the Hugli, opposite Calcutta. There is also a junior Botanical appointment, that of Curator of the Herbarium, the holder of which receives only grade pay and a house, but usually succeeds in turn to the higher appointment. There is a second Botanical Garden, at Saharanpur, in the United Provinces, the charge of which has been held by some of the most distinguished Botanists in the Service, Royle, Falconer, and Jameson, but for many years past the Supt. has not been a Service man.

Two appointments in the Natural History line are open, those of Supt. of the Calcutta Museum, with a good house in the Museum grounds, and Surgeon Naturalist to the Indian Marine Survey, serving on the Royal Indian Marine Steamer *Investigator*. These scientific appointments are sometimes, but not necessarily, held by men in the I.M.S. They have the great advantage that a man draws his pay, and that good pay, for pursuing his own tastes and hobbies; also that they are very independent positions, much more free from criticism than any appointment in the regular line of any Service.

The Chemical Department furnishes Professors of Chemistry and Chemical Examiners, one to each province. The appointments are congenial to those who have a taste for chemistry, but not highly paid.

There are a few Bacteriological appointments. Each medical college has a Professor of Pathology, who pursues this subject, and there are a few other appointments outside the colleges in the Research laboratories and in the Pasteur Institutes. Some of these appointments are held by men who do not belong to the I.M.S.

The Sanitary Department employs a good many officers, one Sanitary Commissioner for each province, with from one to three Deputy Sanitary Commissioners. The Sanitary Commissioners are usually officers of from twelve years' service upwards, and are well paid. The Deputy Sanitary Commissionerships are neither very well paid nor very popular; men are generally ready to leave them for fair Civil Surgeoncies. The Sanitary Department requires better pay in the junior appointments to attract, and keep, good men. A few of the largest cities have special

Health officers, fairly well paid, who may or may not be Service men.

There are four appointments in the Mint, which have been usually held by I.M.S. men, those of Assay Master and Deputy Assay Master in the two mints, Calcutta and Bombay. The Assay Masterships are about the best paid appointments open to men in the I.M.S. They are always filled by the promotion of the Deputy Assay Masters, and these appointments require a special training, which few men entering the Service have undergone. These posts will probably, in future, be filled, not by officers of the I.M.S., but by specially qualified men, appointed from England.

During last century a good many men drifted off into employment in the "Commissions" of the non-regulation provinces, as Magistrates or Deputy Commissioners, but for the last thirty-five years no man in the I.M.S. has been thus employed. Several also served as Political Agents and Residents in the Political Department, but no I.M.S. man is so serving now; the last who did so was Sir George Robertson, of Chitral fame.

The length of service after which an officer may hope to obtain the substantive medical charge of a regiment varies from time to time, with the rates of retirement and promotion, but roughly may be taken as about four to five years. In the Indian Army List of 1st Jan., 1913, the senior officer shown as officiating in a regiment has six years' service, the most junior holding a permanent charge five years. These rates are rather slower than those which prevailed a few years ago; but much quicker than those of thirty years ago. In the cold weather of 1882-83 over fifty junior medical officers were on unemployed pay drawing the munificent sum of Rs.286 a month.

A medical officer, on entering civil employment, begins as an officiating Civil Surgeon, taking the place of a substantive Civil Surgeon absent on leave or deputation. The period during which he remains officiating before getting a substantive civil appointment varies greatly from time to time, but is seldom less than one year, or more than three years. Necessarily, it depends entirely upon the number of vacancies, by death, promotion, or retirement, which may occur among the Civil Surgeons of the province in which he is serving. An officer who has the substantive medical charge of a regiment, before he enters civil employ, may retain

a lien on his substantive regimental appointment for three years, if not confirmed in civil employ before the expiration of that time. On being so confirmed, or on completing three years' absence from his regiment, he is struck off his military appointment.

The number of first-class Civil Surgeoncies is not large. In Bengal, before the partition, there were six to some forty-five Civil Surgeoncies. In the U.P. and Oudh there are four out of about thirty-five, in the Panjab six out of about twenty-five. They are given by seniority and merit. Except in the Panjab, an officer can hardly hope to attain a first-class Civil Surgeoncy under twenty years' service. But while the *pay* of a second class Civil Surgeon is less than that of an officer of the same length of service in medical charge of a native regiment, the *income* of the former is almost always larger, sometimes much larger, than that of his contemporary in military employ. Almost every Civil Surgeoncy carries with it some allowance from Government, the charge of a jail at least, if nothing more. And there is always the chance of private practice; some at least in every station; while in each province there are several stations which may still be considered lucrative appointments.

Mortality and Longevity.—In former times the mortality of Europeans in India, of all services and of all ranks, was very high indeed, but it has now sunk to what may be called a normal level, and officers serving in India incur little more risk to life and health than at home. Though cholera, dysentery, malarial fever, or rather its sequelæ, and among the young especially enteric fever, still take their toll of life, the doctor in India escapes many risks which he has to take as a matter of course, at home; those of the ordinary infectious diseases of Europe, scarlet fever, diphtheria, etc., none of which can be called common, though most do occur, in India; and risks due to exposure, especially at night, in a cold climate.

Even in early times, however, many men put in long periods of Indian service, and survived to enjoy a prolonged period of retirement at home. Holwell, after nearly thirty years of hard service in India, with only one long and one short spell of absence in England, lived in retirement for over thirty-eight years. And his was by no means a solitary instance.

The table on p. 361 shows the names of twenty-five officers of the Bengal Medical Service, who entered between the years

1770 and 1846, all of whom put in at least seventeen years' service in India, and then lived for over thirty years in retirement. Some had spent much more than seventeen years in India. John Swiney served over thirty-six years, and then lived for thirty-three years more. John Bowron actually put in thirty-eight years, twelve in the Sub-Medical Department, and twenty-six as a commissioned officer, and then drew his pension for over forty-seven years. Instances could be quoted of men who lived for even a longer time after retirement. William Miller Buchanan was born on 22nd Jan., 1801, became Assistant Surgeon on 15th Dec., 1826, retired on 20th July, 1839, and died in London on 1st Jan., 1893, more than fifty-three years afterwards. Even men invalided have lived for a fair lifetime after they had been pensioned as unfit for further service. Two other men who entered in the same year, 1826, may be quoted as instances. David Brown Wardlaw was born in Jan., 1803, entered on 15th April, 1826, was pensioned on Lord Clive's Fund on 10th Dec., 1831, and died on 19th Aug., 1867. William Warlow was born on 18th May, 1803, entered on 22nd May, 1826, retired on Lord Clive's Fund on 31st Jan., 1835, and died on 22nd May, 1865. And the most singular case of all is that of William Woolley, who entered on 3rd Sept., 1799, was invalided on 1st June, 1813, settled at Serampur, a station now considered far from being a sanatorium, and died there more than half a century later, on 6th Nov., 1863.

Three members of the Bengal Medical Service have, within recent years, lived to over the age of one hundred. John Bowron, mentioned above, was born in Feb., 1799, entered the Sub-Medical Department as a medical pupil on 1st July, 1813, became Apothecary on 7th Sept., 1816, was promoted to a commission as Assistant Surgeon on 20th Dec., 1825, became Surgeon on 16th Dec., 1846, retired on 31st Dec., 1851, and died at Hove, having just completed his century, on 5th March, 1899. He served with his regiment, the 37th N.I., in the Panjab War of 1849.

Thomas Lambert Hinton was born on 1st May, 1808, the son of William Hinton of Daglingworth, Cirencester, entered as Assistant Surgeon on 30th Jan., 1842, resigned on 24th Oct., 1845, and settled in practice in England, where he was for many years Surgeon to Reading dispensary. He died at St. Leonards on 14th June, 1908. The careers of these two officers were, however, widely different. Hinton spent less than four years in

India; Bowron certainly about forty, and probably over fifty years.

Name.	Date of Birth.	Date of Entry.	Date of Retirement.	Date of Death.
William Blane, F.R.S.	?	22 Sept., 1770	4 Feb., 1793	— 1836
William Anderson .	?	2 June, 1783	18 Dec., 1802	1 Jan., 1847
David Nisbett .	?	20 Sept., 1794	12 July, 1815	13 Aug., 1865
William Mansell .	?	20 Aug., 1801	8 Aug., 1826	10 Apl., 1869
John Swiney .	— 1783	24 Aug., 1801	31 Dec., 1837	24 Dec., 1870
John Crawford, F.R.S.	13 July, 1783	24 May, 1803	12 July, 1827	11 May, 1868
Andrew Brown .	2 Nov., 1785	6 Aug., 1807	25 Nov., 1824	3 Nov., 1861
James Watson .	11 Sept., 1792	17 Nov., 1813	30 July, 1833	27 Sept., 1878
Thomas Inglis .	31 Mar., 1796	14 Mar., 1818	1 Jan., 1839	21 Mar., 1874
Peter Carruthers .	6 Dec., 1797	14 Mar., 1818	1 Jan., 1840	12 Feb., 1886
John Bowron .	— Feb., 1799	20 Dec., 1825	31 Dec., 1851	5 Mar., 1899
Francis Thompson .	2 Nov., 1803	18 Apl., 1833	14 July, 1856	22 Aug., 1904
James Alex. Dunbar	20 Oct., 1815	12 Dec., 1837	1 Nov., 1868	6 June, 1901
William Shillito .	— Mar., 1816	7 July, 1838	23 July, 1863	5 Jan., 1903
Alex. Charles Macrae	21 Dec., 1816	24 Jan., 1839	28 Jan., 1865	20 July, 1903
Duncan Macrae .	8 Oct., 1816	24 Jan., 1839	21 Dec., 1868	14 Dec., 1898
Warwick W. Wells .	— Mar., 1807	10 May, 1840	6 Oct., 1859	9 Apl., 1892
Charles Douglas .	16 May, 1818	4 July, 1840	4 June, 1859	26 Mar., 1901
Alex. Grant, G.I.S.	22 Jan., 1817	11 Nov., 1840	23 Aug., 1863	2 Jan., 1900
Richard H. Oakley .	— May, 1819	8 Jan., 1842	24 May, 1865	11 Dec., 1900
Hugh M. Macpherson	30 Aug., 1820	18 Sept., 1842	16 Mar., 1870	4 Apl., 1902
Charles Hathaway .	— Mar., 1817	10 Aug., 1843	14 Feb., 1866	29 Aug., 1903
Charles F. Warneford	9 Aug., 1821	30 Dec., 1843	14 June, 1865	10 July, 1901
John Squire .	— July, 1822	30 Apl., 1845	28 Dec., 1871	8 Feb., 1905
Thomas Maxwell .	6 Nov., 1823	26 Jan., 1846	23 Jan., 1868	24 Apl., 1908

The senior officer now living, on the retired list of the I.M.S., is Surgeon Major Henry Benjamin Hinton. He was born on 7th March, 1813, the son of Benjamin Hudson Hinton, cashier in a Bank at Portsmouth. He took the M.R.C.S. in 1835, and got his commission as Assistant Surgeon, Bengal, on 14th Jan., 1839, becoming Surgeon on 31st Dec., 1852, and Surgeon Major on 14th Jan., 1859, and retiring on 7th March, 1868. After he left the Service he settled in Australia. He was serving in India at the time of the first Afghan war, though he did not himself take part in that campaign. His war services include Gwalior, 1843-44; the Sutlej campaign of 1845-46, when he was present in the actions of Badiwal, Aliwal, and Sobraon, receiving the medal and clasp; the Panjab campaign of 1848-49; and the second China war of 1858-60. He did not serve in the Mutiny.

It is curious that these two Hinton, the only two officers of that name who have served in the I.M.S., were almost exactly contemporary with each other; both lived to over one hundred years; yet they were not related to, nor even acquainted with each other.

Six other officers of the I.M.S. are still (Dec., 1913) shown as living, in the Indian Army List, who entered the Service prior to 1850, more than sixty years ago. In Chap. XXXVI, *The Mutiny*, a list is given of forty-two retired officers of the I.M.S. who entered the Service before Feb., 1858, and still survive. Twenty-six more who joined between May, 1858, and Oct., 1860, are also still shown on the retired list, making sixty-eight in all who entered before recruiting was temporarily suspended for five years in 1860, more than half a century ago.*

As the number of vacancies for the I.M.S. is seldom large, it is not easy to make a fair comparison as to the longevity of any considerable numbers. Before competitive examination was introduced, in 1855, the largest number of admissions to the Bengal Medical Service in any one year was fifty-nine, in 1826. Since 1855, the largest number of admissions to that Service at one examination has been twenty-eight, who entered on 30th March, 1872. These two groups may be taken as the subject of analysis. The men of 1826 have all long since died, those of 1872 have all retired. A period of nearly half a century divides the two groups. A glance will show how far the later group surpasses the earlier one, in longevity. Of the men of 1826, over one-half died while serving; of the men of 1872, under one-fourth.

As stated above, fifty-nine men were appointed in 1826. Of these, three never joined, and three left the service within the first ten years. These six may be left out of consideration, which leaves fifty-three available for comparative purposes. One man was transferred to Madras, but, as his career can easily be followed, he is included among the fifty-three. Wardlaw, Warlow, and Buchanan, who are mentioned above as instances of longevity, all entered in 1826. Wardlaw is one of the six left out of consideration; Warlow and Buchanan are included among the fifty-three.

Of these fifty-three men, no less than thirty-one died while serving, mostly in India, a few while on leave; twenty-two retired on pension.

Of the thirty-one who died, eight died with under five years'

* Since the above was written, six of these officers have died: E. Sexton, on 25th June, 1913; J. Richardson, 13th Aug., 1913; W. S. Caldwell, 21st Sept., 1913; R. Byramji, 3rd Nov., 1913; Sir J. J. T. Lawrence, 22nd Dec., 1913; and W. Fry, 30th Dec., 1913.

service, including one killed in action and one drowned; eight with between five and ten years' service; eleven with between ten and twenty years'; and four with over twenty years' service.

Of the twenty-two who retired, three had between ten and fifteen years' service; fifteen from twenty to thirty years'; and four over thirty years', one of whom served for over forty years. These twenty-two men, of course, are all now dead. Five of them could not be traced. Of the remaining seventeen, one lived twenty-seven years after entering the Service, six from thirty to forty years, seven from forty to fifty years, and three over fifty years; the last survivor, W. M. Buchanan, sixty-seven years.

Curiously, not a single man of 1826 rose to the rank of S.S. or D.I.G. Two held professorships in the Calcutta Medical College.

We may now consider the twenty-eight men who entered on 30th March, 1872. Five of these twenty-eight were natives of India. Of the whole number, six died while serving, with one, one and a half, eight, fifteen, twenty, and twenty-five years' service respectively; the fourth and fifth being Indians. Twenty-two retired, one (an Indian) with seventeen years' service, four with twenty to twenty-five years', ten with twenty-five to thirty years', and seven with over thirty years' service. Of these twenty-two retired officers, eight have since died, and the *Indian Army List* of Jan., 1913, shows fourteen as still living, or exactly one half, more than forty years after they entered the Service. In the cases of the eight who have died since retirement, the periods which had elapsed since their admission to the Service were twenty-five years (in two cases), thirty-two, thirty-four (in two), thirty-five, thirty-nine, and forty years respectively.

One of these twenty-eight officers rose to be Surgeon-General, and four others to be Colonels; while two more officiated in the administrative grade for some time. Among the important posts held by some of these twenty-eight officers were those of Assay Master of the Calcutta Mint, Supt. of the Presidency General Hospital in Calcutta, Professor of Midwifery, Professor of Materia Medica, I.G. of Prisons in the U.P., Residency Surgeon of Haidarabad, and Civil Surgeon of Lucknow. Among them they have received one K.C.B., three C.B.'s, one D.S.O., and two Good Service Pensions, shared by four individuals.

Twelve men commissioned on the same date were posted to

Madras, none to Bombay. Of the twelve in Madras, six died while serving, with four, seven, fifteen, eighteen, twenty-six, and twenty-eight years' service respectively. Six have retired, of whom two have died since retirement, thirty-six and forty years respectively after entry. Four of the twelve rose to be Colonel; and one of them, Surgeon-General Sir Arthur Mudge Branfoot, to be K.C.I.E., and President of the India Office Medical Board.

The I.M.S. contrasted with other medical careers.—How do the prospects of a man entering the I.M.S. compare with those of his contemporaries who adopt other branches of the medical profession? The R.A.M.C. offers about as much pay; the chance of serving in other parts of the world, South Africa, the Mediterranean, the West Indies, etc., and varying periods of home service; as against the liberal furlough granted to the I.M.S. On the other hand, the I.M.S. offers many interesting and many lucrative appointments in the Civil Departments, and considerably better chances of earning both money and professional distinction, as well as higher pensions.

There can be no question that, as regards pay and pension, the I.M.S. offers a better career than the Colonial Surgeoncies; and while the climate of some of the Colonies is better than that of most parts of India, that of others is worse than India at its worst.

The pay and pensions of the I.M.S. are also better than those of the Medical Department of the Royal Navy, the chief advantage of which is the great opportunity it affords of seeing the world. On the other hand, medical, like executive officers of the Royal Navy, are liable to be placed on half pay when the "commission" of the ship in which they are serving comes to an end, and discipline afloat is much stricter and more severe than in the land forces.

As regards the public medical services in England, the Prison Service, the Lunacy Service, etc., the I.M.S. offers better pay, prospects, and pension; coupled, of course, with service in India instead of at home.

But, after all, the great majority of newly qualified medical men embark upon private practice at home; and the chief question for the man who is thinking of entering the I.M.S. must be—how do his prospects in England compare with those of the Service? Well, the I.M.S. does not offer the great prizes which

lie open to the most successful men at home. But how many men attain these prizes? Not one in a hundred; and even in the case of those who do grasp the highest prizes, the fullest success, open to the medical profession, "These men begin to earn late, and their earning years are short. Sir Thomas Watson never earned £500 in fees till he was fifty, Sir James Paget never took £400 till he was forty-seven. Their work was personal, and their harvest time short." [Sir Constantine Holman's speech at the Festival dinner of the Royal Medical Benevolent College, Epsom, June 10th, 1903, quoted in *British Medical Journal* of 13th June, 1903, pp. 1401-2.] In short, the men who attain the highest prizes in England begin to earn a living at an age little earlier than that at which a man in the I.M.S. may be thinking of retiring on a fair pension.

Setting aside the few who attain to the most brilliant success, at least as much money may be earned, and more professional reputation achieved at home than in India. But even those who reach what may be called the second rank in England are comparatively few in number. And a man may achieve considerable distinction in his profession, as a member of the staff of a hospital, before he is earning a fair income. No doubt, the latter will come, if he lives long enough. But who can guarantee that? And if his earning days do not come before his death, he leaves little provision for his family.

It seems clear that the great majority of men in private practice can never hope to achieve much professional distinction, or any considerable fortune. A comfortable income, and a moderate provision for those they leave behind, is the most which can be expected, even by the comparatively successful. And for them there is no early retirement in middle life; that comes only to the fortunate few; most medical men die in harness, a very large proportion at an age earlier than that at which they would even wish to retire.

What about the bulk of the profession? A writer in the *British Medical Journal* some time ago calculated the average income of the medical practitioner at home as £190 a year, tending to decrease. This really seems too bad to be true. For, if it includes on one hand the large number of young men who are working for next to nothing, for board only as Residents, or for small salaries as Assistants, it also includes those who have

reached the fullest success. But even if the above statement be an exaggeration, as it is to be hoped it is, the facts are unpleasant enough. For years past the medical journals have teemed with reports upon "contract practice," in which the medical officer of a club attends its members for a penny a-week, four shillings and fourpence a year, sometimes even less; struggling, often without success, to raise the amount to five or six shillings. And, to judge from these reports, in many places the majority of the medical men do more or less of such club work. The miserable payment for poor law work in England is well known. The Irish dispensary doctors were recently trying to get certain terms from their employers, not less than £200 a year for a dispensary district, £120 for a workhouse, or £300 for the two together, with a small superannuation pension at the age of 65, (*British Medical Journal*, 27th June, 1903, p. 1518). Many of these appointments are to districts in which private practice is *nil*, a few pounds as medical officer of health or in vaccination fees is all that the dispensary doctor can hope to earn over and above his regular salary; possibly, if he has a workhouse, £350 in all. In other words, he *hopes* to get as a permanency, about the amount on which the newly joined officer of the I.M.S. begins. In the *British Medical Journal* of 27th June, 1903, Dr. J. Fletcher Little, L.C.C., speaks forcibly of the present condition of the average general practitioner in England as follows:

"The long and costly training; the arduous nature of the work, by night as well as by day; the inevitable and heavy expenses; the few prizes, and the small average net incomes; the strictly personal and precarious character of the work, which causes all earnings to cease during illness or incapacity; the short average of life, which is less than that of other professions, such as the clerical and the legal; the warning increase of insanity from the intolerable strain." . . . &c.

Surely the I.M.S., with all risks, offers a better prospect than this.

The terms offered by Government under the National Insurance Act of 1911 appear to be only a little better than those of the old contract practice. And, to judge from the correspondence in the medical journals, this is the opinion of the majority of those affected. The man who depended entirely or chiefly upon club practice has gained considerably; the other general practitioners have lost. On the other hand, the pecuniary value of

the newly qualified medical man, *i.e.* the salary which such a man may expect to earn, has fully doubled during the past generation.

Some men start under more favourable circumstances, sons or nephews of men in good practice, which they may hope, when qualified, to share, and to which they will probably eventually succeed. To such men the Services, as a rule, do not appeal. Yet the eldest sons of three medical Baronets, all leaders of the profession, have entered the Services, the sons of Sir Robert Christison and Sir William Lawrence in the I.M.S., the son of Sir Andrew Clark in the R.A.M.C. Only the first of the three, however, put in the full period of service.

In the preceding pages an endeavour has been made to set forth fairly the prospects which the I.M.S. offers to those who join its ranks; not concealing its disadvantages, which are many; while setting forth its advantages, which are more. Service in the I.M.S. means work; man earns his living by the sweat of his brow, nowhere more literally so than in India. Of course, it involves a long residence, to use the harshest word, "exile," in India; but exile tempered by a liberal allowance of fairly paid furlough. No man need enter the I.M.S. now-a-days expecting to make his fortune; though, using the word fortune in a moderate sense, even in recent times some few men may be said to have done so. The days of great fortunes to be made in Indian service, such as Joseph Hume's £40,000 in twelve years as an Assistant Surgeon, have gone long ago, and gone for ever. Even a century ago, fortunes were usually made, not by practice, but by trade and contracts. A man who enters the I.M.S. should do so with a mind made up not to waste his time and his energies in futile regrets that the career he has deliberately chosen involves service abroad instead of at home; nor grudgingly to compare his own position and prospects with those of the most successful of his contemporaries in England, while he forgets those who have failed to attain success, or who have hopelessly gone under; but to take the rough with the smooth; to worry through hard times in hope of the better times which are sure to come, sooner or later; and to do his best for the country, for its inhabitants, and for the Government, as well as for himself. He will find open to him a career with plenty of interesting work, not always hard work; pay at once sufficient to maintain him as a bachelor, and

sufficient in a few years to enable him to marry*; pay steadily increasing as his length of service, and, if married, his necessary expenses increase; some provision for his family if he falls by the way; and finally a pension, in its earlier stages sufficient to live upon while he gets his footing, if he makes up his mind to retire early, before he is too old to start on a new career; in its later stages, if he prefers to hold on in the Service, sufficient to maintain him in comfort after retirement.

Many, it is to be hoped the majority, of those who have served in the I.M.S. in recent years, will endorse the opinions expressed above. Many, on the other hand, will not do so. Every profession has its share of discontented men, and the Indian Army is no exception to the rule. Unfortunately, many of those who serve in India never have "heard the East a-calling."

This book does not profess to describe the development of medicine and surgery under British rule. But it is impossible to avoid mentioning a few important advances. Edward Hare, in 1847-50, introduced the practice of giving quinine in fevers, without waiting for remission, and the adoption of this treatment saved many lives, and put an end to the custom of bleeding in fevers. Hare was one of the most distinguished medical officers of the past generation. He was born on 26th Dec., 1812, educated at King's College, London, and at Middlesex Hospital, took the M.R.C.S. and L.S.A. in 1837, and received a commission as Assistant Surgeon, Bengal, on 24th Feb., 1839. He became Surgeon on 15th March, 1853, Surgeon Major on 24th Feb., 1859, and D.I.G. on 23rd March, 1864, retiring on 10th Dec., 1866. He received the C.S.I. on 16th Sept., 1867, and died at Bath on 13th Feb., 1897. He had a fine record of war service, beginning with the first Afghan War in 1840-42, when he served at Kabul in 1840, at Jalgaḥ and Parwandarra in the Kohistan campaign under General Sale in the same year, in Sale's defence of Jalalabad, and on Sir George Pollock's staff at the reoccupation of Kabul, was mentioned in despatches in the *London Gazette* of 9th Aug., 1842, received the thanks of Government, and the Afghan and Jalalabad medals. In the second Burmese War in 1852 he served in medical charge of the First European Bengal Fusiliers, was present at

* It is possible for a man to marry on his pay when he first joins, but usually to do so, without private means, involves a struggle, and considerable discomfort. In what other profession would a man ever expect to get pay or income sufficient to justify him in marrying on first starting?

the recapture of Pegu, and received the medal. In the Mutiny he served in medical charge of the Second European Bengal Fusiliers throughout the siege of Delhi, including the action of Badli-ka-Sarai, and the final assault and capture of the city; was mentioned in despatches in G.O. of 5th Nov., 1857, and in the *London Gazette* of 15th Dec., 1857, and received the medal. Hare's life has been written by his son, Lieut.-Colonel E. C. Hare, I.M.S., in a little volume, *Memoirs of Edward Hare, C.S.I.*, published in 1900.

Henry Vandyke Carter, (Bo. 27th Jan., 1858), who, before he entered the I.M.S., while Demonstrator of Anatomy at St. George's, had, jointly with the author, made the dissections for *Gray's Anatomy*, and drawn the woodcuts which illustrate that work; when in India worked out the origin and development of the disease known as famine fever, relapsing fever, or spirillum fever. He also did important work on Leprosy, Elephantiasis, and Mycetoma. He retired on 31st Aug., 1888, was appointed Honorary Surgeon to the Queen on 8th Nov., 1890, and died at Scarborough on 4th May, 1897.

The work of Sir Ronald Ross on the origin of malarial fever, and that of Lieut.-Colonel P. J. Freyer in the development of the operations of litholapaxy and prostatectomy, have been noted in Chap. XXXI, *After Retirement*. In connection with litholapaxy the names of D. F. Keegan, (B. 31st March, 1866), and of J. F. Keith, (Bo. 30th Sept., 1867), should also be mentioned; and, indeed, many others.

Lastly must be mentioned the important work done in Calcutta by Lieut.-Colonel Leonard Rogers, C.I.E., on cholera, dysentery, and liver abscess, by the introduction of improved methods of treatment of these diseases which have notably lowered their mortality. In 1905, when he had barely twelve years' service, Rogers was elected a Fellow of the Royal College of Physicians, London, a distinction which few members of the I.M.S. have obtained, and none at so early an age.

A few remarks may be made, in conclusion, on the subject of medical men in India, other than officers of the I.M.S. For the first century and a half after the establishment of the East India Company, from 1600 to 1754, the only European medical men in India, besides the Company's servants, were the medical officers of the other East India Companies, French, Dutch, and Danish,

and a few stray individuals, of various nationalities, in the service of native princes.

Medical officers of the British Army made their first appearance in India in 1754, when for the first time a British regiment of the line was employed under the Company. This regiment was that now known as the first battalion of the Dorsetshire regiment, formerly the 39th Foot, which has as its motto *Primus in Indis*. This regiment was raised by General Richard Coote in 1702, and in its first half-century of existence, before it came to India, served in the Peninsula from 1709 to 1712, in the war of the Spanish Succession, and in 1727 took part in the defence of Gibraltar. The regiment also served in the more famous defence of Gibraltar in 1778, where it earned its crest, a castle and key. During this second siege the 39th became the East Middlesex regiment, and in 1807 the Dorsetshire regiment. When it came to India its Commanding Officer, Colonel John Adlcroron, after whom it was often known as Adlcroron's regiment, was appointed Commander-in-Chief of the Company's troops, superseding one of India's famous soldiers, Major Stringer Lawrence. In 1757 it took part in the Battle of Plassey. Since that time, a century and a half ago, officers of the A.M.D., now the R.A.M.C., have served in India side by side with those of the I.M.S., and have done their full share of the medical work of the Army in India, in peace and in war.

During the last half-century a good many medical men have been employed by Government, in special appointments, who were members neither of the I.M.S. nor of the Uncovenanted Medical Service. As instances may be mentioned Sir Joseph Hooker, Dr. John Anderson, Sir George Watt, and Dr. Haffkine.

Sir Joseph Hooker, when in 1848-50 he carried out the explorations which are described in his *Himalayan Journals*, was in the service of Government, in so far that he held a commission in the Navy, and received a salary which covered about one half of his expenses in the journey. He was born in 1817, and graduated as M.D. at Glasgow in 1839, and in the same year received a commission as Assistant Surgeon in the Royal Navy, to serve with the Antarctic Expedition of 1839-43, under Sir James Ross, in the *Erebus* and *Terror*. He became Assistant Director of the Royal Botanical Gardens at Kew in 1855, and succeeded his father as Director in 1865, holding the post until 1885. In 1877 he received

the K.C.S.I.; and from 1873 to 1878 he was President of the Royal Society. He died on 10th Dec., 1911.*

Dr. John Anderson, who took the M.D. at Edinburgh in 1862, was appointed Supt. of the Indian Museum in Calcutta in 1864. He accompanied Colonel Sladen's expedition to Upper Burma in 1867, reaching Momein in Yunnan. His experiences in this journey were described in a book, *Mandalay to Momein*, 1876. He was also the author of a work entitled *A History of English Interchange with Siam in the Seventeenth Century*, in Trübner's Oriental Series. He was elected F.R.S. in 1879, received the degree of LL.D. Edinburgh in 1885, retired in 1886, and died at Matlock on 15th Aug., 1900.

Sir George Watt, M.D., entered the Bengal Educational Department in 1873, and served as Professor in the Presidency, Hugli, and Patna Colleges. In 1884 he was posted to the Revenue and Agricultural Department, and in 1887 was appointed Reporter on Economic Products. While holding that post he compiled the *Dictionary of Indian Economic Products*. He received the C.I.E. in June, 1886, was knighted on 1st Jan., 1903, and retired in April, 1906.

European medical men, not in the service of Government, but practising their profession on their own account, seem to have been found in the Presidency towns since about the first half of the eighteenth century. Until a much later period, however, most of these private practitioners were men hoping to get appointments in the Company's service; and most of them, sooner or later, appear to have succeeded in so doing. It is only within the last half-century that the services of private practitioners of established reputation have been available to the public, even in the chief cities. During that period several such practitioners have met with much success, in the acquisition both of reputation, and, presumably, of a competence.

During the last half-century also many Indian medical men have earned considerable reputation and met with much success in practice, especially in the Presidency towns. All had received their medical education in Indian Colleges, though some have also visited England, and added European diplomas to their original Indian qualifications.

* For Hooker's detention in Sikkim, see Chap. XXVIII, *Surgeons as Civil and Political Officers*, Vol. II, p. 132.

There are two special branches of medical work in the East, which must not pass without notice; Medical Missions and the work of lady doctors. Whatever may be thought of the utility or efficacy of general missionary effort in India, none can deny the success of Medical Missions; both in the benefits conferred upon their patients by their professional work, and in the opening made by that work for the other aims of their missions. The development of Medical Missions in India dates from the second quarter of the nineteenth century, though a few individuals had combined medical with missionary work at an earlier date. Probably the first to do so was John Thomas, who made two voyages to India as Surgeon of the Indiaman *Earl of Oxford* in 1783-84 and in 1786-87. He worked as a missionary in Malda for three years, and translated part of the New Testament into Bengali. Returning to England in 1792, he joined the newly formed Baptist Missionary Society, and went back to India with Carey in 1793. Subsequently he managed indigo factories in Malda and Dinajpur, carrying on both medical and missionary work at the same time. He died in Dinajpur in Oct., 1801.

