Government of Madras

LAW (EDUCATION) DEPARTMENT

—

G.O. No. 641, dated April 1925

Medical inspection—Instructions laid down.

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LAW (EDUCATION) DEPARTMENT

G.O. No. 641, 29th April 1925

Medical inspection—Instructions laid down.

Order—No. 641, Law (Education), dated 29th April 1925.

In G.O. No. 208, Home (Education), dated 12th February 1920, the Government sanctioned a system of grants-in-aid for medical inspection of pupils in recognized secondary schools under the management of local bodies and under private management. The scheme was, however, ordered to be held in abeyance in Memorandum No. 925-A-3, dated 21st October 1922, as questions were raised *inter alia* as to the scope of inspections, the agency which should carry them out and the arrangements to be made for co-ordinating the results. The Government have now considered all the proposals made and are pleased to prescribe the following arrangements for the conduct of medical inspection :—

(1) The object in view is to provide only for the medical inspection of the pupils, the treatment of those suffering from diseases being left to be arranged for by the parents.

(2) Medical inspection will, for the present, be confined to recognized secondary schools for boys, school departments of colleges and training schools for masters. Every pupil will be examined at the time of admission and thereafter once a year.

(3) Inspections will be conducted by local registered medical practitioners. In the case of Government schools, the Director of Public Instruction will select the officers in consultation with the Surgeon-General. In the case of schools under private management and under local bodies, the managers of schools and the presidents of local boards or chairmen of municipal councils concerned will select the medical officers and submit their names for the approval of the Director of Public Instruction who will issue orders after consulting the Surgeon-General. Where Government officers are available, they should be preferred. The work of inspection should, as far as possible, be entrusted to civil assistant surgeons.

(4) The aim of the medical examination should be to ascertain the general physical condition of the pupil. If, at the time of inspection, any cases of contagious diseases are found to exist, the medical officer will immediately warn the management about the need for segregation. Copies of inspection cards will be sent to the parents of the pupils in all cases in which arrangement for treatment is considered necessary.

(5) The fee payable to the medical officer shall not exceed twelve annas for every first inspection of a pupil and six annas for each of the subsequent annual inspections. In the case of schools under local bodies and under private management, grants-in-aid will be paid subject to the following conditions :—

(*a*) The maximum grant payable shall be limited to one-third of the expenditure incurred by the management subject, however, to an upper limit of four annas for the first inspection of each pupil and of two annas for each of the subsequent inspections.

(*b*) The award of grants to local bodies and to private managements shall be contingent on the levy of special fees from the pupils in the institutions under their control so as to cover at least one-third of the cost of medical inspection.

(*c*) The management of the school shall undertake to maintain the records and submit the returns prescribed for the purpose of medical inspection and to comply with all other conditions that may be laid down in this regard by Government or their authorized officers.

(6) In the case of Government institutions, medical officers will be paid at the rates specified in sub-paragraph (5) above. One-third of the cost of inspections will be recovered from the pupils and the balance will be borne by Government. The amount payable by Government should be drawn on contingent bills and should be paid along with the fees realized from pupils to the medical officer who will give an acquittance for the full amount of fees due to him.

2. At the end of the inspection, the medical officer will submit a brief report embodying the results to the Surgeon-General who will forward it to the Director of Public Instruction with suggestions as to any further action that may be called for.

3. The Government do not propose to maintain any headquarters establishment for co-ordinating inspection and tabulating the results until some experience has been gained of the working of the system now inaugurated.

4. The Director of Public Instruction will be in charge of all the arrangements necessary for the conduct of medical inspection in schools and he will issue, in consultation with the Surgeon-General and the Director of Public Health, such further instructions as may be found necessary from time to time.

(By order of the Government, Ministry of Education)

V. T. Krishnama Achariyar,
Secretary to Government.

To the Director of Public Instruction.
,, Director of Public Health.
,, Local Self-Government Department.
,, Surgeon-General.
,, Accountant-General through the Finance Department.
,, Finance Department.
,, Hon'ble the Resident in Hyderabad (with C.L.).
,, Finance Department (Codes).
Editors' Table (order only).

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Law (Education) Department.

NOTES CONNECTED WITH G.O. No. 641, LAW (EDUCATION), DATED 29th APRIL 1925.

[Subject.—*Medical inspection of schools.*]

As the Hon'ble Minister has decided to call a small conference to consider the question of medical inspection of schools, the following note is put up to show in detail the points which arise in connexion with it:—

(1) Should provision be made for medical inspection only, or for treatment as well?

(2) What class of schools should be included at present in the scope of the inspection—only secondary schools or colleges and higher elementary schools as well? And how often in a boy's career in a school should inspection take place?

(3) Who should be the officers entrusted with the duty of medical inspection, and what should be the scale of fees paid?

(4) How is the inspection to be financed: should it be self-supporting, fees being levied from parents to cover the cost, or should any portion of it be provided by Government as a grant-in-aid?

(5) Who should control the inspection on the technical side, advise inspecting doctors, scrutinize the reports received and generally co-ordinate the results, in a district or other area?

(6) Which should be the controlling department—the Medical, Public Health, or Educational?

(7) What should be the controlling medical staff and how is it to be paid?

I had intended to place my views on these matters on record but it is obviously unnecessary to do so pending the conference proposed. A note has been prepared on the systems in vogue in England and in other presidencies in India.

V. T. Krishnama Achariyar—18-8-24.

Thanks. Please ask the Surgeon-General to see the file before the conference is called in. A near date may be fixed.

A. P. P[atro]—20-8-24.

A conference was held by the Hon'ble the Minister for Education to-day (9th September 1924) which was attended by the Surgeon-General, the Director of Public Instruction, Secretary, Local Self-Government Department, and myself. The following decisions were arrived at:—

(1) Should provision be made for medical inspection only, or for treatment as well?

Provision should be made for inspection only, treatment being left to be arranged for by parents.

(2) What class of schools should be included at present in the scope of inspection, only secondary schools or colleges and higher elementary schools as well? And how often in a boy's career in a school should inspection take place?

Only secondary and training schools should be included in the scope of inspection. Inspection should take place at the time of admission and after that, once every year.

(3) Who should be the officers entrusted with the duty of medical inspection, and what should be the scale of fees paid?

Private and local board schools.—The managers of schools and the presidents of the local bodies concerned should select the medical officers and submit their names for the approval of the Director of Public Instruction who will issue orders after consulting the Surgeon-General.

Government schools.—The Director of Public Instruction will select the medical officer in consultation with the Surgeon-General. The scale of fees shall be:—

Twelve annas per pupil for the first inspection.
Six annas per pupil for every subsequent inspection.

It is desirable, as far as possible, to entrust the work to Civil Assistant Surgeons.

(4) How is the inspection to be financed, should it be self-supporting, fees being levied from parents to cover the cost, or should any portion of it be provided by Government as a grant-in-aid?

Private and local board schools.—The Government should give a grant not exceeding one-third of the total expenditure actually incurred in payment of fees to the medical officer. One-third should be recovered from the pupils and the other third borne by the manager or managing body.

Government schools.—One-third of the fees should be recovered from the pupils and the balance should be borne by Government.

(5) Who should control inspection on the technical side, advise inspecting doctors, scrutinize the reports received and generally co-ordinate the results, in a district or other area? and

(6) Which should be the controlling department, Medical, Public Health or Education?

If at the time of inspection any cases of contagious or other diseases are found to exist, the medical officer will immediately warn the managers about the need for segregation, etc. Copies of inspection cards should sent to parents in all cases in which arrangement for treatment is considered necessary.

At the end of the inspection, the medical officer will submit a brief report embodying the results to the Surgeon-General who will forward it to the Director of Public Instruction with suggestions as to any further action that may be called for. Till it is known how many schools introduce medical inspection, it is not proposed that there should be any headquarters establishment for co-ordinating inspection and tabulating the results.

2. The Surgeon-General suggested that medical inspection in all such schools should be made compulsory. It was ultimately agreed that medical inspection should be voluntary now and that the question of making it compulsory might be considered later.

3. Please work out what the ultimate cost of these proposals will be in respect of secondary and training schools under (i) Government management and (ii) management of local bodies and private agencies.

V. T. KRISHNAMA ACHARIYAR—9-9-24.

It is presumed that inspections are to be confined to secondary schools for *boys* and to training schools for *masters* and that pupils in the primary departments of secondary schools are not to undergo inspection. For purposes of estimate, it may be assumed that pupils in the I Form of secondary schools have to be inspected for the first occasion and that pupils in Forms II to VI inclusive receive 'repeat' inspections, except in the first year when all inspections will be first inspections. Similarly in the case of training schools where the length of the course is ordinarily two years, it may be assumed that students of the first-year course undergo first inspections, while those in the second-year course 'repeat' inspections. The following calculations are submitted with reference to the statistics of pupils on the 31st March 1923:—

Yes.

V.T.K.

Secondary schools.

Schools. (1)	Cost of inspection of pupils in Form I at 12 annas a pupil. (2)	Cost of inspection of pupils in Forms II to VI at 6 annas a pupil. (3)	Total cost. (4)	Cost to Government. (5)
	Rs.	Rs.	Rs.	Rs.
Government	899 × 12 annas = 674	3,433 × 6 annas = 1,287	1,961	1,308 *
Municipal and Local Boards	6,81- × 12 annas = 5,109	19,815 × 6 annas = 7,431	12,540	4,180 †
Aided	14,946 × 12 annas = 11,210	54,117 × 6 annas = 20,294	31,504	10,501 †
Total ..	....	....	..	15,989

* ⅔ of figure in column 4. † ⅓ of figure in column 4.

Training schools.

Schools. (1)	Cost of inspection of first-year pupils at 12 annas a pupil. (2)	Cost of inspection of second-year pupils at 6 annas a pupil. (3)	Total cost. (4)	Cost to Government. (5)
	Rs.	Rs.	Rs.	Rs.
Government	2,352 × 12 annas = 1,764	2,352 × 6 annas = 882	2,646	1,764 *
Aided	760 × 12 annas = 570	760 × 6 annas = 285	855	285 †
Total ..	....	....	..	2,049

* ⅔ of figure in column 4. † ⅓ of figure in column 4.

According to the above calculations, the Government share of the cost comes to Rs. 18,038 a year.

2. If the scheme is given effect to in all the secondary and training schools at once, the cost to Government in the first year will be larger, since the inspection of all pupils should be classed as first inspection and charged for at the higher rate of 12 annas. The cost to Government in that case works to Rs. 28,821 (Rs. 4,518 on account of Government schools and Rs. 24,303 on account of schools under local bodies and private managers).

K.A.—16-9-24. E.A.V.—16-9-24.

C. RAMANUJA ACHARIYAR—16-9-24.

The cost will be:—

Government schools (on the strength on 31st March 1923)—Rs. 4,518.

As regards other schools, it is hardly likely that all of them will introduce the scheme. I think one-third of the number may be expected to commence in the first year. Rs. 8,000 will be needed.

The grant required for the first year will thus be Rs. 12,500.

V. T. KRISHNAMA ACHARIYAR—17-9-24.

FINANCE DEPARTMENT.

The only point on which the remarks of Finance are needed is whether Provincial funds should bear any portion of the cost of the scheme. Sir Charles Todhunter noted on two occasions that the whole cost of inspection should be recovered from the pupils. It was also noted in Finance that the payment of the full fees by the pupils themselves would not result in any hardship. Law (Education) now propose that Government should bear two-thirds of the cost of inspection in Government schools and one-third of the cost in other schools. They have not, however, explained why the suggestion of Finance that the whole cost of inspection should be recovered from the pupils cannot be acted on.

2. The present proposal of Law (Education) is estimated to cost ultimately Rs. 18,038 a year. It does not seem that this amount includes the extra cost on account of schools for the entire, or a portion of the net cost of which the Government have assumed responsibility. For the first year, the Law Department estimate the cost at Rs. 12,500. This is based on the assumption that only one-third of the number of non-Government schools would introduce the scheme in the first year. This is only a rough forecast. No estimate of cost has been got from the Director of Public Instruction.

3. It is doubtful whether, in the present state of Provincial finances, Finance can agree to such large recurring liabilities.

V.R.—27-9-24.

The proposal of Law is to enter a budget provision of Rs. 8,000 for 1925-26.

2. The provision in the current year's budget is Rs. 4,050 which is made up as follows :—

	RS.
Government Arts Colleges (School departments)—page 134 of Civil Budget Estimate	500
Training College for Women—page 138 of Civil Budget Estimate.	600
Teachers' College—page 138 of Civil Budget Estimate	200
Government Secondary Schools (Agency)—page 139 of Civil Budget Estimate	250
Government Secondary Schools for boys—page 142 of Civil Budget Estimate	1,000
Government Secondary Schools for girls—page 143 of Civil Budget Estimate	700
Training Schools for Mistresses—page 151 of Civil Budget Estimate	800
Total ...	4,050

There will thus be an increase of Rs. 4,000 over the expenditure in the current year.

3. Law states that the ultimate cost will be Rs. 18,038 per annum. Law appears to have omitted to take into consideration net cost schools. If so, the figure may be revised.

4. In view of the opinion of Sir Charles Todhunter, orders of Hon'ble Member, Finance, may be taken as to whether Finance should agree to the scheme.

R. W. DAVIES—2-10-24.

LAW (EDUCATION) DEPARTMENT.

With reference to paragraphs 1 and 2 of Finance Secretary's note above it is submitted that the provision recommended by this department for the next year's budget is Rs. 12,500 (Rs. 4,500 on account of Government institutions and Rs. 8,000 on account of other institutions). The case of schools the net cost of which is borne by Government was not overlooked. There appears to be no idea to give them any exceptional treatment. For the present purpose, they will be treated like other schools managed by local bodies. In other words, in respect of net cost schools also, pupils will pay one-third of the cost of inspections, and the remaining two-thirds will be shared equally by the management and the Government. The liability of Government to this extent has been included in the estimate of cost at page 3 ante.

Certainly this is the idea.
V.T.K.

Our object is to reduce all these grants to the half net cost basis.
V.T.K.—5-10-24.

For orders as to circulation.

E.A.V.—3-10-24.

C. RAMANUJA ACHARIYAR—4-10-24.

V. T. KRISHNAMA ACHARIYAR—5-10-24.

Medical examination of schoolboys is accepted as a principle. The suggestion of Sir Charles, that medical inspection without medical treatment of the school children is useless, is not accepted. That would involve more expenditure and lead to nothing.

The medical inspection in the City of Madras disclosed appalling state of matters.

There is a budget provision for the current year. It is not suggested that the proposal now made as a result of the discussion with the Surgeon-General and the Director of Public Instruction is outside the Grant-in-Aid Code. Sir Charles Todhunter was under a misapprehension. The proposals outlined above are governed by the rules of Grant-in-Aid.

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At one stage Sir Charles went beyond the finance criticism and discussed about administrative aspect of the question. His advice was not limited to the examination of the financial results. However, as Mr. Moir could not take up the work during the period of his deputation, a conference of the Director of Public Instruction, Surgeon-General, Secretary, Local Self-Government, and Secretary, Education, was called to discuss the matter in all its aspects and the conclusions are summarized. They are within the Grant-in-Aid Code.

A. P. P[ATRO]—7-10-24.

I do not think that Sir Charles Todhunter's suggestion was that the Government should provide treatment in case of school children found defective on inspection. What he did say was that inspection without any provision for further action would do little good and for all practical purposes I gather that his suggestion is accepted. The direction is given in paragraph 3 (5) of the draft.

2. As it stands, I have no objection to the proposal being put up for inclusion in next year's budget. Whether it will be possible to allot the additional funds can only be decided, I suppose, when we know what funds are available.

R. A. G[RAHAM]—9-10-24.

What is the next stage ?

V. T. KRISHNAMA ACHARIYAR—13-10-24.

The next step is apparently to place the question before the Finance Committee. A note is submitted for consideration. If approved, it may be sent to Finance which has to furnish its portion of the note.

E.A.V.—20-10-24.

C. RAMANUJA ACHARIYAR—20-10-24.

V.T.K.—21-10-24.

FINANCE DEPARTMENT.

C-4 has agreed to the scheme being considered for the budget for 1925-26.

2. The demand for 1925-26 is Rs. 12,500, Rs. 4,500 on account of Government institutions and Rs. 8,000 on account of other institutions. The ultimate annual cost of the scheme has been estimated at Rs. 18,038 per annum, while the cost in the first year, if the scheme is given effect to in all the secondary and training schools at once, is estimated at Rs. 28,821 ; this is due to the fact that the inspection will be the first inspection in the case of all pupils and the doctor's fee for the first inspection is 12 annas against 6 annas for subsequent inspections of a pupil. In paragraph 6 of the note for the Finance Committee, the Law Department has mentioned only the cost to Government in the first year of introducing the scheme in all the secondary and training schools. That department may be requested to amplify paragraph 6 of the note as follows :—

"If the scheme is given effect to in all the secondary schools for boys and training schools for masters at once, the cost to Government based on the number of pupils on the 31st March 1923 will be as follows :—(The figures for 1925-26 represent the cost for the first inspection of all pupils and those for 1926-27 and subsequent years the cost for the first inspection in the lowest classes and repeat inspections in the other classes). "

	1925-26.	1926-27 and subsequent years.
	RS.	RS.
Government schools	4,500	3,100
Other schools	24,300	15,000
Total ...	28,800	18,100

The expenditure is liable to fluctuate as it depends upon the number of pupils in a particular year ".

The Law Department may also be requested to show in an annexure the detailed distribution of the amount of Rs. 12,500 required in 1925-26 under the several minor heads of the education budget.

The Finance note may be—

"The proposal may be placed before the Finance Committee as a Part II scheme for 1925–26".

K.A.—22-10-24. C.A.S.—22-10-24. R. W. DAVIES—22-10-24.

LAW (EDUCATION) DEPARTMENT.

The note for the Finance Committee has been amplified as suggested by the Finance Department.

2. As regards the distribution of the amount, the Director of Public Instruction has since submitted a distribution statement. It will be observed therefrom that he has made a provision of Rs. 1,700 for the medical inspection of pupils in European schools (secondary). Assuming that the inspection is to be restricted to high and middle schools, the total cost, on the basis of the rates adopted for Indian schools (twelve annas for first inspection and six annas for subsequent inspections) amounts to about Rs. 700. It is not known how the sum of Rs. 1,700 provided by the Director has been arrived at. Apparently higher rates of fees are considered necessary in the case of European schools. A sum of Rs. 1,000 will perhaps suffice.

In the provision of Rs. 12,500 suggested on page 3 ante, European schools were not taken into account. A sum of Rs. 1,000 has, therefore, to be added to the estimate. The note for the Finance Committee has accordingly been amended. It may be sent to Finance for perusal.

G.N.—28-10-24. E.A.V.—29-10-24.

C. RAMANUJA ACHARIYAR—30-10-24.

V. T. KRISHNAMA ACHARIYAR—31-10-24.

FINANCE DEPARTMENT.

It is proposed to include provision for grants for medical inspection in European high and middle schools also. This point has not been specifically considered till now and the tentative decision has been arrived at without the case being circulated to the Member in charge of European education.

