(T)

Scott. II-27—53,004—27-10-47.

E + P H (194 8) Department.

Ms. SERIES.

Call noted for further action on 1.4.49

Closed. 15/11

P. 84 N. 7.

(170)

G.O. NO. 284 | Edn.

2841

Dated 12-11-48

O for RS

pp 137-140 cf

pp 69-71 ng

upto XXX

From XXX on

[Despatch Abstract.]

Schools - School medical services

Schemes for - papers - recorded

Back Papers.

G.O.	No.	Department.	Date.	G.O.	No.	Department.	Date.
G.O.	1985	L&E.	25.9.1929	G.O.	1716	P.H.	14.7.37.
G.O.	1605	L&E	13.8.1930.	G.O.	3085	P.H.	16.11.37.
G.O.	1554	L&E.	1.9.1931	G.O.	3405	P.H.	25.9.39
G.O.	1595	L&E.	9.9.1931.	G.O.	3748	P.H.	16.10.39.
G.O.	1604	L&E.	10.9.1931	G.O.	4502	P.H.	7.12.39
G.O.	620	L&E.	29.4.1932.	G.O.	4288	P.H.	14.9.40.
				"	1639	P.H.	29.5.42

Back ~~Further~~ Papers. (Contd.)

G.O.	No.	Department.	Date.	G.O.	No.	Department.	Date.
Letter	3103	P.H.	29.9.42				
G.O.	411	L&E.	16.3.32.				

Cno. 52735-D1

C.F. 32.

EDUCATION Department

From (Name) Dr. S.R.U. Savoor, M.A., D.Sc., I.E.S.,

Designation Director of Public Instruction,

Station Madras.

Received ..... Registered .....

To

The Secretary to Government, Education and Public Health Department, Fort St.George, Madras.

ASST. SECRETARY TO GOVERNMENT — Enclosures: 20 NOV 1945 — EDUCATION AND PUBLIC HEALTH DEPT.

R.C.No. 23 S.O/45. dated 14th November, 1945.

SUB: Post War Educational Reconstruction - Scheme of Medical Inspection of students in colleges and pupils in schools - Proposals - Submitted.

******

52735

not put up

I have the honour to state that the introduction of Medical inspection of school pupils is one of the Post-war Educational Schemes to be worked out in the first five-year plan - number 90 in the blue book. I have outlined the details of the scheme to the Surgeon-General and he, in agreeing with the scheme, observed that its carrying out will depend on how soon medical staff becomes available.

Q/pp14-16 p3 myo

2. The scheme has been discussed in detail in late Sir Meverel Statham's Report on Educational Post-War Reconstruction in this Province. I am giving the details of the cost of the scheme and a rough outline of the scheme as applied to colleges, secondary schools and elementary schools.

p21 of (F)

Medical Inspection in colleges:- The rules provide for the levy of Medical Inspection fee in colleges to cover the cost of regular Medical Inspection. Under the University regulations, Medical Inspection in colleges is compulsory. Though no further action is contemplated in Sir Meverel's Report, I consider that the present method of holding an examination at an interval of two years is unsatisfactory. To be effective and fruitful, the Inspection at this adolescent age should be carried out at intervals of a year if not every six months throughout the college cours of a student and an examination made as to how far defects have been rectified.

Q/pp14-16

M

Scheme no 90 in the Blue Book (not put up)

Medical Inspection in Secondary schools:- With regard to pupils in secondary schools the proposal is to make Medical Inspection compulsory and to levy a Medical Inspection fee compulsorily. Roughly speaking, there may be at least two Inspections in all grades of secondary schools, the cost of first Inspection being annas twelve and repeat inspection annas six. One-third of the cost will be borne by the Government, one-third by the management and one-third by the pupils. In the case of government secondary schools two-third of the cost will have to be borne by the Government. The details of the cost etc. are given in the annexure to this letter.

p3 myo

Medical Inspection in Elementary schools:- The total number of pupils in all elementary schools on 31-3-45 was 30,25,913 of whom 1,44,675 were in Standards VI to VIII. As a first step it is proposed to bring about 1.33 millions of children under instruction in the course of the first five years under the scheme of compulsory elementary education. We shall be dealing therefore ultimately with ~~the~~ nearly 4½ million pupils in Elementary schools.

According to the scheme outlined by the Madras Government no fee will be levied from Elementary school pupils in respect of the medical inspection. The entire expenditure except to the extent to which the local bodies can be made to share it, will have to be met from Provincial funds. The cost of first inspection may be fixed at annas four and the repeat inspection at half of this rate. The joint committee of the Central Advisory Board of Education and Health set up by the Government of India recommended three routine inspections at 1) entry into a primary school; 2) at the 11th year (Standard V) and 3) and before leaving in the 14th year (Standard VIII). Closely following this scheme, it is enough if one inspection for the pupils in* standards I to V are held in the first five years. The first inspection may be spread over a period of 2 years and the repeat inspections in the suceeding three years. The first inspection or repeat inspection as the case may be, of pupils to be brought under instruction in the years succeeding 1946-47 will extend beyond the first 5 year plan so as to ~~serve~~ secure equal spacing of the inspection. The plan and the financial ~~inspectionsxxare~~ implications are indicated in the annexure to this letter.

*standards VI to VIII and two inspections for the pupils in

<u>Agency:-</u> It may be possible to **secure** private practitioners to conduct medical inspection in colleges and secondary schools as these institutions are located in cities and urban areas. In the case of Elementary schools much will depend upon the speed with which the post-war proposals of the Medical and Public health departments are pushed through. If the plan outlined by the Surgeon-General is carried through, there will be 1110 hospitals and 4445 dispensaries throughout the Province. It is stated by the Surgeon-General that rural doctors can conveniently examine 100 pupils per month. At this rate the doctors in the hospitals and dispensaries proposed to be opened will be adequate to carry out t medical inspection in Elememtary schools. Special provision is however necessary to examine girls above 10 years of age and under if the parents so desire, by women doctors.