Another very early medical missionary was John Taylor, who took the degree of M.D. at Edinburgh in 1804, and went out to Madras in the London Missionary Society in 1805. He was appointed to act as an Assistant Surgeon in the Bombay Service from 20th Feb., 1808, and confirmed from 26th March, 1809. He died at Shiraz on 6th Dec., 1821.

The first regular Medical Missions seem to have been those founded and supported by citizens of the United States in Southern India between 1830 and 1840. Since then the work has prospered and increased. *Medical Missions in India* for Jan., 1911, gives a list of 332 medical missionaries serving in India and Ceylon at that date, including those on furlough and those holding Indian University qualifications. Workers of many nationalities and of both sexes go to make up the total; no less than 195, considerably over one half of the whole number, are women.

Where hundreds have done good work, it is almost superfluous to mention any individual by name. But it is impossible to omit to name the late Dr. Theodore Leighton Pennell of Bannu.*

* For much of the above information about Medical Missions in India I am indebted to the *Indian Medical Missionary Handbook*; to Dr. A. Macnicol, of Leven, Fife, formerly of the United Free Church Rural Bengal Mission at Kalna; and to Dr. J. M. Macphail, of Bamdeh, Chakai, of the Sontal Mission of the same Church.

Lady doctors are a more modern development. It was in connection with Medical Missions that they first made their appearance in India. The earliest appears to have been Miss C. Swain, M.D., who joined the American Methodist Episcopal Mission in Northern India in 1869, and worked for some time at Bareilly, and subsequently at Khetri, in Jaipur. The employment of medical women in India, however, received a great impetus from the foundation of the Dufferin Fund, by the wife of the Viceroy, in 1885. The great majority of lady doctors in India are working either under the Dufferin Fund, or in Medical Missions, though there are a few private practitioners in the large towns.

CHAPTER XLI

THE FUTURE

Τὰ ὅσα θεῶν ἐν γούνασι κείνται

HOMER, *Odyssey*, Book I, line 267.

LORD MORLEY, then Secretary of State for India, in his despatch No. 137, dated 9th Aug., 1907, to the Government of India, suggested that the time had come to promote the growth of an independent medical profession in India by throwing open to the profession in general some of the various civil appointments now held by members of the Indian Medical Service. The Indian Government, in their letter No. 20, of 20th Aug., 1908, accepted in principle the recommendations of the Secretary of State, but pointed out difficulties in the way, and stated that progress in this direction must be slow and tentative. The Secretary of State, in his despatch No. 225 of 11th Dec., 1908, decided that the time had come when no further increase in the cadre of the civil branch of the Service could be allowed, and when a strong effort must be made to reduce the numbers of the Service by the employment of Indian private practitioners in their place.

These papers were published in 1909, and gave rise to considerable discussion and difference of opinion. The Government of India referred the question to the various Provincial Administrations for their opinions, which were strongly against the proposed changes. As the matter is one of considerable importance to the country, and to the Government, as well as to the Service, the correspondence is quoted below at length.

"Despatch from the Secretary of State for India to the Governor-General of India in Council, No. 137, dated 9th Aug., 1907.

(Extract.)

"I desire to invite the attention of Your Excellency's Government to Lord George Hamilton's Despatches, Military, No. 5, 18th January, 1900, and Public, No. 157, 13th December, 1900. In the closing paragraph of the last Dispatch my Predecessor observed: 'It would be of such great

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benefit to India generally that medical men should establish themselves in private practice in the country in the same way as they do in other parts of Her Majesty's Empire without entering the medical service connected with the Army, that I am unwilling to accept proposals based upon the assumption that sufficient medical qualifications will never be found in India or elsewhere outside the Indian Medical Service.' I am not aware that this part of my Predecessor's Despatch has ever formed the subject of a communication from the Government of India, but I am confident that the policy indicated in it will generally have the hearty support of Your Excellency as it has mine. I shall be glad to be informed whether any steps have yet been taken to give effect to that policy, and whether any further measures are in contemplation for promoting the growth of an independent medical profession in India."

"Letter from the Government of India in the Home Department to the Right Honourable the Secretary of State for India, No. 20, dated 20th Aug., 1908.

(Extract.)

"We have the honour to refer to Your Lordship's Despatch No. 137 (Military), dated the 9th August, 1907, regarding the measures which have been taken or are in contemplation for promoting the growth of an independent medical profession in India. We desire, in the first place, to explain why we have not replied at an earlier date. Last year we addressed local Governments on the subject of creating appointments of medical officers of health in both urban and rural areas, and we suggested that these posts should, whenever possible, be filled by Indian medical men outside the Indian Medical Service. We felt that the reception given to this proposal would assist us in replying to the despatch, but as only one local Government has as yet favoured us with its opinion, and as we learn that Your Lordship desires an early expression of our views, we proceed to state the general conclusions at which we have arrived. We are in entire sympathy with the desire to promote the growth of an independent medical profession in India, and we recognise the important bearing upon this question of Lord George Hamilton's suggestion that advantage should be taken of the creation of new medical appointments to provide for the admission of independent practitioners either to the new appointments or to some of the posts which are regarded as reserved for members of the Indian Medical Service. One essential restriction, however, upon any reduction of the numbers of that service is that its strength must always be sufficient to meet the medical requirements of the Indian Army. In order that it may do this effectually it is necessary that it should include a large reserve of officers whose services would be available on the outbreak of war; and, as a measure of economy, these reserve officers must in peace time be employed on civil duties. It appears, however, from inquiries we have made, that about one-third of the officers holding these civil posts could not be spared for military duty even in the event of an emergency so grave as to require a general mobilization of the army in India. To the extent of about one-third, therefore, the officers in civil employ do not form any part of the real war reserve, and there would be no military objections to the transfer to independent practitioners of the civil appointments held by them. We have accordingly to consider whether there are objections on other grounds to such a transfer. The posts referred to include certain

administrative offices which must continue to be held by senior members of the Indian Medical Service. They also include some of the more important of the civil surgeoncies, superintendships of lunatic asylums, appointments in the Assay department, the Chemical Analyser's department, and the Bacteriological department, and about half the professorial appointments in the various medical colleges. With regard to the last-mentioned appointments it has been urged that any large reduction in the number of such posts reserved for members of the Indian Medical Service would seriously diminish the attractiveness of that service and produce a deterioration in the quality of the candidates. We admit that this argument would have considerable force if it were contemplated to deprive the Indian Medical Service of the full number of these appointments at one stroke, but there is no possibility of qualified candidates being forthcoming at present for more than a very small proportion of them, and we do not anticipate that the exclusion of these few posts will have any appreciable effect upon recruitment. By the time that a larger number of qualified candidates is forthcoming it is probable that the number of medical schools and professional chairs will also have increased, and there will, therefore, be no difficulty in retaining for the Indian Medical Service a proportion of prize appointments sufficient to maintain its attractiveness. The attainment of the object which Your Lordship and ourselves alike have in view depends, then, upon the possibility of finding in this country medical practitioners qualified to hold the appointments which could be thrown open to them. There would undoubtedly be no difficulty in securing the services of private practitioners who are qualified to fill the less important civil surgeoncies, but unfortunately these are just the appointments in which the war-reserve officers of the Indian Medical Service can most suitably be employed, and the transfer of these surgeoncies from that Service might, therefore, cause some embarrassment and lead to increased expenditure. For the more important appointments of civil surgeon, the bacteriological and other special posts, and the professional chairs, very few qualified candidates could at present be found. It is in our opinion of the highest importance and essential to the growth of a really efficient independent medical profession that the present high character of the instruction given in the medical colleges in India should be maintained unimpaired. Any diminution of efficiency in that direction would go far to defeat the object in view and would most certainly retard the more general employment of independent practitioners. Subject, however, to this essential condition of efficiency, we are quite willing to appoint such practitioners to professional posts whenever fully qualified candidates are forthcoming. And we shall also be prepared to appoint qualified medical gentlemen outside the ranks of the Indian Medical Service to other posts which are not required for the employment of the war-reserve of medical officers. We desire to impress upon Your Lordship the excellent work which has been and is being done by the medical schools in India. The majority of the students who pass through those schools do already take to private practice, and in this way an independent medical profession is gradually being created. The general average of attainments of these men is not, it is true, equal to that of the officers of the Indian Medical Service, but each generation of students is better than its predecessor, and provided nothing is done to lower in any way the standard of instruction given in the medical colleges, there is every reason to hope that this progressive

improvement will be maintained. Your Lordship will observe that in the preceding paragraphs we have considered the question only with reference to the general medical profession in India. We have done so because we consider that it is an essential condition of the introduction of any scheme for the gradual opening of civil medical appointments now reserved for the Indian Medical Service to the general medical profession that qualified candidates should be available among the natives of this country or the domiciled community. The appointment of English medical men recruited in England would lead to serious practical difficulties, as these gentlemen would require leave to England in the same way as members of the Indian Medical Service, and, if we did not form a leave reserve of men similarly recruited, we should find ourselves in an embarrassing position when they were granted leave. Further, to recruit medical practitioners in England and form a leave reserve would in effect be to create a second medical service, which would doubtless put forward claims to be treated in precisely the same way as the Indian Medical Service, and which would do nothing to promote the growth of an independent medical profession in this country. If European medical officers are required for any particular appointment or class of appointments they can, in our opinion, most advantageously be supplied by the Indian Medical Service. We desire to remark incidentally that we anticipate that difficulties may arise from the appointment of independent medical practitioners to particular posts, such as civil surgeoncies. Owing to the multiplicity of gratuitous services which are demanded of civil surgeons, it is quite possible that, if private practitioners are appointed, patients entitled to such services may not infrequently complain of neglect. At present it is comparatively easy to deal with such complaints, but when the civil surgeon is not a member of a particular service, and so liable to transfer, but an independent practitioner permanently resident in the station, it will be difficult, if the complaints prove to be well-founded, to provide any adequate remedy short of his removal from office, and his replacement either by another independent practitioner, if one is available, or by an officer of the Indian Medical Service. These difficulties, however, are not, we believe, insuperable, and they will tend to diminish with the increase in the number of practitioners who are qualified to hold such appointments and anxious to obtain them. In conclusion, we desire to repeat the considerations which, in our opinion, must govern any advance in the direction indicated in Your Lordship's despatch, viz., (1) that the advance should be very gradual and tentative and in the main, though not exclusively, from the bottom, (2) that it should be made only as really qualified candidates become available in India, (3) that nothing should be done to lower the efficiency of the medical schools and their hospitals, (4) that a sufficient number of civil appointments be reserved to provide for the economical employment of the war-reserve of the Indian Medical Service, and (5) that, in determining what these appointments should be, the necessity of maintaining the attractiveness of the Indian Medical Service should be borne in mind. When Your Lordship has placed us in possession of your views upon our proposals we shall address local Governments upon the whole subject, and in due course communicate to you the result of our further consideration of the points discussed with them."

"Despatch from the Secretary of State for India to the Governor-General of India in Council, No. 225, dated 11th Dec., 1908.

"My Lord,—In connection with Your Excellency's despatch in the Home Department, No. 20, dated 20th August, 1908, I have given consideration in Council to the question whether further steps can be taken to promote the growth of an independent medical profession in India by throwing open to the profession in general some of the various civil appointments now held by officers of the Indian Medical Service and other similar appointments which may be created in future.

"2. I observe with satisfaction that your Government are in accord with the object I have in view. As regards the means to be adopted for attaining that object, I concur generally in the principles laid down at the end of your despatch, and shall be glad to learn, after you have received and considered the opinions of the Local Governments, what measures you can propose in order to give effect to them.

"3. Since 1899 successive Secretaries of State have drawn attention to the objections to indefinite extension of the cadre of the Indian Medical Service for the purpose of providing for miscellaneous appointments for which that Service, though it may offer well-qualified candidates, is not the only, and may not be the most economical, source of supply. Notwithstanding the necessity for restriction, the cadre of the Indian Medical Service has in recent years continued to increase, and, apart from other objections, its further increase will be likely to cause serious difficulties in the matter of recruiting. I have consequently decided that the time has now arrived when no further increase of the civil side of the service can be allowed, and when a strong effort should be made to reduce it by gradually extending the employment of civil medical practitioners recruited in India.

"4. Your Excellency's Government will consider what appointments can best be filled in this way. If there should be any particular posts requiring special qualifications, for which suitable persons, whether trained in Indian colleges or holding European medical degrees, be they European, Eurasian, or Indian, cannot be obtained in India, it will be necessary to seek candidates from this country.

"5. When it is found impossible to obtain a man from outside the Indian Medical Service to fill a particular new civil appointment, or one which has not previously been so filled, I will not object for the present to that Service being drawn upon; but the vacancy so caused must be filled from outside it, *i.e.*, no appointment must be made in succession which would involve an addition to the cadre of the Indian Medical Service.—I have, &c., (Signed) Morley of Blackburn."

It appears that two different questions are more or less combined in these proposals; first, the employment of medical officers of Indian instead of those of European extraction; and, second, the employment of independent practitioners in the place of members of a regular graded service. As it is unlikely that independent practitioners will in future be recruited from Europe, except perhaps for a few highly specialised appointments, the

second involves the first. But the first need not, and should not, involve the second.

It is admitted that the military branch of the I.M.S. cannot be replaced by an indigenous Service; also that it will be necessary, at least for a long time to come, to retain in the hands of the present Service numerous civil appointments of three descriptions. First, most of the more important teaching appointments in the different Medical Colleges. If an indigenous Service, or profession, is to take the place of the present (mainly) imported Service, it becomes all the more necessary that those who are to train the future holders of the posts now filled by the I.M.S., should be the best men who can be got for the purpose. And in this connection it must be remembered that Indian members of the I.M.S. have before now held professorships with credit and success, and no doubt will do so again. Second, the more important of the other civil appointments, whose holders could not be spared for military duty, even in time of war, without being replaced. Third, a certain number of the less important civil appointments, whose holders form a reserve for war. If these are deducted, what remains to be handed over to the non-official practitioner? Only a certain number of the less important Civil Surgeoncies, with some appointments in the Sanitary Department, and some of what are called the minor professorships in the Medical Colleges.

To a certain extent this policy has already been carried out. During the last ten or twelve years the number of posts of District Medical Officer in the hands of Civil Assistant Surgeons has been increased; by the reorganization of the Sanitary Department carried out in 1912 many of the posts in that department have been thrown open to qualified Indians, not in the I.M.S.; and a Civil Assistant Surgeon has recently been appointed to a professorship in Calcutta.

As most of the posts handed over will probably be Civil Surgeoncies, it may be useful to enumerate the regular ordinary duties of the Civil Surgeon.

(i). The superintendence of the chief, or *sadr*, dispensary at the headquarters of the district, the entire responsibility for its management, and the performance of a fair share of the professional work, especially of the major surgical operations. To this is added, in many stations, the superintendence of a female

hospital, whose medical officer is usually a female practitioner of the the Sub-Assistant Surgeon class.

(ii). The superintendence, as well as the medical charge, of a jail, which may be of considerable size, (400 or 500 prisoners), and must take up a good deal of time.

(iii). Medical attendance on the other officials in the station, and also on their wives and families, if any. The latter may be called private work, but it is work which cannot be declined.

(iv). *Post-mortem* examinations, and other medico-legal work, with the necessary evidence in Court entailed thereby.

(v). Charge of police hospital, including examination of recruits, a light duty in some districts, fairly heavy in others.

(vi.) The health officership, *ex officio*, of the headquarters municipality.

(vii). Membership of the headquarters municipality.

(viii). Membership of the District Board, and of at least one sub-committee.

(iv). Office, including returns, correspondence, and grant of medical certificates of health, sickness, etc.; the latter an important, and in some districts a frequent duty.

(x). Inspection of outlying dispensaries, from five or six up to twenty or thirty; in most cases quarterly.

(xi). Inspection of vaccination, not only in the headquarters station, but also throughout the district.

There are also various other duties in some districts, inspection of factories, inspection of emigrants, superintendence of a lunatic asylum or of a vernacular medical school; inspection of tea gardens, (in Assam), etc. Of course in no district do all of these extra duties occur, in most districts not more than one or two, in many none.

As a general rule, the smaller the district, the less the work. And for many years past members of both the Military and Civil Sub-medical Services have held charge, as Civil Surgeons, of some of the smaller districts in every, or in almost every province, and have done so with credit to themselves and with satisfaction to the Government. But these men have always been the pick of their own Services, the best men chosen out of several hundreds in these Services. It will be a very different matter to hand over the numerous and important duties of the Civil Surgeon to a casual private practitioner. Much of the Civil Surgeon's work

is only remotely connected with the practice of medicine and surgery, and all of these other duties will be quite new and strange to the private practitioner, however well qualified in his profession. Indeed, it is in the performance of these extra duties, more than in the actual professional work, that the outsider is likely to fail.

For this reason it would appear to be best that, if posts now held by members of the I.M.S. were handed over to local graduates, the men to hold them should be selected entirely, or almost entirely, from the existing Provincial Medical Services. Most of the members of these Services have had some experience of the duties of a Civil Surgeon, either at headquarters, during the Civil Surgeon's absence on tour, or on a smaller scale in a subdivision. As regards Indians who obtain European qualifications in Great Britain, they, if not too old for appointment in Government Service, have the opportunity of competing for the I.M.S.

The proposed change may be considered from four points of view; first, that of the Government; second, that of the country in general; third, that of the other Government Services; fourth, that of the I.M.S. itself.

As regards the first, that of Government, the interest of Government may be summed up in two words, efficiency and economy, of which the first is the more important. If the question is asked, whether the proposed changes will be conducive to efficiency, the answer must be emphatically in the negative. The work, though done more cheaply, would be less well done. This again applies less to the regular professional duties, those of the hospital and attendance on patients, than to the others. More especially would loss of efficiency be manifest in the management of jails, in medico-legal, and in certificate work.

It may be said that the new type of Civil Surgeon would not be appointed to the office of Supt., but only to that of Medical Officer, of the jail. This system has been tried already, both in central and in district jails, and has failed in both. Almost every feature in the management of a jail, diet, punishment, work, is a medical matter. The non-medical Supt. cannot move without the help of the medical officer, the medical officer is powerless without the Supt. Such a system of divided authority is a fruitful source of friction and delay.

The native of India, especially if he has not had the advantage of some training in Europe, is often wanting in a sense of duty; and is very subject to the tyranny of caste and to social influences. For this latter one cannot blame him. Few Englishmen realize how great these influences are, and how difficult, one might say how impossible it is, for any Indian, official or non-official, to defy or to thwart them. The boycott is a far more effective weapon in India than ever it was in Ireland.

As regards the question of economy, it may be admitted that the cost of an indigenous would be less than that of an imported Service. But economy consists, not simply in getting work done, in some fashion, more cheaply than before; but in getting it done more cheaply and not less well than before. It is false economy to pay a lower price, if one gets an inferior article.

It may be pointed out also that, if local graduates were substituted for the present Service, it would be better, both for Government and for the public, that the officers thus appointed should be formed into a regular graded service, than that they should be casual units, each man engaged to fill a particular post for as long as he chooses to hold it, and Government chooses to employ him. A regular service, with periodical increments of pay, is of course more expensive than the engagement of individuals, for it implies expense for leave pay and for pension, though a provident fund might be substituted for the latter. But over the men who form a graded service Government has a hold. Each man may hope by good work to get a better post, or may fear to lose by bad work what he has already got. But over the man casually employed his employer has little or no hold. He has little in the way of leave, and no pension, to lose. If it suits him to throw up his work without notice, he will probably do so, whatever the inconvenience to his employer.

The second point of view is that of the country in general, more important even than that of the Government. Here, even more than in the case of Government, the first consideration is efficiency. Economy is a poor second, for the amount saved would be a mere drop in the bucket in the cost of administration. That the change proposed would be welcomed by the men who might hope to get the appointments vacated, is obvious. But they are a very small factor in the population. Would such a change be in the interest of the great majority, of the dumb

millions, whose voices are heard in no Boards or Councils, on no platforms? If the change is really to their advantage, *cadit quæstio*. If not, the reverse answer must be given.

From the third point of view, that of the members of the other Government Services, the new scheme looks worst of all. That the members of the European Services prefer a doctor of their own class for themselves, and still more for their wives and families, cannot be gainsaid. The preference may be sentimental, no doubt to a certain extent it is so, but it exists. And it has some reason, too, apart from sentiment. For the native practitioner, however skilled, is often apt to lose his head at a critical moment, rather than to rise to a sense of responsibility. The social side of the question will also affect the other Services, though Government can hardly be expected to take this into consideration. The withdrawal of one, out of two or three, officers in a small station, makes life much less pleasant to the one or two left.

The fourth and last point of view is that of the I.M.S. itself, the least important of the four, except to the members of that Service. And it seems that, out of all concerned, the members of the I.M.S. stand to lose least by such a change. The proposed changes would be introduced only by degrees, and mainly from the bottom. If the less attractive appointments are cut off, if fewer posts remain available, at least those which are left will be in every way better worth holding. The chief loss to the I.M.S. would be the somewhat diminished opportunity of gaining experience.

Whether such a change would affect recruiting, either for the I.M.S. or for the other Services, must remain to be seen. Opinions may well differ. It certainly seems, that there is no reason why it should affect recruiting for the I.M.S.; but that there is good reason why it should affect recruiting for the other European Services. In some provinces, Civil Officers have already, in many stations, little chance of obtaining European medical attendance for their families and for themselves. And it seems likely that this drawback to an Indian career will be in future increased in importance. Such is the logical conclusion. But, human nature being what it is, the actual effect may, not improbably, be exactly the reverse. Recruiting for the I.M.S. may be affected, because such a change would appear to diminish the prospects of that

Service; while the candidate for the other Services would probably never hear of the orders, or, if he did hear of them, never give a thought to how they might affect his own future career.*

The whole question of the "Morley scheme" appears, for the present, to have receded into the background. But it is bound to come to the front again, sooner or later. The Royal Commission on the Public Services in India, which began work in Dec., 1912, has taken the subject into consideration in 1913. And changes, in the direction pointed out in the Secretary of State's despatch, are certain to come in time. Whether these changes will be for good or for evil is a matter of opinion. The numbers of the I.M.S. may be somewhat reduced, in course of time. But it is practically certain that the prospects of the individuals in the Service will not be injured by any such changes.

Another change which is clearly foreshadowed as inevitable, is the substitution of the station hospital system for regimental hospitals in the Indian Army. A Committee, of which the P.M.O. of His Majesty's Forces in India and the Director General of the I.M.S. were both members, was appointed in 1910 to consider the question. This committee, it appears, reported in favour of the change; but little action has yet been taken, on account of the opposition of the Financial Department, as increased efficiency would probably involve increase of expenditure. The reform, however, is only postponed.

The chief argument in favour of the old regimental system is that it is one congenial to the Indian Army. Both officers and men prefer to have, as their medical attendant in sickness, an officer whom they know, and consider as one of themselves, rather than a stranger from an alien department or corps. And, in an army recruited by voluntary enlistment, the preferences of the soldier are a matter of considerable importance. On the other side are even more weighty arguments. First, that the station hospital system is the more efficient of the two, providing a more modern and up-to-date treatment than is possible in small independent regimental hospitals. Second, that the regimental

* Most of the above comments on the "Morley scheme" are taken from a paper contributed four years ago to the *Indian Medical Gazette*, and published as a leading article in that journal in Aug., 1909, pp. 300-303. The results of the entrance examination for the I.M.S. in July, 1913, seem to show that recruiting has been affected.

medical officer, unless his energy and zeal are more than common, is apt, in the course of years, to lose touch with his profession. As his age and length of service increase, his rank and his pay steadily rise, but his responsibilities do not grow, as do those of men of every other Service. The Lieutenant-Colonel finds his responsibilities and his duties exactly the same as they were twenty years before. Indeed he may, quite possibly, have had harder work and greater responsibility at five years' service than at twenty-five. If he goes on leave, he may hand over charge to a Lieutenant, who will do the same work that he has been doing, and will do it just as well.

Forty years ago, in 1874, the regimental medical system in the British Army passed away. It died regretted, but it died. And no one would now seriously suggest its revival. In the Indian Army also the regimental system is bound to go. Most of those who have served as Surgeons to a regiment will regret the passing of the old system, which has lasted over a century and a half, under which the Surgeon was an officer of a particular regiment, sharing in and proud of the regimental traditions and history, rather than a member of an independent Service. But modern progress, like the car of Jagannath, passes relentlessly over all that stands in the way of efficiency. The regimental hospital system has outlived its usefulness, and must before long pass away into the limbo of things that have been; while its epitaph must be, not *Resurgam*, but *Réquiescat in pace*.

A step in this direction has already been taken, in 1912, by the introduction of the combined hospital system in some fifty cantonments, including such important stations as Peshawur, Rawal Pindi, Lucknow, Sikandarabad, and Bangalore. The combined hospital is, however, far short of the station hospital in administration and equipment.

A closer and more intimate relationship between the two branches of the Service, military and civil, in the future, is desirable. How this is to be brought about is not yet apparent.

A scheme for such closer relationship might be sketched somewhat on the following lines. The chief desideratum is, that officers should not remain permanently, as they now do, either in civil or in military employment. Every officer, with only a few exceptions, should be transferred at intervals from one branch to the other, and back again. It would require an

actuarial calculation, probably of no great difficulty, to fix the relative lengths of these periods. Taking the total numbers of the Service as between 750 and 800, of whom a certain fixed number are required, in time of peace, for military duty, and another fixed number for civil employ, with about twenty-five per cent. as a reserve; it would be necessary to calculate what the respective number of years spent by each officer, during a term of thirty years, (or of twenty, or twenty-five, or of any other number of years), in military and in civil employ, respectively, should be. Probably it would work out as about three years' military to four years' civil duty. An officer would begin his career, as he does now, with a tour of military duty. After a fixed tour of such duty he would be transferred, as a matter of course, to civil employ. After another fixed tour of civil employ, he would return to military duty; and so on.

Furlough, it may be objected, would create a difficulty. Not necessarily. It would, indeed, be necessary to equalize military and civil furlough pay. At present the medical officer in civil employ draws higher furlough pay, under civil rules, than his contemporary in military employ, for the first half of his service, or rather longer; while the military officer has much the best of it in his later years. It would be necessary that both should draw the same rates of furlough pay, according to length of service. As regards taking furlough, most men would probably try to take their leave at the end of a tour of duty, military or civil. Should an officer take leave in the middle of such a tour, he would simply have to complete that tour of duty, military or civil, on his return, before making his next change.

Some exceptions to the general rule would doubtless be necessary. Certain appointments require certain special qualifications. And to employ men, specially competent in certain lines, on work which could be done equally well by others without those qualifications, is to waste their special attainments. Such appointments as those of Supt. of the Botanical Gardens, or of the Museum, those in the Chemical and the Bacteriological Departments, possibly also Professorships in the Medical Colleges, should be held by specialists, doing their own special work continuously, and not liable to transfer to the regular line, either military or civil. But all such officers, holding special

appointments, should be seconded from the Service, and ineligible for promotion to the administrative ranks.

Officers over a certain length of service, say twenty or twenty-five years, might also be allowed to remain, for the rest of their service, in military or civil employ, as they might prefer, without affecting their eligibility for promotion.

Some such scheme of alternate military and civil employ could be worked without any great difficulty. But there is little doubt that it would be unpopular with the Service. It could not therefore be imposed, without hardship or injustice, on those already serving. But there would be no hardship and no difficulty involved, were such a scheme approved, in bringing it into force for all who should enter the Service after a certain date. True, it would take twenty years, perhaps rather longer, to bring all the members of the Service under the new scheme. But twenty years, while a long spell in the life of the individual, is but a short period in the history of the I.M.S. or of the Indian Army.

Another subject of interest, not so much to the I.M.S. as to the medical profession in India, which is now pressing on the public and on Government its claims for attention, is Registration. The first Medical Registration Act, under which the General Medical Council was formed, and a medical register instituted, was passed in England in 1858. A second Act was passed in 1886, under which direct representatives of the profession, elected by general vote, were added to the Medical Council, formerly entirely composed of delegates from the various licensing bodies, and of Crown nominees. A similar Registration Act, setting up a Medical Council, which would keep up a medical register of qualified practitioners, is much needed in India, and seems likely to become law within the next few years.

The first move in this direction was made by a private practitioner in Calcutta, the late Dr. J. R. Wallace, who, about 1898, published a medical directory of qualified medical men in India, in connection with the *Indian Medical Record*, of which he was proprietor and editor. This directory, of course, had no official standing, and it was very incomplete; still it contained much useful information. A few years later a Register of qualified practitioners in Bengal was published by the Inspector General of Civil Hospitals of that province, and has since been issued, at

first annually, and then triennially. This register was fuller than Wallace's, but was still incomplete, and, having no legal authority, was for information only. Also it dealt with the province of Bengal only.*

In 1912 a Medical Registration Act was passed in Bombay, a Medical Council for that province has been formed, and held its first meeting on 24th Sept., 1912. A medical register for the province of Bombay will presumably be issued before long. Other provinces will perhaps wait and see how the Bombay Act works, before passing similar acts of their own.

It is to be hoped, however, that legislation in this direction will be Imperial, not provincial. The Dominion of Canada has lately afforded a useful object lesson of this necessity. In British North America the regulation of medical education and practice was among the subjects under provincial control; and difficulty was experienced in getting the consent of all the different provinces to the passing of a Registration Act applicable to the whole Dominion. This was not effected until 1912. Before that year a man, qualified to practise in one province, was not permitted to practise in another, until he had fulfilled the conditions required in that province. Each province might, or might not, recognize the qualifications given in another province; while none of them were in any way bound to recognize British degrees or diplomas. It is not to be desired that a similar condition of affairs should arise in India, under which perhaps Bengal and Bombay might refuse to recognize each other's degrees; but might find a common ground for union in declining to recognize those given in Great Britain.

No medical registration act could possibly be passed in India which would prohibit practice by unqualified men. To begin with, it would be impossible either to recognize the followers of the indigenous systems of medicine, *kobirajes*, *baidis*, and *hakims*, as qualified men, or to prevent them from attending those who prefer their services. But it would be easy to limit to men on the register certain privileges, such as the power to sue for fees, to give certificates recognized in courts of law or by superior officers, and to fill posts in the service of Government or of local bodies.

* A new and more complete Medical Directory for India is now (1913) under preparation by Messrs. Thacker, Spink, & Co.

Lastly may be mentioned another medical development of importance to India, one for which a demand is now being made, a demand which, it is to be hoped, will be met in the near future. This is, a regular graded female medical Service, working under Government, on lines similar to those of the civil branch of the I.M.S. Such a Service would, of course, be purely civil, it would have no connection with military hospitals, in peace or in war. Medical women have effected much during the short time, barely forty years, for which they have worked in India. But so far only the fringe of the need of such work has been touched. The medical women in India belong chiefly to two special classes, serving either under the Dufferin Fund or in Medical Missions. Both classes treat chiefly, though not exclusively, women of the lower orders. Both the Dufferin Fund and the missions suffer from want of funds, and want of workers in sufficient numbers. At present the great majority of Indian women, to put it mildly, dislike male medical attendance. Except in the lower classes, the majority will either absolutely refuse such attendance, or will put it off until too late.

What is required is a regular graded Service of Lady Doctors, maintained and paid by the State, as the Civil Surgeons are maintained and paid. This want is not supplied, except very imperfectly, either by the Dufferin Fund or by Medical Missions. Missions have their own special aims, not exclusively professional.