2. The Law Department assumes that a higher rate of fees will be allowed in the case of European schools, but the rate has not been specified. Finance may agree to the same rate as in non-European schools.

3. The cost in the first year in the case of European schools (excluding the Lawrence Memorial School which has a Military Assistant Surgeon attached to it) will be about Rs. 1,000 and in succeeding years Rs. 600. As in the case of non-European schools, we may include provision for one-third grant in one-third of the total number of schools or Rs. 100 roundly in 1925–26. The necessary correction has been made in pencil in paragraph 6 of the note for the Finance Committee.

K.A.—1-11-24. C.A.S.—1-11-24. R.W.D.—1-11-24.

LAW (EDUCATION) DEPARTMENT.

The case of European schools is different from that of Indian schools. In the case of the latter, it has been assumed that only one-third of the number of the schools will introduce the scheme. This will not be the case in regard to European schools. Most of the schools will probably provide for medical inspection at once Further, European Doctors may claim higher rates of fees than Indian Doctors The rate of twelve annas for first inspection and of six annas for second and subsequent inspections will not therefore be adequate. It was in view of these considerations that this department suggested a lump provision of Rs. 1,000 for the medical inspection of European schools. The Finance Department would, however, allow only a sum of Rs. 100 on the basis of the rates adopted in the case of Indian schools and on the assumption that only one-third of the number of schools will provide for medical inspection. It is for consideration whether the amount may not be raised at least to Rs. 500.

2. The file may be submitted to M-2, C-2 and C-4.

G.N.—4-11-24. E.A.V.—4-11-24. C. RAMANUJA ACHARIYAR—4-11-24.

All the European schools are expected to introduce medical inspection in the first year. On this basis, we want about Rs. 350. It is likely that a higher scale of fees (and hence of grants) will be needed for these schools: the Director of Public Instruction has not however given any information one this point. Rupees 350 may be provided now in addition to Rs. 12,500 for other (non-European) schools.

V. T. KRISHNAMA ACHARIYAR—5-11-24.

FINANCE DEPARTMENT.

R. W. DAVIES—5-11-24.

LAW (EDUCATION) DEPARTMENT.

The total provision to be entered in the budget estimate for 1925–26 is Rs. 12,850. The necessary corrections have been made in the last paragraph of the note for the Finance Committee and in the annexure. The file may be circulated to M-2, C-2 and C-4 for approval of the note.

G.N.—5-11-24. E.A.V.—6-11-24. C.R.—6-11-24.

V.T.K.—7-11-24.

A. P. P[ATRO]—7-11-24.

A. R. K[NAPP]—9-11-24.

R. A. G[RAHAM]—17-11-24.

Issue.

V.T.K.—25-11-24.

Note for the Finance Committee—Part II Scheme—1925–26.

[Medical inspection of pupils.]

Proposals of the Law (Education) Department.

The question of making arrangements for the medical inspection of pupils has been engaging the attention of Government for some time past. In paragraph 7 of the Resolution No. 301-C.D., dated 21st February 1913, the Government of India recommended to Local Governments a thorough enquiry into school and college hygiene by a small committee of experts. As regards the scope of the enquiry, the Government of India recognized that it would vary in different parts of India, but suggested the following as some of the more important matters for investigation:—

(i) The condition of school houses, hostels and other places where pupils reside, from the point of view of sanitation;

(ii) the professional examination of building plans from the hygienic point of view;

(iii) the introduction of a simple and more practical course of hygiene; whether it should be a compulsory subject in the various schemes of school-leaving certificates, and whether it should be recommended to universities as part of their matriculation examination;

(iv) the inspection, where possible, of male scholars, with special reference to infectious diseases, eyesight and malaria;

(v) the length of the school-day, home-studies, and the effect upon the health of the present system of working for formal examinations;

(vi) the requirements in the way of recreation grounds, gardens, gymnasia, reading rooms common rooms, etc.;

(vii) the inspecting and administering agency required, the possibility of co-operation with existing organizations and the provision of funds.

As the scope of the suggested enquiry was very wide and as a single committee of experts was not likely to be able to deal satisfactorily with all the subjects specified it was considered unnecessary to appoint a committee to undertake the comprehensive enquiry indicated.

2. The last but one of the subjects mentioned above, namely, 'the requirements in the way of recreation grounds, gardens, gymnasia, etc.', was specifically considered and a beginning was made by the appointment of a committee to consider the adequacy of playing grounds, etc., for educational institutions within the city of Madras. The committee made certain suggestions and action was taken thereon.

3. A little later—in 1916—the fourth of the items enumerated by the Government of India was taken up and Lieutenant-Colonel Donovan was deputed to undertake, as an experimental measure, a medical inspection of pupils in the elementary schools managed by the Madras Corporation. The report submitted by the officer was found to be incomplete as no stethoscopic examination of the chests of the boys had been made and as girls were completely excluded from the scope of the inspection. A further and more complete report was then called for. Colonel Donovan assisted by Dr. (Mrs.) Simonsen completed the inspection and the final report was received in April 1917. The report was instructive and revealed defects in the general condition of the schools, which the Corporation was asked to take adequate steps to remedy.

4. In the report on public instruction for the quinquennium ending 1916–17 the Director drew attention to the subject and stated that in his opinion a thorough medical inspection of Indian schools would disclose a serious state of affairs in regard to the condition of the pupils and the hygienic and sanitary arrangements in schools. The Government considered the question carefully and came to the following conclusions :—

(i) Arrangements should be made for medical inspection of pupils in secondary schools ;

(ii) for the supervision of the health of students in colleges, the tutorial system might be relied on ; and

(iii) it was not possible on financial grounds to extend the system of medical inspection to elementary schools.

This was in November 1918.

5. Agreeably to this decision, a system of grants-in-aid applicable to recognized secondary schools under the control of local bodies and private managements was approved in 1920. The main principles were—

(1) That the maximum grant payable should be limited to one-third of the expenditure incurred by the management subject to an upper limit of four annas for the first inspection of each pupil and of two annas for each subsequent inspection ;

(2) that the award of grants to local bodies should be contingent on the levy of special fees from the pupils in the institutions under their management so as to cover at least one-third of the cost of medical inspection, the levy of the special fee in institutions under private management being left to the discretion of the management ;

(3) that the name of the medical officer should be submitted to the Director of Public Instruction for approval ; and

(4) that the management should undertake to maintain the records and submit the necessary returns and generally to abide by the conditions prescribed.

Some time after the grant-in-aid system was formulated, sanction was accorded to the employment for a period of two years of three specially trained assistant surgeons for work connected with the medical inspection of schools. These assistant surgeons were—

(i) to conduct the inspection of pupils in Government secondary schools and in the school departments attached to Government colleges ;

(ii) to supplement the work of inspection of local medical practitioners employed in aided institutions and institutions under local bodies in respect of such portion of the medical inspection as required special training ; and

(iii) to correlate the work of inspection done by local practitioners.

6. While the question of posting assistant surgeons was under consideration, it was suggested by the Director of Public Health that it would be preferable to have the whole work of medical inspection of schools placed under the Public

Health Department. This was supported by the Public Health Board. The Director of Public Health also submitted proposals to give effect to the transfer. This raised other issues and, pending orders thereon, the Director of Public Instruction was instructed in October 1922 to keep in abeyance the system of granst-in-aid previously approved. Since then, the subject has been engaging the constant attention of Government. On the 9th September 1924 a conference was held by the Hon'ble the Minister for Education. It was attended by the Surgeon-General, the Director of Public Instruction, the Secretary to Government, Local Self-Government Department, and the Secretary, Law Department. The following is a summary of the questions discussed and the decisions arrived at :—

(1) Should provision be made for medical inspection only, or for treatment as well ?

Provision should be made for inspection only, treatment being left to be arranged for by parents.

(2) What class of schools should be included at present in the scope of inspection?

Only secondary schools or colleges and higher elementary schools as well ? And how often in a boy's career in a school should inspection take place ?

Only secondary and training schools should be included in the scope of the inspection. Inspection should take place at the time of admission and after that, once every year.

(3) Who should be the officers entrusted with the duty of medical inspection, and what should be the scale of fees paid ?

Private and local board schools.—The managers of schools and the presidents of the local bodies concerned should select the medical officers and submit their names for the approval of the Director of Public Instruction who will issue orders after consulting the Surgeon-General.

Government schools.—The Director of Public Instruction will select the medical officer in consultation with the Surgeon-General. The scale of fees shall be :—

Twelve annas per pupil for the first inspection.

Six annas per pupil for every subsequent inspection.

It is desirable as far as possible to entrust the work to Civil Assistant Surgeons.

(4) How is the inspection to be financed ? Should it be self-supporting, fees being levied from parents to cover the cost, or should any portion of it be provided by Government as a grant-in-aid ?

Private and local board schools.—The Government should give a grant not exceeding one-third of the total expenditure actually incurred in payment of fees to the medical officer. One-third should be recovered from the pupils and the other third borne by the manager or managing body.

Government schools.—One-third of the fees should be recovered from the pupils and the balance should be borne by Government.

(5) Who should control inspection on the technical side, advise inspecting doctors, scrutinize the reports received and generally co-ordinate the results, in a district or other area ? and

(6) Which should be the controlling department—Medical, Public Health or Education ?

If at the time of inspection any cases of contagious or other diseases are found to exist, the medical officer will immediately warn the managers about the need for segregation, etc. Copies of inspection cards should be sent to parents in all cases in which arrangement for treatment is considered necessary.

At the end of the inspection, the Medical officer will submit a brief report embodying the results to the Surgeon-General who will forward it to the Director of Public Instruction with suggestions as to any further action that may be called for. Till it is known how many schools introduce medical inspection, it is not proposed that there should be any headquarters establishment for co-ordinating inspection and tabulating the rusults.

6. An estimate of cost for the inspection of pupils in secondary schools for Indian boys and of teachers undergoing training in training schools for masters for Indians based on the decision arrived at at the conference has been prepared. If the

scheme is given effect to in all the secondary schools for boys and training schools for masters at once, the cost to Government, based on the number of pupils on the 31st March 1923 will be as follows:—(The figures for 1925–26 represent the cost for the first inspection of all pupils and those for 1926–27 and subsequent years the cost for the first inspection in the lowest classes and 'repeat' inspections in the other classes).

	1925–26.	1926–27 and subsequent years.
	RS.	RS.
Government schools	4,500	3,100
Other schools	24,300	15,000
Total ...	28,800	18,100

The expenditure is liable to fluctuate as it depends upon the number of pupils in a particular year. As it is not likely that non-Government schools will adopt the system at once, it is proposed to provide for its introduction in one-third of the number of such schools in the first year. In other words a sum of Rs. 4,500 on account of Government schools and of Rs. 8,000 on account of other schools will be required. In addition, a sum of Rs. 350 is considered necessary for European schools. A sum of Rs. 12,850 in the aggregate will have to be provided in the next year's budget. The detailed distribution of the amount is given in the annexure.

As the question of medical inspection has been under consideration for a very long time and as it has formed the subject of a number of interpellations in the Legislative Council, it is essential that a beginning should be made at as early a date as practicable. It is therefore recommended that a sum of Rs. 12,850 may be provided in the budget for 1925–26.

V. T. KRISHNAMA ACHARIYAR—31–10–24.

Note by the Finance Department.

The proposal may be placed before the Finance Committee as a Part II scheme for 1925–26.

R. W. DAVIES—22–10–24.

ANNEXURE.

Budget head.

	Provision. RS.
Reserved—	
(1) 31-B (*a*) (i)—Education—Secondary—Reserved—Government Secondary schools in the Agency—Medical inspection	100
(2) 31-B (*a*) (iv)—Education—Secondary—Reserved—Direct grants to non-Government Secondary schools—Grants for Medical inspection (European schools)	350
Transferred—	
(3) 31-A (*a*) (i)—Education—University—Government Arts Colleges (Men)—Medical inspection	600
(4) 31-A (*a*) (iii)—Education—University—Government Professional Colleges—Teachers' Colleges—Medical inspection	100
(5) 31-B (*b*) (i)—Education—Secondary—Government Secondary schools for boys—Contingencies—Medical inspection of schools	1,400
(6) 31-B (*b*) (ii)—Education—Secondary—Direct grants to non-Government Secondary schools—Grants for Medical inspection	5,700
(7) 31-B (*b*) (iii)—Education—Secondary—Grants to local bodies for Secondary education—Grants for Medical inspection	2,200
(8) 31-D (*b*) (ii)—Education—Special—Government Training Schools for Masters—Contingencies—Medical inspection	2,300
(9) 31-D (*b*) (iii)—Education—Special—Direct grants to non-Government Special schools—Grants for Medical inspection	100
Total ...	12,850

Extract of the proceedings of the 10th meeting of the Finance Committee held on 6th January 1925.

The Committee placed the scheme in class III *.

* Desirable to give effect to when funds become available.

R. W. DAVIES—9–1–25.

LAW (EDUCATION) DEPARTMENT.

May be circulated to M–2 and C–1. It may be observed that this is a long pending scheme.

The subject is also one which has attracted considerable attention in the Legislative Council—cf. G.O. No. 1869, Law (Education), dated 27th November 1924. The amount involved is Rs. 12,850.

E.A.V.—14–1–25. C. RAMANUJA ACHARIYAR—14–1–25.

The provision must be pressed for in Cabinet.

V. T. KRISHNAMA ACHARIYAR—15–1–25.

I fuly agree.

A. P. P[ATRO]—15–1–25.

LAW (EDUCATION) DEPARTMENT.

A draft order is submitted.

With reference to the answer to the supplementary question asked by Mr. U. Rama Rao at the meeting of the Legislative Council held in August 1924, the order may be placed on the Editors' Table.

Page 10 of G.O. No. 1869, dated 27th November 1924.

V.T.K.—2–4–25.

2. The file may be sent to Local Self-Government (Public Health) and Finance u.o. for acceptance of the draft.

G.N.—30–3–25. E.A.V.—31–3–25. C.R.—31–3–25.

V.T.K.—1–4–25.

LOCAL SELF-GOVERNMENT (PUBLIC HEALTH) DEPARTMENT.

The draft may be accepted and the file passed on to Finance.

It is presumed that the file will be circulated to M–1 before the draft is issued.

S.N.—3–4–25. K.N.—5–4–25. V. PANDRANG RAO—6–4–25.

C. B. COTTERELL—6–4–25.

FINANCE DEPARTMENT.

The draft order may be accepted.

2. *Funds.*—Necessary provision has been included in the budget for the current year.

P.S.R.—8–4–25. V.G.—9–4–25. T. E. MOIR—11–4–25.

LAW (EDUCATION) DEPARTMENT.

May be circulated to M–2 and M–1.

V.T.K.—17–4–25.

A. P. P[ATRO]—21–4–25.

P. R[AMARAYANINGAR]—27–4–25.

Issue.

V.T.K.—28–4–25.

[G.O. No. 641, Law (Education), dated 29th April 1925.]

Not to be printed 9

C.F.—20

Public Health **DEPARTMENT.**

Received ASST. SECRETARY TO GOVT. LOCAL SELF GOVT. DEPARTMENT 23 FEB 1922 191

Registered 03592 191

ASSISTANT SECRETARY TO GOVERNMENT LAW DEPARTMENT 27 FEB 1922

Subject

Medical Inspectors of Schools.

Forwarding proposals for the appointment of.....

P.H. No. 3592-1
d/ 25/2/22

23/2

LSE (PH) Dept
To Law (Edn) Dept no.
23/2/22
23/2

ENCLOSURES
No.
Spare copies

Ref No. 875-1E

Station Camp, Bellary, Dated the 18th February 1922.

From (Name) Major-General G.G.Giffard, C.S.I., K.H.S., I.M.S.,

(Designation) Surgeon-General with the Government of Madras,

To The Secretary to the Government of Madras, Local Self-Government, Public Health Department.

Sir,

With reference to recent consultation held between the Hon'ble Mr.P.Ramarayaninger, the Hon'ble Mr.A.P.Patro, Mr.R.Littlehailes, Mr.F.J.Richards and myself, I have the honour to forward herewith the proposals for the reconsideration of the matter of Medical Inspectors of Schools. At the consultation it was decided that as Government were unable to pay allowances which would be attractive to three medical officers it would be best to begin with only one, whose allowance should be sufficiently attractive to permit the Surgeon-General to place a senior and experienced medical officer at the disposal of the Director of Public Instruction. A large number of statistics have already been collected by the Director of

Public

Vide p 1 of G.O. no 1014 Law (Edn) 24.9.20 put up below

Instruction from all over the Presidency but no one in his office has the technical knowledge wherewith to deal with them. As already pointed out to Government in previous letters Nos.100/847 dated 25th August 1919 and 100/117 dated 18th December 1920 I am of opinion that only senior experienced officers who have gone through a special training are capable of dealing with this work. It should be remembered that a Medical Officer chosen for this work will really be in the position of a man starting a fresh department under Government. I would remind Government that when it was decided that the Chingleput Reformatory required the services of a Medical Superintendent Government agreed that the work should be put into the hands of a selected officer and then agreed that the selected officer's pay should rise from Rs.260 to Rs.600. In other words, the Medical Officer selected was given a special allowance of Rs.340 a month. I recommend that the special officer selected to be under the orders of the Director of Public Instruction for the particular duty required should be given a personal allowance of not less than Rs.300 a month and the Surgeon-General be permitted to post a Medical Officer of the Madras Provincial Medical Service who is already drawing pay up to that of a Civil Surgeon. In making this recommendation I desire to represent to Government that the selection of a junior officer with the small allowance of Rs.100 a month will not only cause the post to be filled by an unwilling officer but also by a man or men whose knowledge is not sufficient to advise the Director of Public Instruction at the commencement of so serious an undertaking as an enquiry into the health of the school children of this Presidency and in giving advice both to the school authorities and to the parents in this important matter.

I have the honour to be,
Sir,
Your most obedient servant,

Gerald Hiffard

Major-General, I.M.S.
Surgeon-General with the Government of Madras

10

Copy of letter from Major A.J.H.Russell, M.D., D.P.H., I.M.S., Director of Public Health, Madras, to the Surgeon-General with the Government of Madras, Madras, D.No.934/S, dated the 6th September 1922.

I have the honour to return herewith file of Medical Inspection Reports received from the Director of Public Instruction with my remarks.

I have gone through the medical reports submitted during 1921 and 1922 and in the attached list have noted against each report my remarks regarding the information supplied as per Schedules I and II respectively.