The numbers serving under the Dufferin Fund are comparatively small, and those employed by that fund have little to look forward to in the way of future prospects. Pay which may be amply sufficient for a doctor, male or female, to start with, is not sufficient for the same individual ten or twenty years later. Prospects of regular promotion and increase of pay are necessary to induce capable practitioners to devote their lives to the work.

Such a Service might be divided into grades, with regular increase of pay, after five, ten, fifteen years' service, etc.; or the pay might be personal, fixed at rates rising by smaller increments each year, without the division into grades. The women admitted into such a Service should either have European diplomas, or in some cases those of Indian Universities might be accepted, certainly nothing lower. At present most of the female hospitals in India are officered by women trained, or supposed to be trained, up to the standard of Sub-Assistant Surgeons (formerly Hospital

Assistants) holding diplomas from the vernacular medical schools. These women, with few exceptions, are not equal to independent charge of a hospital. The female hospital, therefore, is under the superintendence of the Civil Surgeon. He must visit it regularly to see that the work goes on properly. But the fact that the Civil Surgeon, a man, visits the hospital regularly, is fatal to the very object with which female hospitals are kept up. Even so, his supervision is necessarily imperfect, for he is always liable to be told that any particular patient is a *parda* woman, who will not see him. Some *pardanishins* are treated in hospitals of this class, but the great majority of the patients are women of the lower orders, who do not profess to keep the *parda*. The above remarks, of course, do not apply to those hospitals, numerous, but still far too few, which are under the charge of properly qualified lady doctors.

If such a Service were started, there would be little difficulty in attracting recruits, at rates of pay, moderate to begin with, if regular increments at fixed periods were assured, with definite and reasonable prospects of furlough and pension. The senior and the more skilful members of the Service would naturally, as in the case of the I.M.S., rise to the charge of the more important hospitals. In each province there should be an administrative head of the Female Service, whose duty it should be to visit and inspect all the female hospitals in the province, and who should have no actual professional work, though she might be allowed to take consulting practice. This Inspector should work under the A.M.O. of the province. And the local female hospitals should be removed from the superintendence of the Civil Surgeon, who, while deprived of authority in them, should equally be freed from all responsibility in connection with these hospitals.

It has recently been announced that Government have decided against a State Medical Service of Lady Doctors, but have determined to subsidize the Dufferin Fund to the extent of £10,000 annually, to enable that body to give better terms of pay, leave, etc. This is a step in the right direction, but falls far short of what is required to make this Service really satisfactory and satisfied.

CHAPTER XLII

HOSPITALS IN INDIA

"And, above the packed and pestilential town, Death looked down."
KIPLING, *Departmental Duties*, *A Tale of Two Cities*.

The first hospital in India appears to have been that at Goa, mentioned in Fryer's *Travels*. The first hospital at Madras was opened about 1664; the establishment of a hospital at Bombay was under discussion in 1670, but apparently it was not actually opened till 1676; the earliest hospital in Calcutta dates from 1707-08.

It will be most convenient to consider Indian hospitals geographically, taking each Presidency separately, in turn; the hospitals in each Presidency town being dealt with more or less in chronological order.

I.—Bombay.

The first suggestion of a hospital in Bombay seems to have been made in 1670. In the *Surat Diaries*, Vol. III, 1669-75, is given a Commission of instructions, dated Bombay, 5th March, 1669/70, showing that it had been determined to build a hospital in the town.

"Commission of instructions, Bombay, 5th March, 1669/70. The necessary tender wee have for the health of our people hath putt us on a resolution to build a small hospitall for entertainment of the sick and weake y^e rather because experience hath prooved the naturall Disease of the Countrey to be infectious and therefore dangerous to the Garrison, wherefore wee have pitched on a convenient place for the s^d hospitall and desire yo^r to order it to be erected in a frugall way as may consist wth prudence, but though the Comp^y are at y^e charge of building the hospitall, yet those y^t receive the benefitt thereof must beare their owne expences otherwise not to be admitted."

Apparently the project of opening a hospital hung fire for several years. The *Minutes* of the Bombay Council, dated 23rd Nov., 1675, contained in *Bombay Diaries*, Vol. II, 1674-81, direct that two models, apparently rather what would now be

called plans, of the proposed new hospital, should be sent for approval to the President and Council at Surat.

"Ordered that the two Modells or Draughts of an Hospitall now drawn out be sent up to the Presid^t and Councill desyring their approvall, of w^{ch} they think most convenient, and their order for proceeding accordingly."

The receipt of these plans was acknowledged, and the plans were considered, in a letter from Surat to Bombay, dated 18th Dec., 1675; a second letter, dated 11th Jan., 1675/76, further discusses the plans and site; a third, dated 19th July, 1676, says: "Wee like well of your proposition of making the present Court of Judicature an Hospitall"; and, six months later, a letter from Bombay to Surat, dated 24th Jan., 1676/77, reports that the new hospital has been opened and has proved of much service. Extracts from three of these letters are given below.*

Extract, Letter from Surat to Bombay, 18th Dec., 1675.

"Wee heartily lament y^e frequent mortality of o^r countrymen and doe with you impute it to their grosse and scandalous Irregularitys in their sickness, w^{ch} wee judge would be much prevented if wee had an Hospitall, wherefore wee have determined God willing to erect soe necessary a building wth all speed without attending further order from England, and wee doe hereby desire you to prepare materials wthout further delay on y^e Hon^{ble} Comp^{as} charge, or if you want wee will supply you from hence.

"Wee have considered of y^e two modells w^{ch} in y^e maine wee like well off, but it seemeth to us y^t they are too narrow, and not soe much yard roome left as there ought to be, nor is there roome enough for y^e Chyrurgeon and his family and other attendants as there ought to be. Wherefore wee have ordered here another modell to be drawne out more large and airy, and consequently more healthy for y^e sick people, according to w^{ch} wee would have you govern yo^r selves; but first of all wee would have you advise y^e place where it is to be built, for wee are not much inclined to y^t place formerly designed by Collonell Bake fearing y^t y^e aire is not soe good there and it is too neere y^e sea. Wherefore doe you chuse out another place more convenient, having with all regard to y^e line of y^e fortification, and alsoe to y^e line designed for y^e Christian towne, and w^{ch} you have pitcht upon a convenient place, and appointed a place for a garden adjoining thereunto advise us thereof. Let y^e foundation be of good stone and lime, and let y^e ground be raised at least 3 or 4 foot high; y^e walles may be built of sand stone and lime, and raised to a convenient height. For other matters wee referr unto you as alsoe wee doe y^e disposall of y^e Chyrurgeon, and of their chests of medicines desiring you to avoid and prevent all occasions of just complaint, either from their Chyrurgeons or their patients.

* These three extracts have been printed in *Selections from the Letters, Despatches, and other State Papers preserved in the Bombay Secretariat; Home Series*, Vol. I. Edited by G. W. Forrest, pp. 74, 78, 120.

† Their, probably miscopied; the word should be *the*.

Extract, Letter from Surat to Bombay, dated 11th Jan., 1675/76.

"The scituation of y^e place whereon to erect y^e Hospitall all wee leave totally to yo^r judgem^{ts}, to act therein as you shall thinke most convenient; and wee would have you soe neere as possible you can comply with o^r desires in y^e modell wee sent you downe; as to the length and breadth and all other dimentions; those openings out of y^e wards and Chyrurgeon's lodgings are designed for windowes and not for doores, and y^e Chyrurgery roomes must be one story high; wee shall be mindfull on all occasions to supply you with large quantities of Chynam, being sensible of your great expences thereof, and wee only want boats to carry it downe."

Extract, Letter from Bombay to Surat, dated 24th Jan., 1676/77.

"Our souldiers, thanks be to God, continue very healthfull, for whereas last yeare from October to Feb^{ry} there died above 100 men, this yeare wee have not lost 15, most of w^{ch} of imposthumation in y^e liver, much of w^{ch} benefit wee must attribute to o^r new hospitall; wee having taken y^e old Court of Judicature for y^t use, it being a thing so highly necessary, for the souldiers do not die by any such fatality concomitant to y^e clime as some vainly imagine, but by there irregularity & want of due attendance when sick. For to persons in a flux & . . . w^{ch} is y^e country diseases, strong drink and flesh is mortall, w^{ch} to make an English souldier leave of is almost as difficult as to make him divest his nature, nay though present death be laid down before him as the reward of y^e ill gratifying his palate. This is the true cause our Bombay bills of mortality have swelled so high, whereas in y^e Hospitall nothing can come in or out wth out passing y^e Doctours eyes y^t wee have great confidence this Hospitall will save yo^r Hon^{rs} some hundred pounds yearly w^{ch} y^e transport of souldiers exacts."

In 1698 John Fryer, one of the best known of the Company's early medical officers in Western India, published in London an account of his service in the East, between 1672 and 1681. He remarks (p. 67) that at Bombay there existed "neither church nor hospital, both which are mightily to be desired." On pages 149 and 150 he mentions that a hospital was in existence at Goa, which not only paid its way, but was a source of profit; rather an uncommon occurrence for a hospital.

"The Paulistines enjoy the biggest of all the Monasteries at St. Roch, in it is a Library, an Hospital, and an Apothecary's shop well furnished with Medicines, where Gasper Antonio, a Florentine, a Lay Brother of the Order, the author of the Goa Stones,* brings them in 50,000 Xerephins by that invention annually. He is an Old Man, and almost Blind, being of great Esteem for his long practice in Physick."

Fryer was Surgeon at Bombay from Dec., 1673 to Sept., 1674, and from April, 1675 to March, 1677. During the intervening

* Goa Stone, called also *Pedra de Gasper Antonio*, an artificial stone, made at Goa, in great repute during the seventeenth century for its medical virtues. The *Xeraphin* was worth nearly eightpence (*Hobson-Jobson*).

seven months he was Surgeon at Surat. From March, 1677 to Jan., 1679, he served in Persia, after which he again held the post of Surgeon at Surat for three years, till he sailed for England on 19th Jan., 1681/82.*

It is evident, from the letter of 24th Jan., 1676/77, quoted above, that the hospital at Bombay had been opened before the end of 1676, *i.e.* shortly before Fryer left that city for Persia. From his statement that there was no hospital at Bombay, we may conclude that it had not been opened during his first stay there; and probably was started not long before he left Bombay. It seems probable, therefore, that this first hospital in Bombay was opened towards the end of 1676.

Another letter from Surat to Bombay, dated 24th Jan., 1675/76, shows one way in which money was raised for the hospital. Captain Minchin and Mr. Hornigold, of Bombay, had fought a duel, for which they had been suspended, placed under arrest, and reported to Surat. The President there ordered their release, on payment of a fine of something under £4 each.

"For their better remembrance sake wee doe req^r y^t they be fined 50 Xeraphins a peece towards y^e building y^e new Hospitall w^{ch} wee require you to see performed."

During the siege of Bombay by the Siddhi, in 1689-90, a hospital ship was in use. An entry, dated 15th March, 1688/89, in the *Bombay Diaries*, Vol. III, 1684-90, states—

"Dr. Michill came ashore from hospital ship with list of killed and wounded."

The use of hospital ships for the reception and treatment of the wounded in war is usually considered an important advance in the military medicine of our own time. But "there is nothing new under the sun."

A quarter of a century later, another modern development, female nursing in hospitals, seems to have been anticipated in Bombay. A Mrs. Pack had been sent out from England as matron for the Bombay hospital, and had married soon after her arrival. She does not seem to have vacated her post on marriage. Her husband, Nicholas Hatch, was the Company's Master Carpenter.

* See Chap. VI, *Early History, Surat, Persia, Bombay, and the West*, Vol. I, pp. 66, 67.

"Cons., 20th Feb., 1715-16. M^{rs} Pack, who was sent out from England on the Queen as Matron of the Hospital, and who has lately married M^r Hatch, allowed a salary of £30 *per annum*, and to have convenient rooms near the hospital."

A new hospital building was erected in 1733 near the Marine Yard, about the site of the modern Great Western Hotel.

In 1736 and 1737 considerable friction took place between the two Bombay Surgeons, John Neilson and Henry Compton, who made charges and countercharges against each other. Compton was exonerated, but resigned on account of ill health, and went home on 7th Oct., 1737.* One outcome of these disputes was the appointment, in Cons. of 3rd Sept., 1737, of a standing Committee, consisting of the Marine and Land Paymasters and the Captain Commandant, to inspect the hospital monthly, and report on it to the Council.

The Cons. of 30th June, 1738, contain a report by this Committee, and regulations for the hospital; also the existing staff, and a proposed re-arrangement thereof.† Patients admitted, it is directed, are to be divided between the two Surgeons, those admitted one week going to the first Surgeon, those of the next week to the second Surgeon. The pay of Hospital Assistants was fixed at six rupees, of outdoor Assistants at eight rupees per month.

Another report by the Standing Committee is contained in the Cons. of 14th March, 1745/46, also new regulations for the hospital, the chief of which are, that the Surgeons shall visit the hospital twice daily, at eight a.m. and four p.m.; that patients are to be divided equally between Mr. Neilson and Mr. Matthison, that each shall keep charge of his own cases throughout, and that they shall consult each other in serious cases.

The same Cons. of 14th March, contain the first mention of a Lunatic Asylum, ordering a place, near the back of the hospital, to be fitted up for lunatics, at a cost of Rs.125.

Grose's *Voyage to the East Indies* contains a plan of Bombay, in which the hospital and doctor's house, No. 7 on the plan, are shown as a large building near the shore, on the west of the harbour. Grose went to India as a covenanted writer in 1750, and describes Bombay in that and the following years.

* For Neilson and Compton, see Chap. X, *The First Half of the Eighteenth Century*, Vol. I, p. 131.

† This table is given in Chap. XXVII, *The Uncovenanted and Subordinate Medical Services*, Vol. II, p. 102.

The *Cons.* of 15th Oct., 1755 contain a report by the Hospital Committee, on which orders were passed that "a room for chirurgical operations" should be built.

The *Cons.* of 25th Aug., 1762, record another quarrel between the two Bombay Surgeons of that date, Richard Percival and James Wensley, as to their respective duties, Percival asserting that, as Senior Surgeon, Wensley was under his orders, while the latter claimed to be on a footing of equality. A Committee was appointed to inquire into the dispute, their report is entered and approved in the *Cons.* of 7th Sept. They supported Wensley's claim, that the two Surgeons were on an equal footing; and directed that they should receive patients for treatment on alternate weeks, a repetition of the orders of 1738. New hospital regulations were drawn up, and are given at length in the *Cons.* of 14th Sept. They contain nothing of importance.

A Bombay letter of 4th Feb., 1771 reports in para. 37 that another set of new regulations for the hospital has been drawn up, and in para. 38 that the erection of a "Chimical Elaboratory" has been ordered.

The *Cons.* of 24th Dec., 1773, give the following subordinate staff, as serving in the hospital under the Surgeons: Messrs. March, Crozier, Fleeming, and King, each Rs.76 per month; Mr. Diderot, Rs.40; Messrs. Jenkins, Matthews, and Cabral, each Rs.30.*

On these officers the Hospital Committee report as follows:—

"From the representation of the Surgeons we find that Messrs. King, Jenkins, and Diderot, are of very little use to the hospital as they cannot be relied upon either for compounding or dispensing of medicines. Consequently they are an incumbrance upon the hospital, and incur unnecessary expense."

The Board's order upon this report was—

"It is ordered, as two of the Assistant Surgeons, mentioned in the report to be an incumbrance only, came from Madras, that they return thither by the first opportunity, and that they be discharged from the service."

Of the eight officers above-named, the only one whose name is given in Dodwell and Miles' *East India Medical List* is Francis Crozier, who entered the Bombay Service as Assistant Surgeon in

* This order is quoted in the *Bombay Gazetteer*, Vol. XCVI, Part III, p. 561, where the sixth name is given as *Tomkins*. In the copies of the *Cons.* preserved in MS. in the India Office Records, it is undoubtedly *Jenkins*.

Aug., 1773, became Head Surgeon on 10th Feb., 1784, and Member of the Medical Board on 15th Sept., 1789, only sixteen years after his first appointment, an instance of very rapid promotion. He died on board the *Woodford* on his way home on 23rd July, 1800. The names of five of the others appear in the *Service Army Lists, Medical, Bombay*, three large MS. volumes in the Military Record Department of the India Office. Two, Jenkins and King, have an identical note to their names, "Came from Madras, reported to be of very little use to the hospital, ordered to return to Madras"; evidently a summary of the order above. Diderot's name is entered in these lists as Didezat, in the MS. *Cons.* the name might be read either way. He also is entered as "Discharged the service being of very little use to the hospital, 24th December 1773." William March was appointed on 1st Jan., 1766, and went home sick in Oct., 1778. William Fleming was appointed on 1st Feb., 1773; his further career is not recorded. The names of Cabral and Matthews do not appear at all, probably they were Sub-Assistant Surgeons. The names of Jenkins and King are not entered in the *Service Army Lists, Medical, Madras*. King, as related in Chap. XXXII, *War Services*, (Vol. II, p. 191), was afterwards one of the English officers taken prisoner in the second Maisur war.

In 1769 an old hospital, formerly used as a hospital for men of the Royal Navy, was rebuilt, on Old Woman's Island. A Bombay General Letter, dated 21st Feb., 1769, reports, in para. 19, (*Abstracts, Letters from Bombay*, Vol. III, 1767 to 1783).

"Present Hospital too small, have appropriated one on Old Woman's Island used for the King's Service last war, and on 11th February, 1768, we determined to fit it up in a commodious manner, but other buildings then carrying on prevented our finishing it then, therefore on 7th instant determined to complet it agreeable to an Estimate delivered in amounting to Rs.9234."

The Bombay *Cons.* of 28th Feb., 1769 order estimates for building a shed to be used as a hospital for sepoys. This hospital had only a short life, of some fifteen years. A General Letter from Bombay, dated 31st Dec., 1783, states in paras. 25 and 26, (*Abstracts, Letters from Bombay*, Vol. IV, 1782 to 1789)—

"The principal Surgeons of the Hospital having complained of an infringement of their Contract by the select Committee having abolished the Sepoy Hospitals, we issued orders countermanding that abolition, agreeably to the Surgeons' Request."

The sepoy hospital was, however, abolished by a G. O. of 1784. A Bombay General Letter of 5th Jan., 1785 reports in paras. 27 to 30, (*Abstracts, Letters from Bombay*, Vol. IV, 1782 to 1789).

"The Sepoy Hospital in its late form abolished, and the President's Plan for establishing Battalion Hospitals adopted. The future mode of conducting the European Hospital will soon be considered."

The *Cons.* of 26th Sept., 1781, mention that the plans of the new hospital, prepared by the Principal Engineer, are to cost Rs.5,15,025; and that the scheme must be postponed as too expensive. This estimate amounts to more than double the cost of the Calcutta Medical College Hospital, in the middle of the nineteenth century; and is nearly as high as that of the present St. George's Hospital, towards the end of that century.*

Forbes, in *Oriental Memoirs*, Vol. I, p. 152, states that when he left Bombay, in 1784, there then existed three large hospitals; one within the gates for Europeans, another on the Esplanade for sepoys, and a third for convalescents on the adjacent island, (Old Woman's Island). The first of these three was the General Hospital of the day, the second and third were the two opened in 1769.

A letter from the Bombay Medical Board to the Council, dated 24th Aug., 1787,† complains that only two Surgeons are allowed, to attend the sick of these three hospitals, which are all at some distance from each other, and two of them outside the gates; that two men cannot cope with the work, in addition to all their other duties; and that hitherto four have been allowed. They further state that the number of sick in the garrison much exceeds that at Fort St. George, and is almost, if not quite, equal to that at Calcutta; and that on the morning of the day they write there were 325 in-patients, of whom 221 were Europeans, in the three hospitals.

A Bombay Military Letter of 25th March, 1801, reports in para. 60 that the hospital within the Fort has been completed.

* The reason why this estimate was so high, was that the Bombay Council, in the *Cons.* of 20th June, 1781, had required that the proposed new hospital should be bomb-proof, in case of a siege. In the *Cons.* of 29th Oct., 1781, the Surgeons approved of the plans, but objected to the proposed site, as too confined and too near the native town, and suggested that the requirement that the hospital should be bomb-proof might be dropped.

† This letter is given at full length in Chap. XXIII, *Administration; the Medical Boards.*

In 1824 new buildings were erected for the hospital, in Hornby Road. It took in the sick both of the garrison and of the civil population. In 1861, the institution was moved to temporary quarters in the grounds of the Artillery barracks in Fort George, and in 1876 to a building called the Officers' Quarters. The foundation stone of the present St. George's Hospital was laid on 22nd Feb., 1889, on the site of old Fort George, and the buildings were completed in 1892, at an estimated cost of Rs.5,69,667, an estimate little higher than that of 1781.

Some sort of a native hospital was in use in 1809, and treated about twenty patients daily. It was supported by Government. The Bombay native dispensary was opened in 1834, and the Girgaum dispensary in 1846. During the last half-century a number of large hospitals have been constructed and opened in Bombay, which owe their existence in great part to the charitable liberality of the wealthy inhabitants. It is impossible to avoid being struck by the great contrast which Bombay presents, in this respect, to the other Presidency towns. The chief hospitals in Bombay, besides St. George's Hospital, are—

The Jamsetji Jijibhai Hospital, in Parel Road, Byculla, was founded in 1843, the foundation stone being laid by Sir James Burnes, K.H., then Secretary of the Medical Board, on 3rd Jan., 1843. The building was erected at the joint expense of Sir Jamsetji Jijibhai and of the East India Company. It was formally opened, as a hospital for natives, in May, 1845. It contained an eye dispensary and obstetric wards. The former was subsequently transferred to the Sir Cowasji Jehangir Ophthalmic Hospital, opened on 21st July, 1866. The latter have since been replaced by the Bai Matlibai and Petit Obstetric Hospitals.

The Gokuldas Tejpal Hospital for natives was begun in May, 1870, and completed on 8th April, 1874, at a cost of three and three-quarter *lakhs*, of which Gokuldas Tejpal gave one and a half *lakhs*.

The Pestanji Hormusji Cama Hospital, for women and children, on the Esplanade, was founded on 23rd Nov., 1883, and opened in Aug., 1886, at a cost of Rs.1,71,722. It is worked by a female staff, the first head of which was Dr. Edith Pechey. The Bomanji Edalji Allbless Obstetric Hospital, in the same compound, and worked by the same staff, was opened in 1890, the trustees of the late B. E. Allbless contributing Rs.66,000.

The Bai Matlibai Wadia Obstetric Hospital was founded on 9th March, 1889, Bai Matlibai giving one and a half lakhs for construction, as well as the valuable site near the J.J. Hospital. The Sir Dinshaw Manekji Petit Hospital for women and children was founded in Jan., 1890, and cost Rs.1,19,351. Both were opened in March, 1892, and replaced the female wards of the J.J. Hospital.

A Bombay G. O. of 18th March, 1823, sanctioned the establishment of an ophthalmic institution in the city, and appointed Assistant Surgeon Richmond, of H.M.'s 4thth Dragoons, as Superintendent. This institution was absorbed into the J.J. Hospital in 1845.

The first mention of a Lunatic Asylum in Bombay is that in the extract given above, from the *Cons.* of 14th March 1745/46. The Asylum at Colaba was established sixty years later, in 1826.

The Allbless Leper Home on Trombay island was founded on 25th March, 1890; the Leper Hospital at Parel was completed in June, 1891.

A General Letter from Bombay, dated 22nd Jan., 1730/31,* mentions in para. 83 that Mr. Orme's house at Anjengo had been bought as a hospital for five thousand *fanams*, about four hundred rupees. Alexander Orme's career is related in Chap. X, *The First Half of the Eighteenth Century* (Vol. I, p. 142).

The Dutch founded a lazaretto, or leper hospital, in 1728, at Cochin, on the Malabar coast. In 1789 a small-pox hospital was sanctioned and established at Tellicherry, probably the first special hospital for infectious diseases in India.† Anjengo is in the state of Travancore, Tellicherry in what is now the Malabar district. Both were officered from and subordinate to Bombay, but conducted most of their correspondence through Madras.

II.—Madras.‡

The first hospital at Madras was opened in 1664, as reported in a letter dated 10th Nov., 1664, from William Gyfford and Jeremy

* *Abstracts, Letters from Bombay*, Vol. 1A, 1723-33, p. 352.

† *M.P.L.*, No. 397 of 7th Feb., 1789; *Tellicherry Cons.*; Vol. XXXIX, pp. 74, 75.

‡ Most of the history of the early hospitals in Madras, up to the end of the eighteenth century, is taken from Love's *Vestiges of Old Madras*, as well as from the original records; that of the next three-quarters of a century from Keess' *History of the Madras Medical College and General Hospital*. Many notes on Madras medical institutions have also been supplied by Captain C. A. F. Hingston, I.M.S.

HOSPITALS IN INDIA

Sanbrooke, at Fort St. George, to the Agent, Sir Edward Winter, then on tour at Masulipatam, (*Factory Records, Fort St. George*, Vol. XV). This letter is also given in Love's *Vestiges of Old Madras*, Vol. I, p. 216.

"The Souldiers in y^e Fort since your worp^s absence hath been something strictly held to y^t duty, and according to your Order they had noe free guard, so y^t the fresh Souldiers which come forth y^s yeere takeing up their habitations in y^e bleake winde in y^e hall fell sick in y^t fower of y^m are dead, about ten remaine At y^s time very sick and complaine (and it seemes not without Reason) that y^t wages are not sufficient to supply them with w^t necessary now in y^e time of their sicknesse soe Rather y^m to see English Men dropp away like dogges in y^t Manner for want of Christian Charity towards y^m wee have thought it very convenient y^t they might have an house on purpose for y^m and people appointed to looke after y^m and to see y^t nothing comes in to them neither of meate nor drinck but w^t y^e Doctor alloweth, and have for y^t purpose Rented M^r Cogan's house at 2 pagodas p. Moneth w^{ch} wee hope you will so well approve of as to continue it for y^e future, and in regard wee esteeme o^r selves to bee in a very quiett condition not fearing any Disturbances wee thought good as formerly to appoint y^m a free guard againe for y^t encouragement, for it seemes they were much Disheartened and have long prayed for your Worp^s coming."

"Free guard" means period off duty.

This first hospital was charged in 1679, when it was under the charge of Bezahiel Sherman.

The second hospital at Madras was built, between 1679 and 1688, by public subscription, at a cost of 838 pagodas, nearly Rs. 3000. It was a large two-storey building, the property of the Church and Vestry. It stood in the Fort, near the Church, and adjoined the Company's sorting godown, a situation which was found inconvenient, in various ways. In 1688, during the Governorship of Elihu Yale, the Madras Council determined to acquire this hospital building, paying its full value to the vestry, and directed that a new hospital should be built near the river.

The third hospital seems to have been erected soon after the Company acquired the second, perhaps before that building was actually vacated. It was erected during Yale's term of office, so must have been completed by 1692; and probably was in use by 1690. It stood in James' Street, in the Fort, near the north end of the barracks, and, like the barracks, was a handsome building, in the Tuscan style. Its cost was about 2500 pagodas. *Cons.* of 2nd Aug., 1688, (*Factory Records, Fort St. George*, Vol. V, 1687-88), contain a list of the annual quitrents of all houses in Madras. In

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this list appears the new hospital in James' Street, with a quitrent of three-quarters of a pagoda *per annum*.

Yale's name is well known at the present day as that of one of the two chief Universities in the United States. Elihu Yale was born at Boston, Massachusetts, on 5th April, 1648, the son of an Englishman, David Yale, who had emigrated to the New England colonies, settled at Newhaven, Connecticut, and afterwards removed to Boston. In 1652 David Yale returned to England with his family. Elihu was appointed a Writer on 24th Oct., 1671, and landed at Madras on 23rd June, 1672. In Feb., 1683, he became third in Council there, in July, 1684 second, and in July, 1687, he succeeded William Gyfford as Chief. In 1692 he was superseded by Nathaniel Higginson, whose name appears among the signatures on the survey of the hospital. Yale remained in Madras as a free inhabitant for nearly seven years more, and sailed for England on the *Martha* on 22nd Feb., 1698/99. After his return home he became a Director of the Company. He died in London on 8th July, 1721. In 1718 he gave a large donation to the school at Newhaven, which in 1745 developed into a University, named Yale, after its early benefactor.

The *Fort St. George Cons.* of 1688 contain the following papers on the acquisition of the hospital, (*Factory Records, Fort St. George, Vol. V, 1687-88*):—

"*Cons., 22nd March, 1687/88.* The withdrawing severall of our Factorys having brought Many of the R^t Hon^{ble} Comp^{as} Servants hither, for whom having no accommodation, in the Fort, they are necessitated to lodge att publique houses, which has been the occasion of their too great expence, and disorder, and cannot well bee prevented, without some suitable Lodging bee built or hired for them, And there being a very comodious house, built by the contribution of the Town Inhabitants for an Hospitall, to entertain Sick Souldiers and Seamen, which lying so near the R^t Hon^{ble} Comp^{as} Sorting Godown, & the Church, and in the middle of the City, that 'tis very offensive, & inconveniently Scituated for that use, & its Tarrass joyning to the Godown, & the great concourse of company that frequent the Hospitall, renders the R^t Hon^{ble} Comp^{as} goods in danger of being stolen, which sometimes must unavoidably lye open in the Godown yard, & the goods often lost thence, has been suspected to go that way, which cannot bee better prevented for the future, but by adding the Hospitall to the Godown, which the many lower Rooms therein, will be of great conveniency and service for China, and other sorts of fine goods, and the upper Rooms for Lodging Chambers for Factors and Writers, upon which consideration, and of its being so many severall ways convenient & safe for the R^t Hon^{ble} Comp^{as} service, 'tis agreed & order'd that itt bee bought of the Parish, for their accompt & that a new Hospitall bee built with the

mony, att a more convenient place, near the River Side. And M^r Higginson, M^r Fraser, Cap^t Bett and the Church Wardens, do make a due Survey and vallue of the said Hospitall building, and that itt bee paid for accordingly, and that the Church Wardens, &c^a do begin with ail expedition the new Hospitall by the River."

"*Cons., 13th April, 1688.* Wee the Subscribers being appointed by order of the President & Councill, and of a Vestry of the Parish, to Surveigh and vallue the Hospitall, do make our report as follows, viz^t. That the Hospitall is very well and strong built, & requires little repair. And in consideration of the great dearness of all materials for building, more then att the time, of building the Hospitall, (which is like to continue) wee are of opinion, that the Hospitall may bee now worth as much as the prime cost, which by the Church Books, wee find to amount to Eight hundred Thirtyeight Pag^s Twenty seven Fanams. (Signed) Nath. Higginson, William Fraser, Richard Elliott, Henry Mose, James Bett, Charles Metcalfe, Peter Large."

"*Cons., 19th April, 1688.* Whereas the Parishoners of St. Mary Fort St. George in Vestry assembled, did unanimously agree to & with the Hon^{ble} Elihu Yale President & Governour of said Fort &c^a Councill for the selling the old Hospitall, to the R^t Hon^{ble} East India Comp^a Now know yee that wee the Minister & Church Wardens of the Parish aforesaid, for the time being to & with the consent of the said Parishoners, have bargained & sold unto the said Hon^{ble} President &c^a Councill for the use and behoof aforesaid, all & every part of the said Hospitall, (the utensills thereunto belonging excepted) with the Yard, & all the outhouses & conveniencies thereunto belonging for & in consideration of the summe of Eight hundred Thirty Eight Pag^s Twenty seven fan^s which mony wee confess by these Presents to have rec^d Witness our hands this 19th day of April, 1688. Richard Elliott, Henry Mose, Charles Metcalf."

The *Cons.* of 13th Jan., 1697/98 contain a complaint of the increasing expense of the hospital.