It will be seen that a considerable proportion of the reports contain little or no information of any value either to the Public Health Department or to the Director of Public Instruction. In most cases the reports have not been submitted in the forms drawn up for the purpose, and as a consequence it would be immensely difficult to consolidate the information contained in them, even if that were of value. The report submitted from the Madras Christian College (D.1988) is a model of its kind, and after looking into earlier reports I have also to draw attention to the excellent report of 10th April 1920 sent in, with tabular statements, from the S.P.G.College, Trichinopoly. Instances such as these show that where the medical officers exercise care in carrying out the instructions detailed in the schedules and devote time to the work, valuable information can be obtained, but, excluding these two and a few other admirable examples, I am of opinion that it is largely a waste of Government money to sanction grants for reports such as those contained in this file. The Educational Department cannot be expected to possess that knowledge which is essential for the proper control of medical inspection of schools and medical inspectors and it is obvious that before further expenditure is incurred, the work should be systematized and supervised by a medical man of some standing. I intend to submit proposals separately regarding the carrying out of this work

---

Number of Report.	Schedule I.	Schedule II.	Place.
D.No.4371	Very good	Very good.	Narasapur.
D.No.4091	No use.	Good.	Noble College
D.No.4044	Fair, Not in form.	Good	Idupugallu.
D.No.3957.	No use.	Poor.	Calicut, Malabar
D.No.3947	fair; not in form.	Good	C.M.S. High School, Nellore.
D.No.3942	very bad; not in form.	fair	Parlakimedi.
D.No.3764	No use, not in form, Schedule I used for 93 pupils instead of for one.	fair	Penukonda.
D.No.3732	No use	fair	Vizianagram.
D.No.3617	Good	Very good	Mission School, Calicut.
.No.3563	Of little use.	Nil.	Rai Bahadur G.V. James, M.D., Tellicherry.
D.No.3412	Of little use. "No venerial(sic) disease among the students". Schedule I used for general school population.	Nil.	Jaggayyapet
D.No.3410	Good	No information.	Tuticorin
D.No.3355	Poor - Schedule I used for general school population.	Nil	Nandigama, Kistna Dt.
D.No.1988	Very good	Very good.	Madras Christian College.
D.No.1720	Good	Good	Nangunneri, Tinnevelly Dt.
D.No.1561	Nil	Good	Chingleput.
D.No.1520	Very good	Good	Secondary School Madras.
D.No.1032	Nil	Good	Dindigul
D.No.1005	Of little use; Not given as per schedule.	fair	High school, Madanapalle.
D.No.594	poor	Nil	Porayar.

Number of Report.	Schedule I.	Schedule II.	Place.
D.No.397	Fair but somewhat obscure.	fair.	Chickballapur.
D.No.302	Good	Nil	Madras
D.No.301	Good	fair	Nandyal
D.No.103	Very good	Nil	Vepery, Madras.
D.No.17	Nothing of value.	Nil	Mylapore, Madras.
D.No.3	Nothing of value.	Nil	Madras.
D.No.7260/21	Fair, not scheduled.	Nil	Kumbakonam
D.No.7121/21	Nothing of value	Nothing of any value.	Paramakudi.
D.No.6132/21	Fair, Given in percentages.	Fair	Parlakimedi.

CF 29 -9,678 20 11-19.

25 6

13

(Education) **DEPARTMENT.**

5 -SEP- 1922

Received ..... 19 . *Registered* 4072A 579 1922

Subject.

Replying to Government reminder regarding appointment of Medical Inspectors of Schools.

ENCLOSURES.
No.
Spare copies

No.

Station Madras *Dated the* 4th September '22

From (Name) Major-General G.G.Giffard, C.S.I., K.H.S., I.M.S.,

(Designation) Surgeon-General with the Government of Madras,

To The Secretary to the Government of Madras,

Law (Education) Department.

Sir,

Reference:-Your communication No.925/A-2 dated 14th June 1922.

w/o note sent in orig: to S.G.

pass, Notes file

The reports of Medical Inspectors received from the Director of Public Instruction are under scrutiny and a reply to the above reference will be sent as soon as possible.

I have the honour to be,
Sir,
Your most obedient servant,

Major-General, I.M.S.,
Surgeon-General with the Government of Madras.

Th... payment of ... institutions th... liabilities on...

To the...

Law (Edn)

Lodged; another reminder may go a month hence.

6-9-22

7.9.2

47 Law (ಕಾಯ)

14

C-925/A

Memo. No: 925/A-3

21-10-22

The D. P. I. is informed that, pending the issue of further orders, the scheme for the payment of grants towards medical inspection of schools (F) approved in G. O. No. 208 Home (ಕಾಯ), d/ 12th February 1920 should be held in abeyance, and no grant should be paid in respect of medical inspections undertaken hereafter.

This will not prejudice the payment of grants in the case of institutions that have already incurred liabilities on medical inspection

17/10

21-10-22

To the D. P. I. (M only)

13-10-22

13/10

21/10/22

14.10.22

16/10/22

L. B.

Please issue & note file

21-10-22

17/10

23/X/22

Very Urgent

35,826—17-12-21.

LOCAL SELF GOVERNMENT (PUBLIC HEALTH) DEPARTMENT.

8

(63) 15

Received ..... 192 Registered 23041 192

SECRETARY TO GOVT. LOCAL SELF GOVT. DEPARTMENT & ASST. SECRETARY 27 OCT 1922

Subject.

V.E.

ENCLOSURES.
No. .....
Share copies .....

D. No. 1123/J

Station Madras, Dated the 26 - 10 - 1922.

From (Name) Major A.J.H.Russell, M.D., D.P.H., I.M.S.,

(Designation) Director of Public Health, Madras.

To The DEPUTY Secretary to the Government of Madras;

LOCAL SELF GOVERNMENT (PUBLIC HEALTH) Department.

Sir,

Reference:- Your Telephone message of the 24th. instant regarding medical inspection of schools.

Separate proposals regarding the carrying out of this work which I referred to in my D.No.934 S. of 6th of September 1922 will be found contained in para 6 of my D.No.1061 of 13-10-1922. I have therein advised that the whole of medical inspection of school work should be entrusted entirely to the Public Health Department and in my re-organization scheme detailed in paragraph (3) of the same letter I have placed an Assistant Director of Public Health in charge of this work. I have also suggested in para 6 that one In-

p17 of notes

Report on Medl. Insp. of schools recd in Law (Edn)

Re-arrangement of the duties of A.D.P.H. Submitted to D.S. 27/10

9 ~~2~~

Inspectress and two Inspectors should be appointed to work under the Assistant Director. I have consulted the Surgeon-General with regard to these Inspectors and he agrees with me that if this work is placed under an experienced Assistant Director of Public Health, it is not so necessary to have experienced medical inspectors. I would suggest therefore that these three inspectors should be of the rank of junior Assistant Surgeons with pay of their grade plus the usual travelling allowances. If a Lady Assistant Surgeon is not available for the Inspectress post a Lady Apothecary might be appointed. These Inspectors would, under the direction of the Assistant Director of Public Health, not only carry out inspections themselves but would check and collate the reports prepared by Local Medical Practitioners appointed as Medical Inspectors in individual schools. I am of opinion that the question of medical treatment after inspection should be in the meantime deferred as it seems to me that we have not as yet sufficient data as to the conditions existing amongst school children throughout the Presidency. Probably at the end of a year or two the information collected would indicate the directions in which medical treatment was most desirable. If this is sanctioned an additional allotment under Medical Inspections of schools should be added to Part II of the Public Health Budget for 1923-24 as follows:-

2 male Medical Inspectors (200-450)	Rs.8,256	(average) at Rs.344 each
1 Female Medical Inspector (200-450)	4,128	(")
3 peons (12-18)	432	(minimum)
3 clerks (35-60)	1,260	
Travelling allowance ...	7,200	(at Rs.150 for the Inspector & Rs.50 for clerk & peon)
Contingencies	1,800	(at Rs.50 for each Inspector)
For rounding	24	
Total	Rs. 23,100	

current year
Temp provision is Rs 25[illegible]
p 151 [illegible]

A supplemental budget estimate for this amount in the prescribed form has also been submitted to-day separately addressed to the Secretary, Local Self Government.

I have the honour to be, Sir,
Your most obedient servant,

A.J.H. Russell

Major, I.M.S.,
Director of Public Health, Madras.

C.V.R./26-10.Exd.

Very Urgent

D.No.1124/S Office of the Director of Public Health, Madras, Dated the 26th October 1922.

From

Major A.J.H. Russell, M.D., D.P.H., I.M.S.,
Director of Public Health, Madras.

To

23040

The Secretary to the Government of Madras,
Local Self Government (Public Health)
Department, Madras.

ASST. SECRETARY TO GOVT. LOCAL SELF GOVERNMENT DEPARTMENT 27 OCT 1922

Sir,

In continuation of my letter D.No. 1123/S dated 26-10 1922, I have the honour to forward herewith an estimate of charges amounting to Rs.23,100 on account of the Medical inspection of schools to be included in Part II of the Budget Estimate under "33 Public Health" for the year 1923-24 forwarded with this office D.No.1081/S., dated 14-10-1922.

I have the honour to be,
Sir,
Your most obedient servant,

A.J.H. Russell

Major, ~~I.M.S.~~,
Director of Public Health, Madras.

C.V. R./26-10.Exd.

V.E.

Budget Estimate Part II

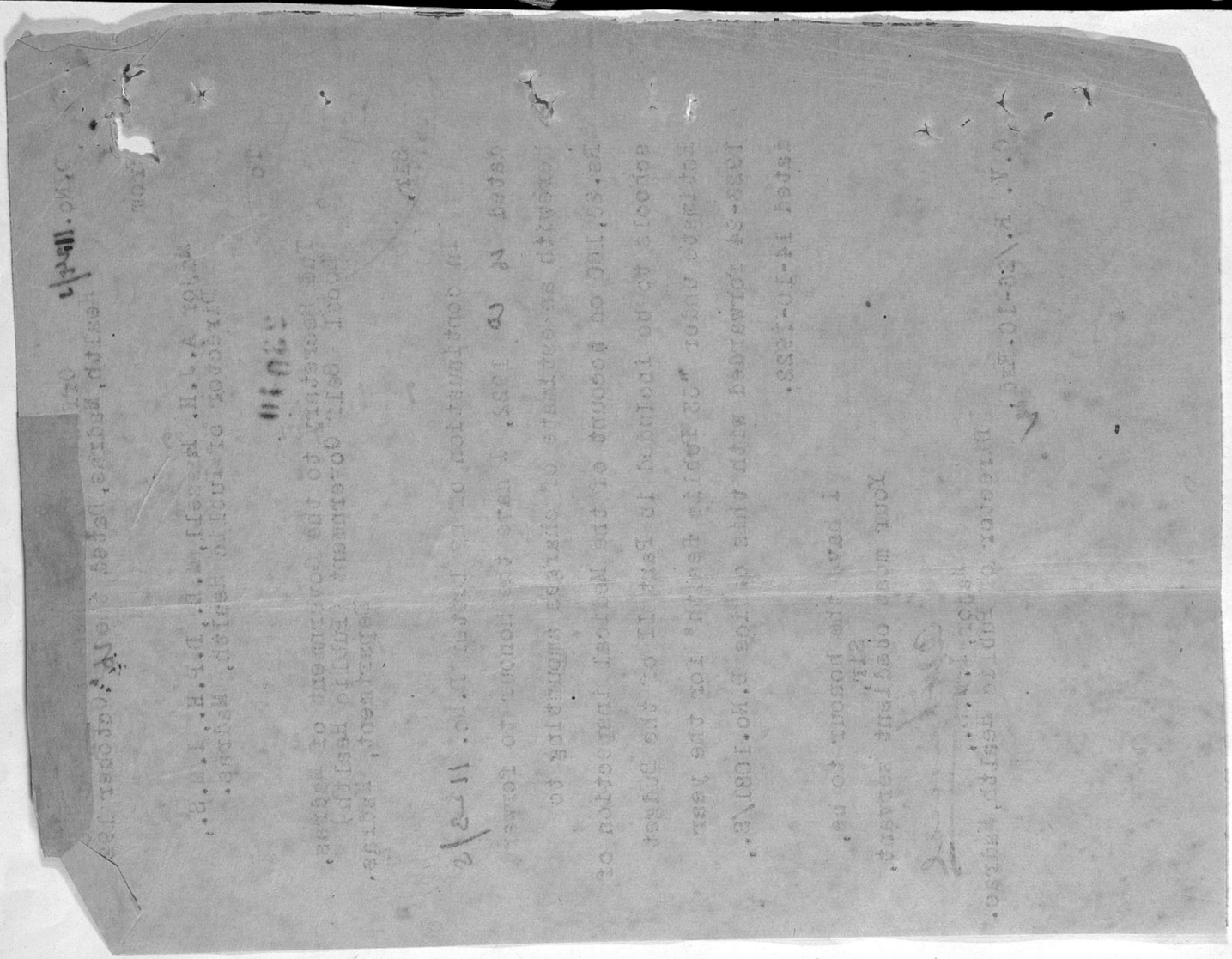
Details Acct No 33 A Public Health – Public Health Establishment

	Number 1922-23	Number 1923-24	Details	Budget Estimate 1923-24		Revised Estimate 1922-23		B.E 1922-23		Accts 1921-22		Explanatory remarks
				Rs	Rs							
			III Public Health Branch									
			Medical inspection of Schools.									
Establishment		2	Medical Inspectors (Male) 2(200-450)	8,256	(a)							
		1	Medical Inspr (Female)	4,128								
		3	Clerks 3 (35-60)	1,260								
		3	Peons 3 (12-18)	432								
					14,076							
Allces.			Travelling allowance		7,200 (b)							
Contingencies			Contingencies		1,800							
			For rounding		24							
			Total		23,100							

(a) on the basis of average pay of a Civil Asst Surgeon at Rs 344.

(b) At Rs 200 p.m. to one Medl Inspr, clerk & peon.

A. M. Russell
Major. I.M.S.
Director of Public Health,
Madras.



DIRECTOR OF PUBLIC INSTRUCTION
12 DEC. 1922
MADRAS

12 ~~9~~ 18

Law (Ex^n)

pp. 5-8 cf. [From the Director of Public Health, Nos. 1123 + 1124/J. dy 26.10.22]

Endt: No. 4660 A.1 dy 29.12.22

Referred to the D.P.I. for very early remarks.

29/12/22

CVV
28.12.22

29/12

To

D Sud with [illegible] 29/12

The D.P.I. (with pp. 5-8 cf. in orgl. to be retd. with reply)

R after 3 weeks.

13

Edl. A-1—2,500—1-5-2 2

EDUCATIONAL DEPARTMENT.

~~10~~ 19

In future letters, please quote No. R.O.C. No 1044-D/22 dated 4-1-23 and short title *	Rec'd _____ Enclosures Papers in original Reg'd _____ Spare copies _____	Telephone No. 5238 Telegraphic Address: "Instruction" Madras.

The Old College,

Dated 4-1-1923 192 .

L. Ex 136A 8/1/23

From

R. G. Grieve Esq. M.A., M.L.C.,
Ag. Director of Public Instruction,
Madras.

STATE SECRETARY TO GOVERNMENT JAN-1923 DEPARTMENT

To

The Secretary to Government,
Law (Education) Department.

Sir,

p. 9 ante

With reference to your endorsement No. 4660 A-1, dated 29th December 1922, I have the honour to state that Mr. R. Littlehailes, the permanent Director, was of opinion that the Medical Officers appointed for the inspection of school -- children should work administratively under the control of the Director of Public Instruction. I was present by a request at a meeting of the Public Health Board held on 14th December 1922 at which the question of the Medical Inspection of schools was discussed. When I was requested to give my opinion on the question of entrusting the whole work of Medical Inspection of schools to the Public Health Department, I pointed out that as I was only ~~actually~~ acting as Director, Mr. Littlehailes' view should be regarded as the departmental view.

(2) Personally, however, I see no objection to Medical Inspection of School children being made a function of the Public Health Department.

(3) I return herewith the papers forwarded with your endorsement.

I have the honour to be,
Sir,
Your most obedient Servant.

[signature] 6.1.23

for Director of Public Instruction.

G.M. [signature] 6.1.

(2) A~ # 14 20 C.F.—87.

DEPARTMENT Medical

Reminder

No.

17 JAN 1923

01253

OFFICE OF Surgeon-General with the Government of Madras.

STATION Madras

Dated 15th January 1923.

From The Surgeon-General with the Government of Madras,

To

The Secretary to Government,
Local Self-Government (P.H.) Department

Fort St George

SIR,

I have the honour to request an early reply to the communication noted on the margin.

This office letter Ref 875-1 E dated 18.2.1922 regarding the question of appointing Medical Inspectors of Schools.

I have the honour to be,

Sir,

Your most obedient Servant,

Signature. 15.1.23

For Surgeon-General with the Government of Madras.

N.J
2-2-23

~~12~~ 15

LSG (DPH)

C No. 3592, From the SG. Ref. No. 875-1 E
18.2.22

C No. 23041, From the DPH, D No. 1123/
26.10.2

C No. 136A, From the DPI, ROC 1044-D/2
4-1-23

Signed Opr.

O M. No. 28332-3
2.2.23

The DPH is requested to consult the DPI in regard to the budget provision ~~proposed~~ for 1923-24 proposed for medical inspection under '31 Education', and to report to the Govt. what items (they consider) should be transferred to 33 Public Health, if the proposals of the DPH in his letter read above are approved

CVR
31.1.23

BRR
7/2/23

DP
2/2

Recd

DESPATCHED
6 FEB 1923 (C1)

To the DPH
" " DPI
Copy to the SG
Copy to Law (Educ.) Dept.

S.V.R./26-10.Exd.

F.D.

R.No.518-2 H. Office of the Director of Public Health, Madras. Dated the 12--2--1923.

From

Major A.J.H. Russell, M.D., D.P.H., I.M.S.,
Director of Public Health, Madras.

To

04271

The Secretary to the Govt. of Madras,
Local Self Government (Public Health)
Department, Madras.

GOVT. OF MADRAS
13 FEB 1923
DEPARTMENT OF PUBLIC HEALTH

Medical inspection of schools.

Ref:- Govt. Memorandum No.28332-3 P.H., dated 2-2-1923.

I have the honour to state that the Director of Public Instruction has proposed under "31-Education" the following budget provision for medical inspection of schools.-

Arts Colleges 31 A(a)(1)	Rs. 1000
Govt. Profl. Colleges 31 A(a)(3) (Teachers' colleges)	500
Secondary Schools 31 B (a)(5) (European)	2000
Govt. Secondary Schools 31 B(b)(1) (Boys)	2250
" (Girls)	2000
Aided schools 31 B(b)(2) Boys and girls.	~~20000~~ 5,000
Local Bodies 31-B(b)(3)	~~10000~~ 5,000
Training schools 31 D(b) for mistresses	1400
Education 31 B (b) (1) Medical Inspectors (Presidency)	25000
	Rs. 64,150

17 ~~14~~

I obtained the above figures from the office of the Director of Public Instruction and I am of opinion that all these items should be transferred en bloc to " B 83-Public Health". Mr. Grieve, the acting Director of Public Instruction personally agrees with me but I understand that it is not his departmental view.

I have the honour to be,

Sir,

Your most obedient servant,

A W Russell

Major, I.M.S.,
Director of Public Health, Madras.

C.V.R./12-2.Exd.

18 23

L.S.G. Dept.

Medical inspection of schools

Dm. 22029 - 1 Pt dy 22. 10. 23

The S.G. is requested to be so good as to offer his remarks on the following suggestions which have been made with the object of improving the existing arrangements for the med inspection of pupils in the Secondary schools in this Presidency.

1) Scope of the inspection. This has hitherto been restricted to the mere examination of the pupils without any attempt to provide for the treatment of diseases detected at such examination. The responsibility for ~~the~~ treatment has been thrown on the parents or guardians. The suggestion has now been made that the scheme of med inspection of schools should make adequate provision for treatment also as is the practice obtaining in England.