"The Charges of the Hospitall running very high, D^r Bulkley is desired to consider thereof and make a Report that they may be regulated particularly in Dietting sick Souldiers for each of whome 3 fan^s a day is allowed besides w^{ch} the Steward's acco^t amounts monthly from tenn to eighteen pag^s."

After Dr. Browne's dismissal, Dr. Bulkley submitted the following proposals for reform in hospital administration, embodied in the *Cons.* of 4th April, 1698, and quoted in Love's *Vestiges of Old Madras*, Vol. I, p. 565.

"To the Hon^{ble} Nathaniel Higginson, Lieutenant Generall, and Worshipfull Councill, By whom it is ordered that a remonstrance be given of what is needfull and convenient for the well carrying on the businesse relateing to the Cure of the Sicke and Lame belonging to this Garrison.

"Pursuant thereunto, I humbly propose that the Surgeon of the said Garrison be allowed (at least) one mate and one assistant, with a Dub[ash],

Conicoply, and 4 Coolies. Also a yearly supply of Europe Medicines to the amount of fifty Pounds, with allowance of as much for Drugs and medicines procurable in these parts; with Stillatories, Mortars, &c. Vessels and Utensils necessary for the preparation of Medicines. And because good and proper Diett is likewise necessary, there ought to be a Steward and Servants belonging to the Hospitall for provideing and taking care of the Same; with Cottis, Bedding and Apparel, &c. And as to the charge of Diett for the Sick, Sicke and Lame, I thinke it might be supplied at the rate of four pence per day for each person.—Edward Buckley.

"P.S. I hope it will not seem amiss or unreasonable that I also propose a convenient Dwelling House for the Surgeon of this Garrison (as customary in other places) or allowance for the same.—E.B."

Towards the end of the year, the Madras Council took over the charge of maintenance of the hospital from the Church and vestry.

"Cons., Thursday, 8th Dec., 1698. Ordered that an account in writing be demanded of Elihu Yale Esq^r (formerly Presid^t of this place) of the building of y^e new Hospitall, and that M^r Fraser goe to him for the same.

"Upon consideration of the Petition deliver'd in by the Ministers, Churchwardens, &c^a in Consultation the first Instant * representing to this board, the great Charge they are at in maintaining the Hospitall w^{ch} is wholly appropriated to the use of y^e Souldiers &c^a in the Company's service.

"Resolved for the future that they are discharged from contributeing thereto and only to pay the Charge of such sick persons as they shall send thither, and that henceforward the Chirurgéon or Steward of the Hospitall render a monthly acco^t to y^e Paymaster of the Charge of said Hospitall.

"Resolved that that part of the petition in which they desire some consideration for the building the Hospitall, which cost them Eight Hundred Pagodas, be referred to the R^d Hon^{ble} Company."

"Letter from Court, 21st Nov., 1699. We are willing, for the reasons given, to excuse the Church Stock from paying fifty pagodas per annum, formerly allowed towards the charges of the Hospitall, and to bear all the charges thereof ourselves; but to reimburse the first cost of the Building in part or in whole, We can't find reasons cogent enough to perswade us thereunto. We are well informed there were publick Contributions, and freewill Offerings given by our Commanders, &c, for its first erection; and its, we think, sufficient that we now bear the whole burden of its repairs, salaries of Chirurgéon, &c; and that the doors are open for all truly necessitous Patients, whether belonging to the Garrison or Town."

Captain Alexander Hamilton, in his *New Account of the East Indies*, published in 1727, mentions that, at the time of his visit

* The receipt of this petition is mentioned in the Cons. of 1st Dec., but it is not given at length.

† *Public Despatches from England*, 21st Nov., 1699, quoted in Love's *Vestiges of Old Madras*, Vol. I, p. 563. The extracts from Cons. of 22nd March, 1687/88, and 8th Dec., 1693, are also given there, on pp. 561, 562.

to Madras, about 1708, there was "a very good hospital in the town."

The Madras Cons. of 25th Feb., 1711/12 mention a subscription submitted to the Council to build a new hospital for the English inhabitants of Madras. The Company contributed fifteen hundred pagodas, or about five thousand rupees. Those of 15th March of the same year contain an application from the Council of Fort St. David, to be allowed to build a hospital there. Madras Cons. of 22nd Jan., 1714/15 note that Elisha Ellill, gunner at Fort St. David, had been appointed youngest in Council at Fort York, in Sumatra; and that his house at Fort St. David had been bought for a hospital for four hundred pagodas, which was very cheap.* In 1728 this hospital at Fort St. David was reported to be ruinous by the Surgeon,† and two months later orders for rebuilding it were passed. In 1747 is noted the hiring of a house at Kadalur to accommodate the sick of the garrison.‡ Ten years earlier, in 1737, the Court had ordered the construction of a new hospital, which seems to infer the existence of an older one, at Fort Marlborough, the Company's headquarters in Sumatra, then a settlement subordinate to Madras.§

In 1726 the Madras Government complained that the hospital there was too expensive, and Mr. James Macrae, the President and Governor, drew up the following regulations for its management:—||

"Cons., Saturday, 17th Sept., 1726. The President represents to the Board that, upon reading the particulars of the article of Hospital charges, he apprehends there are several of them too large, and others unnecessary, and ought to be reduced and discontinued; which being taken into consideration, and the several particulars again read and enquired into, it was represented that the Surgeon, who has the immediate direction of the Hospital, always insists that the present charge is necessary for entertaining and recovering the sick, and that no reduction can be made of it.

"Ordered, that whereas it has been for some time the custom for one of the Surgeons to have the immediate care of the Hospital solely, they do in

* Ellill died at Bencoolen in 1719, or was killed in the capture of the place.

† *M.P.L.*, No. 869 of 20th April, 1728; *Fort St. David Cons.*, Vol. V, pp. 18-23.

‡ *M.P.L.*, No. 1279 of 2nd Sept., 1747; *Fort St. David Cons.*, Vol. XV, pp. 259-261. Kadalur was the civil city attached to Fort St. David, as Madras to Fort St. George, Calcutta to Fort William, and Bencoolen to Fort York, and afterwards to Fort Marlborough.

§ *M.P.L.*, No. 881 of 14th Oct. 1737; *Pub. Desp. from Court*, Vol. XLII, pp. 37-50.

|| *Pub. Cons.*, 17th Sept., 1726; quoted by Talboys Wheeler, *Madras in the Olden Time*, Vol. II, p. 414.

future act each six months by turns ; that by their acting thus interchangeably, we may make the experiment whether the one cannot reduce the charge of the hospital lower than the other, which it is believed out of emulation to recommend themselves, they may do."

Andrew Pichier and Matthew Lindsay were the two Surgeons at Madras in 1726, with Andrew Munro as Mate. For these officers see Chap. X, *The First Half of the Eighteenth Century*.

In 1741 an order was passed—*

"The Captain of the Guards to visit the hospital once in twenty four hours, during the time of being on Guard, and upon the decease of any of the Military, to acquaint the Governor therewith."

In 1742 orders were passed that the Surgeons should submit to the Court returns relating to deaths, medicines, etc.†

War against France was declared on 21st March, 1743/44, and in the Cons. of 18th Jan., 1744/45 it was decided to open a special hospital for the Royal Navy at Madras.‡

"Cons., 18th Jan., 1744/45. It being also considered that it will be much more convenient to have some place ready for the reception of the sick men that may come ashore from His Majesty's ships, than to mix them with those of the garrison ; besides that the accommodations of an hospital are too confined even for our own people ; it is agreed and ordered that the Paymaster, accompanied by the Surgeons, do survey the granary on the island, and report to the Board whether it may not be made to serve that purpose. . . Ordered also that the Paymaster get provided a quantity of hospital clothing, with cots, and other things necessary for the sick men."

"Cons., 4th Feb., 1744/45. The Paymaster acquaints the Board that, pursuant to order of last Consultation, he has been with the Surgeons to survey the granary on the island, which they find may be made fit for the reception of the men-of-war's sick people, by opening a few windows for the benefit of air, and some other small alteration, which he computes will not cost above 200 pagodas. Ordered that he set about them forthwith."

This Naval Hospital, established at Madras in 1745, seems to have been used as such up to 1790. In 1784 the Madras Government ordered the erection of a new naval hospital, and a site was chosen, but no further steps were taken for twenty-four years. In 1790 the sailors were transferred to the garrison hospital, which continued to receive the sick from the fleet for eighteen years.

* Wheeler, *Madras in the Olden Time*, Vol. III, p. 249.

† M.P.L., No. 1850 of 26th July, 1742 ; *Letters from Fort St. George* Vol. XXV, pp. 75, 76. The order is given in a letter to Fort St. David.

‡ Wheeler, *Madras in the Olden Time*, Vol. III, pp. 355, 356.

In 1808 a new naval hospital was built, on the site chosen in 1784, and this hospital was used up to 1831, when the buildings were turned into a gun-carriage factory, and the sick from the fleet, who were now too few in number to require a separate hospital, were finally transferred to the military hospital.*

Madras surrendered to the French, under de la Bourdonnais, on 10th Sept., 1746. Peace between England and France was made by the treaty of Aix la Chapelle on 7th Oct., 1748, and the city was restored to the English on 21st Aug., 1749. The hospital appears to have been much overcrowded after the rendition, and on 2nd July, 1750, Surgeon Andrew Munro complained of the want of accommodation in it. In 1752 the hospital was converted into a barrack, and twelve houses were converted into a hospital. A list of the houses then taken up is given by Keess, p. 116.†

The three following extracts refer to these changes—

"Cons., 29th June, 1752. As it is become necessary, by the encrease of our Military, to provide Barracks for their reception ; and the Hospital being, by its Situation fronting the Parade, the only proper Place for that Purpose, which at the same time renders it very improper for its former use, Agreed that, for the present, it be converted into Barracks, and that the several houses approved of by the Major and Surgeons (a List whereof is now delivered in, read, and entered hereafter) be fitted up for an Hospital."

The Surgeons of Madras at the above date were Andrew Munro and Robert Turing. The transfer was completed by May, 1753.

"Cons., 14th May, 1753. The houses hir'd in the Pettah and intended for an Hospital being now refitted, Order'd that they be appropriated for that use, and the present Hospital on the Parade converted into Barracks ; and that proper necessarys, such as Cotts, Matts, &c., be provided for the Recruits expected shortly to arrive."

Cons., 25th Nov., 1754. "Messrs. Robert Orme and Alexander Wynch report that they had visited the Hospital, and found that, by the defects of the Buildings, the Sick are greatly exposed, and had suffered much from the late Inclemency of the Weather. That they complained of Cold, which can only be prevented by adding to the present Allowance of Bedding . . . That the Steward complain'd he could not restrain the Sick from taking their Victuals out of the Kitchen without waiting till it was regularly delivered to them. That the necessary directions had been given to remove all these Inconveniencies except the want of Bedding and the defects of the Buildings, to which they are of opinion some advantageous Additions may be made at a moderate Expence."

* Keess, *History of Madras Medical College and General Hospital*, pp. 115-123.

† The three following extracts, as well as the other information on the subject, are taken from Love's *Vestiges of Old Madras*, Vol. II, pp. 455, 456.

Colonel Love (Vol. II, p. 455), writes about the hospital—

"A medallion on the wall of the present General Hospital, facing the road, bears the inscription, 'Hospital founded 1753.' The legend is misleading. It cannot apply to the Madras Hospital irrespective of situation, because the institution in the Fort was established nearly a century earlier. Nor can it serve for the present building or site, because the hospital of 1753 had its position on what is now the north-west Esplanade. Another structure, nearer the present site, was in use in 1758, but after the siege the institution was transferred to Muthialpetta, where it remained for several years."

The Court of Directors, in Jan., 1752, sent out the following instructions regarding the treatment of the sick in hospital * :—

"56. Complaints having been made to us that the Surgeons of our Hospital do not give due attendance on our sick and wounded Military, and that it is the custom for the Surgeons to take their pay during the time they are in the hospital.

"57. We direct that for the future the Surgeons give a due and regular attendance on the sick in the hospital, and not take the management thereof monthly as has been the practice.

"58. That nothing be stopt from the sick or wounded Military in the hospitals, but the charge for their provisions, that is to say, so much only as they usually give for their diet when in health.

"59. We also direct that one of the Council, by turns, do visit the hospital at least once in a week or oftener if you shall think it necessary, and report to the Board whether the Surgeons are regular in their attendance and give all the relief in their power to the sick; that they are kept clean and have the proper provisions.

"60. That the Major do also inspect the hospital in like manner, and make his report to the Governour, and that you annually send us an account of the Military who have been sent into the hospital, inserting the disorder of each man, when he was received, and when discharged.

"61. And we further direct that in case our Surgeons are remiss in their duty, or unequal to their employment, you are, without regard, to dismiss such person our service."

Munro died on 26th Oct., 1757, and was succeeded by James Wilson. In Dec., 1757, the Surgeons, Turing and Wilson, asked for the enlargement of the hospital. Their demand for "salivating rooms" is of interest.

"Cons., 20th Dec., 1757. In the first place, we are humbly of opinion that the Hospital should be made capable of Lodging two hundred or Two hundred and fifty Men; and that there should be Salivating Rooms fitted up for Thirty at least, not more than five or Ten in a Room. Likewise that a Place be fitted up for the reception of two or three hundred Seamen against the Arrival of the Fleet.

* M.P.L., No. 2195 of 8th Jan., 1752; *Pub. Desp. from Court*, Vol. LV, pp. 58-71. The regulations are given in Wilson's *History of the Madras Army*, Vol. I, p. 67.

"Secondly, that the Floors of the several Wards should be raised a Foot at least above the Level of the Court Yard. . . .

"Fourthly, that there be a room fitted up for Operations, with Tables and Chairs for that purpose, and a Chest to keep Instruments and Bandages in ready prepared.

"Fifthly, that there be a room fitted up for a Stop, with Shelves and a Shopboard.—Robert Turing. . James Wilson."

In 1757, Captain Brohier, the senior Engineer at Madras, wrote to Government advocating the demolition of the hospital.*

"Cons., 14th May, 1757. All the Buildings which compose the present Hospitals being on high Ground, and their Situation of great [dis]advantage to the Fortifications of the Place by overlooking them, and that Batteries Erected on that Spot by an Enemy would Enfilade the greatest part of Our North front, and greatly perplex the Beseiged; This being the Case, it is Absolutely necessary those Houses should come down immediately, the best Bricks of which may serve to Line Our Earthen Works, and the Rubbish and Ground on which they stand to fill the River, and finish the Glacis to the Westward. J. Brohier."

The hospital and surrounding buildings were pulled down during 1757, and the former transferred to some houses lying further south-west, near the site of the present General Hospital.

The Cons. of 30th May, 1758, note that the house of Coja Shaumir, and that adjoining it, in Charles' Street, next to the Admiralty house, had been purchased for 2600 pagodas, to be used as a dispensary, for keeping and dispensing medicines. In the Cons. of 8th Nov., 1758, the Surgeons were directed to put forward, in writing, a plan for the better regulation of the hospital. The regulations submitted by the Surgeons are contained in the Cons. of 28th Nov., 1758. They are long, filling eight folio pages. Paras. 18, 19, and 45 suggest—

18. That one of the Principal Surgeons attend hospital every morning to examine and treat the sick, and perform or see performed all capital operations.

19. That the Asst. Surgeons attend every morning, with the Surgeons, to dress wounds, &c., and that each Asst. Surgeon attend, and dress throughout the case, whichever patients he attends first.

45. That one of the Surgeons be appointed Storekeeper and Surgeon General.

In the Cons. of 1st Dec., 1758, the regulations proposed by the Surgeons were approved as a whole, with a few exceptions. In para. 45 one of the Surgeons is appointed Storekeeper General.

* Love, *Vestiges of Old Madras*, Vol. II, p. 523.

Madras was besieged by the French from 12th Sept., 1758, to 17 Feb., 1759, when the siege was raised, on the arrival of an English fleet, under Captain Kempenfelt, who was afterwards lost in the *Royal George*, at Spithead. During this siege, the hospital was necessarily transferred into the Fort. In February, 1759, it was moved to the site, in Armenian Street, occupied by the Capuchin and Armenian churches, and there remained for some thirteen years. This site was found unhealthy.*

"Cons., 28th Dec., 1762. The temporary Hospitals which have for some time past been used for the Reception of the Sick and Wounded have not only occasioned a constant Annual expence, but have been far from healthfull. The Board therefore think a Proper building ought as soon as possible to be erected, and accordingly order the Engineer to consult the Surgeons and lay before them with all convenient Expedition a Plan proper for receiving and accommodating 500 Men and thirty Officers."

The Cons. of 16th April, 1760, direct that one general hospital is to be kept up at Madras, and that the sick from Wandiwash, Chingleput, and Arcot, are to be sent down to Madras.

The hospital, however, remained in the churches for some thirteen years. In the Cons. of 23rd Feb., 1767, the Chief Engineer, Colonel Call, and the Surgeons, Briggs and Pasley, were directed to select a site for a new hospital. Call, shortly before he left India in 1770, made the following report to Government:—

"After surveying every Spot within the Walls or near the Town, I am still of opinion none is so proper for an Hospital as that where the Company's Garden house formerly stood, now called Hoghill; and according to the Dimensions of the Ground there, I leave with the Engineer a Plan calculated indeed with good Conveniences and Accommodations for 600 Men and about 20 officers, the whole to be terraced and built in Chunam. It is true the Plan is expensive and large, but as one third or half of it may be built at once, to be augmented afterwards, I thought it best to project it as large as the Ground would permit."

The Cons. of 20th Dec., 1770, contain a letter from Surgeons Briggs and Pasley to the Council, urging the necessity for building the new hospital without further delay. This letter, as well as Call's report, are given at length in Love's *Vestiges of Old Madras*, (Vol. III, pp. 34, 35). Colonel Patrick Ross, who had lately arrived from England as Chief Engineer, was ordered to prepare a plan and estimate. In Cons. of 5th April, 1771,

* Love, *Vestiges of Old Madras*, Vol. II, p. 576.

he proposed to erect a double block of buildings, to cost, with out-offices, Pagodas 46,500. The Surgeons, Pasley and Scott, represented the necessity of having large and airy wards, but Ross stated that to enlarge the wards to twenty feet would raise the estimate to pagodas 55,500. On 12th April the Governor directed the Chief Engineer to proceed as quickly as possible with the new plan. Tenders were called for, and that submitted by John Sullivan, a young Writer of six years' service and twenty-three years of age, was accepted. It amounted to pagodas 42,000.

Stephen Briggs, Senior Surgeon of Madras, went home in Jan., 1771, Pasley became Senior Surgeon, and Samuel Scott second Surgeon. Scott died at Madras a year later, on 20th April, 1772, and Anderson was appointed to succeed him as second Surgeon.*

A Public Despatch to England, dated 15th Oct., 1772, reports that the new hospital has been completed, and occupied. It consisted of two blocks, perhaps the most westerly of the present buildings. They were of one story only, but were designed to carry another story above, when required.

From the hospital of 1772, the present Madras General Hospital has descended in a direct line. Orme's map of Madras shows a hospital battery, erected while the French besieged Madras in 1758-59, pretty nearly on the site of the present hospital. The actual buildings, however, have from time to time been renewed.

The Madras *Mily. Cons.* of 12th Nov., 1782, contain an order that two members of the Council are to visit the General Hospital every week, and report its condition to the Committee. The same Cons. of 20th June, 1783, contain new medical regulations, chiefly on superintendence of medical stores, indents, etc. These regulations are long, filling ten folio pages. They were approved and brought into force four days later, on 24th June.

In the *Mily. Cons.* of 28th Jan., 1794, it is laid down that the control of the management of the hospital is entrusted to the Head Surgeon at the Presidency, and that diaries must be kept by every Surgeon and Assistant Surgeon attending the hospital.

Orders issued in the *Fort St. George Gazette*, of 9th Dec., 1814, turned the General Hospital into a Garrison hospital.

* For Scott, see Chap. XVIII, *Rank*, Vol. I, p. 302.

"The appointments of Surgeon and Assistant Surgeon of the General Hospital are abolished, and that Institution becomes the Garrison Hospital of Fort St. George, containing as at present a receptacle for Patients not belonging to the Garrison, in conformity with existing Regulations.—The monthly allowance of fifty Pagodas for medical expenditure now drawn by the Garrison Surgeon, is discontinued.

"The Assistant Garrison Surgeon of Fort St. George will hereafter invariably have charge of the Dispensary, and will receive for that duty an increased allowance of fifty Pagodas monthly. He is removed from the controul of the Medical Storekeeper, and will reside constantly in the Fort.

"The Assistant Surgeon of the Black Town will hereafter be an Assistant under the Garrison Surgeon. He will have charge of the Black Town, the Jails, and the Native Infirmary, and will reside constantly in the Black Town.

"The following appointments will take place.

"Mr Surgeon S. Heward, to be Garrison Surgeon of Fort St. George.

"Mr Assistant Surgeon R. H. Stuart to be Assistant Garrison Surgeon, and Superintendent of the Dispensary.

"Mr Assistant Surgeon T. Sergeant, to be Black Town Assistant Surgeon, under the new arrangement.

"Mr Assistant Surgeon Underwood will have medical charge of the Male and Female Asylums, and will reside in the vicinity of those Institutions."

In 1842 the Madras Medical Board describe the General Hospital as an institution for the reception of sick, both European and native, civil and military. The buildings occupied a space 185 yards long by 145 broad. The main hospital was a *pakka* one-story building, consisting of two parallel ranges connected by a third, in the form of a capital letter **H**, one half being reserved for the sick of the European regiment in Fort St. George, the second half for other sick Europeans. In the same enclosure, running its whole length, but detached from the hospital, was a range of tiled buildings, one half of which was set apart for European women and children, the other half for natives of both sexes, in separate wards. In 1859 the entire building was reconstructed, and not only doubled in size, resembling two capital letters **HH** side by side, but an upper story was added to both. The new buildings were occupied in 1861. The eastern **H** was assigned to British troops, the western used as a Civil General Hospital, of which the upper story was occupied by Europeans and Eurasians, the lower by native sick. Women and children were transferred to a building hired for the purpose in Vepery, and twenty years later, in 1881, to the Old Lying-in Hospital. Out-patients were first treated in 1862, a new out-patient

department was built in 1884. In 1879 a block was built for infectious diseases, which had been treated since 1861 in temporary sheds or in tents in the compound.

In 1893 new wards were built on the roof of the western wing, making a third story. In 1895 the western half of the eastern wing, or station hospital, was handed over to the civil authorities, and became part of the Civil General Hospital. The patients from the old hospital for women and children at Egmore were then transferred to the General Hospital. In 1899 the remaining portion of the Station hospital was handed over; and, for the first time in its history, the whole block of buildings became a purely civil institution.

From 1841 to 1865 the staff consisted of two officers only, the Surgeon and the Assistant Surgeon. In 1865 a third, called Senior Medical Officer, was added. In 1878 a fourth was sanctioned, and the staff became, Senior Medical Officer, Senior Surgeon, Assistant Physician, and Resident Surgeon. In 1882 a Second Surgeon was appointed, and in 1893 an additional medical officer. In 1895, when the women's and children's hospital was incorporated, the Surgeon of the Second District joined the staff. In 1899 the Staff, now seven in number, were named as follows:—

Senior Medical Officer.	Senior Surgeon.
First Physician.	Second Surgeon.
Assistant Physician.	Resident Medical Officer.
Additional Medical Officer.	

In 1901 a further reorganization took place, and two more members were added to the staff, which was then constituted as—

Senior Medical Officer.	First Surgeon.
First Physician.	Second " "
Second " "	Third " "
Third " "	Resident Medical Officer.
Fourth " "	

The Royal Victoria Caste and Gosha Hospital for women was founded in 1885, under the Presidency of Lady Grant Duff, patients being admitted for the first time on 15th Dec., 1885. The foundation stone of the hospital buildings was laid on 18th Sept., 1886, and the building opened in June, 1890, when the temporary quarters, hitherto used, were given up. The Raja of

Venkatagiri contributed a *lakh*, and the Maharaja of Vizianagram Rs.62,000 towards the cost.

Native Hospital.—Surgeon William Gordon appears to have been the first to suggest the establishment of a hospital for natives at Madras. On 19th Nov., 1787, he submitted plans for this purpose to the Council, to the Governor, to the Medical Board, and to the Nawab of the Karnatik.* Nothing seems to have come of this proposal at the time, or till after a lapse of ten years. In March and September, 1797, Assistant Surgeon John Underwood applied for the grant of a piece of ground at Pursewakam, a suburb to the south of Madras, as a site for a hospital for indigent native sick. The Supt. of the Company's lands objected to the site mentioned, whereupon Underwood applied for any piece of waste ground for a site. In 1798 is recorded a letter to Underwood from the Court of Directors, stating that all necessary assistance would be given to him in erecting and maintaining a hospital for native poor.† Finally, a Public Letter from Fort St. George, dated 19th Oct., 1799, reports in paras. 39-44.‡

"Hospital for the reception of Indigent Poor. Mr Underwood, who erected it, allowed 150 Pags per month in lieu of all demands for rent and expenses of Repairs, and as Attending Surgeon 100 Pagodas p. month. The Hospital placed under the immediate Control and Superintendence of the Medical Board."

A Public Letter from Madras, dated 6th Feb., 1810, reports in paras. 132-141, (*Abstracts, Letters from Madras*, Vol. IX, 1806-12).

"Paras. 132-137. Funds and Patients of Native Infirmary have been transferred to the Native Hospital and Poor Fund, to obviate inconvenience of a double establishment."

"Para. 138. Mr Sherwood appointed Surgeon to consolidated institution, with a salary of one hundred pagodas a month."

"Paras. 139-141. Mr John Underwood, late Surgeon and Proprietor of the Native Infirmary has been granted the difference between the estimated value of that building and what it originally cost, amounting to Pags 2900. A further claim, preferred on account of his public services, rejected."

Another Madras Public Letter, dated 15th March, 1811, states in para. 248 that the admissions to the Madras Infirmary and

* *Mily. Cons.*, 1787, *Miscellany Book*.

† *M.P.L.*, No. 693 of 24th March, 1797; *Pub. Cons.*, Vol. CCXVI, p. 1051; No. 2083 of 16th Sept., 1797; *Rev. Cons.*, Vol. LXXX, pp. 3029-57; No. 2581 of 20th Dec., 1797; *Rev. Cons.*, Vol. LXXXII, pp. 4214-29; No. 1459 of 20th Oct., 1798; *Pub. Cons.*, Vol. CCXXX, pp. 3707-49.

‡ *Abstracts of Letters received from Madras*, Vol. V, 1792-99, (unpaged).

Native Poor Asylum, during the preceding year, had numbered 610, of whom 530 had been relieved. In para. 249 it is reported that the grounds and buildings of the old Native Infirmary had been sold for two thousand pagodas to Mr. Harrington for a charitable purpose, (*Abstracts, Letters from Madras*, Vol. IX, 1806-12).

In 1809 this Native Infirmary was combined, as stated above, with the Native Hospital and Poor Fund, in the institution known as the Monegar Choultry. This institution now has an income of Rs.14,000, of which Rs.9000 is contributed by Government. A Foundling Hospital is attached to it. In 1867 the Venkatagiri Raja built another Choultry to the east of the Monegar Choultry, which has a capital of Rs.1,02,000; and an annual income of nearly Rs.4000.

A Madras G.O. of 3rd Dec., 1828, records the establishment at Madras of a new dispensary, under an apothecary, for native public servants.

A Madras Public Letter, dated 26th Sept., 1816, reports in para. 144 that a Hospital for Lepers had been completed at a cost of pagodas 983. This hospital has since developed into the Madras Government Leper Hospital, situated in Washermanpet, near the Monegar Choultry. It receives lepers of all races and of both sexes. Since 1889 leper convicts from jails in the Madras Presidency have been transferred to this hospital, under orders issued in Madras G.O. No. 1245 Judicial of 17th July, 1889.

The Lunatic Asylum.—In 1793 Assistant Surgeon V. Conolly put forward proposals for the establishment of a Lunatic Asylum at Madras. On 15th Nov., 1793, Government sanctioned the project, on 19th Nov., Conolly accepted the terms offered, and the establishment of the Asylum is ordered in a G.O. of the 25th Nov.* These facts were reported to Court in a Mily. Letter from Fort St. George, dated 18th Feb., 1794, paras. 88, 89. The Asylum was opened on 1st Oct., 1794. A Mily. Letter, dated 18th Oct., 1794, para. 3, states that the lunatic asylum is ready, and that Mr. Conolly is granted 250 pagodas a month for the charge thereof.† This asylum appears to have been built by Conolly,

* *M.P.L.*, No. 4555 of 15th Nov., and No. 4601 of 19th Nov., 1793, *Mily. Cons.*, Vol. CLXXX, pp. 4948, 4967-5032; No. 4686 of 25th Nov., 1793, *Mily. G.O.'s*, Vol. IX, p. 302.

† *Abstracts, Letters from Madras*, Vol. IV, 1786-97, p. 413. Regulations for the admission of lunatics to the Asylum are given in Madras G.O. of 29th Sept., 1794, which also notifies the facts that the Asylum is ready to be opened, and Conolly's appointment as Supt.

and to have remained his property until he sold it to Dalton, Government paying a rent of Rs.825 a month for its use.

Valentine Conolly, who started this lunatic asylum, entered the Madras Service as Assistant Surgeon on 16th June, 1788, became Surgeon on 24th June, 1796, retired on 2nd Feb., 1803, and died in London on 2nd Dec., 1819. In 1791-93 he was Secretary to the Medical Board. He was the father of five sons, four of whom lost their lives in the service of their country; Edward Barry Conolly, Captain, 6th B.C., killed in action at Fort Tutambara, north of Kabul, 29th Sept., 1840; Arthur Conolly, Captain, 6th B.C., murdered with Colonel Stoddart at Bokhara, on or about 17th June, 1842; John Balfour Conolly, Lieut., 20th B.I., died of fever in Bala Hissar, Kabul, while a hostage there, 7th Aug., 1842; and Henry Valentine Conolly, M.C.S., Magistrate of Malabar, murdered there by Mopla fanatics, 11th Sept., 1855.

Madras *Mily. Cons.* of 8th Oct., 1799, record the appointment of Surgeon Maurice Fitzgerald to the charge of the Lunatic Hospital. Fitzgerald went on furlough in 1802, and was succeeded by Surgeon John Goldie,* who held the post for about five years. In 1807 the Asylum passed into the hands of Surgeon James Dalton, who bought the property from Conolly for pagodas 26,000, and retained the appointment for about seven years, when John Underwood was gazetted to it, in the order of 9th Dec., 1814, quoted above. A Madras *Mily. Letter* of 15th June, 1816, reports in para. 350 that Surgeon Dalton's application for renewal of the lease of the Lunatic Hospital had been refused.

Dalton rebuilt the whole asylum, enlarging the accommodation. This asylum was situated in Kilpauk. The site is now occupied by College Park, the residence of the Principal and Staff of the Madras Christian College. It was for long known in Madras as Dalton's Madhouse. The property appears to have remained in possession of Dalton's heirs, being only rented by Government, till the new asylum was occupied, in 1871.

James Dalton entered the Madras Medical Service as Assistant Surgeon on 1st July, 1791, became Surgeon on 14th May, 1800, and S.S. in 1815. He died in England, on furlough, on 16th Sept., 1823. Dalton is connected with a curious bypath of English

* Entered 12th Jan., 1790, Surgeon, 3th Jan., 1798, Suptg. Surgeon, 10th July, 1812, member Medical Board, 15th May, 1819, retired 31st Dec., 1823, died in London 11th June, 1855.

history, through his wife, Catharine Augusta Ritso, who died at Madras in 1813. This lady was supposed to be a daughter of George III, by Hannah Lightfoot. The story, however, is improbable. Hannah Lightfoot was born in 1730, George III in 1738. His marriage to Hannah, if it ever took place, must have been carried out about 1754; certainly before 1760, when he came to the throne. Mrs. Dalton was thirty-two when she died, so must have been born about 1781, when Hannah Lightfoot was fifty, and when any connection with the King had long ceased. Mrs. Dalton might possibly, however, have been Hannah's granddaughter. Whether Hannah Lightfoot was actually married to George III, when Prince of Wales; or whether she was his mistress; or whether there was only some slight flirtation between them; or, lastly, whether the whole story of their relations is an invention, will probably never be known with certainty. All that is known on the subject will be found in a work called *The Fair Quaker, Hannah Lightfoot, and her relations with George III*, by Mary L. Pendered; London; Hurst and Blackett; 1910. Mrs. Dalton's alleged relationship is discussed on pp. 287 and 288. There were several other claimants to similar descent.

From 1841 to 1867 harmless idiots were kept in the Monegar Choultry, to avoid overcrowding the Asylum. Small asylums were also opened at Vizagapatam and Trichinopoly. The former is still in existence; the latter was closed in 1871, and the inmates transferred to the Madras Asylum.

In 1867 the Madras Government, in G.O. No. 20, Judicial of 7th Jan., 1867, sanctioned the construction of a new lunatic asylum, about a mile to the north-west of the old institution, at Locock's gardens. The new buildings were occupied on 15th May, 1871, the cost being a little over two lakhs. Considerable additions have been made since that date. In 1892 the criminal lunatics of the Madras Presidency, who had up to that date been kept in jails, were transferred to the asylum.

The earliest mofussil hospitals in the Madras Presidency seem to have been established in the thirties of the nineteenth century. In the fourth volume of Wilson's *History of the Madras Army* it is stated that in 1842 there were only six civil hospitals in the Presidency outside Madras.

III.—Calcutta.*

The first hospital in Calcutta was opened towards the end of 1707 or early in 1708. Its construction was ordered in *Fort William Public Cons.* of 16th Oct., 1707.

"Haveing abundance of our Soldiers & Seamen yearly Sick, & this year more picularly our Soldiers, & the Doct^r representing to us, that for want of an Hospitall or Convenient Lodging for them is mostly the occasion of their Sickness, and such a place will be highly necessary as well for the Garrison and Sloops as Company's Charter party Shipping to keep the men in health, tis therefore agreed that a convenient spot of ground near the fort be pitcht upon to build an Hospitall on, & that the Casheirs pay out of y^e Comp^a Cash for the said occasion, towards perfecting it, the summe of two thousand Curr^t Rupees & what more may be gathered in by Subscriptions from the Command^{rs} of the Europe and Country Shipping & the Inhabitants wch is to be forwarded & gathered in by M^r Abraham Addams who is to look after the building the same under the direction of the Council."

Adams was *Bakshi*, or Paymaster, at the date of this order. Captain Alexander Hamilton, in his *New Account of the East Indies*, thus describes the Calcutta hospital at the time of his stay in the town, about 1708.

"The Company has a pretty good hospital at Calcutta, where many go in to undergo the Penance of Physic, but few come out † give an Account of its Operation."

The *Bengal Cons.*, of 13th Feb., 1709/10, contain the following note on this hospital:—

"There being a great many Europe Soldiers in the Garrison who if they lodge about the town as Vsually will create sickness and other inconveniences to themselves and others therefore tis

"AGREED the Hospitall be walled round and that Barricks be made in it for the Soldiers to lodge in and that some of the Officers doe likewise lodge there and see a good Decorum kept amongst them."

Regulations for the Hospital are recorded in the *Cons.* of 20th Aug., 1713, and of 6th Dec., 1716.‡ The former were drawn up

* Much of the information here given about the first hospital in Calcutta, including the extracts from *Cons.* between 1709 and 1769, is taken from the late C. R. Wilson's works, *Early Annals of the English in Bengal*, and *Old Fort William in Bengal*. The spelling in these extracts by Wilson has been somewhat modernised. The history of the Calcutta General Hospital was also dealt with by the late Major D. M. Moir, I.M.S., in the *Indian Medical Gazette*, Jan. 10 March, 1903, these papers being republished in *Bengal Past and Present*, No. 12, Vol. V, July to Sept., 1910.

† Word to omitted in original. Hamilton's *New Account of the East Indies*, third edition, London, 1744, Vol. II, p. 8.

‡ Wilson, *Early Annals*, Vol. II, pp. 138, 139.

by the Surgeons, and refer chiefly to discipline; the latter by the Council, and refer chiefly to the cost of main^tenance, and to its apportionment between Government and the patients, who were chiefly soldiers in the Company's service.

"Hospital Regulations, 20th Aug. 1713.

"The doctors belonging to this place delivered us the following articles for regulating the Hospitall, viz:—

"1st. The Hon^{ble} United Company will supply the Hospitall with 30 cots and bedding, 20 gouns, and 20 Pieces Gurrahs.*

"2nd. That all the soldiers unmarried'd be obliged to repair to, the Hospitall wheⁿ sick.

"3rd. That every soldier pay 4 annoes per day whilst sick in t^{he} Hospital for his maintenance, every Corporall six, and a Sergeant half a rupee.

"4th. That a centry be kept to secure the sick from going abroad till admitted by the Surgeon and to hinder all Strong Liquors being brought in.

"5th. That the Steward have all the cloths under his charge and to supply them with all necessarys after the abovementioned gift, his wages 30 rupees per month out of which to pay for firewood, oyl, &c.

"6th. To provide 6 brass Potts, 6 Saucepans, 12 Porringers, 1 Conge off Pewter Plates with twenty spoons.—(S^d) W^m. Hamilton. (S^d) Richd Harvey."

"Hospital Regulations of 6th Dec., 1716.

"Regulations agreed on for the Hospitall, at the Company's charge.

"Medicines out of the stores bought in the Bazar; by Prescription of the Doctors.

"Cotts for the Sick.

"Cloths for Raggs.

"Wood, Charcoal, Potts and Pans, and what else shall be necessary.

"Six Harrys † during the sickly season, and four afterwards.

"Two washermen.

"Dyet of sick men, candles and oil to be made good to the Steward out of the soldier's pay monthly at the Pay Table and no other deduction to be made before he is paid, which expense not to exceed four anaes a day for each man.

"All utensills and necessarys belonging to the Hospitall to be under the Steward's care, and he to be answerable for them.

"Agreed that Richard Warren be Steward upon likeinge and to lodge in the Hospitall and be continued in case he behave himself well and diligent and honest in that office and that he be allowed ten rupees per month for his Dyet during his continuing in it besides the wages fifteen rupees per month already allowed for the service he does as Cooper."

Wilson also gives ‡ a series of accounts for the years 1716-17, in which appear many medical items. The repairs of the hospital

* Gurrahs, *gharas*, earthenware jars.

† Harrys, *Haris*, sweepers or scavengers.

‡ *Early Annals*, Vol. II, pp. 239-262.

and of the Doctors' quarters recur frequently, as well as a good deal of expenditure on drains. In one year the repairs of the Doctors' quarters cost Rs. 494, and those of the "Doctors' Shop" or dispensary, Rs. 757, large sums, considering the value of money then, to be spent in this way in a single year. One would have thought that it would have been cheaper to provide decent buildings once for all. The surgeons then drew £36, or 288 rupees, each, as a year's salary; so the repair of their quarters cost nearly as much as the pay of the two surgeons for the whole year.

In 1728 and 1730 the hospital again was greatly in need of repair.

"Pub. Cons., Fort William, 17th Dec. 1728. Mr Charles Hampton Buxey, acquainting us that the Hospital is very much out of Repair.

"ORDERED That Captain Thomas Snow, Master of Attendance, and John Aloffe, do take a careful Survey of the Same, and deliver their Report in Writing, to this Board."

"Pub. Cons., Fort William, 11th May, 1730. Report of the Hospital To the Honourable John Deane, Esq. &c^a. Honourable Sir and Sirs Pursuant to an order of Council of the 4th Instant we have survey'd the Hospital and find all the Beams and most of the Window and Door frames Rotten, insomuch that We apprehend that the Roof will be in danger of falling in next rains unless timely prevented by shoring all the Beams We are &c^a.—Thomas Snow. John Aloffe."

In 1735 an order was passed that one of the Doctors should reside at the Hospital. In this order the word *hospital* is spelt in two different ways, within as many lines.

"Pub. Cons., Fort William, 26th March, 1735. It being necessary for one of the Doctors to reside at the Hospital for the Attendance of the Sick.

"AGREED that we build a Couple of Upper Rooms and a Shop for the Medicines at one of the Ends of the Hospital."

In a General Letter from Bengal, dated 17th Feb., 1752, para. 100,* is noted an order that the Members of the Board, or Council shall take it in turn to visit the hospital. A letter from Court dated 3rd March, 1758, para. 85, repeats the order that each Member of Council shall in turn pay a weekly visit. The same order is again repeated in the Cons. of 10th March, 1760.†

In 1752 we find the Doctors applying for beds for the hospital In the Cons. of 27th Oct., 1752, Mr. Plaisteed, Member of Council visiting the hospital in rotation, reports:—

* Abstracts, Letters from Coast and Bay, Vol. V, 1744-54, p. 359.

† Long, Selections, No. 300, p. 126; No. 449, p. 297.

"The Doctors are of opinion that Tuckposts for every room, made to take out at pleasure, will be a great preservation, as all lower rooms are very damp."

"Tuckpost," of course, is *Takhtaposh*, the ordinary quadrangular wooden bed, low but broad, in common use in native houses. The Hospital Regulations of 1713 show that cots were then provided for the sick. How these cots differed from the beds now wanted is not apparent; possibly the cot was a swung hammock, or a fixed bunk, like those on board ship. It can hardly be supposed that the sick slept on the damp floor. At this period, 1752, the hospital had two stories; the Surgeons' Mates lived in an unboarded room on the ground floor.

The hospital was again in great want of repairs in 1754. The Cons. of 25th July, 1754, contain the following report upon it.

"The Buxey delivers in a report of the Hospital pursuant to our orders.

"ORDERED the said report be enter'd after this days Consultation and that the Buxey do repair the Hospital on the most reasonable terms.

"To the Honourable Roger Drake, Esq^r President and Governour, &c^a Council.

"Honourable Sir and Sirs. Agreeable to your Honours orders in pursuance of the Doctors report of the Hospital I have taken a careful survey thereof as follows. The Door Frames and Windows are almost all so bad that they must be chang'd, the South West and by West part of the Hospital especially that were the Lightning struck it is so very bad that Borgaes * having given way and the Beams and the Burgers gone that if new Buttresses is not speedily put that part will fall down. The Westerly Wall has bellied out two feet notwithstanding the Beams and Burgaes are supported with Estanchions that there is an absolute Necessity to buttress them Immediately to keep the Wall standing, the North East End of the Hospital is crack'd in Number of Places and the Arches given way and several of the Burgers and Beams falling so that part must likewise be buttress'd to keep it from falling, the whole Hospital must be speedily whitewash'd and Plaister'd as being entirely a Cutcha building shou'd the Rains get into the Walls it will carry away all the mud from between the Bricks and in Danger of the whole. I am with Respect, Honourable Sir and Sirs, Your most Obedient Humble Servant, Paul Richard Pearkes, Buxey." †

This first Calcutta hospital, to which all the above entries refer, was destroyed at the capture of Calcutta in June, 1756.

* *Borgaei*, *baghas*, small cross beams, of which a dozen or more may be required between each pair of the large beams supporting the roof. The word is spelt in four different ways in this extract.

† For Pearkes, see Chap. XI, *Holwell, and the Fall of Calcutta*, Vol. I, pp. 158, 159.

A temporary hospital seems to have been occupied soon after the place was retaken by Clive in January, 1757. In the *Cons.* of 6th Sept., 1759, it is noted that the hospital is not large enough for the sick, and it is resolved to purchase Dr. Gray's house, to be used as a hospital, for Rs.15,000. In a valuation of public buildings in Calcutta, recorded in *Cons.* of 8th Oct., 1759, the hospital is valued at Rs.12,000.

In the *Cons.* of 21st Jan., 1762, the hospital is again reported to be ruinous.

"The Surveyor sends in a Letter representing that the Hospital and Salt Petre Godown are in great want of repair and that unless they are repair'd he imagines they must fall this year.

"ORDER'd he (be) directed to put the Hospital in repair."

Apparently some repairs were done, for the building seems to have survived the rains of 1762. In *Cons.* of 11th Oct., 1762, it was resolved to build a new hospital at Surman's, (Kidderpur).

"Finding great Inconveniency for Want of Room in our Hospital and from not having the Benefit of a free and open air.

"AGREED till such Time as the Hospitals can be built in the New Fort, that we build one near to Surman's with Fell Trees, and cover'd with Straw, under the Direction of Captain Green, upon the same Construction with those he has built at Ghyrotty, which are found to be extremely good and wholesome Lodgings."

The hospital at Ghireti was for *sipahis*. A similar hospital, more than twenty years earlier, is mentioned by Captain Fenwick * as suggested at Dean's Town, i.e. Dane's town, a place where the Danes had a thatched house on the west bank of the Hugli, south of its junction with the Rupnarayan, and opposite Hugli Point, about where the modern town of Giankhali now stands.

"I further put the Governor in mind of an Hospital on that spot, which stands high, and would not require more than two Subalterns, and thirty Soldiers, with the Peons and Inhabitants, to keep the Morattoes at a proper distance. As the Hospital would be a receptacle for our sick soldiers, so it lies convenient for the ships anchoring either at Culpee, or Ingelee to send their sick Men to . . ."

The proposed hospital at Surman's was apparently never built, as a letter to Court dated 28th Nov., 1766, speaks of the

* *Letters on the Company's Affairs in Bengal, 1747-48*; Letter 5, Orms MSS., India, Vol. VI, pp. 1580, 1581. "That spot" is referred to as Dean's town, earlier in the letter.

Hospital as "a temporary building in the Old Fort." The *Cons.* of 3rd March, 1766, contain a report from Mr. Fortnom, the Company's architect, stating that the old hospital is so much in want of repair as to be dangerous. In *Cons.* of 31st March, 1766, it was resolved to sell it.

Extract from Mr. Fortnom's report in Cons., of 3rd March, 1766. "From the Nature of the Post I have the Honour to hold (tho' I have not been favored with particular Instructions) I look on it my Duty to Acquaint you, That the Old Hospital Adjoining to the Head Surgeon's House is in so ruinous a Situation that it appears necessary to take it down to prevent its doing mischief."

"*Cons., 31st March, 1766.* Letter from Mr Fortnom the Civil Architect of the 10th Instant read, containing Estimates of the repairs of the several Buildings mentioned in his Letter to the Board of the 3rd Instant.

"AGREED that the Company's Old Hospital, the small House for the Assistant Surgeon, and the house lately occupied by Mr Gray be sold."

A Letter to Court dated 2nd Feb., 1769, reports in para. 113 that the old hospital had been sold for Rs.414, not quite one per cent. of its book value.

"The old Hospital was brought on ballance in the General Books at Current Rupees 41,554-1-3, but being almost destroy'd by a violent Storm the Remains of it sold only for Current Rupees 414 and the Ballance of this head we ordered also to be wrote off."

A new hospital, however, had been provided before the old one was sold. In *Cons.* of 29th Sept., 1766, it was resolved to remove the old hospital and burial ground, and to build a new hospital. The graveyard thus closed was the old one, where St. John's church now stands. It contained the bodies of all Europeans who had died in Calcutta since 1698, (probably about 12,000), except those who had perished in the Black Hole; their bodies were flung into the ditch of the Old Fort.*

"*Cons., 29th Sept., 1766.* The Board taking into Consideration the great Inconvenience attending the want of a proper Hospital for the Military the present one being only a Temporary Building in the Old Fort destitute of the proper accommodation It is judged Expedient that a commodious One be erected as soon as possible and the Civil Architect attending the Board on this Occasion he is Ordered to point out a proper Spot for a Hospital to be built upon, and at the same time to deliver in a Plan of One with an Estimate of the Expence.

"The present Burying Ground, situate in the middle of the Town is also very detrimental to the Healths of the Inhabitants and too much

* Long, *Selections*, No. 869, p. 456.

confined the Civil Architect is therefore directed to point out a more convenient Situation for one to be made of proper Dimensions."

The *Cons.* of 16th Nov., 1767, record that Mr. Kiernander's garden house is to be surveyed by the Chief Engineer, the Surgeons and the Civil Architect, who will report if it will do for a hospital. A letter from Mr. Kiernander about the conversion of his house into a hospital is entered in *Cons.* of 4th April, 1768. On 25th April is recorded the payment of Rs.98,900 to Mr. Kiernander for this house. Further discussion on the subject took place on 16th May.

A Letter to Court, dated 13th Sept., 1768, reports in para. 65 * :

"Hospital, Rev^d Mr Kiernander's House purchased for one at Rs. 98,900 and have contracted with him for building the additional buildings thereto."

Mr. Kiernander reached Calcutta in 1758. His garden house had therefore probably been built between 1758 and 1767. He contracted to hand over his garden house in the suburbs, to be used as a hospital, and to build two large new wings, by the 13th June, 1770. The garden house was actually handed over to Government, and occupied as a hospital, on 20th June, 1769, the west wing on 2nd April, 1770, and the east wing on 2nd June, 1770; as stated by Kiernander in a letter dated 1st May, 1772, recorded in the *Cons.* of 4th May, 1772.

This may be said to have been the third hospital erected in Calcutta. The first was that of 1707-08, and the second the temporary makeshift in the Fort, from 1757 to 1769. All three were primarily intended for the Company's soldiers and sailors, but admitted all Europeans, of all classes and of all callings.† This third hospital, with considerable additions and alterations, lasted up to our own time, and has only recently, between 1902 and 1908, been replaced by the magnificent buildings of the new Presidency European General Hospital. The entire cost of construction and maintenance of this hospital has always, practically, been borne by Government. The Woodburn block, for paying patients, alone, cost over three and a half lakhs.

Native Hospitals.—The first hospital for the Native poor in Calcutta was opened about the end of 1792 or beginning of 1793.

* *Abstracts, Letters Received from Bengal*, Vol. I, 1760-70, p. 311.

† The *Cons.* of 12th Oct., 1792, contain an order to the Hospital Board, dated 5th Oct., that all destitute sick Europeans are to be received in the General Hospital.

The C.G. of 18th Oct., 1792, notifies that it is intended to institute a hospital for natives. The same paper, on 1st Nov., 1792, states that a meeting had been held, at which it was determined (1) to institute a hospital for natives; (2) to vest the management in an equal number of European and Native Governors, residents of Calcutta; (3) to appoint a Committee to raise subscriptions and prepare a plan. Government granted a subsidy of Rs.600 a month, on 6th July, 1793. Twelve Governors were appointed. The first hospital was opened in a house in the Chitpur Road, subsequently a house in Dharamtola was bought, and opened as a hospital on 1st Sept., 1794.*

The C.G. of 20th Sept., 1806, gives the accounts and returns of the hospital for the year 1805-06, the year running from 1st Sept. to 31st Aug. The income for the year was Rs.12,188, the expenditure Rs.10,626; the balance in hand, Rs.831 in cash, and Rs.49,282 in Company's paper; also the house and grounds, which cost Rs.43,898. During the year 220 in-patients and 2874 out-patients were treated, and 1286 vaccinations were performed. There were 53 deaths, 4265 were relieved and discharged; while 62 patients, 19 in and 43 out, remained under treatment at the close of the year.

The following statistics are given for twelve years, from 1st Sept., 1794, to 31st Aug., 1806. The figures seem small to our modern ideas, but on the whole show a fairly steady increase. It would be interesting to know what was the cause of the sudden rise in the number of out-patients, nearly treble that of the previous year, in 1800-01, and the great fall, of about forty per cent., in 1804-05.

Year.	House-patients.	Out-patients.	Vaccinations.	Total.
1794-95 . . .	115	101	—	216
1795-96 . . .	199	221	—	420
1796-97 . . .	228	267	—	495
1797-98 . . .	188	428	—	616
1798-99 . . .	202	471	—	673
1799-1800 . . .	201	624	—	825
1800-01 . . .	232	1792	—	2024
1801-02 . . .	222	2223	—	2445
1802-03 . . .	198	3681	1070	4949
1803-04 . . .	218	4443	1461	6122
1804-05 . . .	226	2755	1347	4328
1805-06 . . .	220	2874	1286	4380

* The institution of the hospital, and the Government grant of Rs.600 a month, were approved in para. 31 of a Public Letter from Court, dated 31st July, 1795.

The admissions to hospital, for the preceeding year, from 1st Sept., 1805, to 31st Aug., 1806, are also given, classified as follows:—

Wounds . . . 77	Dysentery . . . 2	Tumours . . . 1
Fractures . . . 34	Fistula in ano . . . 1	Dislocations . . . 1
Venereal . . . 4	Stranguary . . . 5	Concussion of brain 3
Contusions . . . 18	Locked jaw . . . 2	Mortifications . . . 3
Scalded and burnt 4	Spleen . . . 3	Cholic . . . 2
Dropsy . . . 7	Rheumatism . . . 2	Catarrh . . . 1
Abscess . . . 8	Cancers . . . 2	Scurvy . . . 1
Fever . . . 15	Ulcers and sores 21	
Palsy . . . 2	Excessive vomiting 1	Total . . . 220

The return is signed "Robert Wilson, Superintendent."* The conditions for which patients were admitted remind one strongly of those which now cause admission to a small mofussil hospital, where destitute paupers sent in by the police, and cases of injury, form the bulk of the in-patients. The former class of cases may be represented by ulcers and sores, one-tenth of the whole, and by palsy, dropsy, and mortifications; while no less than 137, much over one-half, are cases of injury. The number of admissions for dysentery, fever, spleen, and venereal disease, is very small, while cholera is not mentioned at all. Operation cases are obviously few in number, but may be represented by stranguary (stricture), fistula in ano, abscess, cancers, and tumour.

The first Supt. appointed was John Shoobred, who served as Surgeon of the Indiaman *General Goddard* in 1789-90, got a commission as Assistant Surgeon on 27th Sept., 1794, became Surgeon on 27th July, 1807, retired on 17th Jan., 1821, and died 12th Oct., 1831. He held this appointment throughout his whole service, till he went on furlough prior to retirement in 1818, with two intervals, one of furlough, the other when he acted as Supt. General of Vaccination in 1806-07, and Wilson acted for him in the Native Hospital.

In 1825 two branch dispensaries were opened in connection with the Native Hospital, now known as the Chandni Hospital. The Mayo Native Hospital, so called because it received a grant of half a *lakh* from the Mayo Memorial Fund, was opened in Jorabagan, Calcutta, on the east bank of the Hugli, in 1874; and the accommodation in the Chandni Hospital reduced to twelve

* For Wilson, see Chap. XVII, *Rank*, Vol. I, p. 317.

beds, intended for accidents and emergency cases only. The out-patient department, however, remained large; and in 1909 a new out-patient block was opened, built at a total cost, including the site, of about Rs.1,06,000. The Corporation of Calcutta gave the site, valued at Rs.14,000; the Bengal Government made a grant of Rs.17,500; a Bengali lady, Srimati Raj Rani Dasi, gave Rs.10,000; and the balance was made up by public subscriptions, chiefly from the European firms of Calcutta. The Bengal Government makes an annual grant of Rs.34,000 towards the upkeep of the Mayo and the Chandni hospitals.

The *Calcutta Medical College Hospital* had its first beginning on 1st April, 1838, when a small clinical hospital, with thirty beds, and an out-patient dispensary, were opened in connection with the new College, for clinical instruction.

In the C.G. of 9th Sept., 1844, it is notified that Babu Mutty Lal Seal had made a gift of a valuable piece of land, beside the Medical College, for a hospital for the poor. On this ground the Medical College Hospital was subsequently erected, the name of the donor's son being preserved in the out-patient department, which was rebuilt on a much larger scale and with greatly improved equipment in 1897-98. The foundation stone of the Medical College Hospital was laid by the great Governor-General, Lord Dalhousie, on 3rd Sept., 1848, and the hospital was completed, at a cost of £20,000, early in 1853. It contained 500 beds, in twenty-four wards, one being reserved for women and children, and absorbed the old Eye Infirmary and Lying-in Hospital. This hospital has always admitted both European and native patients. The building was designed by Messrs. Burn and Co., and erected under the supervision of Major Hugh Frazer, Bengal Engineers. The cost was met, partly by the endowments of the old and the new fever hospitals, whose work was taken over by the new hospital, amounting to Rs.1,248 and Rs.57,771 respectively, partly by a donation of half a *lakh* from Partab Chand Sinh, Raja of Bardwan.

The building has, of course, been greatly altered and added to since 1853, and the original site given by Babu Mutty Lal Seal, valuable as it then was, has been more than doubled in area, at a price far more than double the value of the original site, at the cost of Government. The chief additions have been the Eden Hospital, opened in 1881-82, the Ezra Hospital in 1887, the

Shama Charan Laha Eye Hospital in 1891, and the Prince of Wales Surgical Block, opened in March, 1911, at a cost of over ten lakhs, out of which nearly two and a half lakhs were paid for the site.

The Campbell Hospital, Sealdah, was opened by the Justices of the Peace for the town of Calcutta, the predecessors of the present Municipal Corporation, on 1st July, 1867, as a pauper hospital, and on 1st Dec., 1873, was transferred to Government as the hospital attached to the Campbell Medical School. This hospital was almost entirely rebuilt in 1908-10.

The South Suburban or Sambhu Nath Pandit Hospital, at Bhowanipur, was opened in 1897, being built at the cost, partly of Government, partly of the Corporation of Calcutta, and partly out of the funds of the old Sambhu Nath Pandit outdoor dispensary, which was absorbed into the new hospital.

The Lunatic Asylum.—Some sort of a Lunatic Asylum was in existence in Calcutta prior to 1787. The *Proceedings* of the Calcutta Medical Board of 3rd April, 1787, contain a memorial from Surgeon G. M. Kenderdine, in charge of the Insane Asylum. The same *Proceedings*, for 24th May, 1787, note that Mr. Kenderdine, in charge of the insane Europeans, died on 19th May. The Board recommended to Government, in a letter dated 7th May, 1787, the foundation of a regular asylum, and nominated Assistant Surgeon William Dick to its charge. This was approved in a letter from Government, dated 21st May, 1787, signed Jonathan Duncan, Asst.-Secy., Public Department. Dick was appointed on a salary of Rs.200 a month. A Bengal Mily. Letter, dated 16th Aug., 1787, reports in para. 108—

"Lunatic Hospital. Have accepted the proposals of Mr. Dick, an Asst Surgeon, for the erection of one. The House is to be built at his Expence, and rented by the Company at 400 Rupees p. Month." *

A General Letter from Bengal, dated 6th Nov., 1788, reports in para. 98 that sanction has been given to the erection of a Lunatic Hospital for females, for which a rent of 200 Rupees a month will be paid.

George Mainwaring Kenderdine entered the Service on 30th Dec., 1763. While serving as Surgeon to the First Brigade, in 1767, he was dismissed for neglect of duty. The *Cons.* of 1st Oct., 1767, contain a protest against his dismissal, and a request for a

* The establishment of the Lunatic Asylum was approved in para. 40 of a Mily. Letter from Court, dated 8th April, 1789.

public inquiry. Another petition is contained in *Cons.* of 23rd Nov., 1767, in which he states that he had been qualified seventeen years, was apprenticed for eight years at St. Thomas' Hospital under William Hunter, Hugh Smith, and Thomas Baker, that he is a Member of the Apothecary's Company, and that he had served for three years in the King's army in Germany. A Bengal Letter of 17th Oct., 1774, reports in para. 58, that he had been readmitted to the Service as "Youngest Surgeon, not to rise." William Dick went to India as Surgeon of the *Queen* Indiaman in 1781, and was appointed Assistant Surgeon on 8th Nov., 1781. His career has been described in Chap. XXX, *Medical Officers Employed in England*.

The *Proceedings* of the Calcutta Medical Board for 20th April, 1795, contain a letter from the Sub-Secretary to Government, stating that it had been decided to build a hospital at Monghyr for insane sepoys. This asylum was closed from 1st Nov., 1831, as notified in Bengal G.O. of 5th Aug., 1831. Seventy years later, at the end of the nineteenth century, the remains of this asylum were still known as the *pagalkhana* (madhouse).

The *Proceedings* of the Calcutta Medical Board for 26th March, 1800, contain a letter from Assistant Surgeons Roger Keys and Michael Cheese, stating that a hospital for natives has been established in Calcutta, and suggesting that a hospital should be opened for non-official Europeans, especially sailors. The Medical Board did not approve of the project, considering that there was sufficient accommodation for seamen in the General Hospital, where they were kept quite apart from the soldiers.

An Eye Infirmary was established in Calcutta by G.O. No. 344 of 18th Nov., 1824. On the opening of the Medical College Hospital the Eye Infirmary was absorbed into it, and still remains a part of that institution, though since 1891 it has been accommodated in a separate building, the Shama Charan Laha Hospital, for the erection of which Babu Shama Charan Laha gave a donation of Rs.60,000.

A Lying-in Hospital was opened in Calcutta early in 1840, with an out-patient dispensary and a training class for *dhais*. This institution also was absorbed into the Medical College Hospital, but since 1881 has been worked in a separate building, the Eden Hospital, named after Sir Ashley Eden, Lieutenant-Governor of Bengal from 1877 to 1882.

Some hospitals, in the eighteenth century, seem to have been

built at a very cheap rate. A Mily. Letter from Bengal, dated 16th Aug., 1787, reports in para. 102, that the Purveyor has been directed to erect a General Hospital for the troops at Chunar, the cost not to exceed 5637 *Sonaut* rupees. On the other hand, the plans drawn up by Mr. Fortnom, the Civil Architect, for a new General Hospital in Calcutta, and laid before the Council on 26th Aug., 1767, as recorded in *Cons.* of that date, were estimated to cost 2,75,000 Arcot rupees for the hospital alone, with 1,57,000 more for staff quarters and out-officers. And the Bombay *Cons.* of 26th Feb., 1781, record that the plans of the proposed new hospital, drawn up by the Principal Engineer, involve a cost of Rs. 5,15,025. The Calcutta estimates are considerably higher than, and the Bombay estimates more than double, the cost of the Calcutta Medical College Hospital, a little over two *lakhs*, in the middle of the nineteenth century. It is not surprising that both these plans were rejected as too expensive.

It was not until the beginning of the nineteenth century that hospitals for the general population were established in some of the chief mofussil towns. Military hospitals, for soldiers, had, of course, been in existence much earlier.

A Public Letter from Calcutta, dated 13th Jan., 1804, reports in paras. 255-58 that the benefits of the Native Hospital in Calcutta have been fully realized; and that the Governors of the hospital have been directed to communicate with the senior Civil Servants at Dakka, Patna, Murshidabad, and Benares, with a view to the opening of similar hospitals in these towns. The *Proceedings* of the Calcutta Medical Board, of 7th March, 1804, note that the Governor-General approves of the action of the British inhabitants of Dakka, in instituting there a hospital for natives, and appoints William Tutin* to its charge, also sanctioning the supply of European medicines from the Company's stores. Thus was founded the hospital now known as the Mitford Hospital, after Mr. Mitford † Judge of Dakka, who left over a *lakh* and three-quarters to the hospital. The buildings were erected in 1854, but have been greatly added to since, especially during the last twenty years.

* For Tutin, see Chap. XXII, *Appointment to the Service*, Vol. I, p. 306.

† Robert Mitford, entered the Bengal Civil Service as Writer, on 29th Aug., 1799, became fourth judge of the Provincial Court of Appeal and Circuit at Dakka in 1828, went on furlough the same year, retired on 1st May, 1831, and died on 21st April, 1836.

The same *Proceedings*, of 7th March, 1804, contain a memorial suggesting that similar native hospitals should be established at Patna, Murshidabad, Benares, and Bareilly.