2). Number of inspections

Hitherto only three inspections have been contemplated during a boy's secondary school course — once on admission to school, a second time on promotion to Form IV and lastly on the completion of the school course. If med inspection is to include provision for treatment also, the question arises whether more frequent inspections are not necessary. It is understood that in England, besides the first inspection on a boy's admission, annual inspections are carried out after the age of 12.

3) Inspecting agency. It has been suggested that where Govt med officers are available the work of inspection should be entrusted to them; in other cases private practs will be appointed. The med officers will be remunerated by a fixed fee of twelve annas for every first inspection and six annas for every subsequent inspection of each pupil, the cost to be recovered from

This will apply to all classes of secondary schools — Govt, L.F. or Muni & those under private management.

the parent or guardian of the pupil concerned.

4). Control. As the inspection is to be undertaken by the local med officers, it has been suggested that the work should be controlled by the D.M.O.s who now have more time to spare since they have been relieved of public health work; and that, as provision is to be made for treatment of the pupils in hospitals where necessary, the whole scheme should be under the control of the officer in charge of hospitals, namely the S.G. working through the D.M.O.s

BRR 22/10

Kr 20/10/23

DSgd MWS 25/10/23

To the S.G. (on only)

RW 22/11

18 21 25 18

C.F.—29.

Local Self Government (P.H) **DEPARTMENT.**

Received ASST. SECRETARY TO GOVT. LOCAL SELF GOVT. DEPARTMENT -6 NOV 1923 191 . Registered 26706 18 191 .

Subject.

Medical inspection of Schools.

ENCLOSURES.
No.
Spare copies

No. 130-General.

Station Madras, *Dated the* 2nd November 1923 5th 191 .

From (Name) Lieut. Col. T.H. Symons, O.B.E., I.M.S.

(Designation) Offg. Surgeon-General with the Government of Madras.

To The Secretary to the Government of Madras,

Local Self Government (Public Health) Department.

Sir,

pp 15-17

Reference:- Government memorandum No.22029-1 P.H., dated the 22nd October 1923.

I have the honour to submit the following remarks:-

Para 1 (1) Scope of the Inspection. I quite agree with the suggestion that the scheme of medical inspection of schools should make adequate provision for treatment of pupils. The pupil examined should be given a slip to be taken to the nearest hospital or dispensary. If there be none in the town or village, then a travelling medicine box must be fitted up at the School for immediate treatment; arrangements should be made to have the school inspected regularly by an itinerating Sub-assistant Su

22 19

Para 1 (2) No. of inspections. I agree that more frequents inspections are necessary in the interests of the health of the pupils. If the inspections are to be of any use they should be at least annual and if possible twice a year.

Para 1 (3) & (4). I agree with the suggestions made regarding the inspecting Agency and control of medical inspection.

I have the honour to be,

Sir,

Your most obedient servant,

[signature]

Lieut. Col. I.M.S.,

Offg. Surgeon-General with the Government of Madras.

M.A.H.
3-11-23.

23

Subject
Appt. of Medical Inspr. of Schools

26 Law (ಕಾನ)

C.925/A, from the S. G., Ref. 875-1E, d/18.2.22

For orders whether the revised proposal of the S. G. will be approved. If so, the proposal will require the acceptance of Finance. It is the result of a conf. with the Hon. the Minister.

[signature] 28.2.22

[signature] 1.3.22

[signature] 28.2.22

The quantity of medical inspection to be done is so great that it will be swamped if allowances of this nature are contemplated. A decision was arrived at on previous occasions that we wanted 3 men & their terms were also settled. The S. G. is always pressing for heavy emoluments to his men; if Edel follows, the cost will be enormous.

However I am not aware how far the Minister has agreed to these terms; or whether he has inspected the index cards to judge what inspection is desired.

For orders but first circulate to

[signature] 1/3/22

Finance
LSG

[signature] 0925/A-1
1.3.22

Fin. 911C
1/3

Finance Dept.

In G.O. No. 1014 Home (Edn.) & 4-9-20, the Govt. sanctioned the deputation for a period of two years of three specially trained Asst. Surgeons to conduct the medical inspection of pupils in Govt. secondary schools and in the secondary classes attached to Govt. Colleges, to supplement the work of inspection of local medical practitioners employed in aided institutions and institutions under local bodies situated in their charge, in respect of such portion of the medical inspection as requires special technical training, and to correlate the work of inspection of schools done by local medical practitioners. It was ordered that the Asst. Surgeons should be debarred from private practice and should be given their grade pay and a duty allowance of Rs 100 p.m.

para 3 of G.O. flag (E)

2 In his letter No. 100-1177 & 18-12-20 on pages 1-2 of G.O. 771 Law & 12-5-21, the S.G. stated that ~~the~~ he was not able to carry out the above orders as the special allowance of Rs 100 sanctioned by Govt. was not sufficient ~~to~~ compensation for ~~the~~ a senior officer for the loss of private practice and as nothing was said about the pay and allowances of the Asst. Surgeons while undergoing the special training. The Surgeon Genl. recommended a salary of Rs 600 for these Asst. Surgeons. The question of Enhancing the special allowance was fully re examined and H.M. in that connection remarked as follows:

flag 0

page 2 of flag 0

page 8 of notes to G.O. 771 Law & 12-5-21 flag 0

"I am afraid I cannot agree (to a change in the allowance). The Asst. Surgeons have recently had a large increase in salary. They themselves Estimate their Earnings from private practice at Rs 50 and the Surgeon General is therefore clearly wrong in saying that Rs 100 won't compensate them. If we give Rs 200 to them, he will then use them as a precedent for raising the allowance to other doctors who are debarred from private practice. We have got to embark on a campaign of economy and I would ask the Hon'ble the Minister to support me in commencing it by stoutly resisting unreasonable demands."

p cf page 8 of G.O. 703 medl 15-12-20 (A)

H. E. in the same connection noted as follows:

"I think Rs 100 should be enough. If it is ~~enough~~ found to be insufficient we might reconsider"

page 11 of note to flag 0

Orders were accordingly issued in G.O. 771 Law (Edn.) & 12-5-21 declining to ~~[illegible]~~ reconsider the orders (E) issued in September 1920 fixing the special allowance at Rs 100.

flag 0

3. The question of Enhancing the allowance was again Examined in connection with the report of the Financial Relations Committee. M_3, M_1 and H.E the Governor considered that the allowance cannot be increased until the Surgeon General ~~[illegible]~~ actually finds it impossible to get suitable men on the remuneration already sanctioned, and it ~~will~~ no good saying the scheme is impossible without giving it a chance. The Surgeon Genl.

pages 32-33 of G.O. 1750 Edn 6-12-21 (H)

was finally asked to select three permanent Asst. Surgeons and order them for duty in connection with the medical inspection of schools.

page 40 of flg (H)

4. After consultation with M_1, M_3, D.P.I., and L.S.G. Secy, the Surgeon Genl. ~~has~~ now proposes to ~~pro~~ appoint only one Asst. Surgeon as medical Inspector of Schools. The officer to be posted is to be a member of the Provincial Medical Service who is already drawing pay up to that of a Civil Surgeon i.e. a senior Asst Surgeon on Rs 200-15-350-20-450 and it is proposed to give him a personal allowance of Rs 300 pm.

pages 1-2 CF

5. The proposal to appoint only one medical Inspector for the present may be accepted. As regards the amount of the allowance, the Surgeon Genl. seems to think that a senior officer cannot be posted ~~for~~ on an extra allowance of Rs 100. It is not stated why the course ordered by Govt. in December 1921, viz to select ~~a~~ suitable officer and order him for duty under the D.P.I. ~~for~~ on an allowance of Rs 100, cannot be adopted. The Law (Edn) Dept. also seem to think that the allowance ~~is~~ now suggested (Rs 300) is high. Orders are solicited whether the previous orders should be reconsidered ~~[illegible]~~ and whether an increase in the allowance should be sanctioned. If so, it may perhaps be ruled that, on the analogy of the emoluments of the Supdt. of the Reformatory

AS 30/3/22

K on page 2 CF

* page 40 of 80 1750 Edn 6.12.21 (H)

page 1 ante

School quoted by the S.G., the aggregate remuneration of the proposed Medical Inspector should be restricted to a maximum of Rs 600 pm.

7. The S.G. has not (raised the question of granting) ~~proposed~~ any special allowance for the Asst. Surgeon while undergoing training, although the necessity for it was urged ~~by the~~ in 1920, when he said that the orders (E) of September 1920 had not been given effect to. It is not known whether there is already in the Dept a specially trained officer who can at once be posted for the work. The question may be considered when specific proposals are made. It may however be remarked that the grant of special allowances during training ~~[illegible]~~ (over the ~~and~~ pay and allowances admissible in the regular line) seems to require special justification.

page 2 of 80 771 Law (Edn) 12-5-21 flg O

AS 30/3/22

page 139 CBE

8. A provision of Rs 25,000 has been made in the CBE for 1922-23 for ~~med~~ the appointment of Medical Inspectors of Schools.

[illegible] 30.3.22

It would, it is submitted, be difficult to defend an allowance of Rs 300 p.m. now proposed by the S.G., considering the attitude of the Leg. Council towards duty allowances. If it is considered that a specially

* p. 2 CF

high rate of emoluments should be attached to the post, the best cause would appear to be to place it on a consolidated salary as in the case disposed of by G.O. No. 1065 of 4.9.19 (Flag F).
Submitted for orders.

A.S.
30.3.22

Secy
L.S.G.
C.to 10

Is there any reason why this should not be made part of the duties of Asst Directors of Public Health?
Finance can only reiterate the view that if medical inspection of schools is going to be such an expensive business the funds cannot possibly be found.
G.H.
5/4/22

C2 to see please

L.S.G. ...

D1

Since V.O. 911 C-1
5-4-22.

LSG (PH) Dept

DEPARTMENT ASST. SECY. TO GOVT. LOCAL SECY. GOVT. DEPARTMENT
-5 APR 1922
-8 APR 1922
07109

Ns.

The Finance Secy suggests that the work of the proposed

Med. inspector of schools may be entrusted to the Asst Directors of Public Health as part of their ordinary duties. It seems very doubtful whether ~~this~~ the Asst Directors will be able to take on this important and pioneer work of med. inspection of schools and at the same time be able to do justice to their ordinary duties. It was because the number of Asst Directors was found insufficient to cope with the amount of work to be done that sanction ~~had~~ was obtained to double their number from three to six; only five officers are now actually employed. If Asst Directors are to be entrusted with this work, the number of ranges (& of officers) will have to be increased & there will be no saving from the Finl. point of view. The pay of an Asst Director will range from Rs 700 to Rs 1350*. For orders whether in the circumstances, this Dept may support the S.G.'s proposal to give a spl. allce of Rs 300 a month to a selected Asst Surgeon, in addition to his grade pay. (The S.G. does not appear to recommend the above allowance in addn to a Civil Surgeon's pay).

Ex 688 Med
8.12.20
removed

* Civil Surgn's pay + allce 500-50-900-1000 } 200-350 (revised scale about to be introduced)

Rs 200-450. —

Rs 500-900-1000 } —

Ins
10/4/22

8

30

ASSISTANT SECRETARY TO GOVERNMENT
12-APR-1922
LAW DEPARTMENT

S.

The S.G's proposal has apparently been submitted after in consultation with M1 & M3.

[illegible]
10/4

I am afraid Mr. Moir's suggestion would not possibly work. He is apparently unaware that the "range" of Assistant Directors will disappear if district health committees are formed and the assistant directors of the future will be, like those in Bengal, specialists engaged in the intensive examination of selected branches of preventive medicine. The old time "jack-of-all-trades" Deputy Sanitary Commissioner is condemned on all sides and will shortly be a memory of the past. Certainly no "range" assistant director could possibly devote an adequate share of his time to school inspection, as a part of a long list of items between which he is supposed to divide his attention. A whole time assistant director would no doubt serve the purpose for which this proposal is made, but such an officer would be more expensive than the officer now proposed. The matter has been discussed ad nauseam between the Surgeon-General and the Director of Public Instructions, and the Hon'ble the Ministers for Education and Public Health have also discussed it in person with both these officers. The notes of the discussion are not on record, but I think as the matter has gone so far it is hardly necessary at this stage to reexamine it before taking the orders of Government by circulation in the usual way.

Edn 1764 A
12.4.22
13/4

P.H.no 7109-1
11.4.22
11/4

[illegible] 10.4.22

31

9

Lane (Edn) 29

For orders as to circulation to M3, M1 & C1

1764 A

1.6.4.22
MS
19/4/22

I would only add that if the SG's present idea is to use the statistics gathered & to lay down the lines of inspection, a time limit should be expressed to an office carrying the high allowance proposed.

[illegible]
19/4/22

M3
M1
C1

I agree with the above that a time limit, say six months or less be fixed for the purpose. Otherwise it will be an expensive experiment.

[illegible]
21/4/22

I too agree that a time limit should be fixed

[illegible] 5.5.22

Before I can assent to this expenditure I am afraid I must ask for information as to what is the proposal now under discusssion. The Surgeon General's original proposal was that Government should appoint three or four highly trained medical graduates, assistant surgeons, to inspect the work done by the medical men employed in schools and colleges. The only indication we have of the present proposal is that ~~that~~ the three Assistant Surgeons are to be replaced by a Medical

Officer of the Madras Provincial Medical Service who is already drawing pay up to that of a Civil Surgeon who is to draw an allowance of Rs300 a month and is to scrutinize the statistics already gathered. On the assumption that that is to be his sole work my Hon'ble Colleague proposes to limit his appointment to a term of six months.

Presuming the proposals to be as suggested, I would submit that they are bad proposals. For the mechanical work of compiling statistics we want clerks. For expert scrutiny I don't think we need six months. The proposals as to cost are indefinite, but assuming the suggestion to be that we are to pay Rs6,000 or thereabouts for the expert scrutiny of these papers, I should say that we could get a competent medical man to undertake the scrutiny for an honorarium of a quarter of that amount at most.

There is no indication of any benefit that is to accrue when the work is done. If the purpose of it is, as the Law Secretary suggests, to lay down the lines of inspection, then all I can say is that these appear to have been laid down two years ago. /A

The point that has been under discussion from the beginning is the pay to be given for officers to be posted to ~~this~~ the medical inspection work. On this point the Surgeon General has never put forward anything in the nature of a reasoned proposal, according to the D.P.I. he first suggested Rs190 plus 200 allowance= Rs390. When that was reduced to Rs290 on the ground that the Assistant Surgeons themselves valued the private practice they were losing at only Rs50 he asked for a consolidated pay of Rs600 on the analogy of a single special appointment of a totally different /B

character. Eight months later the Acting Surgeon General withdrew that suggestion on the ground that the pay of Assistant Surgeons generally had been raised. Now General Giffard reverts to the wholly inapplicable precedent and asks (apparently) for the pay of a Civil Surgeon (Rs500-50-900) plus an allowance of Rs300, in other words an average of Rs1,000 a month. Thus, without any regard to the necessities of the case, his own proposals have increased by 156 per cent in the last two years.

If, as appears inevitable, the present proposal for a single officer is to be followed soon after by a proposal for three or four men on the same scale, and if the Provincial Medical Service are now so highly paid that none of them can be induced to do the work for less than Rs1,000 a month, then all I can suggest is that the D.P.I. should advertise for private practitioners on a salary not exceeding that considered sufficient by the Surgeon General at a time when the troubles arising from high prices were at their worst.

C

SECRETARY TO GOVERNMENT OF INDIA
5 MAY 1922
MAIN DEPARTMENT

6-5-22

A. With reference to A on B 10, I would submit that the medical officer who sometimes the statistics gathered has to undertake on what lines addl statistics have to be gathered; what items can be omitted; what additional points should be attended to to make the statistics already gathered useful. Once the index card is standardised, the further work may be routine. Meanwhile the medical officer after scrutiny of the statistics has to settle details.

12
34

Unfortunately I could not be present through the discussion but D.P.I., S.G. and M.; I gathered the proposal was that medical inspection reports were sent up to D.P.I. from various schools and it was not possible to make out a systematic scheme of inspection out of them. That a medical man with knowledge of the various kinds of information necessary for filling in the cards should scrutinize a set of them and then standardise the cards & inspection.

If this be done, then it will be possible for the D.P.I. to advertise for men who knew the work to undertake at reasonable rates. I agree with my Hon. Colleague C. the S.G. never put forward anything in the nature of a reasonable proposal regarding the pay of 3 or 4 moral men to be appointed as at B. Therefore if the work is done by a qualified

13
35 32

man for two or three months in scrutinizing the cards and with D.P.I. and lays down a scheme, then we could go ahead with that sample card. After this stage the suggestion of C. would be feasible his suggestion at C is one which I would wish to adopt. After my Hon. Colleague M. perused the file, it may be recirculated to C. what the proposal is as I understand. It is for the purpose of devising a sample card after scrutinizing of various reports. Time should be fixed.

JM 9.5.22

K

SECRETARY OF GOVERNMENT OF INDIA
7 JUN 1922
NAVY DEPARTMENT



I shd. like to discuss this matter again with the S.G. & the Hon'ble Finance Member after my return from Madras about the 25th of this month

JM 10.5.22

14
36 33

I had a talk with the S. G. about the appointment of the medical inspector of Schools. He is of opinion that at least for some time special arrangement is necessary. I think M_3's suggestion at k may be accepted as it limits the period of appointment to only two or three months

M. 7.6.22

p. 13 ante

SECRETARY GOVERNMENT OF MADRAS LAW DEPARTMENT 7 JUN 1922

The file may be circulated to H.M. (Finance)

SK 7.6.22

CR 8/6/22

MW 9/6/22

C1

I would now suggest that the Surgeon General be asked what time and pay, or honorarium, is necessary for the standardising of the cards. If his department were like some others I know, his Personal Assistant would see through a job like this with the aid, perhaps of an additional clerk

10.6.22

SECRETARY GOVERNMENT OF MADRAS LAW DEPARTMENT 10 JUN 1922

p. 15 infra

A no. note to the S. G. is submitted for approval

CR 12.6.22

MW 13/6/22

MW 13/6/22

no. note desp. at Dsty 14/6

SECRETARY GOVERNMENT OF MADRAS LAW DEPARTMENT 14 JUN 1922

SK 12.6.22

no. 925 A-2

Sectt. II-8 (b)-29,004-16-1-17.

D 007

14 JUN 1922

NOTES.

37 34

Page 15

pp1-2, c.f.

Law (Education) Department

(C.No.925-A) From the S.G.Ref No.875-1-E, dated 18th February 1922.

Subject:- Medical Inspection of schools.

--

In his letter quoted above, the Surgeon-General proposes to employ in place of the three medical officers originally sanctioned, one senior officer of the Madras Provincial Medical Service to advise in regard to medical inspection of schools. -- Apparently the medical officer ~~is~~ to be employed will scrutinise the statistics already collected by the D.P.I's office, indicate on what lines additional statistics should be gathered and standardise index cards for use in connection with the medical inspection of pupils. The Surgeon-General may be requested u.o. to state what time and pay or honorarium is necessary this duty and whether the work may not be seen through by a competent medical officer with the ~~view~~ aid of an additional clerk.