Some of the best known mofussil hospitals in Bengal were founded in the 'thirties of the nineteenth century, e.g. Muzafarpur, by Kenneth Mackinnon, Civil Surgeon of Tirhut, and the Imambara Hospital at Hugli, which owes its origin to Thomas Wise,* Civil Surgeon and Principal of Hugli College; it was opened in Aug., 1836. In an advertisement in the C.G. of 9th May, 1831, repeated in many subsequent issues, Mackinnon proposed the establishment of the hospital at Muzafarpur, which was opened soon after. In an article entitled *Dispensaries in Bengal*, in the *Indian Annals of Medical Science* for Oct., 1853, Mackinnon writes that there were then open and at work, fifty-five dispensaries, entirely or mainly supported by Government, in Bengal and the N.W.P., and that fifteen more had recently been sanctioned for the Panjab.

The duties of the Civil Surgeon, as Supt. of the dispensary, in the middle of last century, were very different from those he now performs. Letter No. 602, dated 30th June, 1841, from the Govt. of India, Genl. Dept., gives the following orders on the subject:

"Superintendents will understand it to be the desire of Government that Sub Assistant Surgeons † should receive from them all needful advice and encouragement, but that they should, as much as possible, be left to prescribe remedies themselves, and to perform all surgical operations that they may be considered competent to undertake."

By rule 31, Chap. XL of the *Bengal Medical Regulations* of 1851, the number of in-patients in a mofussal hospital was limited to eight.

"The number of indoor patients to be under treatment at any one time is to be limited, as far as practicable, to eight, and therefore only the most interesting medical cases should be admitted, and the accommodation chiefly reserved for the subjects of surgical operations and severe injuries."

I.M.D. Circ., No. 54 of 27th April, 1863, restates the duties of the Supt. of a Government dispensary as follows:

"The D.I.G. will explain to Surgeons and Asst Surgeons serving under him, who may be entrusted with such supervision, that Government holds them responsible for all that goes on in their dispensaries; and that though

* For Wise, see Chap. XXVIII, *Surgeons as Civil and Political Officers*, Vol. II, p. 137.

† The class of officers known, since 1873, as Civil Assistant Surgeons.

their assistants may be left to prescribe and operate, as directed in the paras above quoted,* it is the imperative duty of Superintendents not only to visit them with regularity, but themselves to know from what diseases the various patients are suffering, and personally to ascertain that the prescriptions and surgical treatment are what they ought to be."

IV.—Burma.

Not long after the annexation of Pegu, after the second Burmese war, a dispensary was opened at Rangoon, in April, 1854. This dispensary gradually developed into a large indoor hospital. In 1871 new hospital buildings were erected, including a separate female hospital and lying-in ward. The new General Hospital at Rangoon was sanctioned in 1904, begun in 1906, and completed and opened in 1911. Its cost was nearly five lakhs.

The *Friend of India* of 21st Oct., 1852, contains an advertisement asking for subscriptions towards the establishment of a hospital for the indigent poor of Rangoon, and for seamen and lascars, signed by John Dawson, M.D., Missionary Physician, Supt. of the hospital. The advertisement distinctly states that the hospital had been opened at that date, Oct., 1852. Dr. John Dawson served in the American Baptist Mission at Rangoon from 1850 till 1861, when he resigned. Whether his hospital afterwards was taken over by Government, or whether it was a separate institution, is not clear.

* Paras. 23 and 24, Chap. XL, *Bengal Medical Regulations* of 1851. Para. 24 reproduces the extract from letter No. 602 of 30th June, 1841, quoted above.

CHAPTER XLIII

MEDICAL EDUCATION IN INDIA *

"And gladly wolde he lerne and gladly teche."
CHAUCER, *Canterbury Tales*, prologue, line 310.

THE most ancient Indian work on medicine is the *Ayur Veda*, the age in which it was written is not known, and only fragments of the manuscript now exist. The nature of medicines and of diseases is treated in some of the *Puranas*, especially in the *Agni Puran*. The works of Charaka and Susruta are abridgments of the *Ayur Veda*. The former author is the better on medical, the latter on surgical subjects. Susruta's work is the oldest book on medicine which the Hindus now possess. Instruction in medicine, by the Hindu system, seems to have been given entirely by masters to pupils, individually, or in very small numbers. No system of instruction in medical schools or classes existed.

A mine of information on the subject of ancient Hindu medicine is contained in Dr. T. A. Wise's work, *A Commentary on the Hindu System of Medicine*, Thacker and Co., Calcutta, 1845.

The Musalman conquest of India brought into the country the *Yunani*, or Græco-Arabian system of medicine, founded on the science of Greece and Egypt, and developed under the rule of the *Khalifas* of Bagdad. Medical schools to teach this system are said to have been established at Delhi, Agra, and Haidarabad, but no accounts of these schools appear to have survived.†

* The information about medical education in Bengal, given in this chapter, is derived chiefly from three sources, in addition to the notifications quoted from the C.G. (1) An anonymous pamphlet entitled, *The Medical College of Bengal*, undated, but printed in Calcutta in 1839 or 1840. (2) An introductory lecture on *The Rise and Progress of Medical Education in Bengal*, delivered on 15th June, 1860, at the opening of the twenty-fifth session of the Calcutta Medical College, by Surgeon W. C. B. Eatwell, the Principal. (3) *History of the Medical Schools of the Bengal Presidency*, by Assistant Surgeon K. McLeod, Secretary to the Inspector General, 1872.

† *Medical Education in India*, by K. McLeod, *Caledonian Medical Journal*, Jan., 1908.

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Some accounts of the earliest attempts to train subordinate medical assistants have been given in Chap. XXVII, *The Uncovered and Subordinate Medical Services*. The earliest definite regulations on the subject are those issued in the G.O. of 15th June, 1812, published in the C.G. of 2nd July, 1812, directing the training of European and Eurasian boys to form a Sub-medical Service for the army. Natives of India, however, were not admitted to this class. A similar class was started in Madras about the same time.

Some sort of instruction in the Hindu and *Yunani* systems of medicine respectively, was given in Calcutta, early in the nineteenth century, in the Sanskrit College and in the Madrasa. This instruction, however, was given entirely by lectures and by reading, no attempt was made at dissection or practical work. The first real medical school in India was the school for training native doctors, established in Calcutta by G.O.G.G. of 21st June, 1822, published in the C.G. of 27th June, 1822. In Eatwell's introductory lecture it is stated that these classes were established in 1826. The actual date seems to have been earlier. The Court of Directors at first objected to the establishment of this school. The Indian Government remonstrated against the orders sent out for its abolition. A long debate on the subject of medical education in India took place at the East India House on 21st June, 1826, as a result of which the orders for the abolition of the school were cancelled, and its establishment approved by the Court. Similar medical schools were started in Bombay in 1826, by Bombay G.O. of 1st Jan., 1826, and in Madras in 1827, by Madras G.O. of 20th March, 1827. The Bombay school was kept up for only six years, and was abolished by Bombay G.O. of 20th June, 1832.

Medical education on a higher scale was initiated by Lord William Bentinck, Governor General, who in Oct., 1833, appointed a Committee for the purpose of "improving the constitution and extending the benefits of the Native Medical Institution, and digesting a system of management and education calculated to give effect in both of these respects to the wishes of Government." The members of this Committee were Surgeon John Grant, Apothecary (Medical Storekeeper) to the Company; J. C. C. Sutherland, Esq., Secretary to the Education Committee; C. E. Trevelyan, Esq., Deputy Secretary, Pol. Dept.; Assistant Surgeon

Spens of the Bodyguard; Assistant Surgeon M. J. Bramley, Assistant Marine Surgeon; and Babu Ram Komal Sen. The Committee submitted a lengthy report in Oct., 1834, in which, while they acknowledged the merits of the Native Medical Institution, they summarised its defects in the following terms:—

"(1) The absence of a proper qualifying standard of admission; (2) scantiness of means of tuition; (3) the entire omission of practical human anatomy in the course of instruction; * (4) want of regularity in the time of admitting students; (5) the shortness of the period of study; (6) the want of means and appliances for the convenience of private study; (7) the desultory character of the students' attendance on the practical means of instruction; (8) the inconclusive nature of the power and authority wherewith the Superintendent is vested; (9) the mode of conducting the final examination." Detailed recommendations were submitted to remedy these defects. On one important point the members of the Committee were divided in opinion, namely, whether instruction should be imparted in an Indian vernacular or in English. The Anglicists finally prevailed over the Orientalists, and it was emphatically laid down that "a knowledge of the English language we consider as a *sine quâ non*, because that language combines with itself the circle of all the sciences and incalculable wealth of printed works and illustrations, circumstances which give it obvious advantages over Oriental languages, in which are only to be found the crudest elements of science, or the most irrational substitutes for it." †

The recommendations of the Committee were approved, and the foundation of the Medical College, from 1st Feb., 1835, was sanctioned in G.O. No. 28 of 28th Jan., 1835, the Native Medical Institution and the medical classes at the Madrasa and at the Sanskrit College being abolished.

"Govt. G.O. No. 28 of 28th Jan., 1835.

"The Right Honourable the Governor General of India in Council is pleased to pass the following resolutions.

"1. That the Sanskrit College medical class, the medical class of the Madrasa, and the Native Medical Institution, be abolished from the 1st proximo.

"2. That such of the students of the native medical institution as are now capable of passing their final examination shall be appointed native doctors, and all the other students of that institution be transferred to the native corps of the Army, upon their present salaries, to become native doctors when represented to be duly qualified by a committee of medical officers, or, if not found qualified in two years, to be discharged.

* In the Native Medical Institution dissection was performed on the bodies of sheep.

† The above paragraph is taken bodily from K. McLeod's article, *Medical Education in India*, in the *Caledonian Medical Journal* for Jan., 1908, pp. 8, 9.

" 3. That a new college shall be formed for the instruction of a certain number of native youths in the various branches of medical science.

" 4. That this college shall be under the control of the education committee.

" 5. That the education committee shall have the assistance of the following medical officers, *ex-officio*. The Surgeon of the General Hospital, the Surgeon of the Native Hospital, the Garrison Surgeon of Fort William, the Superintendent of the Eye Infirmary, and the Apothecary to the Hon'ble Company.

" 6. That instruction be given through the medium of the English language.

" 7. That a certain number of native youths, whose ages shall not exceed twenty years, or be less than fourteen years, shall be entered upon the foundation as foundation pupils of the institution.

" 8. That all candidates for admission as foundation pupils shall be required to present respectability of connexions and conduct, shall be able to write and read English and Bengallee or English and Hindoostanee, and with these qualifications all natives between the age of fourteen and twenty shall be equally eligible without exception to creed or caste.

" 9. That the candidates shall be examined by the education committee and the superintendent of the institution, and that the selection of the pupils shall be determined by the extent of their acquirements.

" 10. That the number of the foundation pupils shall be limited to fifty.

" 11. That the foundation pupils shall each receive a monthly stipend from Government of Rs.7, which may be increased according to the following scale.

" 12. That all foundation pupils be divided into three classes, each class having a different salary.

The first class, Rs. 7 per month.

" second " 9 "

" third " 12 "

" 13. That the formation of these classes shall be entrusted to the management of the education committee and the superintendent of the institution, it being distinctly understood that the classification will depend upon the acquirements of the pupils, and not upon the period of their studies; excepting, that no pupil shall, during the first two years of being on the foundation, receive a higher salary than Rs. 7 per month, but that afterwards the increase will depend upon the classification.

" 14. That the foundation pupils shall be expected to remain at the institution for a period of not less than four years, and not exceeding six years.

" 15. That all foundation pupils be required to learn the principles and practice of the medical science in strict accordance with the mode adopted in Europe.

" 16. That all the pupils who shall have completed their studies according to the form prescribed, shall be entitled to have certificates signed by the superintendent to enable them to present themselves for final examination.

" 17. That the final examination for granting certificates of qualification to practise surgery and medicine, or for admission into the service, shall be publicly made by the committee of education, assisted by the medical officers above mentioned.

" 18. That such pupils as shall be deemed qualified to practise surgery and medicine shall receive certificates of qualification signed by the president of the committee of education and countersigned by the secretary of that committee and the superintendent of the institution.

" 19. That the public service shall be supplied with native doctors from the institution, and with a view to this object, whatever appointments may happen to fall vacant during the period which intervenes between two examinations shall be offered for the acceptance of the students who passed at the examination next ensuing. The selection shall be regulated by the extent of professional acquirements.

" 20. That as an inducement for pupils of a respectable class to enter the institution, the pay of the native doctors who shall have been educated at the college and have received the certificates of qualification, shall be Rs.30 per month; after seven years' service their pay shall be Rs.40 per month; and after fourteen years, Rs.50 per mensem. After twenty years' service they shall be entitled to retire upon a pension, regulated according to the proportions granted to native commissioned officers of the army, if no longer capable of performing duty from age, disease, or wounds.

" 21. That the education committee shall be charged with providing a suitable building for the college, a library, anatomical preparations, and all other objects of indispensable necessity to the education of the pupils, the expense being previously submitted for the sanction of the Council of India.

" 22. That the college shall be under the management of a European superintendent, who shall devote the whole of his time to the interests of the institution, and who shall not be permitted to enter into private practice, or to hold any situation that can in any way withdraw his attention from his duties at the institution.

" 23. That the superintendent shall be permitted to draw a staff allowance of *sonat* Rs.1200 per month in addition to his regimental pay and allowances.

" 24. That the superintendent shall be aided in his duties by a European assistant, who shall draw a staff salary of Rs.600 per month in addition to his regimental pay and allowances.

" 25. That the European assistant shall devote the whole of his time to his duties at the institution, and that he shall not be permitted to enter into private practice or to hold any situation that can withdraw his attention from the interests of the institution.

" 26. That the European assistant shall exercise no control over the management of the institution, excepting by permission of the superintendent, but that he shall confine himself to the duty of assisting the superintendent in the work of educating the pupils.

" 27. That the whole management of the institution, the charge of the pupils, the mode of teaching, and all the arrangements, shall be entrusted to the judgment and guidance of the superintendent, under the control of the education committee.

" 28. That the superintendent shall make half yearly reports upon the state of the institution to the education committee, by whom these reports shall be forwarded with their sentiments to the Government of India.

" 29. That the division of duties of the superintendent and of the

assistant shall be made at the discretion of the former, subject to the control of the education committee.

"30. That the superintendent with the aid of his assistant shall be expected to instruct the pupils in anatomy, surgery, medicine, and pharmacy, and to qualify them for medical charges, either civil or military.

"31. That the pupils shall visit, to witness the practice, the General Hospital, the Native Hospital, the Hon'ble Company's dispensary, the Dispensaries for the poor, and the eye infirmary.

"32. That the superintendent shall be supplied, under the direction and management of the education committee, with a certain monthly allowance of stationery for the use of the institution.

"33. That the formation of a plan of medical education and the rules and discipline of the institution shall be entrusted to the education committee.

"34. That in addition to the pupils in the foundation, the benefits of this college shall be open to all classes of native youths between the age of fourteen and twenty, without exception to creed or caste, provided they possess respectable connexions and conduct, and can read and write English and Bengallee, or English and Hindoostanee, and that all thus qualified shall, at the discretion of the committee of education, be permitted to attend the instruction at the college, subject to its discipline and regulations.

"35. That the superintendent shall draw a pay bill for the establishment of the institution, which shall be countersigned by the secretary of the education committee, and shall annex to it a nominal roll of the youths on the foundation of, and establishments attached to, the native medical institution, and voucher for the payment of the house-rent, both signed by the secretary of the education committee.

"His Lordship in Council is pleased to nominate Mr Assistant Surgeon M. J. Bramley to the situation of Superintendent of the new medical college; Mr Bramley's appointment to have effect from the 1st proximo."

The original staff of the Calcutta Medical College consisted of a Supt., Assistant Surgeon M. J. Bramley, with Assistant Surgeon H. H. Goodeve as his only assistant. These officers were granted staff salaries of Rs.1200 and Rs.600 respectively, in addition to the regimental pay and allowances of their rank; and had to devote their whole time to the College, not being allowed to practice. By G.O. No. 10 of 5th Aug., 1835, Bramley's official designation was changed from Supt. to Principal, that of Goodeve from Assistant to the Supt. to Professor of Medicine and Anatomy; while a Professor of Materia Medica and Chemistry was added to the staff, Assistant Surgeon W. B. O'Shaughnessy. Dissection of the human body was started on 10th Jan., 1836, the first native to handle the knife being Pandit Madhusudan Gupta, a Hindu of Vaidya caste, formerly teacher of medicine at the Sanskrit College.

Bramley died of fever in Calcutta on 19th Jan., 1837, aged 34. On his death the office of Principal was abolished, a non-medical

man being appointed instead as Secretary, and the staff increased and re-arranged, by Bengal Civil Order No. 33, of 1st Feb., 1837, which made the following appointments, Goodeve retaining the professorship of Medicine and Anatomy, and O'Shaughnessy that of Chemistry and Materia Medica.

Assistant Surgeon C. C. Egerton to be Professor of Surgery and Clinical Surgery.

Surgeon N. Wallich, Supt. Botanical Gardens, to be Professor of Botany.

Assistant Surgeon T. Chapman, to be Lecturer on Clinical Medicine.

Assistant Surgeon J. McCosh to officiate as Lecturer on Clinical Medicine.*

Mr. R. O'Shaughnessy to be Demonstrator of Anatomy.

Mr. David Hare to be Secretary.

The above formed a Council for the administration of the College. The office of Principal remained in abeyance for nearly twenty years, until revived on 1st Feb., 1856, when the title and office were conferred on Surgeon James Macrae, Professor of Medicine. David Hare, however, from 1837 to 1841, was the only non-medical Secretary; his successors being F. J. Mouat, (1841-51), E. Goodeve, (1851-55), and F. N. Macnamara, (1855-56).

Richard O'Shaughnessy was an Uncovenanted Medical Officer. He was subsequently nominated Assistant Surgeon from 4th Dec., 1841, became Surgeon on 9th Oct., 1855, retired on 4th May, 1860, and died on 13th April, 1889. He held the Professorship of Surgery from 1845 to 1859, and was the author of a surgical work, *On the Diseases of the Jaws*, Calcutta, 1844.

Chapman never joined. McCosh resigned in the following year, 1838, when the lectureship on Clinical Medicine was abolished, and the salary saved devoted to the maintenance of a small clinical hospital, opened on 1st April, 1838, to which an out-patient department was attached.

Some further changes were made in the arrangements of the duties of the various chairs by Bengal G.O. of 3rd March, 1841, when H. H. Goodeve was appointed Professor of Midwifery and Anatomy, a combination which seems curious to a generation educated under modern ideas of sepsis; Medicine and Clinical Medicine became a separate chair under J. Jackson; and E. W. W. Raleigh became Professor of Surgery and Clinical Surgery, *vice* Egerton, who had gone on furlough.

* For McCosh, see Chap. XXXV, *The First Half of the Nineteenth Century*, Vol. II, p. 253.

Since that date, during the last seventy years, many changes have been made by the re-arrangement of the professional chairs, and by the addition of new ones.

Chemistry, separated from Materia Medica, March, 1842.
 Ophthalmic Surgery, separated from Surgery, 1842.
 Anatomy and Physiology, separated from Midwifery, Feb., 1845.
 Medical Jurisprudence, instituted 1850.
 Descriptive and Surgical Anatomy, a lectureship since 1837, became a full chair in 1855.
 Dentistry, instituted May, 1861.
 Hygiene, instituted Aug., 1864.
 Zoology and Comparative Anatomy, separated from Anatomy, Jan., 1869.
 Pathology, instituted Dec., 1871.
 Clinical Surgery, instituted 1912.

From time to time there has been some doubling up of these chairs. The Professorship called above that of Anatomy and Physiology, was practically one of Physiology and Comparative Anatomy, as there was a separate lectureship up to 1855, and after that a Professorship of Descriptive and Surgical Anatomy; and on the institution of a separate Professorship of Zoology in 1869, it became a chair of Physiology alone. The Professorship of Pathology has, on more than one occasion, been combined with that of Physiology, until they were finally separated, and made two independent chairs, in 1897.

To return to the history of the College, other than that of the professorial chairs. In Jan., 1839, the first students passed out, after a medical course of three and a half years. Eleven students went up for the examination, two withdrew, five passed, and four failed. Of the whole eleven, one, James Pote, was a Christian; one, B. C. Chaudhri, was a Brahman; (these were the two who withdrew); five were Kayasths, and four Vaidyas, by caste. All, except one Kayasth from Delhi, were Calcutta men.

The five who passed were Uma Charan Sett, Dwarka Nath Gupta, Raj Kishan Deb, Nobin Chandra Mitra, and Shama Charan Datta. They were all without delay provided with appointments, as Sub-Assistant Surgeons, the first four in the hospitals of Dakka, Murshidabad, Patna, and Chittagong, respectively, the last in Patna Opium Agency.*

* This statement is taken from the pamphlet mentioned above, *The Medical College of Bengal*. In Bengal G.O. of 12th April, 1839 (C.G., 8th May, 1839). Uma Charan Sett is posted to Agra, Raj Kishan Deb (who is called Raj Kisto Dey) to Delhi, and Shama Charan Datta to Allahabad.

Badan Chandra Chaudhri, the Brahman student who withdrew from the first examination, passed in 1841, and was appointed Sub-Assistant Surgeon to the Imambara Hospital at Hugli, in August, 1842, being the first to hold that post. He retained it until 1857, when he retired, settled in Hugli, and lived there for another half century, dying so recently as 18th Aug., 1907, aged 97, leaving a large fortune.

In 1839 also for the first time were admitted "free students" without stipends or obligations; also students from Ceylon. When the Colombo Medical School was opened, on 1st June, 1870, students from Ceylon ceased to attend.

In 1839 also the Hindustani class for the instruction of native doctors for the army was instituted, with a staff of native teachers lecturing in the vernacular, with effect from 1st Oct., by G.O. No. 136 of 12th Aug., 1839. This class was a resuscitation of the School of the Native Medical Institution, which had been in abeyance for the four years, 1835 to 1839. Lectures were given in Urdu. With the opening of the vernacular medical schools up country, at Agra and Lahore, the training of native doctors for the army was gradually transferred to them. The Bengali class for native doctors was sanctioned on 23rd Jan., 1852, and opened in that year. It was transferred to Sealdah in 1873.

In 1845 the chairs were rearranged to some extent, as noted above, in order to meet the requirements of the examining bodies in London, the University, College of Surgeons, and Society of Apothecaries. In 1846 these bodies recognised the medical education given in Calcutta as qualifying for their examinations. The Medical College gave a diploma in medicine and surgery, until the Calcutta University was founded in 1857, and granted the degrees of M.D. and L.M.S., (Licentiate in Medicine and Surgery). The degree of M.B. was subsequently added.

In 1845 Assistant Surgeon H. H. Goodeve was deputed to England, taking with him four students, to complete their education at University College, London; S. C. Chuckerbutty, Dwarka Nath Bose, Bhola Nath Bose, and Gopal Chandra Sil. D. N. Bose, B. N. Bose, and G. C. Sil passed the M.R.C.S. in 1846, and returned to India in 1847, when they were appointed to the Uncovenanted Medical Service. The two latter both served in the Panjab campaign of 1849. B. N. Bose served for over thirty years as an Uncovenanted Medical Officer in Bengal, where he was for long

Civil Surgeon of Faridpur. At his death, in 1885, he left his whole property to charitable purposes; from this bequest are maintained the Bhola Nath Bose dispensaries at Barrackpur, and at Mandalai, in the Hugli district. Chuckerbutty took the M.R.C.S. in 1848, the M.B. and M.D. of London in 1849, served as an Uncovenanted Medical Officer for a few years, then resigned, went to England, and at the first competitive examination for the I.M.S. in Jan., 1855, passed in first. He was gazetted Assistant Surgeon from 24th Jan., 1855, became Surgeon on 24th Jan., 1867, Surgeon Major on 1st July, 1873, went on furlough in that year, and died in London on 29th Sept., 1874. From 1864 till his death he held the chair of Materia Medica in the Medical College.

In 1845 also the course of tuition at the Medical College was extended from four to five years, a reform which was carried out in Great Britain forty-five years later.

By G.G.O. No. 200 of 25th June, 1847, were founded the classes at the Medical College for the Military Sub-Medical Department, the members of which were then known as Apothecaries, now as Military Assistant Surgeons. Hospital apprentices, after two years' service in military hospitals, were sent to the College for a two years' course of instruction. Forty years later, the preliminary military duty was abolished, and candidates for this Service, after passing an entrance examination, posted to the College direct, for a three years' course.

During the last twenty years, most of the class-rooms and laboratories of the Calcutta Medical College have been rebuilt on a larger and improved scale. This work was started, and much of it carried out, during the principalship of Lieut. Colonel G. Bomford, who held that post from 1893 to 1904; afterwards Surgeon-General Sir Gerald Bomford, Director General of the I.M.S. from 1905 to 1909.

Since the middle of the nineteenth century a number of other medical schools have been founded in the Bengal Presidency, and also one at Rangoon, in Burma. Of these schools the only ones which teach up to the standard of the Presidency towns, and are of University rank, are those at Lahore and Lucknow. It is probable, however, that the Dakka school will also, before long, give an education of the University standard for the first two years of the curriculum.

There is also a project now on foot to open, at Delhi, a female

hospital and a medical school for women only, to be called The Queen Mary Hospital and Medical School.

The following is a list of the medical schools now in existence in Northern India:—

Agra	opened 1853
Lahore	October, 1860
Sealda, (Calcutta)	November, 1873
Patna	23rd June, 1874
Dakka	15th June, 1875
Cuttack	15th February, 1876
Indore	1878
Ludhiana, (Mission)	1895
Dibrugarh	18th June, 1900
Rangoon	February, 1907
Lucknow	25th January, 1912

Agra.—The first medical school opened in the Bengal Presidency outside Calcutta was that at Agra, founded in 1853, the first Principal being Surgeon John Murray, who was succeeded in 1857 by Assistant Surgeon T. Farquhar. The school continued its work, with only a short interruption, throughout the Mutiny in 1857-58; although a member of its staff, Sub-Assistant Surgeon Wazir Khan, teacher of Materia Medica, became prominent among the rebels.

Lahore.—The Lahore medical school was opened in Oct. 1860, the first Principal being Assistant Surgeon J. B. Scriven, who held the post for over ten years, and was succeeded on 7th July, 1871, by Surgeon T. E. Burton-Brown. When the Panjab University was constituted by Act XIX of 1882, this school became its medical faculty.

Nagpur.—The Nagpur medical school was opened on 1st Oct., 1867. Its first Principal was Surgeon S. C. Townsend, who was succeeded in March, 1868, by Surgeon W. B. Beatson. Both these officers subsequently rose to the administrative grade; Beatson died so recently as 26th April, 1911. This school was closed about thirty years ago; but a scheme is now on foot for its resuscitation.

Sealda, Patna, Dakka, and Cuttack.—The four medical schools in Bengal proper were all started within a period of three years. The first was the Campbell medical school at Sealda, Calcutta, named after the Lieut. Governor, Sir George Campbell. It was opened in Nov., 1873, with the transfer to the Campbell Hospital

of the Bengali native doctor class from the Medical College. So it is the direct successor of that class; and also, one may say, of the Native Medical Institution of 1822. The second, the Temple medical school at Patna, named after the Lieut.-Governor, Sir Richard Temple, was opened on 23rd June, 1874, to serve the needs of the province of Bihar, instruction being given in Hindustani. Its first Principal was Surgeon Major D. B. Smith, then Civil Surgeon of Patna, afterwards, from 1885 to 1889, Professor of Military Medicine in the Army Medical School at Netley, till his death there on 3rd June, 1889. The third, at Dakka, for Eastern Bengal, was opened on 15th June, 1875, its first Principal being also D. B. Smith, who had recently been transferred from Patna to Dakka. The fourth, at Cuttack, for Orissa and the Uriya speaking districts of the province, was opened on 15th Feb., 1876, the Civil Surgeon of Cuttack, Surgeon W. D. Stewart, being its first Principal, a post which he held till his death at that station on 23rd Nov., 1890. The official title of the head of these vernacular medical schools is not Principal, however, but Superintendent.

By the recent administrative changes in India, two of these schools, Patna and Cuttack, are now included in the new province, Bihar and Orissa. In connection with the new University at Dakka, it has been proposed to affiliate the Dakka medical school, giving medical education up to the first M.B. exam., after which the University students would finish their course of instruction at Calcutta.

Indore.—The medical school at Indore was opened in 1878, to train native youths as medical subordinates for employment in Indore and the neighbouring native States; and owes its origin to Surgeon-Major Thomas Beaumont, then Residency Surgeon of Indore. It is supported by the Native States of Rajputana and Central India. The diploma given by this school was recognised by Government, under the orders conveyed in Govt. of India, Foreign Dept., No. 5429-1-B, of 30th Dec., 1905; (*I.M.D. Circs.* 1906, p. 7). In 1910 the Daly Chief's College at Indore moved into new and enlarged buildings. The old buildings were handed over to the Indore hospital and medical school, the name of which was at the same time changed to the King Edward Hospital and Medical School. This school accommodates about one hundred students.

Rangoon.—The medical school at Rangoon was opened in February, 1907, for the education of Burmese students.

Ludhiana.—The North India School of Medicine for Christian women was opened in 1894 by Dr. Edith Brown. Its object is to train women for work in Zenana Medical Missions. The course is one of four years, the qualification at present is of the Sub-Assistant Surgeon grade; but it is intended to add a five years' course for the Assistant Surgeon grade, and degree of the Panjab University.

Dibrugarh.—The Berry White Medical School at Dibrugarh was opened on 18th June, 1900, the first Supt. being Major E. A. W. Hall, Civil Surgeon of Dibrugarh. It owes its origin to a legacy of half a *lakh* from Surgeon Major J. B. White, who was for long Civil Surgeon of Dibrugarh, and was extensively interested in the tea industry of Assam. John Berry White was born on 5th June, 1834, and entered the I.M.S. as Assistant Surgeon on 23rd July, 1858, became Surgeon on 23rd July, 1870, and Surgeon Major on 1st July, 1873. After having spent his whole service of twenty-four years in Assam, he retired on 15th July, 1882, and died in London of heart disease on 19th Nov., 1896. The following reference to Dr. White appears on page 525 of Chevers' work, *A Commentary on the Diseases of India*, published in 1886.

"A young medical officer, who arrived in Calcutta *circa* 1858, was attacked with hæmoptysis almost immediately upon landing. When he was convalescent, the head of our department, Sir John Forsyth, whose secretary I was, said to me 'What can we do with W.—? We can neither send him home nor to the Upper Provinces. He shall go with that detachment to Dibrughur in Upper Assam. He will have a pleasant voyage of some days up the Bramapootra, and the climate is temperate.' Dr. W.— had no return of his disease. Most of his service was at the above station, and he has lately retired with the appearance of a remarkably powerful and healthy man."

Lucknow.—The King George's Medical College at Lucknow is the latest addition to the list of medical schools in India. The foundation stone was laid on 26th Nov., 1905, by King George V., when visiting India as Prince of Wales, at Shahmina, overlooking the river Gumti, near Lucknow city. The College was formally opened by Sir John Hewett, the Lieutenant Governor, on 25th Jan., 1912. A magnificent new hospital is also in course of construction, in connection with this school. The estimated cost of the medical school is thirteen *lakhs*, and of the hospital twenty

lakhs. The course is one of five years, for a University degree. The staff is as follows:—

Principal, Professor of Surgery, and First Surgeon.
 Professor of Medicine, and First Physician.
 Professor of Midwifery and Gynaecology.
 Professor of Physiology.
 Professor of Pathology and Bacteriology.
 Professor of Anatomy.
 Lecturer on Materia Medica and Therapeutics.
 Lecturer on Forensic Medicine.
 Demonstrator of Ophthalmology.