C.R. 12-6-22

R.R.R 13-6-22

14/6/22

No. 925-A-2
14. 6. 22.

Surgeon General [illegible]

14 JUN 1922

38 16

Office of the Surgeon-General
with the Government of Madras.

(~~Through the Director of Public Instruction, Madras, with reports returned~~).

I obtained from the office of the Director of Public Instruction the complete file of Medical Inspection reports, and asked Major A.J.H.Russell, I.M.S., the Director of Public Health to kindly scrutinize them. I append a copy of Major Russell's report with which I entirely agree. I recommend that the proposal made in my letter No.875 E, dated 18th February 1922 be sanctioned.

Ref. No. 875-E-2
12-9-1922.

pp 1 & 2, e-f.

4305 H
16/9/22

ASSISTANT SECRETARY TO GOVERNMENT
16-SEP-1922
HALAW DEPARTMENT



17 39 35

Copy of letter from Major A.J.H.Russell, M.D., D.P.H., I.M.S., Director of Public Health, Madras, to the Surgeon-General with the Government of Madras, Madras, D.No.934/S, dated the 6th September 1922.

I have the honour to return herewith file of Medical Inspection Reports received from the Director of Public Instruction with my remarks.

I have gone through the medical reports submitted during 1921 and 1922 and in the attached list have noted against each report my remarks regarding the information supplied as per Schedules I and II respectively.

It will be seen that a considerable proportion of the reports contain little or no information of any value either to the Public Health Department or to the Director of Public Instruction. In most cases the reports have not been submitted in the forms drawn up for the purpose, and as a consequence it would be immensely difficult to consolidate the information contained in them, even if that were of value. The report submitted from the Madras Christian College (D.1988) is a model of its kind, and after looking into earlier reports I have also to draw attention to the excellent report of 10th April 1920 sent in, with tabular statements, from the S.P.G.College, Trichinopoly. Instances such as these show that where the medical officers exercise care in carrying out the instructions detailed in the schedules and devote time to the work, valuable information can be obtained, but, excluding these two and a few other admirable examples, I am of opinion that it is largely a waste of Government money to sanction grants for reports such as those contained in this file. The Educational Department cannot be expected to possess that knowledge which is essential for the proper control of medical inspection of schools and medical inspectors and it is obvious that before further expenditure is incurred, the work should be systematized and supervised by a medical man of some standing. I intend to submit proposals separately regarding the carrying out of this work

---

APPENDIX --I.

Number of Report.	Schedule I.	Schedule II.	Place.
D.No.4371	Very good	Very good.	Narasapur.
D.No.4091	No use.	Good.	Noble College
D.No.4044	Fair, Not in form.	Good	Idupugallu.
D.No.3957.	No use.	Poor.	Calicut, Malabar
D.No.3947	fair; not in form.	Good	C.M.S. High School, Ellore.
D.No.3942	very bad; not in form.	fair	Parlakimedi.
D.No.3764	No use, not in form, Schedule I used for 93 pupils instead of for one.	fair	Penukonda.
D.No.3732	No use	fair	Vizianagram.
D.No.3617	Good	Very good	Mission School, Calicut.
D.No.3563	Of little use.	Nil.	Rai Bahadur G.V. James, M.D., Tellicherry.
D.No.3412	Of little use. "No venerial(sic) disease among the students". Schedule I used for general school population.	Nil.	Jaggayyapet.
D.No.3410	Good	No information.	Tuticorin
D.No.3355	Poor - Schedule I used for general school population.	Nil	Nandigama, Kistna Dt.
D.No.1988	Very good	Very good.	Madras Christian College.
D.No.1720	Good	Good	Nangunneri, Tinnevelly Dt.
D.No.1561	Nil	Good	Chingleput.
D.No.1520	Very good	Good	Secondary School Madras.
D.No.1032	Nil	Good	Dindigul
D.No.1005	Of little use; Not given as per schedule.	fair	High school, Madanapalle.
D.No.594	poor	Nil	Porayar.

19 41 37

Number of Report.	Schedule I.	Schedule II.	Place.
D.No.397	Fair but somewhat obscure.	fair.	Chickballapur.
D.No.302	Good	Nil	Madras
D.No.301	Good	fair	Nandyal
D.No.103	Very good	Nil	Vepery, Madras.
D.No.17	Nothing of value.	Nil	Mylapore, Madras.
D.No.3	Nothing of value.	Nil	Madras.
D.No.7260/21	Fair, not scheduled.	Nil	Kumbakonam
D.No.7121/21	Nothing of value	Nothing of any value.	Paramakudi.
D.No.6132/21	Fair, Given in percentages.	Fair	Parlakimedi.

Neither the S. G's note nor Major ~~Rutto~~ Russell's report (pp 16-17 ante) furnishes an answer to the w/o reference at page 15 ante. The S. G. only repeats

p. 16 ante. that his proposal for the employment of a Senior Medical officer on his grade pay + an allowance of Rs 300 may be

p. 2, c.f. approved. Major Russell at the close of his report states that he intends to submit proposals separately regarding the carrying out of this work (of medical

p. 17 ante inspection). ~~[illegible]~~ This will not apparently affect the question of the appointt of a med. officer as proposed. Shall we wait for it? ~~[illegible]~~

[~~That~~ dept recently suggested that provision for medical inspection should be made in the 'Medical' instead of in the 'Educational' budget]

19.9.22

NK 20/9

CR 22-9-22

I understand the S.G. to mean that for the work required it is absolutely necessary to engage a picked medical man; only such a person can at the outset lay general instructions for standardisation. The S.G. repeats his recommendations

M3
M1
G1

23/9/22

The S. G. referred the reports to Major Russell who criticises the reports and states he could submit proposals for carrying out this work.

If the proposals for carrying on the works are drafted by Dr Russell there could be no difficulty in securing more correct information.

The S. G. was asked to indicate on what lines additional statistics & information to be gathered and how the health cards could be standardised. Dr Russell proposes to furnish this information. After all the scheme of medical inspection is a trial scheme.

If we could Major Russell to standardise the health cards, we do not want a special officer. The promised report may be called for by L.S.G.

23/9/22

10.10.22

The statistics up to date have now been scrutinized with the result that we are told that it is largely a waste of Government money to sanction grants for ~~the~~ reports such as those that have been obtained. We are therefore advised that before further expenditure is incurred, the work must be systematized and supervised by a medical

man of some standing.

2. If therefore we are now paying grants, the first thing to be done is to suspend the payment till further orders.

3. The next thing is to secure supervision by a medical man of some standing. Probably we ~~shall~~ could find our man in the author of one of the two reports which Major Russell describes as models, viz., those of the Madras Christian College and the S.P.G. College, Trichinopoly. ~~I do not understand what my Hon. Colleague proposes. I only hope that the proposals will be only more practical than anything we have had from the Surgeon-General on the subject.~~

4 My Honble Colleagues desire to await the proposals that Major Russell is preparing. I hope they will be more practical than anything we have had from the Surgeon General on the subject

11.10.22

SECRETARY TO GOVERNMENT OF MADRAS
11 OCT 1922
LAW DEPARTMENT

A draft O.M. to D.P.I. is Subd. After issue the case may be be forwarded to L.S.G. u/o with refer to 'K' in M3's note on the previous page

14.10.22

16/10/22

Hd 13 ⊙ 8/10

Eed D. u/o 925/A-4 16.10.22

13.10.22

NK 13/10

M3

The Schools are out of pocket. In so far they incurred liability they should be paid & in the case of

45 23

Thus who have not yet incurred the liability, payment may be suspended

19/10/22

A sentence has been added to the draft

20.10.22

20/10/22

Issue & resubmit

file

21/10/22

[Issued as O.M. No. 925/A-3, d/21.10.22] p. 4, c.f.

The Memo having issued, the file is resubmitted.

24.10.22

24.10.22

Will L.S.G. now please call for the reports required by M 3 from the Director of Public Health?

24/10/22

L-S.G.

Draft before [illegible]

24/10

Telephone sent

[illegible] 925/A-4

24.10.22

L.S.G. Deptt

Please see proposals in linked file.

19/11/22

SECRETARY TO GOVERNMENT OF MADRAS LAW DEPARTMENT 20 OCT 1922

SECRETARY TO GOVT. LOCAL SELF GOVT. DEPARTMENT ASST. 25 OCT 1922

22742

Medl. inspection of schools.

46

40

V.E.

II

U.S.

I want an early decision and instructions from the Finance department on the points raised by me regarding certain items in the Civil Budget Estimate for 1922-23 which were wrongly placed in particular (1) the inclusion of hookworm under 32 when it should be under 33, (2) the inclusion of the Tuberculosis Institute under 33 when it ought to be under 32 and (3) inclusion of marine items in L.S.G. Budget.

(action taken separately)

2 The matter is urgent. There is the Rockfeller Hookworm scheme to push through. It should be put up by Director of Public Health and at present it is with Surgeon-General and I must issue instructions to Surgeon-General. There are I believe no grants to local bodies under Public Health. What about Health Visitors in Madras City ? When is Corporation going to reply about the Health Visitors School ?

3 I consider also that we ought to make a move for the inclusion of provision for the Medical Inspection of schools (net cost) in the Public Health Budget. The Director of Public Health can solve the problem of a Medical Officer to be in charge of this by appointing an Assistant Director of Public Health for the purpose. The Education department should be glad

47

to have its budget so lightened. But the Director of Public Health is not prepared to put this view except on condition that school medical inspection is under him.

F.J.R.
26/8/22

L.S.G. Dept.

C.R. 29/8/22

U.S.

Subt that the remarks of the Law (Edn) Dept may be invited on the above suggestion

B.R.R.
30/8/

Law (Edn) Jno

D Hus. 17611-1
30.8.22

Law (Edn)

The D.P.I. may be requested w/o to offer his remarks on the suggestions put forward in para 3 of the note above.

10.9.22

12/9/22

12/9/22

D P I

(C.F.+N.F.)
Edn w/o 3941/A-1
12-9-22

DIRECTOR OF PUBLIC INSTRUCTION
13 SEP. 1922
C.No 2862 D/22
MADRAS

48

3

Office of the D.P.I.

U.O.Reply. Rc No. 2862 D/22

I cannot advise the method of dual control which seems to be suggested. It was decided some considerable time ago that the medical officers appointed to the Department of Public Instruction should work administratively under the D.P.I. but in technical matters they should be guided by the S.G. As Education is at present organised in this presidency, orders regarding schools---Government schools, schools under Local Bodies and aided schools---issue in the Department of Public Instruction. They do not issue, in regard to education generally, in any other Department.

2 There is no reason why the District Public Health Officer should not, as regards general sanitation, include the inspection of schools in his work but as regards the detailed examination of school children medical officers rather than Health Officers are required---officers who have received intensive training in diseases of the eye, the throat, the nose and the ears and in children's ailments in general.

3 The increasing or decreasing of any particular budget is a matter of small importance.

Y: pp 2 & 3 of notes to G.O. 1014 Edn & the last sentence of para 1 of the order
4-9-20

22-SEP-1922
LAW DEPARTMENT

C 4365A
22/9/22

18.9.22

Law (Edn)

The case may be returned to L.S.G. w/o with an expression of concurrence in the views of the D.P.I.

22.9.22

24.9.22

49 ~~400~~

D1

I do not agree with the D.P.I.

2. Medical inspection of schools is yet in its infancy. Even a cursory examination of the records available has shown that there is room for considerable instruction. For a correct initiation of the inspection & putting it on proper lines, a full time medical officer is necessary. Later on the work may be done as routine.

3 For the routine work we shall want a host of officers. The Edcn. dept can ill afford to pay the whole personnel. Nor will there be enough work for the total number of officers on the Educational side; unless the number is limited, in which case the time lost in and the expense of travelling will be numerous.

4. If the Public Health Dept will undertake this business, I should be very pleased indeed. Some subsidy rules will be necessary to prevent friction between the P.H & Edcl Departments

5. M3 should see please

25/9/22

L.S.G

L. Cun 4794-A
14-10-22

Edcn w/o 3941/1
25-9-

S.
TBR.R.
26/9

Put up with DPHS note in his exact of the inspection [illegible]

19341-1
4-10-22

30027

---

50 42 5

LSG (PH)

US

With reference to Secretary's remarks at the bottom of page 4 ante it is subd. the D.P.H's note referred to was sent to Law (Edn) with this dept no. no. 19341-1 PH of 4.10.22. That dept may therefore be requested to kindly put up the note and return the file to this dept.

ascertained from D. section

(Other papers have been [illegible])

DP 13/10

KOW
12.10.22

TBR.R.
13/10

Law (Edn) no. 13/10

L.S.G. W.O. 20027-1 P.H.
13-10-22

Law (Edn)

pp 29 — 3 [illegible]

The note refd. to is linked.

20-10-22

[illegible]
21.10.22

ASSISTANT SECRETARY TO GOVERNMENT
14-OCT-1922
LAW DEPARTMENT

D.O. No.

No.81, Mount Road,
~~ROYAPETTA,~~
MADRAS,
14th September 1922.

L. Con 4582 A
5-10-22

Dear Mr. Richards

I am directed to forward for your information a copy of a report by Major Russell, I.M.S., on the file of Medical Inspection reports. The file has been sent to the Law (Educational) Department through the Director of Public Instruction.

Yours sincerely,

Major, I.M.S.,
Personal Assistant to the Surgeon-Genl.
with the Government of Madras.

To

F.J.Richards, Esq., I.C.S.,
Secretary to Government, Local
& Self Government (P.H) Dept.

S.-Gen. 34 C.—3,000—22-9-20.

L.S.G. (D.N.)

Cro 19341.

52 ~~8~~

44

Subject:- Reports on Medl. Inspection of Schools.

"Can you find out how much money has hitherto been ~~wasted~~ spent in this inspection from provincial and also local and municipal funds?"

F. J. R
16.9.22

W.S.

Submitted that no figures are available in this dept. Law (Edn) may ~~therefore~~ be requested to furnish the information.

18/9/22

Law (Ed) no

F.J.R.
24/9/

L. S. G. 19341 - 1 P.H.
4-10-22

5 OCT 1922
DEPARTMENT

Law (Edn)

Subt:- that the D.P.I. may be requested w/o to furnish the information required above.

12.10.22

D. P. Inv

P.T.O

Received 14.10.22
14/10/22

4582/A-1
12.10.22

10.10.22

53 P1

U.O.Reply. No. 1044D-22
17-10-22

The following is the expenditure incurred from provincial funds on account of medical inspection from the year of the introduction of the scheme of medical inspection:-

1919-20	Rs.1,321
1920-21	648
1921-22	3,717 (includes Rs.519 the grant sanctioned for Local and Municipal institutions)
1922-23 (up-to-date)	1313 (includes Rs.341 the grant sanctioned for Local and Municipal institutions).
	6999

The approximate expenditure (Excluding the subsidy or grant from Govt. of an equal amount) was Rs.519 and Rs.341/- during the years 1921-22 and 1922-23 respectively from Local and Municipal funds on account of medical inspection. Similar information for the previous years is not available.

L. Edn 4898 A
20/10/22

17.10.22

Lane (ಕಾ ಶ)

ASSISTANT SECRETARY TO GOVERNMENT
19-OCT-1922
LAW DEPARTMENT

May be forwarded to L.S.G. w/o with linked file

(added together) pps 1-5 ante

20.10.22

21.10.22

4582
ಕಾ ಶ ಸಂ ~~4898~~/A
21.10.22

L.S.G. w/o

with c. 4794/A

L.S.G. Dept

ASSISTANT SECRETARY TO GOVT. DEPARTMENT
27 OCT 1922

22488

DS. Please see Law Secy's note on p-4 ante. The proposals of the D.P.H. for carrying out the work of med^l inspection in an effective manner promised in the

12 54 45

p 7 ante last line of his note of 4.9.1922 may be awaited.

2. The amount spent on med^l inspection for the whole pres^y is very small (vide D.P.I.'s no. note on the previous page) and not commensurate with the importance of this measure.

22 x 22

Yes, send him a T.M to say that if his proposals are not received before Thursday evening, there is no chance of his getting any money for the scheme.

B.D.R.
24/10

S for perusal after issue of T.M

DPD
24/10/22

The DPH is down with dengue fever. Find out whether he is in office today

30/10

pps 5-8 cf

Proposals since recd (27.10.22) & submd to DS. (vide note below)

30/x

55

46

L. S. G. Dept.

Budget Estimate 1923-24.

c. 23040 & 23041.

Medl. inspection of schools

DS

pps 5-8, cf

The D. P. H. proposes that a sum of Rs 23,100 may be provided in the next year's budget for medl. inspection of schools. His scheme provides for three Inspectors, two males & one female who will work under ~~the~~ ~~[illegible]~~ an Asst. D. P. H. and involves the transfer of the work to the P. H. Dept.

2. The medl. inspn. of schools so far carried by Govt. has not been systematic and has been controlled by the Education Dept.; ~~and~~ small grants to local bodies are made for this purpose. Beyond making these grants the medl. inspn. of schools has not been taken in right earnest. The necessity for some provision may be admitted.

3. The D. P. I. has raise

14 56

the question whether the work should be transferred from the Educn. to the P.H. Dept. He considered that medl. officers were not very essential and the work of the few officers employed could be supervised by the Educl. officers. No decision has yet been reached as to the transfer of this work to the P.H. Dept and to the work being done mainly by medical officers and incidentally also to the papers being dealt with in L.S.G. Secretariat instead of in Law (Edn) who not deals with such papers. Pending a decision of Govt on these points, the provision proposed by the D.P.H. may be provisionally accepted and the scheme considered in detail in consultation with the D.P.I. and the Law Dept later on.

29/X

BI
CAS
BS III

Tch. 1077-BI
1.XI.22

BR.R
20 W

File with Finance no 31/XI/22

Dp 30/X
today

Finance no
P.H.W.O. 23041-1
30-10-22

BR.R
30/10

57 47

Finance Dept

Part II Schemes 1923-24

3:3 - Public Health -

Staff for medical inspection of Schools Rs. 23,100

The L.S.G. dept have apparently sent this case at this stage in order to safeguard against the objection that it did not come to Finance by the 1st November. But the scheme itself, as it stands at present, is just a suggestion; the necessity for it has not been established nor have the details been examined by the Admve depts. (L.S.G. and Law). The Part II schemes referred to in para 6 of G.O. 652 F d. 1st Aug. 1922 do not contemplate such immature schemes.

2 The L.S.G. dept may be informed that the scheme cannot be considered at present as a Part II scheme for 1923-24.

Cas
3.11.22

LSG no

Please see the last sentence of the S.S.G. note in the previous page. There is nothing about the proposal that is definite & it is not clear why S.S.G. trouble Fin: with this case at this

stages - The file may be returned -

S. L.H. 3 Mar 22 L.S. Gov.

Fin. 4 Mar/22

4-XI-22
24018

Fin. no. 1077 B.P.-1
1. XI. 22.

L. S. G. Dept.

DS

Submd.