The first five chairs are held by officers of the I.M.S., the Professor of Midwifery being also Civil Surgeon of Lucknow. The chair of Anatomy and demonstratorship of Ophthalmology are held by Civil Assistant Surgeons; the two lectureships by Military Assistant Surgeons, the Assistant to the Civil Surgeon holding that of Forensic Medicine.

During the last twenty years several private medical schools have been started in Calcutta, which give medical education on European lines, and bestow diplomas upon the students who go through their curriculum. The diplomas given by these schools are not recognised as qualifying for Government or Local Fund service.

*The Madras Medical College.**—A Medical school was established at Madras by G. O. of 13th Feb., 1835, during the Governorship of Sir Frederick Adam. Classes began in July, 1835; the school buildings, erected at a cost of Rs.9861, were opened in July, 1836. Two different courses were given, one to medical apprentices for the apothecary branch, the other to medical pupils for the native branch of the Military Sub-Medical Department. The latter on leaving the school were appointed dressers. The students of this branch gradually developed into native doctors, then in 1868 military hospital assistants, and finally in 1910 became military Sub-Assistant Surgeons. The course for each branch lasted two years, Anatomy and Physiology being taught in the first year, Medicine and Surgery in the second. No civil

* The history of medical education in Madras is taken partly from a work entitled *History of the Madras Medical College, from its foundation in 1835, and of the old General Hospital*, published at Madras in 1885; partly from information kindly furnished by Captain C. A. F. Hingston, I.M.S., Personal Assistant to the Surgeon General, Madras. The *History* bears no name on the title page, but the author was Brigade-Surgeon J. Keess, Principal of the College in 1835.

or private students were admitted. The Madras Medical School was therefore, at first, on a level with the Calcutta Native Medical Institution, founded in 1822, rather than with the Calcutta Medical College, founded in 1835.

The staff at first consisted of a Supt., Surgeon William Mortimer, and an Asst. Supt., Assistant Surgeon George Harding. These two officers received a staff allowance of Rs.400 and Rs.300 respectively, in addition to their military pay.

Mortimer went on furlough in Jan., 1841, and never returned to India. Harding succeeded him as Supt., and James Shaw became Asst. Supt. Harding retired in 1850, when Shaw became Supt., and later on Principal, when that title was first given, in Nov., 1858. He remained in charge of the Medical College up till 1862, was promoted to D.I.G. on 1st March, 1863, to I.G. on 1st Aug., 1864, became Principal I.G. on 10th Aug., 1866, retired on 28th Feb., 1867, and died at Anerley on 1st Dec., 1889.

In 1846, a third chair, Chemistry and Materia Medica, was added, and in 1847 two more. In the same year the course for the apothecary class was lengthened to three years. The staff in 1847 were—

Professor of Anatomy and Physiology, Asst. Surg. T. L. Bell.
 Professor of Chemistry and Materia Medica, Surgeon T. Key.
 Professor of Surgery, Asst. Surg. J. Shaw.
 Professor of Medicine, and Supt., Surgeon G. Harding.
 Professor of Midwifery, Diseases of Women, and Ophthalmology, Asst. Surg. W. B. Thomson.

By G.O. No. 92 of 23rd April, 1847, stipendiary civil students were admitted, to go through a course of five years, to qualify for the grade of Civil Sub-Assistant Surgeon. The Madras Medical School thus came on a level with those of Calcutta and Bombay, though the name was not changed to Medical College until 1st Oct., 1850. The first batch of these civil students qualified in 1852, and were the first to receive a diploma from the College.

In 1850 a chair of Botany was added, and with it was combined Materia Medica, instead of, as formerly, with Chemistry. In the same year the course was extended to three years for the native doctor class, and to four years for the apothecary class.

By G.O. of 12th Oct., 1857, the vernacular medical school was transferred to Vepery, and placed under the superintendence of the Surgeon of the second district, assisted by teachers from the

subordinate department. This change was not a success, and the school was transferred back to the Medical College in 1860.

In 1855-56 the course of instruction given at Madras was recognised by the Royal College of Surgeons, London. In 1863, the Madras University, which had been constituted by Act XXVII, of 1857, claimed the exclusive right to give medical degrees and diplomas, and the power of granting diplomas was withdrawn from the Medical College, except as regards the students already under instruction.

In 1867 the staff was reorganised, the number of major professorships being raised to eight; with five minor professorships, Botany, Hygiene, Dentistry, Medical Jurisprudence, and Comparative Anatomy. The eight major professorships then were—

Professor of Medicine, Principal and Physician, (Senior Medical Officer), General Hospital.

Professor of Surgery, and Surgeon, General Hospital.

Professor of Materia Medica, and Medical Storekeeper.

Professor of Chemistry, and Chemical Examiner.

Professor of Anatomy, and Port Surgeon.

Professor of Ophthalmology and Physiology, and Supt. Eye Infirmary.

Professor of Midwifery and Diseases of Women, and Supt. Lying-in Hospital.

Professor of Pathology, and Resident Surgeon, General Hospital.

By G.O. No. 6 of 11th Jan., 1875, female students were admitted for instruction. The first class of these students qualified in 1878, at their head standing Mrs. Scharlieb, now on the staff of the London School of Medicine for Women, and one of the leading gynaekologists in London.

In 1877, under the advice of S.G. George Smith, the senior department, for training Civil Assistant Surgeons, was closed, by Order No. 1240 of 4th May, 1877. This retrograde step was unpopular, and this order was in force for less than a year, the class being reopened by G.O. No. 65 of 14th Feb., 1878. The students of this class, however, who had hitherto received a free education, had for the future to pay fees for their instruction.

The following vernacular medical schools, for training Hospital Assistants, have been in existence, from time to time, in the Madras Presidency. In 1871, a scheme was put forward by I. G. Edward Balfour, for the establishment of five vernacular medical schools, two in the Telugu, two in the Tamil, and one in

the Malayalim-speaking districts of the Presidency, but nothing came of it at the time.

(1). Vepery, Madras; as mentioned above; transferred from the Medical College by G.O. of 12th Oct., 1857, retransferred to the Medical College in 1860.

(2). Rayapuram, Madras; transferred from the Medical College by Govt. Order No. 367, Education Dept., of 18th Nov., 1882; retransferred to the Medical College in Aug., 1887, and again transferred to Rayapuram in 1903.

(3). Nellore; opened 1876, closed 1897.

(4). Dindigul, opened 1874.

(5). Madura, transferred from Dindigul, 1885.

(6). Tanjore, opened 1st Oct., 1883.

(7). Vizagapatam, opened 1st July, 1902.

*Nellore.**—The Nellore Medical school was opened in 1876 by Surgeon Major Aeneas Macleod Ross, then District Medical and Sanitary Officer of Nellore, to train medical subordinates for employment in the famine camps and dispensaries, during the great Madras famine of 1876-78. Twelve youths were at first appointed, and were sent out to duty after one month's training. After the famine they went through a further course of two years, and were then examined at the Madras medical school, ten out of the twelve passing. The school was subsequently taken over by the District Board. It was closed in 1897. During its twenty years' existence about 150 youths qualified from it.

Dindigul and Madura.—A medical school was opened at Dindigul in the Madura district, about 1874, by two American missionaries, Dr. Palmer and Dr. Chester. In Jan., 1885, the school was transferred to Madura; it was abolished on 1st March, 1887, and the students transferred to Tanjore.

Tanjore.—The Prince of Wales medical school at Tanjore was opened on 1st Oct., 1883, by the Tanjore District Board, and was taken over by Government in July, 1905.

The Grant Medical College, Bombay, is named after Sir Robert Grant, Governor of Bombay from 1835 to 1838. The foundation stone was laid on 30th March, 1843; it was opened in 1845. In 1860 it was affiliated to the Bombay University, constituted by

* This account of the Nellore medical school was supplied, through Captain C. A. F. Hingston, by Mr. N. P. Ramasawmy Naidu, retired Asst. Professor, Madras Medical College, who himself, as a Hospital Asst., helped Dr. Ross to found the school, and who held the post of Asst. Supt. for most of the twenty years the school was in existence.

Act XXII of 1857. In 1891 were opened the laboratories, the gift of Framji Dinshaw Petit.

Medical education of three grades was given, to Civil Sub-Assistant Surgeons, (Assistant Surgeons since 1873), to the Military Sub Medical Department, and, for the first thirty years, to native doctors and Hospital Assistants, Civil and Military. The classes of this grade were transferred to the vernacular medical schools when these were opened. The school was opened to women in 1884.

There are three vernacular medical schools in the Bombay Presidency for the training of the Hospital Assistant class, now called Sub-Assistant Surgeons.

1. The Byramji Jijibhai school at Poona, opened 1878.
2. The Byramji Jijibhai school at Ahmadabad, opened 1879.
3. The School at Haidarabad, Sind, opened 1881.

The medical school for native doctors, established at Bombay, in 1826, and abolished in 1832, has been mentioned above.

*Haidarabad.** A G.O., dated Jan., 1840, by Major General Fraser, Resident at Haidarabad, quoted in Chap. XXXV, *The First Half of the Nineteenth Century*, shows that a medical school was then in existence at Bolarum. Some information about this school is given in the *Friend of India*, of 13th Aug., and 17th Sept., 1846. It was established in 1835, by Assistant Surgeons Thomas Key, Medical Storekeeper, and Simon Young, Staff Surgeon to the Haidarabad Contingent, to train medical subordinates for service in the Contingent; and was closed from 1st May, 1846, the demand for such subordinates having been sufficiently supplied.

The present Haidarabad medical school was opened on 1st Sept., 1846, under Assistant Surgeon W. C. Maclean,† then Residency Surgeon. Practically it may be said that the school was transferred from Bolarum to Haidarabad in 1846. Since that date the school has trained both Assistant Surgeons and Hospital Assts. (now Sub-Assistant Surgeons), the former chiefly for service in the Haidarabad state, the latter for Berar. Instruction was given in Urdu up to 1883, when Surgeon Major Thomas Beaumont, then Residency Surgeon, substituted English. The school is not

* Some notes on the history of the Haidarabad Medical School, by Surgeon-Major Edward Lawrie, then Residency Surgeon of Haidarabad, and Supt. of the School, will be found in the *Indian Medical Gazette* for Jan., 1888, p. 21.

† For Maclean, see Chap. XXIV, *The Sea Service*, Vol. II, p. 62.

affiliated to any University in India, but its courses of lectures are accepted as qualifying for examination, by the University and Royal Colleges of Edinburgh.

Travancore and Ajmir. The *Friend of India* of 13th Aug., 1846, in its note on the Bolarum school, states that Major-General Fraser, when Resident at Travancore, had started a medical school there, about the same date as that of Bolarum, about 1835. And the same paper, in its issue of 17th Sept., 1846, reports that Lieut.-Colonel Sutherland, Agent of the Governor-General for Rajputana, had established a medical school at Ajmir. These medical schools probably trained compounders and dressers rather than native doctors, and appear to have had only a short life.

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CHAPTER XLIV

MEDICAL SOCIETIES AND MEDICAL JOURNALISM IN INDIA *

" A chield's amang you taking notes."
Burns, *On the late Captain Grose's Peregrinations thro' Scotland.*

A.—Medical Societies.

THE *Proceedings* of the Calcutta Medical Board of 24th April, 1788, less than two years after the Board had first come into existence, contain a letter, dated 16th April, 1788, from Assistant Surgeon John Peter Wade, suggesting the formation of medical libraries, one large library to be founded in Calcutta, with smaller ones at the headquarters of Brigades. The cost of maintenance was to be met by subscriptions of two rupees a month from each Surgeon, one rupee from each Assistant Surgeon. Wade was in advance of his time. The Medical Board did not take up the scheme, which fell to the ground. This was probably the first suggestion put forward in India of any combined action for professional improvement.

The first Medical Society established in India was started at Bombay, in 1790, or perhaps even earlier. A Public Letter from Court to Bombay, dated 15th Dec., 1790, in para. 54, permits the Agents of the Medical Society established at Bombay to send the books and apparatus required by the Society in the Company's ships.

More than thirty years later, the *Medical and Physical Society of Calcutta* was founded in March, 1823. The first President was

* Part of the information given on both these subjects is derived from two articles, the first entitled *Indian Medical Societies and Journals*, contributed to the *Caledonian Medical Journal* by Colonel Kenneth McLeod, and republished in that author's *Indian Medical Memories*; the second, *A Short Historical Note on Medical Societies and Medical Journalism in Calcutta*, by Major Leonard Rogers, I.M.S., read at the first meeting of the Medical Branch of the Asiatic Society of Bengal, in Aug., 1906.

Surgeon James Hare, junior, one of the Presidency Surgeons, who entered as Assistant Surgeon on 4th Aug., 1802, retired on 6th June, 1827, and died in Edinburgh on 12th Feb., 1831. The first Secretary was Assistant Surgeon John Adam, Assistant Surgeon of the Presidency General Hospital, who entered on 14th Oct., 1816, and died in Calcutta on 29th July, 1830. This Society included among its members a number of men in the Madras and Bombay Services, as well as Bengal men. The Members of the Medical Board were Patrons of the Society. Government allowed the Society the privilege of forwarding copies of their *Transactions* to *mofussil* members post free for the first year. Meetings were held on the first Saturday of every month, in the rooms of the Asiatic Society of Bengal. The subscription was twelve rupees quarterly for Calcutta members, six rupees for those in the *mofussil*. The Society started both a library and a museum; the latter seems subsequently to have become the foundation of the museum of the Medical College. This Society published *Transactions* up to 1845. It seems to have died out gradually in that year or soon after.

The formation of a Medical Society at Madras, on 5th March, 1825, is reported in the *Asiatic Journal*, July to Dec., 1825, p. 715. How long this Society lasted cannot be stated.

In the same *Journal*, Jan. to April, 1832, p. 84, is mentioned the formation in Calcutta of a *Native Medical Society*, with the object of confining medical practice to members of the Vaidya caste, the caste of hereditary physicians. The date is three years anterior to that of the foundation of the Calcutta Medical College. At this time no natives of India had been educated in European medicine beyond the standard of native doctors, and those so educated were all employed in the army. This Society, therefore, must have been one of indigenous practitioners, or Baidis, as, indeed, might be presumed from its object. It seems to have had only a short life.

The *Medical and Physical Society of Bombay* was founded in 1838, so was of later origin than the similar Societies in Calcutta and Madras. On the other hand, the Bombay Society is still in existence, and is now three-quarters of a century old; whereas the other two died out after a comparatively short life. It is, of course, by far the oldest Medical Society now existing in India, having forty-five years the advantage of the next oldest, the

Southern India Branch of the British Medical Association. It has published *Transactions* ever since its formation, and has always been well supported by members of the profession, European and Indian, official and non-official, in the Western capital, always more distinguished for public spirit than the other two Presidency towns. It would be interesting to know whether this Society had any connection with that of 1790, nearly half a century earlier. Probably not; it is likely that the earlier Society had died and had been forgotten long before.

The *Lahore Medical Club* is mentioned in Honigberger's *Thirty-five Years in the East*, (p. xviii), as being in existence when he wrote that book, in 1852. No further information, as to its origin and cessation, is available.

The *Medical and Physical Society of Haidarabad* was founded by W. C. Maclean, in connection with the medical school at that city. The dates of its birth and death have not been ascertained. It was in existence in 1853.

In 1865 was founded the *Bengal Branch of the British Medical Association*, the first branch of that Association in India. This branch was at first well supported, both by members of the Service and by private practitioners, European and Indian. In 1867 one of the leading Indian members, Dr. Mahendra Lal Sarkar, M.D., read a paper advocating homœopathy, which caused so much dissension that it practically put an end to the life of the Branch, though it kept up a nominal existence for a few more years. In 1879 an attempt was made to resuscitate this Branch, but the project developed into an independent Society, the Calcutta Medical Society.

From time to time several other branches of the British Medical Association have been founded in India, eight at least, of which six appear to be in existence at present. Of these six the oldest is the Southern India Branch, founded in 1883. Two others, Bombay and Burma, have attained their majority. The other three are of recent formation. These Branches are as follows.

The *N.W.P. and Oudh Branch*, organised by the late Surgeon C. W. Shirley Deakin, junior Civil Surgeon of Allahabad, in 1882. This branch enlisted a fairly large membership, nearly two hundred, chiefly officers of the A.M.D. and of the I.M.S., but with a fair sprinkling of private practitioners. It also published monthly

Transactions, which were furnished to members for an annual subscription of twelve rupees, in addition to the subscription to the parent Association. Meetings were held at Allahabad. This branch came to grief in 1885, over a paper contributed in 1884 by the late Lt.-Colonel (then Surgeon) Andrew Duncan, entitled *The Insanitary Tendencies of State Sanitation*, the wording of which was insubordinate, though the views upheld, albeit opposed to the theories of the origin of cholera then in official favour, have been proved by time to be correct. Deakin went on furlough soon after, and on his return reverted to military duty. In the absence of its moving spirit the Branch died out.

The *Panjab Branch* was also organised by Deakin, in 1886, after his return to India. Most of the members of the now defunct N.W.P. and Oudh Branch were transferred to the new branch, which had a fitful existence of some four years. Deakin died of enteric fever at Jhilmam on 17th Nov., 1889. After his death the branch ceased to exist.

The *Southern India Branch* was founded on 4th Oct., 1883, and recognised by the Association in 1884. It is the oldest branch now existing, and may be said to have been the most successful yet started in the East. It publishes *Transactions*.

The *Bombay Branch*, founded in 1889, and the *Burma Branch*, founded at Rangoon on 14th Oct., 1890, both have now well over twenty years' useful life to their credit.

During the last few years three more Indian branches have come into existence, *Assam* in 1908, *Biluchistan* in 1910, and a new *Panjab branch* in 1911.

Three branches of the Association exist in the East, outside India; the Colombo, the Malaya, and the Hongkong and China branches.

The *Madras Medical Book Society*, of which W. R. Cornish was then Secretary, in 1870 offered a gift of twelve hundred volumes, with a sum of Rupees 1500 for the upkeep of the same, to the Medical College Library, on condition that existing members of the Society should have the privilege of access to the library. The offer was accepted. The Society must have been in existence for some time to have accumulated so large a library and so large a sum.

The *Calcutta Medical Society* was embodied in 1880, with Surgeon Major D. B. Smith, Principal of the Medical College, as

President, and Kenneth McLeod and Robert Harvey as Secretaries. Meetings were held monthly in the Medical College Hospital, and *Transactions* were regularly published. For many years this Society had a large membership, European and Indian. It lived for eighteen years; the last meeting was held on 14th Feb., 1898.

The *Calcutta Medical Club* was started in 1900, in Harrison Road, Calcutta, by Indian practitioners. It has club rooms there, and since 1906 has published the *Calcutta Medical Journal*.

The *Medical Branch of the Asiatic Society of Bengal* was started in Aug., 1906. It holds its meetings in the rooms of the Asiatic Society, and its proceedings are published as one series of that Society's *Transactions*.

The *Association of Hospital Assistants* was started in Jan., 1907, and publishes a monthly organ of its own. When the title of Hospital Assistant was changed, in 1910, to that of Sub-Assistant Surgeon, the name of the Association of course underwent a similar change.

The *Medical Missionary Association of India* was established in 1905, ten years later than the *International Medical Missions in India*. Members must be graduates of recognised Medical Colleges, of any nationality, members of a permanent missionary organisation.

The *Association of Registered Medical Women in India* was founded a few years ago. It issues a *Journal*.

The *Jhansi Medical Society* was started in March, 1913.

The *Kathiawar Medical Society* was started in April, 1913.

B.—Medical Journalism.

The first professional periodical started in India was *The Transactions of the Medical and Physical Society of Calcutta*. The first volume was issued in March, 1825, published by Messrs. Thacker and Co., St. Andrews Library, and printed by the Baptist Mission Press. Three yearly volumes were published, 1825, 1826, and 1827. For the next eight years volumes were issued every second year. In 1837 it took the name of *Quarterly Journal of the Calcutta Medical and Physical Society*, and six quarterly volumes, edited by H. H. Goodeve and W. B. O'Shaughnessy, the Secretaries of the Society, were distributed to members in 1837-38. No further issue took place till 1842, when a large volume was

edited by the Secretary, Allan Webb. One more volume, the last, was published in 1845.

The India Journal of Medical Science, the second in date of publication, was also a Calcutta venture. It was started by John Grant and J. T. Pearson in 1834. In 1836 Frederick Corbyn became the editor, and the title was changed to *India Journal of Medical and Physical Science*. Corbyn continued to edit the journal till the end of 1843, when it ceased to exist. It is sometimes referred to by later writers as *Corbyn's Journal*. This journal was published monthly. It was the first monthly medical periodical published in India; and also the first published on its own merits, not supported by a Society.

In 1835 appeared *The Madras Journal of Literature and Science*, "published under the auspices of the Madras Literary Society and auxiliary of the Royal Asiatic Society." This was a quarterly journal, edited by Robert Cole, of the Madras Medical Service, and printed by J. B. Pharaoh at the Athenæum press. It was, of course, not a medical, and only in part a scientific journal. It ran up to 1849, at least.

The Transactions of the Medical and Physical Society of Bombay were first issued in 1838, the first year of that Society's existence. They are still regularly published, and are thus by far the oldest periodical of the kind now in existence in India, having the advantage by nearly thirty years over the *Indian Medical Gazette*, the next oldest.

The Madras Quarterly Medical Journal, edited by Samuel Rogers, one of the original Fellows of the Royal College of Surgeons, began in 1839, and ran at least till 1843. Three other periodicals with much the same title have since been published in Madras. *The Madras Journal of Medical Science*, edited by G. W. Flynn and D. Morton, was running in 1851-54. Flynn appears to have been the first medical editor in India who was not a member of the I.M.S. *The Madras Quarterly Journal of Medical Science*, edited by W. R. Cornish and G. B. Montgomery, was started in July, 1860, and ran up to 1869, when it developed into a monthly, the word *Quarterly* in the title being changed to *Monthly*. It was then edited by W. N. Chipperfield and Henry King, and was issued up to 1873. Chipperfield died of cerebral hæmorrhage at Madras on 22nd May, 1873, and with the editor's death the journal came to an end.

The Calcutta Journal of Natural History, and Miscellany of the Arts and Sciences in India, edited by John McClelland, appeared in 1841, and ran up to 1847 at least.

In 1844 a *Delhi Medical Journal* was published at that city, but appears to have had only a brief career.

The India Register of Medical Science, owned and edited by Edward Edlin, appeared in Calcutta in Jan., 1848. Twelve monthly numbers were published. Edlin, who had served in the Sutlej campaign, and had been present at Sohraon, was deputed to the Panjab War, early in 1849, as Field Surgeon, and his journal came to an end. He thus records the cessation of publication.

"The uncertainty of the duration of the campaign in the Panjab, and other circumstances, induce the Proprietor and Editor very reluctantly to place the *India Register of Medical Science* in abeyance for one or two months, pending the inquiry, if any member of the profession will undertake for the profession that office of Chronicler for 1849, which it has been our pleasure to be able, however indifferently, to perform in 1848. The remoteness of the Chenab renders either literary responsibility, or literary proprietorship on the banks of the Hooghly, inadvisable."

No other member of the profession, apparently, was willing to take the responsibility, literary and financial, of continuing the journal, which accordingly came to an end. Edlin might himself have resuscitated it, had he lived longer. He died of consumption in Calcutta a year later, on 6th April, 1850, not long after his return from active service.

The following advertisement appears in the *Friend of India* of Nov. 14, 1850, p. 731.

"*A New Medical Journal.* The undersigned proposes to re-establish a Medical Journal, having the Title of *The Bengal Medical Record*, from the 1st of January, 1851. The journal will be issued on the 1st or 2nd of each succeeding month, and the subscription *per annum* in advance is 20 Rupees. Early intimations of approval and support are requested from all, who are of opinion, a Medical Journal in Bengal may be productive of good.—(Signed) T. Hastings, Civil Asst. Surgeon, East Burdwan.—N.B. All communications to be addressed, Postpaid, to the Editor, at Burdwan."

In the *Friend of India* of 1st May, 1851, appears an advertisement of a journal to be published on 1st Oct., 1851, under the title of *The Indian Literary and Scientific Quarterly*, edited by David O'Callaghan, Assistant Garrison Surgeon, Fort William.

Neither of these journals appears to have ever been published;

probably the projects did not meet with sufficient promise of support to justify the risk and expense of publication. In 1851-52 Assistant Surgeon O'Callaghan edited a Calcutta newspaper, the *Calcutta Morning Chronicle*. The *Friend of India* of 21st Oct., 1852, announces that he had resigned the editorial chair.

David James O'Callaghan served as Assistant Surgeon in the Royal Navy in 1839-41. He joined the Bengal Service on 8th Jan., 1842, served in the Sutlej campaign, in the Mutiny, including the siege and capture of Delhi, and in the second China war; became D.I.G. on 31st March, 1868, retired on 28th Oct., 1872, and died in London on 12th Aug., 1900.

The *Indian Annals of Medical Science*, a half yearly journal of *Practical Medicine and Surgery*, made its appearance in 1854. The first number is dated, on the title page, "October, 1853, and April, 1854." It was edited by Alexander Grant* and Norman Chevers; and printed by R. C. Lepage and Co., British Library, Calcutta. Grant continued to edit the *Annals* up to Oct., 1860. This journal ran for twenty-three years, up to 1877, the last editors being Joseph Ewart and J. G. French. The *Annals* may be said to have been the most successful and the longest lived purely medical and scientific journal, standing on its own merits, and not supported by any Society, ever published in India. The *Indian Medical Gazette*, of course, has had a longer life, and probably greater financial success. But the *Gazette*, containing, as it does, medical news and comments on current medical events and politics, is not solely a scientific publication.

The *Indian Lancet* made its first appearance at Lahore in 1859. It had but a brief life.

The first number of the *Indian Medical Gazette* is dated Jan., 1866, and was edited by D. B. Smith. It has appeared regularly every month ever since. The *Gazette* has been the most successful and the most important medical paper issued in India, and has also enjoyed a longer life than any other medical journal, except the *Transactions of the Bombay Medical and Physical Society*, has yet done. And now, after forty-seven years, it shows every sign of a vigorous future career. It was first published by Wyman and Co., Calcutta, and was taken over by Messrs. Thacker and Spink from Jan., 1885. A list is given below of its successive editors, all of whom have been officers of the Bengal Medical

* For Grant, see Chap. XXIV, *The Sea Service*, Vol. II, pp. 62, 63.

Service, with the sole exception of Dr. W. J. Simpson, Health Officer of Calcutta. The success of the *Gazette*, however, has been mainly due to two men, Kenneth McLeod and W. J. Buchanan. McLeod became joint editor with N. C. Macnamara in 1871, and continued to edit it, with intervals of furlough, for over twenty years, till he retired on 16th April, 1892; and afterwards contributed a monthly London letter for another thirteen years, till 1905. Buchanan took over the editorship in 1899, and, with intervals of leave, has now held it for fourteen years.

List of Editors.

D. B. Smith	1866
J. A. P. Colles	1867
C. R. Francis	1868
J. T. Carter Ross	1869-70.
N. C. Macnamara	1871-73.
K. McLeod	1871-92.
J. G. French	1875-76.
L. A. Waddell	1884-85, and 1897-99
W. J. Simpson	1889-1897.
A. Crombie	1892-93.
D. M. Moir	1897, and 1903-04.
F. P. Maynard	1898.
C. H. Bedford	1898.
W. J. Buchanan	1899 to date.
D. McCay	1909-10.

The *Journal of the Bengal Branch of the British Medical Association* in its first appearance was almost contemporary with the *Indian Medical Gazette*, the first volume being that for 1865-66. Apparently the first volume was also the last.

The *Calcutta Journal of Medicine* was founded in 1868, as a monthly, by Dr. Mahendra Lall Sarkar, to advocate homœopathy. It lasted only a few years.

The *Transactions of the Calcutta Medical Society* were first issued in 1880. These *Transactions* were published in the *Indian Medical Gazette*, but were also issued separately, in small octavo fasciculi. They continued to appear for about eighteen years, till the Society came to an end in 1898.

The *Calcutta Medical News* was also started in 1880, but only lasted a short time. Eight monthly numbers were published, Jan. to Aug., 1880.

In 1882 the *Transactions of the N.W.P. and Oudh Branch of the British Medical Association* began to appear monthly. This

publication was not the property of the Branch, but was both owned and edited by the Secretary, Surgeon C. W. S. Deakin. From 1st Jan., 1884, it took the title of *Indian Medical Journal*. After Deakin's death in 1889 it ceased to exist.

In 1884 began the publication of *Scientific Memoirs by Medical Officers of the Indian Army*. This publication differs from most of the others enumerated in this chapter, in being official, issued by the Government of India. It consists, of course, of purely scientific papers, nearly all of them the results of original research, with no other matter of any kind. During the first seventeen years twelve annual volumes were published, the first being dated 1884, the twelfth 1901; no volume being issued for the years 1885, 1888, 1893, 1896, 1899, and 1900. Each volume bears the name, as editor, of the S.G., after 1895 the D.G., for the time being. In 1902 a change was made in the form of publication; each memoir being issued separately, when ready, instead of the work of a year being combined in an annual volume. From 1902 to 1913, sixty such memoirs have been published.

In 1884 also the *Transactions of the Southern India Branch of the British Medical Association* began to appear, and are still published.

A medical journal which, for a time at least, met with great success, was the *Indian Medical Record*, owned and edited by the late Dr. J. R. Wallace. It first appeared, as a monthly, in large octavo form, in Jan., 1890. From 1st Jan., 1893, it became a quarto fortnightly, and from 1st Jan., 1899, a weekly. After the death of Dr. Wallace its publication ceased, from the end of 1903; but it was revived, as a fortnightly, in April, 1904, and ran up to March, 1906. It then ceased publication for two years; but was again issued, as a monthly, under the editorship of E. S. Pushong, in March, 1908, and is still running. In connection with this journal was published in 1892 a *Medical Register and Directory of the Indian Empire*, a second edition following in 1898.

The *Medical Reporter* was started by Dr. Lawrence Fernandez, in Calcutta, in Jan., 1892. Its name was changed, in Nov., 1895, to that of *The Indian Lancet*. From Jan., 1892, to Dec., 1893, it was issued monthly, from Jan., 1894, to Dec., 1900, fortnightly, and since Jan., 1901, weekly. It is still running.

The *Indian Medico-Chirurgical Review*, edited by Dr. N. H.

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Choksy, was issued in Bombay in Jan., 1893. It ran for three years, up to 1896.

The Grant Medical College Magazine was started at Bombay in 1898, as a monthly journal, and ran up to 1906, at least, subsequently becoming a quarterly.

Practical Medicine is the title of a monthly periodical started at Delhi by retired Assistant Surgeon Ram Narayan, L.M.S., in Jan., 1903. In 1910 this paper issued a *Medical Directory of India, Burma, and Ceylon*, in three parts; Part I being a list of qualified practitioners, including Civil Assistant and Sub Assistant Surgeons; Part II an Army List, including the R.A.M.C., I.M.S., and Military Assistant and Sub-Assistant Surgeons; Part III a list of medical colleges, hospitals, and dispensaries.

The Indian Public Health and Municipal Journal was founded by Dr. A. G. Newell, as editor, in 1904, and appeared monthly up to the end of 1911, when it ceased.

Medical Missions in India is an octavo quarterly journal, started in 1895 at the Mission Press, Ajmir, the first editor being the Revd. J. Husband, C.I.E., F.R.C.S., Ed., who was succeeded by the Revd. J. M. Macphail, M.D., in 1899, since when it has been published at the Sontal Mission Press, Pokhuria, Manbhum.

The Calcutta Practitioner was issued in Jan., 1904, as a monthly journal. Only five numbers appeared, the last being that of May, 1904.