2. Since Finance refuse to heat this scheme as a part II scheme for ~~[illegible]~~ 1923-24, the scheme, if sanctioned, cannot be given effect to in 1923-24. But the scheme may be considered in detail in consultation with Law (Education) Dept. for introduction later on. Please see Law Secy's note on p 4 ante. Perhaps, if that dept agrees, the scheme itself may be considered as an extension of the present scheme sanctioned in G.O. 1074 Edn. of 4.9.20 and for which a provision of Rs 25,000 for three medical inspectors of girls schools exists in the current year's budget (p 157 of C.B.E.) which it will be presumed be repeated in 1923-24.

If Govt. approve there will not be any difficulty. BRO

(E)

2. Law (Edn) may be consulted

Please put the files together and rearrange. At present the files are confusing. BRO

Both files thrown together & rearranged

No. 6 11 22

S

The Finance department cannot object to the scheme being considered, because owing to the illness of the D.P.H the proposals arrived too late for a detailed examination by L.S.G and Law (Edn). C1, M1 and M3 have asked for definite proposals.

The D.P.H's proposal involves a transfer of the work to the Public Health department. I believe in England after several years' experience it has been found necessary to ~~[illegible]~~ transfer school inspection work from the Education Ministry to the Health Ministry. There are obvious advantages in such a transfer, the most important of which is economy of expenditure. The D.P.H has separately proposed to plant one of his assistants in charge of this work and maternity & child welfare work. No superior staff will be necessary.

Law (Edn.) agree to the transfer, though the D.P.I does not approve of the proposal.

Law (Edn.) may first be consulted on the other proposals.

DMR
20/12

I see Mrs Todd has been invited to Jan 2 to meet Mr Jackson. The two are committed to do medical inspection of school children & cannot now decline it. Mr Jackson & Mr Mr Jackson & Mr Jackson are invited only to meet Mr Jackson. Mr Jackson is not invited to meet Mr Jackson. Mr Jackson is not invited to meet Mr Jackson. Mr Jackson is not invited

62

Resolution No. III of the Public Health Board,
Dated 14-12-22

III. Medical inspection of schools--

Recommended that the proposals of the D.P.H. should be adopted.

F. J. R. 14-12-22

O.N.

Mr. R.G. Grieve, the Acting D.P.I., is prepared to accept control by the Public Health Department. The Board was of opinion that Mr. Littlehailes' own proposals involve the dual control, which was open to the same objection as that raised in regard to the D.P.H.'s view.

Mr. Grieve is anxious to retain ~~xxxxxx~~ schedules attached to the G.O. which has already issued on the subject. A copy of the D.P.I.'s circular 5815-20, dated 11-6-22 should be obtained and added to the file. Programmes of inspecting officers will of course be communicated in advance to the Inspectors of Schools and the heads of ~~the~~ institutions. Mr. Grieve has no modification or addition to suggest to the D.P.H.'s scheme.

F. J. R.
14-12-22

63

GOVERNMENT OF MADRAS

THE OLD COLLEGE,
NUNGAMBAKAM.
Office of the Director of
Public Instruction,
Madras, 14th December 1922.

My dear Richards,

As requested I enclose herewith for your information a copy of the Circular Proceedings of the Director of Public Instruction, No.5815/20 dated 11th June 1920.

Yours sincerely,

Rathnam.

F.J.Richards, Esq., I.C.S.,
Secretary to Government,
Local Self Government Deptt.,
Fort St. George.

64 51 42

D.S.

Law (Educn) have not yet considered the revised proposals of the DPH on pp 5-6 C.F., which have been recommended by the PHB. The views of that dept may be invited urgently.

22-DEC-1922

L. 4660 A
22/12/22

CVR
22.12.22

KSN
22.12.22

BRR
22/12

Law (Edn) in

DP
VE today plan
22/12

PH No. 28332-1
22.12.22

Attention is solicited to the Secy's note on page 27 ante. The proposals may generally be accepted in lieu of those approved in Govt 1044 (Edn) of 4-9-20, but definite rules will have to be framed as to the relationship of the proposed Medical Inspectors with the Edl deptt, the nature of the control to be exercised over private medical practitioners employed by managers of aided institutions and by local bodies for the inspection of schools under their control, and the authority competent to sanction grants in aid of such ~~[illegible]~~ inspections

NK
26/12

First refer to DPI for remarks

29/12/22

Draft Endt: submitted.

29/12/22

CVV
28.12.22

NK
29/12

p. 9, c.f. [Endt: No: 4660/A-1, dt 29.12.22]

C. 136/A, from the D.P.I., R. oc. 1044-D/22, d/ 4.1.'23 — p. 10, c.f.

The D.P.I.'s letter besides stating that personally he has no objection to the transfer of the work of medical inspection of Schools to the Public Health Deptt. is not particularly helpful. As stated on the previous page, the proposal may generally be accepted, the L.S.G. Deptt. taking the necessary action in regard to the settlement of the details in consultation with the S.G. & the D.P.I. ~~[illegible]~~, the undermentioned items of provision have been suggested by the D.P.I. in the C.B.E. (for 1923-24) under 31 - Education ~~[illegible]~~ and the S.G. will have to be consulted as to which of them should be transferred to 33 - Public Health.

p. 10, c.f.

			Provision in 1922-23 (pp. 149-155)
(1)	31-A.(a)-(i) — Govt. Arts Colleges - transferred	Rs 1,000	1000
(2)	31-B-(a)-(v) — Sec: - Direct grants to non-Govt: Sec: Schools - Reserved	Rs 2,000	2000
(3)	31-B-(b)(i) — Govt Secy: Schools - Transferred	Rs 2,500	2250
(4)	— Do - lump provision for the employment of medical insprs — Do	25,000	250
(5)	31-B-(b)-(ii) — Direct grants to non-Govt: Sec: Schools — Transferred	20,000	20
(6)	31-B-(b)-(iii) — Grants to local bodies for Sec: education - transferred	10,000	10
(7)	31-D.(b) — [illegible] - Spl: - Govt: Tg: Schools for Mistresses	1,400	14

The

The file may be returned to L.S.G. as it has called for the immediate return of the file in order that the scheme might be placed before the Finance Committee. It will no doubt be circulated to the Hon'ble the Minister for Edn.

11/1/23

11.1.23 — 12.1.23

L.S.G.
M3 to su phan.

136/A-1
12.1.23.

LSC (PH)

D.S.

The Law (Educ?) dept have agreed to transfer the subject to the PH dept as well as the concerned budget provisions (in Part I under Education) for 1923-24, the details to be arranged in consultation with the S.G. and D.P.I.

2. There appears to be no need ~~to treat this proposal~~ to include the necessary provision for the D.P.H.'s scheme in Part II. of the Budget. It is understood that out of the budget provision (at the bottom of the preceding page) suggested by the DPI, item (4) has been allowed by Finance to the extent of Rs 15,000 and that item (1)

12 JAN 1923 00985

CVR.

has been allowed in full; & it does not seem likely that there will be any large cuts in the remaining items. So long as budget provision for 1923-24 exists, when the DPH's schemes matures & the subject is actually transferred to PH Dept., it may be possible to transfer the provision ~~under~~ made for medical inspection from the head 'Education' to the head 'Public Health'; only it will require a formal motion in the Legve Council. Further, as the paying of grants has been temporarily stopped (Vide p4 of C.F.), it is not at all likely that the provision made in Part I will disappear to any appreciable extent, even though final orders on the scheme ~~& the question, with it, the question of transfer~~ are arrived at. some time in 1923-24. The ~~DPH's~~ scheme need perhaps be regarded only as a re-arrangement in the method of ~~medical insp~~ conducting medical inspection work

3. ~~If the~~ As suggested by the Law (Educn) Dept, the DPI & SG (or DPH) may

perhaps be asked, ~~to~~ (in consultation with each other) to decide ~~which~~ which of the items at bottom of page 43 may be transferred to P. H. Vote. The question of subsidiary rules CVR 15.1.23 referred to Law Dept. note on page 27 ante would also have to be taken when the above work is taken up by S.G.

KRW 15.1.23

S.

The D.P.I and D.P.H may be asked to report at once what items should be transferred to L.S.G.

CVR 17/1

BNR 16/1/23

DS.

A draft O.M. is subd.

CVR 31/1/23

BNR 1/2/23

pncf [O.M. No. 28332-3. Dated 2.2.23]

CNV. 4271, From the DOH. R. No. 518-2 H/12 2 2

DS.

Please see the DOH's reply at pp 13-14 C.F. He suggests ~~that~~

and the Ag. D.P.I. personally agrees that all the items should be transferred en bloc to 33 Public Health; but this would seem not possible as these include items such as direct grants to non-Govt. secondary schools. The case may be sent u.o. to Law (Educ.) for remarks.

C.U.B. 23.2.23

B.R.R. 23/2

Law (Ed.) Dept.



P.H.u.o. 28332-4 23.2.23

L. Em 1035 A 26/2/23

Law (Ed.) Dept.:

In the first place the details of the establishments suggested by the Director of Public Health (pp 5 & 6, c.f.) will have to be settled by the L.S.G. in consultation with Finance. Again Mr. Greive has ~~definitely said that~~ given only a hesitating consent to the transfer of the work of Medical inspection of Schools to the Public Health Dept. He says personally he has no objection to such transfer but that Mr. Littlehailes' view should be regarded as the departmental view. Perhaps it would be better to defer further consideration of this question till Mr. Littlehailes returns from leave in May next.

L.S.G. 10, c.f. p 14. CF

[illegible] 8.3.23 NK 8/3/23 [illegible] 8.3.23 [illegible] 8.3.23 M3

I am not in favour of transferring medical inspection to D.P.H. I do not think there should be this delegation to D.P.H. The Administrative Dept. - Education - is primarily responsible - I agree with Mr Littlehailes -

[illegible] 9/3/23

[Linked with a motion for reduction of grant for Medical insp.n & released 28/3]

~~[illegible]~~

~~[illegible]~~ In view of the Hon'ble the Minister's note above, it is submitted that the establishment recommended in the letter of the Director of Public Health on pages 5 & 6 of C.F. may be placed under the control of the D.P.I., their pay being debited to the Education budget. It may, however, be ruled that the Director should consult the Director of Public Health on all professional matters connected with the work of medical inspection before issuing orders ~~on the question~~. Assistant Directors of Public Health in the Presidency may also be empowered to check ~~[illegible]~~ the work of Medical Inspectors in the course of their tours and to bring to the notice of the D.P.I. any defects noticed

[illegible] 23.3.23

71 49

DS

2 L.S.G. dept may be asked whether it agrees to the above suggestions.

MK 24/3

CR 25/3/23

LSG 26.3.23

LSG (PH)

D.S.

Submitted for consideration.

The DPH's proposal on p6 C.F. is that the establishment recommended by him should work under an Asst. Director.

CVR 7.4.23

I am not sure if Asst. Directors of public health will be able ~~to ch~~ effectively to supervise the work of officers controlled by another department.

For orders.

BRR 9/4/

No. the Edn. Dept. must be responsible as ordered by M3. PGM 10.4.23.

CVR 12/4

D.S.

The Law (Educn.) dept inquires

This dept will agree to whether the establishment recommended by the DPH (pp 5-6 CF) being placed under the DPI — their pay being debited to the Education budget. This may be agreed to, in view of Secy's orders above. It may however be noted that the strength of the establishment proposed by the DPH was based on the assumption that an Asst. Director of P.H. would be placed in charge of medical inspection; & the exact requirements may have to be re-considered.

Yes. PM 25.4.23

CVR 23011

2) The Educn. dept also proposes

(i) that the DPI should consult the DPH on all professional matters connected with the work of medical inspection, before issuing orders; &

(ii) that Asst. Directors of P.H. in the Presy may ~~be~~ also be empowered to check the work of medical inspectors in the course of their tours & to bring to the notice of the DPI any defects noticed. These proposals may also be agreed to.

page 48 ante

CVR 21423

S. There is no objection to (i). As regards (ii), I may

point out that there will be no territorial Asst. Directors of public health after 1st October 1923. In view of the decision of the Edn. Dept. not to transfer any school inspection to the P. H. department, & other circumstances the Retrenchment Committee has recommended the reduction of the number of Asst. Directors from 5 to 3. I do not think any Asst. Director will be available for this work after 1st October 1923.

B.R.R.
23/4

I agree. M. to see please.
[illegible]
25.4.23

Law (Edn.) UO

Sec'y
[illegible] 25/4

E.D.V.
L.E. 2025A
Dp(F) 30.4.23
27/4

P.H. UO 28332A = 5
27.4.23

Law (Edn.) Dept.

If the ultimate decision is to be that the work of medical inspection should be retained under the control of the Edn. Dept.

[illegible] APR 1923

the following points have to be considered

(i) the establishment to be employed.

The details of the establishment suggested by the D. P. H. (pp 5 & 6, c.f.) and his estimate of cost are as given below:—

	Rs
2 male medical inspectors of the rank of junior Asst. Surgeons	8,256 (average cost)
1 female medical inspector	4,128 (average cost)
~~3 peons (Rs 12-18)~~	~~432 (minimum)~~
3 clerks (Rs 35-60)	1260 (minimum)
3 peons (Rs 12-18)	432 (minimum)
T. A.	7,200
contingencies	1,800
Rounding	24
	23,100

The estimated cost above is in excess of the provision of Rs 15,000 contained in the current year's budget for the employment of medical inspectors. But the chief point is that the above scale of establishment is based on the assumption that the staff would work under the direction of an Asst. Director of P. H. Now that L.S.G. note that an asst. Director of P. H. will not be available for the purpose it would perhaps be necessary to consult the D. P. I. as to the adequacy of the staff specified above ~~[illegible] without the direction of an asst. D. P. H.~~

p. 5, c.f.

p. 51 ante

2025A

(ii) Territorial jurisdiction & the nature of work of medical Inspectors.

Apparently the whole Presdcy will be divided into two divisions so far as Secondary Schools for boys are concerned, each division being put in charge of a male officer. The female officer will be in charge of medical inspection of Sec: Schools for girls throughout the Presdcy. These three Govt: Inspectors will themselves conduct the inspection of pupils in Govt: institutions and check & collate the work of practitioners who conduct inspections in aided Sec: Schools & those managed by local bodies. The headquarters of the officers have to be decided on.

2 In the papers in the file there is nothing finite to indicate the lines on which future inspections should be conducted. It may perhaps be sufficient to tell the D.P.I. that he may, in consultation with the D.P.H., issue the necessary instructions on this professional matter.

16-MAY-1923 ... LAW DEPARTMENT

3 The file may be ~~forwarded up to~~ circulated to M3 and M1 for orders whether revised proposals may be called for from the D.P.I. on the above lines.

(C.27 PP 48-53 of N.J. only to go)

B 10-5-23 NB 1115

CR 14.5.23

M3

M1

M 17/5/23

I do not think the proposal of D.P.H is acceptable. There is no use in having two men for the whole province. A most ineffectual arrangement. I think the inspection should be entrusted to the local medical officers without detriment to their ordinary duties & an allowance be given for doing the extra work. Medical inspection need not be very scientific. The general health of the pupil & the eye sight are the chief points to be noted. If a junior asst Surgeon is able to do it, ~~they~~ there should be no objn to send sub asst Surgeon also doing it. Local medical officers will have better knowledge of the School Children.

A

19/5.23

I am agreeable to M3's suggestion at A above. The D.P.H's scheme appears to be impracticable. According to this scheme three Asst. Directors 2 males & 1 female wd be required. The number of asst. Direct

77 55

2025A

is as recommended by the Retrenchment Committee & the Legislative Council to be reduced from 8 to 3. The services of these 3 officers wd. be required in connection with the general P.H. administration. Thus there will be no ant. Directors to be spared for being in charge of medical inspection of schools. Besides the 3 officers provided for in the scheme cannot find time to inspect all the schools in the Province periodically. M. 7.6.23.

SECRETARY TO GOVERNMENT OF MADRAS
7 JUN 1923
LAW DEPARTMENT

Law (ED.)

So far as Sec. Schools under the management of local bodies & aided agencies are concerned, it is presumably the intention that the orders in G.O. No. 208 Ed., d/ 12.2.20 should suffice. If so the interim order in O.M. No. 925/A-3, d/ 21.10.22 may be revoked.

SECRETARY TO GOVERNMENT
9 JUN 1923
LAW DEPARTMENT

(F) p. 4, c.f.

2 There then remain the cases of Govt. Sec. Schools and of Sec. School depts. attached to Govt. Colleges. As to these, M3's orders endorsed by M1 are that the inspection of pupils therein should be entrusted to local medical officers who should be given an allowance for the extra duty. To give effect to these orders it has first

p. 54 ante

58

to be decided what classes of medical ~~inspectors~~ officers should be entrusted with the work. The view held by the D.P.I. and the S. G. has all along been that practitioners of the L.M.P. qualification are not quite suitable for the purpose especially in the matter of conducting dental inspections and testing correctly the refraction of pupils' eyes and prescribing suitable glasses for them. It was in view of these considerations that the employment of a few specially trained asst. surgeons solely on medical inspection of pupils was suggested and agreed to by Govt. (G.O. No.1014 Edn. dated 4-9-20). The idea was that they should be personally responsible for the conduct of inspections in Govt. Sec. schools, should supplement the work of medical inspection of local practitioners employed in aided institutions and institutions under local bodies in respect of such portion of the latters' inspection as requires special technical training and should correlate the work of inspection done by local practitioners.

p. 1 of Lo. 1014 4.9.20 (E)

(E)

3. If the idea of putting specially trained officers on duty is to be given up now and the Govt. confine their action to merely providing for some sort of inspection of Govt. Sec. schools, there will be no agency to supplement and correlate the results of inspection done by practitioners of various grades of equipment and experience all over the presidency. We have recently been told by Major Russel that barring a very few instances the results of past inspections are not of much use. At the same time the few best reports led Major Russell to think that where medical officers did exercise some care and followed the instructions already laid down in the schedules

p. 17 ante

inspections

inspections ~~could be~~ were more fruitful. This means that greater care should be exercised by the D.P.I. in his present function of approving a medical inspector for aided schools and those managed by local bodies. It should be made a standing rule that so far as ~~aided~~ the schools in question are concerned, the D.P.I. should approve of ~~no~~ inspector without consulting the S.G. This may now be laid down. In the case of Govt. Sec. schools, the D.E.O. may be required to ascertain and report to the D.P.I. which ~~Govt.~~ practitioner may most conveniently be entrusted with the work. The D.P.I. may approve the name of the practitioner ~~in consultation with the S.G.~~.

cf. para 1(3) of G.O. 208 Edn. 12.2.20 (F)

Sri cannot tie the hands of the DPI like this. It may not be practical. The SG will still take his stand on his original scheme and consider several nominations unsuitable & work with his at a stand still. Will leave it to DPI CR

(Assistant) or Govt. medical officer

3. The next question is as regards the remuneration to be paid to medical officers selected to inspect Govt. Sec. schools. It is subd. that their remuneration may follow the scale laid down for inspections in aided and local body managed schools i.e. 12 as. per pupil for 1st inspection and as. 6 for second inspection without claim for any sort of T.A. or daily allowance. This would be better than a consolidated monthly allowance. Govt. have already laid down that in Govt. institutions a fee of as. 8 per term per pupil should be levied to defray the cost of medical inspection. - The proceeds of this fee which are to be credited to Govt. will to a large extent cover the cost of inspection. It may be laid down that the medical - inspectors' fee should be drawn on a bill countersigned by the D.P.I.

⊗ It is recognised that these are the maximum. But they may be made Standard rates for Govt. Schools

para 4 of G.O. 1016 (E) 4.9.20

4. Lastly the D.P.I. may be asked to lay down in consultation with the D.P.H. the lines on which future medical inspection should be conducted. To focus

focus discussion a draft is subd. for consideration. It may be sent to L.S.G. and Finance prior to ~~circulation~~ issue.

21.6.23. 24.6.23 J. 25/6/23

LSG BJR 27/6/23

Jmuce

D.Dis 10354 2 / 25-6-23

LSG (OH)

29 JUN 1923 DEPARTMENT SECTT. SIGN

D.S.

The draft may be accepted in this dept & the case passed on to Finance dept.

Through DI

CVA 30.6.23

I have already accepted draft. See above BJR 4/7

2-7-23

Finance

D.Dis 15277-1 / 5.7.23

2 JUL 1923 FINANCE DEPARTMENT

finance 7/7/23

I have taken this file direct in order to help in clearing the arrears.

2. The matter has been through so many phases that I think it would be well if the G.O. which is now proposed to issue were to bring the whole of the orders together up to date.

3. Object of Inspection. I find nothing said as to this in the order, but obviously, if the inspection is to be of anything but academic interest it must have as its object the sending of the children who are found to be suffering from disease, short sight or otherwise for the necessary treatment. And I venture to think that this should be emphasised and reference made to the procedure in England. Since this is the object, I think that there is very much to be said for the proposal made by the Hon'ble the Minister in charge of Education that the work should be entrusted to local doctors instead of appointing special officers who are not in touch with the locality.

4. Schools to be inspected. So far as I can discover, the inspection is to be limited to secondary schools and has been instituted up to date in those under private management and in that of the local bodies, but not in those under direct Government management.

5. Inspecting officers. Private managements and local bodies are to select their own officers subject to the approval of the D.P.I. In the case of Govt. schools, if there is a single medical officer, he is to do the inspection. If there are more Govt. officers than one or if it is proposed to employ a private practitioner, the matter is to be reported to the D.P.I.

6. Finance. Private managements are to be allowed to levy fees or not as they see fit. ~~I think the~~ Local bodies are not levying fees sufficient

A on p. 54 ante

to cover at least one-third of the cost of inspection. In Govt. schools a fee of 8 annas a term is to be levied.

Payments by private managements or local bodies are to be fixed by themselves. In the case of Government institutions a fee of 12 annas is to be paid for the first inspection and one of 6 annas for the second. There are to be three inspections, once on admission, once at the age of 12 and once on discharge.

The Government are to pay grants to private managers of one-third of the expenditure incurred subject to an upper limit of 4 annas for the first inspection and 2 annas for subsequent inspections; and similarly local bodies, subject also to the condition that fees are levied as above indicated.

7. Control. This is where the present scheme seems to be weakest. The Surgeon-General has from the outset insisted that the reports that are being received, or many of them, are valueless, and he must have one or more separate controlling officers to see that they are properly prepared. He made his proposals impossible by demanding allowances which were quite out of ~~proportion~~ reason. ~~And~~ The Director of Public Health suggested that one of his assistants should take it over, but that proposal has been rejected. The result is that we have now no proposal for control at all. The corallary of my Hon'ble Colleague's proposal to have the inspections made by the local doctors seems to be to put the control in the hands of the District Medical ~~and Sanitary~~ Officers who now have more time to spare since they have been relieved of public health work

8. Controlling Department. Here again there has been a discussion as to whether the matter ~~the~~/Public Health Department or for the D.P.I. I confess that it seems to me as a layman that, if what we want is to get children who need it treated in the hospital, the proper

No 2085 (F)
12 220

person to control the matter seems to be the officer in charge of hospitals, namely, the Surgeon-General working through the District Medical Officer.

9. In the above notes I have ventured to criticise one or two administrative aspects of the scheme as I summarised them. I come now to the financial aspect with which I am mainly concerned. As to this I venture to think that the scheme is too indefinite. In the case of private parties we have undertaken to pay a third of the expenditure incurred whether they levy fees or not. In other words, we enable them, if they wish, to levy the whole cost of the inspection from the parents of the pupils and to recover a third of it again from us. In the case the local bodies, we employ Govt. medical officers, and it seems to me that there is little reason for making any difference between their institutions and those which are managed by Government. As regards Govt. institutions, it seems to me as if on the latest basis we should be likely to make a profit out of the parents. The proposition is that we should have three examinations which are going to cost Re. 1-8-0 between them. If we are going to charge 8 annas a term ~~and~~ there is a net profit in the case of every pupil who is at school for more than three terms.

I would suggest, in the case of Government schools, we should charge the actual cost, or in other words, allow the school master to recover the fee from the parents of the pupil and pay it over to the medical officer. In the case of local bodies schools it seems to me that we might well do the same. There remains the case of schools under private management. They will probably have to employ our medical officers in the great majority of cases and our medical officers are likely to charge the same fee as they charge in Govt. schools: There seems to be no real

reason why these institutions should not charge fees just as Govt. institutions. After all the sum Rs. 1-8-0 as an insurance against ill-health spread over the whole of ~~the a~~ boy's school life is not a very large sum. If, therefore, we adopt this scale in Govt. schools, I do not see why we need give any further assistance to private schools. We might give them the services of our officers subject to the fixed scale of fees which we apply to our own schools.



21.8.23

L. Edn 3784A
23/8/23

Fin. No. 1000 C.II.
22.8.23

Law
2/8/23

Law (Education) Dept.

The following office note is respectfully submitted as the case does not strictly come under rule 7(g) of the ~~Business~~ Secretariat Rules.

Para 3 of C_1's note - Object of inspection-after treatment of pupils. p. 59 ante.

So far as information is available, medical inspection of pupils is a statutory function applicable to elementary schools as well as secondary schools in England. In this Presidency the system of medical inspection is for the present to be confined only to secondary schools. Again, in England, along with the medical inspection provision is also made for the treatment of pupils detected to be suffering from diseases which require treatment. In the Madras Presidency, it has not so far been contemplated that the treatment of diseases discovered in the course of inspection should be undertaken by the authorities, but that once a case requiring treatment is detected in the course of inspection the matter should be brought

to the notice of the parent or guardian so that the latter might procure a medical attendant at his discretion and that if the ailment is infectious the pupil should be removed from school until such time as he gets himself cured of it. In the Secretary's note, dated the 22nd July 1918 the following three advantages were looked forward to in a regular system of medical inspection.

p. 23 of Go. 1454 Ed. 14.11.18 (M)

1. Periodical examination with knowledge how the pupil progresses.
2. Intimation to the parent so that he may resort to treatment.
3. Rejection of dangerous contacts.

More or less the above objective is also laid down in para 3 of G.O.No.1454 (Education), dated the 14th November 1918. It is now for consideration whether provision for treatment should also be made. (M)

Para 9 of C_1's note - Finance.

p. 61 ante

This question is closely allied with the number of inspections which a pupil should normally undergo during his secondary school course. As to this, in a circular issued by the D.P.I. in June 1920 only three inspections were normally contemplated, once on admission to school, later ~~on~~ on promotion to Form IV and lastly on the completion of the school course. ~~This was the normal idea.~~ In England, however, it is observed medical inspection takes place once during the first term after admission, and later ~~on~~ the inspection is repeated at each subsequent year of the pupil's age during his period of attendance except that such annual inspections are not required to be made of pupils below the age of 12. If, as ~~is~~ suggested by C_1, medical inspection is not to be confined to a mere examination with a view to detecting ailments but should also include some sort of provision for treatment, it is very doubtful

(S)

p. 59 of C.M.O's Report for 1920 - p. 26.

whether three inspections spread over a period of ~~three~~ eleven years will be adequate. This might necessitate as in England annual inspections after the age of 12 besides the initial inspection at the time of admission to schools. Again in regard to the scales of fees to be paid to the medical inspector, no doubt the scales that ~~had~~ have been laid down contemplate the payment of only twelve annas per pupil for ~~such~~ first inspections and six annas for subsequent ones. But if the scope of the inspection is to be enlarged by some sort of provision for treatment also, it is unlikely that these rates would ~~be found sufficient~~. Copy the charges for treatment also. So, the first point for decision is the one noticed above viz., the scope of the inspection. If it is decided that in addition to ordinary inspection provision should be made for the treatment of the pupils also, the charges that will have to be incurred will be much higher and the number of inspections also will have to be increased. C_1's suggestion is that the whole cost of inspection should be recovered from the pupils and that these recoveries should be handed over by the head-master to the medical officer employed. If as stated above the charges of inspection are rendered high on account of the introduction of a larger number of inspections and of the provision for treatment, it may go hard with the pupils if the whole cost is recovered from them. In England grants for medical inspection form a legitimate charge on national resources and on the resources of the local authorities. There is a recognised system of grant-in-aid from national funds limited to one half of the net expenditure incurred by the local education authority on medical inspection.

A

As diseases are quite apt to develop during the long intervals

ꝑ: paras of D.P.S's letter at p.1 of ~~file~~.
208 ed.
12.2.20 (F)

para 5 of E.M.O's report for 1920.

Paragraph 7 and 8 of C_1's note. - Control.

C1 is of opinion that if the object of the scheme

is to get children who need it treated after inspection, the proper person to control the matter is the Surgeon General working through District Medical - Officers. Apparently it is also intended that the administrative control should go to the L.S.G.(P.H.) department of the Secretariat. From the previous discussion it will be observed that when it was suggested to transfer the work to the ~~P.H.~~ Public Health Department Mz was opposed to it and stated that the Education department should be responsible. ~~For orders whether~~ the position will be reconsidered.

12.9.23.

12.9.23

Before I note, I shall be glad to get the views of LSG (PH)

13/9/23

Law (Edn) no no. — LSG (PH)

(with copy of the Annual Report of the Board of Edn. 1920)

Law (Edn) 1035-A-3
15.9.23.

15 SEP 1923
DEPARTMENT OF SCIENTIFIC & INDUSTRIAL RESEARCH

22029

M 18-9-23

L.S.G. Dept

Subj. that the S.G.'s views may first be invited on the proposal. A draft O.M. is subt for approval.

TBR
22/9/23

OM 22029-1 PH dated 22.10.23
Cno 26706 from the S.G no 1308 dated 2.11.23.

Subj. that the S.G's views may be agreed to in this dept and the case returned to Law (Edn) no. That Dept will presumably obtain the orders of the Govt on the

Issue
22/9/23

trans 21/11/23

Questions

1) Whether med. inspection of schools should provide also for treatment

2) if so whether the cost of treatment is to be debited to the Govt or the school authorities or recovered from students

+ 3) which dept of the Sectt should deal with the subject.

Ur 22/1/23. The object of School inspection is ~~intended~~ to discover if they students are suffering from any chronic diseases or physical defects. A travelling medicine box is hardly suitable for ~~the~~ the ~~purpose~~ treatment of such diseases. The inspection, however, is to be confined to secondary schools for the present, and I do not suppose there are many places that have a secondary school but not a dispensary. ~~+~~ A local med. practitioner is sure to be available in almost all the places. The S. G.'s proposals may, therefore be accepted.

S. TBTR. 30/1/23

S. TBTR. 24/1/23

S. G.'s proposals may be accepted

with the exception of the proposal regarding a medicine box. The improbable case of a Secondary School with no dispensary in the vicinity may be ignored.

Law (Edn). 3.12.23.

No 22029-3 Pt 3/12/23

4-DEC 1923

L-Cu 5454A 4/12/23

Law (Edn)

Medical inspection is to be conducted in Secondary Schools alone for the present. The following issues arise for orders:-

(i) Whether medical inspection should also make adequate provision for treatment

Para 3 - p. 59 ante p. 18, c. 7

C, has suggested that it should. The S. G. + the L. S. G. Deptt: agree. It is suggested that if a pupil is, on examination, found to be suffering from any ailment requiring treatment he should be given a slip to the nearest hospital or dispensary. The next question is as to who should defray the cost of treatment. If the ailments are of a minor character it seems that the treatment therefor should be provided gratuitously by the hospital or dispensary. But local bodies in charge of hospitals + dispensaries will have to agree. In the case of diseases requiring prolonged treatment or costly medicines, it is best to leave it to the parent or guardian to arrange for

ibid

So far as this file is concerned, I would leave it with the chit. Treatment will be the guardian's lookout

22/1/24

(ii) No: of inspections

The S. G's latest opinion is that a pupil should be examined at least once a year and if possible twice. It seems better to have two inspections — once in ~~July~~ June or July after the summer holidays and later on in January after the Christmas holidays. A flat rate of 8 annas per inspection is suggested. This means a Rupee annually. Of this, ~~four~~ eight annas may be recovered from pupils, the management might pay four annas & the Govt: the remaining four annas. In the case of Govt: Schools & of those the net cost of which is found by Govt:, the Govt: will have to pay eight annas & the pupils eight annas. If Secondary Schools for boys are alone considered the cost to Govt: roughly amounts to Rs 42,000

p. 19, c-4

I would say once a year. With standardised cases, this shd be sufficient.
22/1/24

I suggest 12 as per pupil inspt & 6 as per subsequent inspection
22/1/24

(iii) The agency for the conduct of inspections

Where Govt: Medical officers are available, the work is to be entrusted to them in other cases private practitioners are to be appointed. In either case c, would leave the control to the D. M. G's; the choice would also presumably rest with them.

p. 59 ante
Para 8 — pp 60-61 ante

(iv) Administrative control

c, suggests the S. G; if so, the

the administrative dept: of the Sect: that should appropriately deal with the subject is the L. S. G (P. H.) Dept:. The Hon'ble: the Minister has however stated that the subject should be dealt with in Education.

p. 54 ante

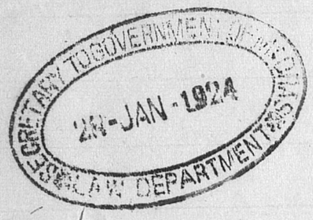
(v) Another point for orders is whether girls in Secondary Schools should not also be brought under inspection. ~~In their case~~ An arrangement on the above lines though suitable in the case of boys may not be altogether satisfactory in the case of girls.

We may therefore leave them for the present except where they are in boys' school.

21.12.23

22/12/23

Wherever lady doctors are available, I would introduce the system
22/1/24



This file has become complicated but it is enough if M2 reads C1's note 59-62 which summarises previous proceedings. A reference is made on some points to S. G.; see his report on pp 18. 19 cf. Remarks on that report are above. After M2 indicates orders, I shall have a draft put up.

SECRETARY TO GOVERNMENT OF INDIA
28-JAN-1924
LAW DEPARTMENT

I agree with the marginal notes of the Sy.

1. Inspected by local medical officers of Schools once a year. The fee payable is as 12 & as 6.
2. Dir. of Ins. may control whence required
3. Private institutions may raise a fee from pupils.
4. The administrative Dept will be in charge.

2. Perhaps I would venture once more to suggest that this duty should be entrusted to the Public Health Dept. Personally I do not think that the present proposals will work well

22/1/24

25/1/24

92 70

A draft is Subd: for consideration

It may be forwarded to L.S.G. (P.H.) & Finance for acceptance.

6.2.24 7.2.24 8/2/24

LSG (PH)

Law Edn. 1035 Aft 23 8.2.24

LSG Dept. LSG 8.2.24

03742

The draft may be accepted in LSG.

S. 9/2/24 11.2.24

Fin.

No 22029-4 4.2.24

ASSISTANT SECRETARY TO GOVT. 12 FEB. 1924 FINANCE DEPARTMENT

Fc 178 Exp 13.2.24

93 66

Finance department.

(Note from pages 59 et seq. ante and the draft below may be read).

***

It will be seen from para 9 of C.1's notes on pages 61-62 ante that his idea was

(i) that ~~the~~ medical inspections should, as was ordered previously, be limited to three in number in the course of a boy's career in the school and

(ii) that fees should be levied from boys in all Secondary schools (Government, Local Board or Aided), and

that the fees collected from the pupils should be passed on to the officers conducting the inspection.

2. Item (i) above. Please see para 3 (1) of the draft below. It is proposed, at the instance of the Surgeon-General, that the inspection should be annual. Submitted that Finance need not object to this, provided it does not entail any extra expenditure on Government, vide para: 3 below.

3. Item (ii) above. C.1's intention was to collect fees in all schools to which medical inspection is to be applied. But the Law (Education) department propose that fees should be levied only in private schools. The Government can hardly call on private schools to levy fees, while the Government and local bodies do not.

As regards the principle of grant-in-aid, it was accepted in G.O.No.1454, Home (Education), dated the 14th November 1918 and it was fixed at one-third of the cost in G.O.No.208, Home (Education), dated 12th February 1920. The question of grant-in-aid does not however arise if the managers of all schools are asked to levy fees at the rates paid to medical officers. The total cost for each pupil is 12+10 x 6 = 72 annas i.e., Rs.4-8-0 for his school course provided he goes through the course regularly. This amount cannot be considered to

Course is for 11 years top of p. 64 ante

be high and the best course seems to be ~~as suggested by~~ to adopt C's suggestion, viz., ~~G.1.~~ to collect the amount at the time of inspection and to pay it over to the medical officer carrying out the inspection.

p. 61 ante

The proposal of the Law (Education) department will lead to an indefinite liability of which no estimate has been given and it cannot be accepted in Finance.

4. Para 3 (6) of the draft. The scheme is to be extended to Girls schools' where lady doctors are available. Finance need not object provided that the expenditure is met by the levy of fees.

20 FEB 1924

L. Ed. ~~1866~~ 20/2/24

C.V.R. 19.2.24

S. 19.2.24

RWD 19-2-24

Law.

Law (Edn) Deptt.

Fin 178 Exp 20-2-24

The gist of the Finance Deptt: note is that medical inspection in Schools should be conducted without ~~[illegible]~~ throwing any financial liability on Govt. This is going back on the orders in G.O. No. 208 Ed., d/ 12.2.20. (F)

The levy of a ~~[illegible]~~ fee in Govt: & 'net cost' Secondary Schools was not provided for in the ~~draft~~ draft, since the Hon'ble the Minister's note at p. 69 ante specifically refers to such fees being levied only from pupils in private institutions. If fees from pupils attending Govt: institutions & those of local bodies the net cost of which is borne by Govt: is considered necessary, it ~~will~~ may be on the scale proposed for other institutions viz $\frac{1}{3}$ of the cost of inspections.

2-7-2-24

28.2.24

I think that in Government schools also a fee may be levied at the same rates as in private schools. In regard to net cost schools, the local body's share will be first paid by the local body but will be automatically recovered from Government later on. The only point now at issue is whether the Government should contribute one-third as grant in aid. We cannot now go back on G.O. No. 208 Home (Education) dated 12-2-1920.

F

1/3/24

M 2 I agree.

C1. This question of grant-in-aid may be considered by the Minister.