The Calcutta Medical Journal, the organ of the Calcutta Medical Club, started as a monthly, in July, 1906, and still continues.

The Transactions of the Medical Branch of the Asiatic Society of Bengal, which was founded in Aug., 1906, have since that date been issued as one of the series of *Transactions* of that Society.

The All India Hospital Assistants' Journal was founded, as a monthly, in Jan., 1907. From Jan., 1910, it took the title of *Indian Medical Journal*.

The Medico-Surgical Journal of the Tropics, edited by Dr. S. K. Mullick, was first issued in Calcutta in Dec., 1908, and still continues.

The Journal of the Association of Medical Women in India was first issued in 1909.

Food and Drugs is the title of a quarterly journal, started in Calcutta in July, 1910, edited by Dr. Kartik Chandra Basu.

Paludism is the title of the *Transactions* of the Committee for the study of malaria in India. It was issued in large octavo form, at irregular intervals, more or less half-yearly, under the authority of the Government of India, by the Sanitary Commissioner. The first number was published in July, 1910, edited by Major S. P. James, I.M.S. It came to an end in 1913.

The Indian Journal of Medical Research was started as a quarterly in July, 1913. It is an official publication, being issued by the D.G. of the I.M.S. and by the Sanitary Commissioner with the Govt. of India, and is purely scientific. It has absorbed, and fills the place of, both *Paludism* and *Scientific Memoirs*.

The following are some other medical journals, which either are still published, or were so recently.

The Agra Medical Club Journal, monthly, Agra.

The Agra Medical Journal, monthly, in Urdu, Agra.

The Antiseptic, monthly, Madras.

Hikmat; (Knowledge), monthly, in Urdu, Lahore.

The Hospital Assistant, monthly, Kolhapur.

Intakhab al Hikmat; (Extracts of Knowledge), monthly, in Urdu, Lahore.

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CHAPTER XLV

ADDENDA

"The end crowns all."
SHAKESPEARE, *Troilus and Cressida*, Act IV, Scene V.

Chapter II.—European Surgeons in the Service of Oriental Potentates.—Surgeon Robert Adams, of the Bombay Service, was deputed in 1770 to attend Haidar Ali, and spent over five years, 1770–1775, in the service of the King of Maisur. Towards the end of 1769 two Bombay civilians, James Sibbald and Richard Church, were sent by the Bombay Government to negotiate a treaty of peace with Haidar, after the first Maisur war. The treaty is given in full in the *Bombay Cons.* of 10th April, 1770. The same *Cons.* of 19th Nov., 1770, contain a letter from Sibbald, in which he says that, on completion of the treaty, he left Seringapatam on 10th Oct. and proceeded to Onore, and continues—

"That at the Nawab's particular request he had left Mr Adams the Surgeon with him, who had also promised to write to the President for his permission."

Adams entered the Bombay Medical Service in October, 1768. He reported his return to Bombay, on 31st Dec., 1775, in a letter dated 5th Feb., 1776, which is entered in the *Bombay Cons.* of 6th Feb., with an order to pay Adams his salary for the past five years. Adams was then posted to Tellicherry, and in the *Cons.* of 29th Jan., 1777, was transferred to Thana. On 12th Oct., 1782, he succeeded by seniority to the post of fourth or junior Surgeon of Bombay, *vice* James Bond, gone home. By the successive departure of William Tennent, Samuel Richardson, and Robert Sproull, he rose to be first Surgeon on 16th Jan., 1785. He died at Bombay on 3rd March, 1786. A General Letter from Bombay, dated 20th March, 1786, states in para. 13, (*Abstracts*)—

"Mr Robert Adams Principal Surgeon is dead. Mr Richardson Harrison from Tellicherry succeeds as 4th Principal Surgeon here, and is replaced at Tellicherry by Mr Anthony Toomey."

A Portuguese officer, Eley José Correa Peixoto, who was in Haidar's service from about 1558 to 1570, recorded his experiences in a work which does not appear ever to have been published, but may be seen in the British Museum, *Additional MSS.*, No. 19,287. In this work (folio 69a) he mentions that a Bombay Surgeon, who came with Sibbald and Church, had cured one of Haidar's officers, who had been attacked and dangerously wounded by a *sipahi*.*

It is a pity that Adams left no record of his long residence in Maisur. While there he evidently kept up a correspondence with the Bombay Government. Possibly his reports may still survive in the Bombay Record Office. His letter of 5th Feb., 1776, and the Council's orders thereon, run as follows:—

"Honble Sir and Sirs,—I beg leave to inform you that I arrived here the 31st December last from Seringapatam, and immediately waited upon the Honble the President to acquaint him I was return'd to my Station as Surgeon.

"The Records of your Honble Board, I humbly presume, will show that I was Ordered by Messrs Church and Sibbald in the Month of October 1770 to remain in the Service of The Nabob Hyder Ally Cawn, at his particular request, 'till I should be recalled or thought proper to come away. But as I have taken the earliest Opportunity of returning to my Duty here, and ever considered myself in the Honble Companys Service, I humbly Request you will please to Order my Arrears of Pay to be made good to me, According to my Rank as Surgeon. Tho' I have every reason to hope Your Honor &c^a will not deem my request unreasonable, I beg leave to add the following Circumstances in favour of it.

"After being twenty Months in the Service of the Nabob, I wrote to Mr Townsend the Resident at Onore, that I intended to return to my Duty at Bombay when he desired me to remain at Syringapatam to forward the Company's Investment of Sandal Wood and Pepper, by attending Collection of the Mysore Sandal, and procuring the necessary Orders for the delivery of the Pepper and also the Bedinoore Sandal (from the Nabob) and other matters regarding the Factory at Onore, having been before employed by Mr James Sibbald, Mr Townsend's predecessor in the same manner. Your Honor &c^a are also sensible that I regularly transmitted you, through Mr Townsend, every Intelligence I thought was material to the Interest of the Honble Company on this side of India. But Mr Townsend having wrote me in the Month of November last, that my Service was no longer necessary at Syringapatam, I left it and returned to Onore, and from thence to Bombay as before mentioned. I therefore hope from these Circumstances that Your Honor &c^a will readily grant my Request, more particularly as my Situation in Hyders Country was very disagreeable and expensive, and had I been permitted to return to Bombay when I first intended it, I have reason to think it would have been

* This reference was given by Mr. S. C. Hill. Peixoto is also mentioned in Chap. XXXIV, *Courts-martial*, Vol. II, p. 249.

more for my Advantage in every respect—I have the Honour to be with the greatest Respect Honble Sir and Sirs, Your most obedient and most humble Servant, Robert Adams.—Bombay, 5th Feb^y, 1776."

"Read a Letter as entered hereafter from M^r Robert Adams Surgeon requesting his Arrears of Pay may be made good to him for the Time he was in Hyder Ally's Service. As he was left at Syringapatam by Mess^{rs} Church and Sibbald in the year 1770, at Hyder's particular Request, and was of Service to the Company by promoting the Investment of Pepper and Sandal Wood, and likewise by frequently transmitting useful Intelligence to this Settlement & Fort St George, and we have likewise reason to believe he was a sufferer by his Detention in Hyder's Country. It is Agreed for all these reasons that his Request be complied with and Onore Residency debted for the amount being Rupees 6541-1. 73."

Chapter X.—The First Half of the Eighteenth Century; pp. 151, 152, *List of Surgeons, Bombay, 1720-1770.* Add—

Richard Percival; died at Bombay on 20th Aug., 1768, aged 38.

William Walker; serving at Fort Augustus in April, 1765, appointed to Basra 29th Oct., 1765, to Surat 9th Feb., 1770, fourth Surgeon at Bombay 17th April, 1770, resigned Surgeoncy at Bombay to return to Surat, 26th Oct., 1770, went home early in 1778.

Samuel Richardson, appointed 5th April, 1765, third Surgeon, Bombay, 11th Oct., 1765, also appointed Surgeon Major to Garrison, 30th May, 1769, went home in *Raymond*, 1st Jan., 1784. The title of Surgeon Major was abolished on his departure.

George Birch, appointed Sept. 1776, posted to Basra 1776; succeeded Walker as fourth Surgeon, Bombay, 26th Oct., 1776; granted sick leave to Goa and Europe, 12th Dec., 1781, went hom from Goa in April, 1782.

Chapter XIV.—Strength from time to time ; page 312.

The Bombay *Cons.* of 20th Sept., 1768, order that a Surgeon shall be allowed to each Battalion.

The earliest list extant of the Bombay Medical Service appear to be one given in the Bombay *Cons.* of 16th June, 1779. It includes 27 names; four Principal Surgeons at Bombay, one of whom, Samuel Richardson, was also Surgeon Major of the garrison or Military A.M.O.; three in charge of General Hospitals, a Surat, Thana, and Broach; two Battalion Surgeons, Infantry and Artillery; three in civil employ, at Tellicherry, Anjengo, and Basra; six Assistants in military employ; four assistants in the Bomba

hospitals, and one at Thana; and four employed afloat in the Marine.

The list of the Bombay Service next in date is entered in the *Cons.* of 19th Feb., 1784. It gives 28 names, 21 Surgeons and seven Assistants. Of the former, four were the Principal Surgeons at Bombay, five more in civil stations, seven on military duty, three assisting in the Bombay hospitals, and two serving afloat, both in the *Bombay grab*. Of the Assistants, two were serving in the Bombay General Hospital, one in civil employ, at Tellicherry, three on military duty, and one, J. Saunders, unemployed. An interesting point in this list is that three out of the 28, Surgeon Fred. Carmichael, and Assistant Surgeons C. M. Kehn and James Shields, are shown as prisoners in Maisur. They are included above among those on military duty.

Chapter XV.—The Double Commissions; page 244. In the Bombay *Cons.* of 20th and 21st May, 1765, is noted the appointment of Lieut. Patrick Cation to do duty temporarily as Surgeon to the troops at Rari. It was agreed—

"That M^r Cation have the Allowance of a Surgeon while he acts in that capacity, exclusive of his Pay as an Officer, and that his being employed as a Surgeon (which is a case of Necessity) be no Prejudice to his Rank in the Military Service."

Cation appears to have acted as a Surgeon for only a short time, a few months. Bombay *Cons.* of 28th Oct., 1766, order him to be court-martialled, but he was pardoned on apologising. Dodwell and Miles do not give his name in their Bombay *Army List*.

Chapter XVI.—Military and Civil; Duties of Head Surgeon.—The Madras *Mily. Cons.* of 1791 record an interesting dispute between Colonel John Brathwaite, who was in command of the troops in the Circars, and George Binney, Head Surgeon of Masulipatam. On 15th Feb., 1791, is entered a long, but temperately worded, letter from Colonel Brathwaite, in which he states that he had ordered Binney to take medical charge of the troops at Ellore, but that Binney claimed that he was posted to Masulipatam, and could not be moved from that station except by the Madras Government. Brathwaite says that there are only a few invalids in the hospital at Masulipatam, but that the General Hospital there cannot be moved to Ellore, which is an open cantonment, and may have to be evacuated at short notice;

and claims that Binney, as holding a commission in the Madras Army, must be entirely under his orders, as officer commanding the troops. Binney was also Surgeon to the Masulipatam Agency and Factory; and the Agent and Council there, while not taking any further part in the dispute, naturally did not wish to lose his services as their medical officer. The Madras Council referred the question to the Military Board. That Board's opinion is entered in the *Cons.* of 18th Feb. They state that Binney, as a military officer, must necessarily be under Brathwaite's orders; that his duty as a Superintending Surgeon requires rather that he should move about, wherever his services are wanted, and inspect the medical officers under him, than remain fixed at one station; and that a medical officer with no military duties should be posted to Masulipatam as Surgeon to the Factory and civil station there. An interesting point in their letter is the employment of the term *Superintending Surgeon* for the Head Surgeon, probably the first use of this title, some ten years before it came into official and general use. On the same day, 18th Feb., the Madras Council gave their decision, to the effect that Binney, as a military officer, is under Brathwaite's orders, and must obtain permission from Brathwaite, as commanding officer, for any of the medical officers under him to go on leave. The orders rather evade the point at issue. A letter to the Medical Board, from the Military Secretary to Government, dated 24th Dec., 1793, contained in the last volume of *Miscellany Books* for 1793, orders that the Head Surgeon of the Circars will in future reside at Ellore, and that a full Surgeon will be posted to Masulipatam as medical officer of that station.

Chapter XVI.—Military and Civil: p. 285, *Service in Indian Navy*.—Disputes about duty on board ship, a duty evidently unpopular, cropped up so early as 1785, and are recorded at length in the *Bombay Cons.* of that year. In a letter dated 25th Oct., 1785, Surgeons William Sandwith and Christopher Lawrence complained that they were kept serving on board ship, while other Surgeons junior to them were serving ashore as Assistants in the Bombay hospitals. On this letter the Bombay Council passed the following orders:—

“Read a letter from Messrs William Sandwith and Christopher Lawrence, Surgeons, representing a Hardship as they conceive, being ordered to do Duty on board the Cruizers, when Juniors to them are employed

on Shore in the Hospital. On Consideration of this letter, It is Resolved that when it is necessary for the Service to send Gentlemen of the List of Surgeons on board the Cruizers, this Duty shall begin with the Youngest in that Rank, to which Rule the Principal Surgeons must be desired to conform.”

On 1st Nov., 1785, is entered a long letter from the four Principal Surgeons, protesting against the above order, and claiming the right, which apparently had hitherto been allowed, of choosing their own Assistants from among the junior Surgeons. On 4th Nov. another letter from the Principal Surgeons is entered, in which they complain that Christopher Lawrence had refused to obey their orders, transferring him from the *Intrepid* to the *Bombay grab*, an order, they say, given in his own interest, the *Bombay* being the larger vessel of the two. The whole correspondence is given in the *Cons.* On the same date, 4th Nov., the Bombay Council recast their orders of 25th Oct., as follows:—

“Observing that our late Orders respecting Surgeons for the Cruizers are not properly understood, and are productive of Inconveniences, Resolved that the Order already sent the Surgeons be rescinded, and that the following Regulation be established.

“That when Surgeons are wanted for the Marine, the Secretary to the Marine Board shall by Letter inform the Hon^{ble} the President thereof, who will order the Surgeon to whose Turn the Duty falls, beginning with the Youngest on the List.

“Resolved that the following Gentlemen be appointed to the Vessels now in Want of Surgeons.

M ^r Price to the Scorpion	M ^r Lawrence to the Drake
M ^r Nevill „ Intrepid	M ^r James „ Bombay grab

“Ordered that the Principal Surgeons be acquainted with the above Resolutions and of the later Order being rescinded.

“Resolved that the Assistants belonging to the Hospital now employed on board the Cruizers, be ordered on shore.”

Chapter XVII, Rank; p. 298, *Flogging*.—No instance appears to have occurred in which a medical officer was flogged, or even threatened with flogging. In fact, as related in *Chap. XXVII, The Uncovenanted and Subordinate Medical Services*, p. 119, Bengal G.O. of 24th May, 1832, ordered that even native doctors must not be flogged. But a case is recorded in the *Bombay Cons.* of 18th and 25th July, 1781, in which an Assistant Surgeon was put in irons. Joseph Saunders, Surgeon of the *Bombay grab*, was placed in irons by Lieut. Twiney, who was in charge during the absence on shore of Captain Jonathan Twiss, the Commander. Both Twiss and Twiney were severely reprimanded. Twiss, in a

letter protesting against his reprimand, states that he came on board late at night, and heard that Twiney had brought a serious criminal charge against Saunders; and that he released Saunders early in the morning. The nature of the criminal charge is not stated. Twiss also sent in a letter from Saunders, admitting having behaved disrespectfully, and apologising for so doing.

Possibly Saunders deserved all he got. The Bombay *Cons.* of March, 1784, record an instance of gross insubordination on his part. The Principal Surgeons of Bombay, *i.e.* the four Surgeons employed at Bombay, who acted as an informal Medical Board, and to whom all questions concerning the Medical Department were referred by the Council, were directed, on 30th Jan., 1784, to compile a list of the Medical Service. This list is entered in the *Cons.* of 19th Feb. In it are shown twenty-one Surgeons and seven Assistants, Saunders' name standing fourth among the Assistants, as "unemployed." On 19th March the Council inquired why he was unemployed. On 29th March the Surgeons reported that, some months previously, they had ordered Saunders to assist Francis Crozier, Surgeon to the regiment at Thana, and that he had refused to obey, saying that he was a full Surgeon, and would not act as Assistant to any man. In this same list, of 19th Feb., 1784, no less than six of the full Surgeons are shown employed as Assistants to other Surgeons, senior to themselves. The Council apparently took no notice of this refusal to obey orders, beyond directing that Saunders should be entered as the senior Assistant, and employed as such. Discipline in the Company's Service seems hardly to have existed in these days, except under individual strong commanders.

Chapter XVII, Rank; pp. 304-307. Title of Surgeon General.—This title appears to have sometimes been given to the Senior Surgeon of a military force on active service, as the title of Principal Medical Officer has been used in later years. In the Bombay *Cons.* of 1784 and 1785 there are frequent references to two officers of the A.M.D., Robert Anderson and Thomas Farquharson, as successively holding the post of Surgeon General of the King's troops employed in the second Mair war. The same *Cons.* of 18th Jan., 1785, speak of John Fleming as Surgeon General of the Bengal force sent to the Bombay Presidency in the first Maratha war. Fleming, however, in a petition quoted on that date, calls himself Senior Surgeon of the Bengal detachment.

The title of Surgeon General given to Stephen Briggs in Madras, in 1760-63, seems to have been similarly used. And in the third Mair war John Laird, Colly Lucas, and A. G. Clugstone are in the same way spoken of as Surgeon Generals of the Bengal, Madras, and Bombay troops respectively serving in that war.

Chapter XVII, Rank; p. 308, Surgeon's Mates.—The Madras *Mily. Cons.* of 11th Jan., 1792, (*Miscellany Book*, 1st Jan. to 31st March, 1792), contain a return of non-commissioned officers and men of the 14th Hanoverian Regiment, embarking for England. At the head of the N.C.O.'s are shown the Surgeon's Mates of the regiment, four in number. They, of course, were Hanoverians, not Englishmen, and appear to have been considered of lower rank than the Assistant Surgeons in the King's regiments, and in the Company's service. The same *Cons.* of 16th Jan., 1792, contain a return of the pay of the 14th Hanover Regiment, which shows the Surgeon as paid only four shillings, and the Surgeon's Mates half a crown each *per* day. And the *Mily. Cons.* of 5th Nov., 1790, contain a petition from these Surgeon's Mates, asking to be allowed the same pay as Surgeon's Mates of King's regiments and, like them, the allowances of Lieutenants instead of those of Ensigns. Both requests were refused.

Chapter XVII, Rank; p. 308, Rank of Assistant Surgeons in Bombay.—The two ranks of Surgeon, and Surgeon's Mate, or Assistant Surgeon, were recognised in the order founding the Bengal Medical Service, from 1st Jan., 1764. And after that date only four officers appear to have been appointed in Bengal as Surgeons, without going through the grade of Assistant Surgeon. Two of these officers, Robert Knight and James Campbell, were appointed direct as Surgeons only one month later, from 1st Feb., 1764. The other two were Matthew Allen, transferred from the 96th Foot, in which he already held the rank of Surgeon, on 19th Feb., 1765, and John Laird, appointed 23rd Feb., 1771, who had served for six years in the Company's factory at Canton.

In Madras direct appointments as Surgeon were made for some years longer, up to 1770, as shown by the extract quoted on page 309, Vol. I. One direct appointment was made much later. Job Bulman, who had served for some years as Surgeon to the Nawab, was appointed to the Service as Surgeon on 28th Nov., 1780.

Till a considerably later date, however, in Bombay, most of the medical officers who joined were appointed directly as Surgeons. A list of the Bombay Service in the *Bombay Cons.* of 19th Feb., 1784, shows twenty-one Surgeons and seven Assistant Surgeons. All the Surgeons appear to have joined in that rank. The two junior, Joseph James and Christopher Lawrence, both ex-Surgeons of Indiamen, had been appointed to the Service as Surgeons barely a month before, on 15th Jan., 1784. At least seven of the Surgeons, however, were acting as Assistants to senior officers. The seven Assistant Surgeons had been appointed as such on various dates during the preceding twelve years, the Senior, C. M. Kehn or Kiln, having over eleven years' service. And only one of these seven ever reached the rank of Surgeon. The Assistant Surgeons in Bombay, in fact, formed a separate subordinate service rather than a separate rank, junior to the Surgeons, but still men of the same Service with the same prospects as their seniors. It was not till 1788 that the grade of Assistant Surgeon in the Bombay Service became a rank through which all newly appointed medical officers must pass.

Chapter XVIII, Pay; p. 362, *Pay at Bombay.*—The increase of pay to the four Principal Surgeons at Bombay is shown in the *Bombay Cons.* of 10th Jan., 1770, and they drew the enhanced rates from 27th Aug., 1769, the two seniors, Tennent and Bond, £150 a year, the two juniors, Richardson and Birch, £125. The statement that Birch also drew £150 in Sept., 1777, is founded on what seems to be a clerical error in the pay lists; he is shown as drawing £150 in that month, but only £125 in subsequent pay lists, up to his retirement on 31st March, 1782.

In the *Bombay Cons.* of 17th Dec., 1773, it is ordered that, as the Surgeons now make no profit on the hospital, the first and second Surgeons are to receive a yearly gratuity of Rs.4000, the third and fourth Rs.2000. The *Cons.* of 24th Dec. note that these gratuities are less than the profits which the Surgeons had previously made from the hospital contracts, and raise the gratuity to the two junior Surgeons to Rs.3000. Whether these gratuities were in addition to, or instead of, their Surgeon's pay of £150 and £125 a year, is not clearly stated. The *Cons.* of 7th Jan., 1774, contain a petition from three of the Surgeons, signed by Bond, Richardson, and Birch, Tennent not signing, saying that all their hopes are now confined to receiving these

gratuities of Rs.4000 and 3000 a year, whereas formerly the first and second Surgeons held a contract for supplying the hospital, which gave them much larger profits. On the other hand, the salary lists for many years subsequent show the Surgeons as paid £150 and £125 a year, as before. Probably the gratuities were in addition to their pay.

On 2nd July, 1777, the contract for maintaining the hospital was again given to the Surgeons, and on the 14th July, 1779, the standing Hospital Committee reported that the saving thereby effected had amounted to Rs.120,131 in two years, over Rs.60,000 a year.

The *Cons.* of 17th Feb., 1769, contain a petition from the Surgeons of the three Battalions at Bombay, Charles Reily, first, Matthew Reily, second, and Peter Frazer, third Battalion, asking for an increase of pay. They state that Surgeons at Fort St. George get allowances of sixteen pagodas a month, at other places in Madras Presidency twenty-one pagodas, in addition to their pay. On 28th Oct., 1769, the Surgeons employed in the Marine also petitioned for increase of pay. This petition is signed by five surgeons: John Bennett, Robert Sproull, Francis Boyes, John Blakeman, and Richardson Harrison. On 16th March, 1773, orders were passed that the Surgeons of the Hospital and of the Battalions should receive house rent at Rs.40 per month, Assistant Surgeons Rs.20; but this allowance was not given to Surgeons in the Marine, even when on shore. On 11th Oct., 1775, Surgeons in the Marine were granted an addition to their pay of Rs.20 a month, when employed on shore as Assistants in the hospitals. On 16th March, 1778, A. G. Clugstone, Surgeon of the Infantry, and Andrew Durham, Surgeon of the Artillery, asked for an increase of pay, to the same rates as given at Madras. They state that they have now served ten years, and have succeeded to Battalions on promotion, but are still drawing the same pay as when they first joined. The Council resolved to write to Madras for information as to the rates of pay there, and in the meantime increased the pay of Battalion Surgeon to ten shillings *per* day exclusive of house rent.

The *Bombay Cons.* of 8th Dec., 1779, order that all Surgeons shall draw their pay from the Military Board, except the four Principal Surgeons, who are to be paid by the Land Paymaster, and those on cruisers, to be paid by the Marine Paymaster.

The Bombay *Cons.* of 29th July, 1778, contain a list of bondholders in Bombay, *i.e.* investors in Company's paper, which includes a number of medical officers; George Birch, Rs.44,307; Samuel Richardson, Rs.37,856; estate of Jeremiah Farmer, Rs.16,401; William March, Rs.10,964; William Tennent, Rs.9941; Robert Adams, Rs.8935; Frederick Carmichael, Rs.6035. Another list in the *Cons.* of 18th June, 1784, of bond debts paid off, includes William Tennent, Rs.147,060; and James Bond, Rs.10,854. In the *Cons.* of 7th Aug., 1786, it is stated that the Company still owed Samuel Richardson a sum of Rs.1,78,000 for his hospital contract. The *Cons.* of 14th Sept. and 2nd Oct., 1786, contain lists of subscribers to a new loan floated by the Company, which includes the following names of medical officers:—Francis Crozier, £2000; Richardson Harrison, £4000; Samuel Richardson, £20,000; James Bond, £28,750; John Blakeman, £12,000; George Birch, £3517; estate of John Potter, £1789; estate of Robert Adams, £14,652; William Tennent, £20,338. The amounts are given both in sterling and in rupees, and show the rupee as worth a little less than two shillings. From these entries we see that some of the Bombay medical officers made a good deal of money.

Chapter XVIII, Pay; p. 363, *Pay at Madras.*—The Madras *Mily. Cons.* of 12th Oct., 1790, order that Surgeon Finlay Ferguson, while serving as Surgeon Major, or A.M.O., of the Centre Army, in the third Maisur war, is to receive £1000 a year pay, and Major's *batta*.

Chapter XVIII, Pay; p. 364, *Pay of French Medical Officers.* The Madras *Mily. Cons.* of 3rd Sept., 1793, contain a list of French officers taken at Pondicherri, at its surrender to Colonel Brathwaite on 23rd Aug., 1793, which contains the names of no less than nine medical officers; Physician Calliaud, pay Rs.1600 a year; Surgeon Major Douzon, Rs.1000; two Assistant Surgeon Majors Rs.720 each; and five Assistant Surgeons, Rs.400 each. Low as these rates are, they are higher than the rates of 1778. The same *Cons.* of 14th May, 1795, contain a list of the officers of a captured French privateer, the *Duguay Trouin*, (formerly the Indiaman *Princess Royal*, taken by the French on 29th Sept., 1793), which includes a Surgeon, Terrier, and an Assistant Surgeon, Lorrin. Terrier drew Captain's pay, 38 pagodas 31 *fanams* a month; Lorrin Ensign's pay, 15 pagodas 21 *fanams*, rates much

higher than those of the medical officers on shore. It is stated that Terrier had been a private in the Artillery at Brest in 1787.

We have seen (Vol. II, p. 194) that J. F. Heynemann, the Dutch Surgeon's Mate at Negapatam in 1782, was drawing seven pagodas a month, about £38 a year. The Madras *Mily. Cons.* of 28th July, 1795, give a list of Dutch officers who had surrendered when Pulicat was taken over by the English, with their pay and allowances. Surgeon Pancratius Haringa Meppen drew 24 pagodas 12 *fanams* a month, Assistant Surgeon Henry Adolph Floyer, 6 pagodas 7 *fanams*, and Sub-Assistant Surgeon Jacob Hamer, 4 pagodas 28 *fanams*.

Chapter XXII, Appointment; pp. 491-494, *Commissions from the ranks.*—Another instance of promotion from the ranks to the Medical Service is recorded in the Bombay *Cons.* of 21st Jan., 1784, where is entered a petition from Thomas Sherwood, a recruit, saying that he had been "educated to the profession of surgery," and had been appointed Surgeon's Mate of the Indiaman *Belmont*, but had lost his passage, and had subsequently enlisted. The Bombay Surgeons examined him, and reported him as qualified, whereupon the Council appointed him an Assistant Surgeon.

Chapter XXII, Appointment; pp. 510, 511, *Commissions given through medical schools.*—Another medical officer to whom a commission was thus given was Walter Fry. In 1858 a nomination as Assistant Surgeon was placed at the disposal of the Council of King's College, London, who selected Fry as the best of the applicants among their students. He was nominated by Sir Richard Jenkins, G.C.B., as Assistant Surgeon, Madras, from 29th June, 1858. After spending twelve years in military employ, he was appointed in 1870 Residency Surgeon, Travancore, and held that post till he retired on 20th Nov., 1882. He died at Nice on 30th Dec., 1913.

Chapter XXIII, Administration; Vol. II, p. 25. *The Bombay Medical Board.*—In Bombay, prior to the establishment of the Medical Board, the Principal Surgeons, as the medical officers of the Bombay hospitals were called, constituted an informal Board, to which the Government referred all professional matters, including the posting of junior medical officers. Prior to 1765 there were two Surgeons at Bombay; on 11th Oct., 1765, a third was appointed, and on 7th Feb., 1770, a fourth. The

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orders of Court for the establishment of Hospital Boards, dated 21st Sept., 1785, were not put in force at Bombay for nearly two years. The transition from a Board of four to one of only two members was eased off by Clugstone, the third Surgeon, going on furlough on 24th Feb., 1787, and John Blakeman, the senior Surgeon, dying on 1st Aug., 1787. Their places were not filled up, thus leaving only two, Durham and Harrison, to form the new Hospital Board from 16th Aug., 1787. The Bombay Board, however, seem to have had more professional, as opposed to administrative work, than the Boards in Bengal and Madras.

The system of medical administration in force at Bombay from about 1765 up to 1787, was thus the same as at Madras, where first Briggs and Pasley, afterwards Pasley and Anderson, and later Anderson and Lucas, the two Surgeons of Madras, acted as an informal Medical Board; and in contradistinction to that at Calcutta, where, from 1769 to 1786, administration was formally vested in a single officer, with the title of Surgeon General.

Chapter XXXII, War Services; Vol. II, p. 205, *George Morrison Grant*. In a very interesting work, lately published, on the first Afghan war, and especially on Major Eldred Pottinger's share therein, *The Judgment of the Sword*, by Maud Diver, (Constable, London, 1913), the authoress speaks of Grant as "a Eurasian doctor named Grant," (p. 27), and as "a half caste," (p. 153). The E.I.Co. insisted strongly that all their officers should be of unmixed European extraction, though apparently exceptions did sometimes occur, e.g. James Lumsdaine and R. S. Richardson, as described in Chap. XXII, *Appointment*, pp. 502-3. The *Cadet Papers* for 1838, in the India Office, contain a copy of Grant's baptismal certificate, which shows that he was born in Edinburgh on 30th Dec., 1815, the son of Robert Grant, quill-dresser, and of Janet Sheaf, his spouse, of the parish of St. Cuthbert's, Edinburgh. Twenty-two years later, in 1838, in his application for appointment, Grant describes his father as Robert Grant, bookseller, of 82, Prince's Street, Edinburgh. There can be no doubt that Grant was a pure European and a Scotsman.

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Except in the case of a few medical men, with European qualifications, who have been indexed under their surnames, like Europeans, Indian personal names are indexed under the initial letter of their first word, e.g. Haidar Ali is indexed under H, not under A.

Names of ships, titles of books and journals, and vernacular words, are entered in italics.

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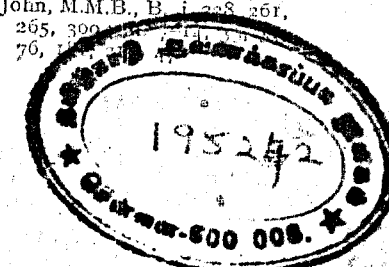
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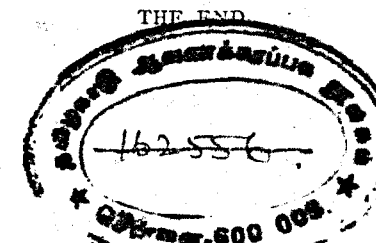
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