1/3/24

I hoped that my suggestions would have enabled us to get on with this matter. I firmly believe (1) that medical inspection without some provision for treatment is perfectly useless, (2) that there is no need to vary the fee; the fact that a medical officer has seen one out of a thousand boys a year before does not enable him to make his second inspection any less thorough

than the first, (3) that three inspections during a boy's school life is better than nothing, (4) that in view of the present scale of fees in secondary schools parents can perfectly well afford a sum of Rs 1-8-0 to cover the whole period of a boy's school life, (5) that it is better to do ~~something~~ what we can at once than to aim at something a trifle ~~[illegible]~~ more expensive in the Greek Kalends.

The Education Dept, however, adhere to a proposal that involves a Govt grant and a revision of the grant in aid code. The latter must wait for Mr Moir, the former till ~~a~~ some money is available. I presume therefore

18 JUN 1924

that their conclusion is that no action be taken at present. 68

The Finance Dept have already intimated that they cannot accept a draft that involves an indefinite liability.

[signature]
2-3-24

Submitted
[signature] 4/3/24

Mr 2. In discussion with the Govt Officer.
[signature] 4/3/24

TO GOVERNMENT OF MADRAS
4 JUN 1924
DEPARTMENT

98

69

[Qn. No. 71.–
C No 1134C]

Extract of the Hon'ble the Minister's remarks on the file relating to a Legve Council Question regarding medical inspection of schools

" " "

Please expedite the file relating to medical inspection. The proposals hitherto made may be taken up for consideration at once.

A. P. P[atro]
1. 7. 24.

In the file relating to the appointment of special officer also the Hon'ble the Minister has stated that there is no need for the appointment of a Special officer at present and that the pending files may be taken up for disposal

2. The proposals of this Dept in regard to Medical inspection are briefly shown below:–

(1) Medical inspection should ordinarily conducted once a year in respect of e[illegible] each pupil in all recognised secondary Schools and School departments of colleges.

para 3 (1) of draft order

(2) Inspections will be conducted by local registered medical practitioners who w[illegible] be selected by the D.P.I. on the recommendat[illegible] of the Dt. Medical officer concerned; wherev[illegible]

para 3 (2) ibid

Govt.

Govt. Medical officers are available they should be preferred.

(3) The fees payable to the medical officer will be 12 as. per pupil for every first inspection and 6 as. for each of the subsequent annual inspections.

para 3(3) of draft order.

(4) So far as Schools ~~are~~ under the local bodies and those under private management are concerned, a grant-in-aid should be paid from provincial funds, the maximum grant payable being limited to one-third of the expenditure incurred by the management subject to an upper limit of 10 as. for the first inspection of each pupil and 2 as. for each subsequent inspection. The award of grant will also be subject to the condition that Special fees are levied from the pupils so as to cover at least one-third of the cost of medical inspection.

para 3(3)(a) ibid

(5). In respect of institutions under Govt. and of those under local bodies the net cost of which is borne by Govt. either in part or in whole fees should be levied from the pupils to cover one-third of the cost of medical

Mr. Ramachandra Rao's note on page 73 ante.

In the case of the net cost schools the provincial share will be first paid by the local body but will be automatically recovered from Govt. later on.

para 3(5) of the draft order.

para 3(6) ibid

inspection the balance of the expenditure being met from provincial funds.

(6). The aim of the medical examination should be to ascertain the general physical condition of the pupil and to the prescription of treatment where necessary. The actual treatment itself will be the look out of the parent or guardian.

(7) The inspection should be conducted in respect of secondary Schools for girls also wherever lady doctors are available.

Finance Dept. note at pages 71-72 ante

The Finance Dept. would

3.

accept the above proposals, provided the whole expenditure is met by the levy of fees from ~~the~~ the pupils. Sir Charles Todhunter as Finance Member considered

pp 73-75 ante

(1) that medical inspection without provision for treatment was perfectly useless,

(2) that there was no need to vary the fee (that is the same rate of fee should be paid for each inspection - ~~for~~ apparently at the rate of 8 as. per pupil per inspection),

(3) that three inspections during a boy's School life was better than nothing,

(4) that parents could well afford a sum of Rs. 1.8-0 (for three inspections) to cover the whole period of a boy's school life and

(5). that it was better to do what we can at once than to ~~do~~ aim at something more expensive.

4. Originally ~~[illegible]~~ the intention seems to be to have only three inspections during a boy's school life, but as the Surgeon-General considered that ~~annual inspections~~ a pupil should be examined at least once a year and if possible twice, it ~~[illegible]~~ was proposed to have annual inspections. It is not clear whether the Finance Dept. would agree at least to three inspections in a boy's school life and the payment of grants equal to one-third of the cost of inspection in aided schools and schools under local bodies as originally approved in 1920. In the case of Govt. and net cost schools the Govt. will have to bear two-thirds of the expenditure; the balance being met ~~from~~ by levy of fees from pupils.

Vide office notes p 68 ante - clause (ii) and para 2 of D.P.I.'s circular Dt 11-6-20 - (S).

JUL 1924

Go 208 / 12.2.20. (F)

Attention as in this connection drawn to Rao Sahib W. Rama for orders.

Rao's interpellation & the answers thereto recorded in Go. No: 800 Ed., dt 16-5-24

(A)

Attention is invited to para. 175 of the last Quinquennial Review which gives an account of what is being done in other Provinces. There does not appear to be anything useful which we can copy here from other provinces. But something is being done everywhere, though the system has not yet settled down to anything like perfection anywhere. In Burma, however, a regular service seems to be in existence. In India so far, medical inspection is not accompanied by provision for treatment, as in the British Isles.* It may perhaps be better to begin with medical inspection in the first instance & give it a fair trial before considering the question of treatment.

Please see Extract Slip (C)

Notes to Go. No: 641 Law (Ed.) 29-4-25

Notes connected with Go. No. 641 Law (Ed.) dt 29.4.25

Subject: Medical inspection of schools, medical inspection of schools,

As the Hon'ble Minister has decided to call a small conference to consider this question, the following note is put up to show in detail the points which arise in connection with it :-

1) Should provision be made for medical inspection only, or for treatment as well ?

2) What class of schools should be included at present in the scope of the inspection, - only secondary schools or colleges and higher

81 V 103

elementary schools as well ? And how often in a boy's career in a school should ins-pection take place ?

3) Who should be the officers entrusted with the duty of medical inspection, and what should be the scale of fees paid ?

4) How is the inspection to be financed : should it be self-supporting, fees being levied from parents to cover the cost, or should any portion of it be provided by government as a grant-in-aid ?

5) Who should control the inspection on the technical side, advise inspecting doctors, scrutinize the reports received and generally coordinate the results , in a district or other area ?

6) Which should be the controlling Depart-ment ,- the Medical, Public Health, or Educational ?

7) What should be the controlling Medical staff and how is it to be paid ?

I had intended to place my views on these matters on record but it is obviously unnecessary to do so pending the conference proposed . A note has been prepared on the systems in vogue in England, and in other presidencies in India.

OFFICE OF SURGEON-GENERAL WITH GOVT. OF MADRAS 26 AUG 924

CMO 191

The Surgeon Genl. U.O
V.TK
23.8

Law (Edn) U.O
1916/24-1
25.8.1924

SECRETARY TO GOVERNMENT OF MADRAS LAW DEPARTMENT 19-AUG-1924

V.TK
18.8.

Marks. Please ask the S.G. to see the file before the Conference is called in. a new date may be fixed

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SECRETARY TO GOVT. LOCAL SELF GOVT. DEPARTMENT 29 MAY 1927

Office of the Surgeon-General
with the Government of Madras,
dated the 27th May 1927.

Telephone Message (By Post). 17930

From

The Surgeon-General with the Government of Madras.

To

The Deputy Secretary to Government,
Local Self Government (P.H) Department.

Under G.O. 641 Law (Education) dated 29-4-1925 as amended by G.O. 44 Law (Education) dated 9-1-1926, the work of inspection of Schools should as far as possible be entrusted to Civil Assistant Surgeons or to Registered Private Medical Practitioners possessing similar qualifications. In G.O.No. 1243 Mis. Law (Education) dated 17-7-1925, the Government stated that the orders in G.O.No. 641 Law (Education) dated 29-4-1925 contemplate the appointment as far as possible of Civil Assistant Surgeons as Medical Inspectors of Schools and that they do not exclude rigidly the employment of Registered Medical Practitioners of lower qualifications if they are otherwise suitable. It is presumed that orders contained in G.O.No. 1243 Mis. Law (Education) dated 17-7-25 have not been rescinded by the orders issued in G.O.No.44 Law (Education) dated 9-1-1926. Please state whether my presumption is correct. The question at issue is whether at a station where a Civil Assistant Surgeon is available the School authorities can appoint a registered medical practitioner of lower rank on the score that the latter is more suitable being a permanent resident of the place or on other grounds.

'A' 'B'

K. M. Chavalmi 28/5
Personal Assistant.

For Surgeon-General with the Government of M a d r a s.

M.A.H./28-5.

73 L.S.G (Pt)

Medl Inspection of schools - Selection of officers

17930 from the S.G. T.M. of 27.5.27

Go no 1243 Law (Edn) of 17.7.25 quoted by the S.G. is said to have been put up in the Law Dept and is not available in the records. On an examination of the printed index for 1925, it is seen that the Go is 1263 Edn of 17.7.25. passing orders on the employment of Sub Asst Surgeons for medl. inspection. This Go 1263 which is dated 21.7.25 is in the records but it relates to a different subject. The correct Go relating to the subject is not thus available.

2 The question raised by the Sg's office is an interpretation of the orders issued in Law (Edn). The file may therefore be transferred to that dept for giving a reply to the SG.

ASSISTANT SECRETARY TO GOVT. OF ANDHRA LAW DEPT. 16 JUN 1927

14 JUN 1927

14.6.27

Law (Edn)

10/6/27 10.6.27

No. 17930-1 DPH

14.6.27

Ent 1800 C

16.6.27

3/1

2 Law & Edn

Refer: S. G.'s T. M. below

G.O.No. 641 Education, dated 29th April 1925 (R)
as amended by G.O.No. 44 Education, dated 9th January (X)
1926 is to the effect that as far as possible Civil Assistant Surgeons or registered private medical practitioners of similar qualification should be entrusted with the work of medical inspection. The interpretation in G.O.No. 1243 Education, dated (F)
17th July 1925 that there is no absolute bar on the employment of practitioners of lower qualifications, if otherwise suitable, stands. It is unnecessary for the Government to give a ruling on the specific point raised at 'B' of the Surgeon General's telephonic message since the question of the suitability of a particular practitioner is a matter for decision by the Director of Public Instruction in consultation with the Surgeon -General.

The following reply is for approval.

Telephonic message.

To the Surgeon General.

Your T.M. of the 27th May 1927 re: the qualification of medical inspectors of schools, addressed to the Deputy Secretary to Government, Local Self Government department.

Reply.

Your presumption that the orders in G.O.No. 1243 Education, dated the 17th July 1925 (F) not have been rescinded is correct.

22.6.27

28/6

Pl. ice

26/4

p.c. to go.

& then stitch with the origl. of 641 Ed. 25

23.6.27

DESPATCHED
Initials
Date 24/6/

Sectt. II-5 (b)—5,003—6-12-24. (6)

Law (Education) DEPARTMENT.

	Date.	Initials.
When received for Fair-copying.		
When copied ..		
When examined ..		
When signed ..		
When despatched ..		

Medical Inspection--Instructions laid down

READ AGAIN G.O. No. ....., dated ..... 192 .

" " " " ..... " ..... 192 .

READ ALSO:—

C. No. 925/22 From the ....., No. ....., dated ..... 192 .

" " ..... " " ..... " ..... " ..... 192 .

" " ..... " " ..... " ..... " ..... 192 .

ORDER.
Press

No. 641, dated 29-4-1925

(F)

In G.O.No.208 Home(Education), dated 12-2-1920, the Government sanctioned a ~~scheme~~ system ~~approved a system~~ of grants-in-aid for medical inspection of pupils in recognised secondary schools under the management of local bodies and under private management. The scheme was, however, ordered to be held in abeyance in Memo.No. 925A-3 dated 21.10.1922, as questions were raised inter alia as to the scope of inspections, the agency which should carry them out and the arrangements to be made for co-ordinating the results. The Government have now considered all the propos made and are pleased to prescribe the following arrangements for th conduct of medical inspection.

p. 4 cf

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2(1). The object in view is to provide only for the medical inspection only of the pupils, the treatment of those suffering from diseases being left to be arranged for by the parents.

(2) Medical inspection will, for the present, be confined to recognised secondary schools for boys, school departments of colleges and training schools for masters. Every pupil will be examined at the time of admission and thereafter once a year.

(3) Inspections will be conducted by local registered medical practitioners. In the case of Government schools, the Director of Public Instruction will select the officers in consultation with the Surgeon-General. In the case of schools under private management and under local bodies, the managers of schools and the Presidents of local boards or Chairmen of Municipal Councils concerned will select the medical officers and submit their names for the approval of the Director of Public Instruction who will issue orders after consulting the Surgeon-General. Where Government officers are available, they should be preferred. The work of inspection should, as far as possible, be entrusted to Civil Assistant Surgeons.

(4) The fee payable to the medical officer will be twelve annas per pupil for every first inspection of a pupil and six annas for each of the subsequent annual inspections. In the case of schools under local bodies and under private management, grants-in-aid will be paid subject to the following conditions:-

(a) The maximum grant payable shall be limited to one-third of the expenditure incurred by the management, subject, however, to an upper limit of four annas for the first inspection of each pupil and of two annas each for each of the subsequent inspections;

(b) The award of grants to local bodies and to private managements shall be contingent on the levy of special fees from the pupils in the institutions under their control so as to cover at least one-third of the cost of medical inspection;

(c) The management of the school shall undertake to maintain the records and submit the returns prescribed for the purpose of medical inspection and to comply with all other conditions that may be laid down in this regard by Government or their authorised officers.

(5) In the case of Government institutions, Medical Officers will be paid at the rates specified in sub-paragraph (4) above. One-thi

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of the cost of inspections will be recovered from the pupils and the balance will be borne by Government. The amount payable by Government should be drawn on contingent bills and should be paid along with the fees realised from pupils, ~~be paid~~ to the medical officer who will give an acquittance for the full amount of fees due to him.

p. 83 nf

(4) ~~(5)~~ The aim of the medical examination should be to ascertain the general physical condition of the pupil. If, at the time of inspection, any cases of contagious diseases are found to exist, the medical officer will immediately warn the management about the need for segregation. Copies of inspection cards will be sent to the parents of the pupils in all cases in which arrangement for treatment is considered necessary.

p. 84 nf

2. At the end of the inspection, the medical officer will submit a brief report embodying the results to the Surgeon General who will forward it to the Director of Public Instruction with suggestions as to any further action that may be called for.

3. The Government do not propose to maintain any headquarters establishment for co-ordinating inspection and tabulating the results until some experience has been gained of the working of ~~the~~ the system now in-[illegible]rated.

p. 84 nf

108

4. The Director of Public Instruction will be in charge of all the arrangements necessary for the conduct of medical inspection in schools and he will issue, in consultation with the Surgeon-General and the Director of Public Health, such further instructions as may be found necessary from time to time.

V.TK
2.4

To
The D.P.I
The D.P.H
The L.S.G.Dept. (~~P.H~~)
The Surgeon-General
The A.G. Also: the Finance Dept.
The Finance Department
The Hon. the Resident in Hyderabad (with C.L)
" The Finance Dept. (Codes)

E.T. (order only)

DESPATCHED
15 MAY 1925

GOVERNMENT PRESS MADRAS 4-MAY 1925

PRESS SLIP.

109

Scott. II-38—7,140—11-

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Law (Jud.) Department.

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G.O. No. 641, dated 29-4-1925.

Number of MS. pages sent (b) Correspondence 5 pages. (b1) Notes 30 "

Brief subject: Medical inspection of schools.

(c) Number of copies required when struck off (*not including copies for volumes and editors' table which are retained in the Press*).	E. T. copies to supply requisitions for purchase by the public.	Complete correspondence and orders. Govt. and Council without notes	Notes.
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[P.T.O.]

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GOVERNMENT PRESS 9-MAY 1925 MADRAS

G.O. No. 641, 29th April 1925

Medical Inspection—Instructions laid down.

Order—No. 641, Law (Education), dated 29th April 1925.

In G.O. No. 208, Home (Education), dated 12th February 1920, the Government sanctioned a system of grants-in-aid for medical inspection of pupils in recognized secondary schools under the management of local bodies and under private management. The scheme was, however, ordered to be held in abeyance in Memorandum No. 925-A-3, dated 21st October 1922, as questions were raised *inter alia* as to the scope of inspections, the agency which should carry them out and the arrangements to be made for co-ordinating the results. The Government have now considered all the proposals made and are pleased to prescribe the following arrangements for the conduct of medical inspection :—

(1) The object in view is to provide only for the medical inspection of the pupils, the treatment of those suffering from diseases being left to be arranged for by the parents.

(2) Medical inspection will, for the present, be confined to recognized secondary schools for boys, school departments of colleges and training schools for masters. Every pupil will be examined at the time of admission and thereafter once a year.

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(4) The aim of the medical examination should be to ascertain the general physical condition of the pupil. If, at the time of inspection, any cases of contagious diseases are found to exist, the medical officer will immediately warn the management about the need for segregation. Copies of inspection cards will be sent to the parents of the pupils in all cases in which arrangement for treatment is considered necessary.

(5) The fee payable to the medical officer shall not exceed twelve annas for every first inspection of a pupil and six annas for each of the subsequent annual inspections. In the case of schools under local bodies and under private management, grants-in-aid will be paid subject to the following conditions :—

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(*c*) The management of the school shall undertake to maintain the records and submit the returns prescribed for the purpose of medical inspection and to comply with all other conditions that may be laid down in this regard by Government or their authorized officers.

(6) In the case of Government institutions, Medical Officers will be paid at the rates specified in sub-paragraph (4) above. One-third of the cost of inspections will be recovered from the pupils and the balance will be borne by Government. The amount payable by Government should be drawn on contingent bills and should be paid along with the fees realized from pupils, to the medical officer who will give an acquittance for the full amount of fees due to him.

No. 641, Law (Education), 29th April 1925

2. At the end of the inspection, the medical officer will submit a brief report embodying the results to the Surgeon-General who will forward it to the Director of Public Instruction with suggestions as to any further action that may be called for.

3. The Government do not propose to maintain any headquarters establishment for co-ordinating inspection and tabulating the results until some experience has been gained of the working of the system now inaugurated.

4. The Director of Public Instruction will be in charge of all the arrangements necessary for the conduct of medical inspection in schools and he will issue, in consultation with the Surgeon-General and the Director of Public Health, such further instructions as may be found necessary from time to time.

(By order of the Government, Ministry of Education)

V. T. Krishnama Achariyar,
Secretary to Government.

To the Director of Public Instruction.
" Director of Public Health.
" Local Self-Government Department.
" Surgeon-General.
" Accountant-General through the Finance Department.
" Finance Department.
" Hon'ble the Resident in Hyderabad (with C.L.).
" Finance Department (Codes).
" Editors' Table (order only).

TN

TN