3. The plan for the 5 years, from 1945-47 to 1950-51 with financial commitments to Government for each of the years is exhibited in the annexed statement. The total cost of the scheme works out to only Rs.16.18 lakhs as against Rs.60 lakhs shown in the booklet on "Post-War Educational Schemes."

4. To derive the maximum benefit out of these medical inspections and to see that the money spent on these is not wasted it is necessary that treatment of cases discovered and arrangements for following up cases where necessary should be undertaken. The medical department may cooperate in the feeding scheme introduced by this department in eradicating mal-nutrition among Elementary school pupils. The other minor defects may be either carried out in the school itself or in the nearby dispensaries and hospitals. I am addressing the Surgeon-General on the scheme for follow-up work with estimate of cost and his suggestions with my remarks will be submitted to Government in due course.

29/11/45

for Director of Public Instruction.

C.R.V.16/11.

ANNEXURE.

Particulars.	1946-47. Details.	1946-47. Cost.	1947-48. Details.	1947-48. cost.	1948-49. Details.	1948-49. cost.	1949-50. Details.	1949-50. Cost.	1950-51. Details	1950-51. Cost.	Total. (of Cols. 3,5,7,9 & 11
(1)	(2)	(3) Rs.	(4)	(5) Rs.	(6)	(7) Rs.	(8)	(9) Rs.	(10)	(11) Rs.	(12) Rs.
Elementary Schools.											
1. Existing strength (as on 31-3-45) in Standards I to VIII -- 30,25,913.	First inspection in 2 years' time viz. 1946-47 & 1947-48 the pupils in Stds. VI to VIII being examined in the Ist year $\frac{3291913}{2} \times Rs\frac{1}{4}$	411489	First inspection of the 2nd batch. $\frac{3291913}{2} \times Rs\frac{1}{4}$	411489	Repeat inspection for strength in I to V stds one in 3 years' time Strength in Standard I to V-2881238 Pupils to be brought under instrn in 1946-47 266000. Total is 31,47238 $=\frac{3147238}{3} \times R\frac{1}{8}$	131135	Repeat inspection for strength in I to V stds one in 3 years' time Strength in Std. I to V -2881238 Pupils to be brought under instruction in 1946-47- 266000 Total - 3147,238 $=\frac{3147238}{3} \times R\frac{1}{8}$	131135	Repeat inspection for Strength in I to V Stds. one in 3 years time -Strength in Std. I to V-2881,238 Pupils to brought under instruction in 1946-47 266000 Total - 3147238 $=\frac{3147238}{3}$ into Rs. 1/8	131135	1216383
2. Pupils to be brought under instruction in 1946-47. 2,66,000											
Total (1 & 2) 32,91913.											
(Ist year of compulsion)											
No. of pupils to be brought under instruction in 1947-48 2,6600 - Ist inspection in 2 years' time. (2nd year of compulsion)	--	--	Ist inspection of Ist batch. $\frac{266000}{2} \times Re.\frac{1}{4}$	33250	Ist inspection of 2nd batch $\frac{266000}{2} \times Rs\frac{1}{4}$	33250	Repeat inspection for 1/3rd strength $\frac{266000}{3}$ into Rs. 1/8.	11083	Repeat inspection for 1/3 strength $\frac{266000}{3} \times R\frac{1}{8}$	11083	88666
No. of pupils to be brought under instruction in 1948-49 - 266000 (3rd year of compulsion)	--	--	--	--	Ist inspection of Ist batch - $\frac{266000}{2} \times Rs.\frac{1}{4}$	33250	Ist inspection of 2nd batch $\frac{266000}{2} \times Rs.\frac{1}{4}$	33250	Repeat inspection of 1/3of the strgth $\frac{266000}{3} \times Rs\frac{1}{8}$	11083	77583
No. of pupils to be brought under instruction in 1949-50 266000. (4th year of compulsion)	--	--	--	--	--	--	Ist inspection of Ist batch $\frac{266000}{2} \times Rs.\frac{1}{4}$	33250	Ist inspection of 2nd batch $\frac{266000}{2} \times Rs\frac{1}{4}$	33250	66500
No. of pupils to be brought under instruction in 1950-51 - 266000 (5th year of compulsion).	--	--	--	--	--	--	..	--	Ist inspection of 1st batch $\frac{266000}{2} \times Rs\frac{1}{4}$	33250	33250
Total for Ele. Schools.	...	411489.	..	444739.	...	197635	..	208718	..	219801	1482382
Secondary schools.											
1. Secondary schools under Local Board add private management - Strength 332450	Ist inspection in 2 years time. First batch. $\frac{332450}{2} \times Rs.\frac{1}{4}$	41556.	Ist inspection -2nd batch. $\frac{332450}{2} \times Rs.\frac{1}{4}$	41556	Repeat inspection spread over 3 years. $\frac{332450}{3} \times Rs1$	13852	Repeat inspection - 2nd Batch. $\frac{332450}{3} \times Rs\frac{1}{8}$	13852	Repeat inspection 3rd batch $\frac{332450}{3} \times Rs\frac{1}{8}$	13852	124668
2. Secondary schools under Government management - Strength - 14,815.	Ist inspection in 2 years time.	3704	Ist inspection -2nd batch. 14815	3704	Repeat inspection spread over/ under 3	1235	Repeat inspection 2nd batch. $\frac{14815}{3} \times Rs.\frac{1}{4}$	1235	Repeat inspection 3rd batch 14815	1235	~~11183~~ 11113

ANNEXURE

4

S-P.H.

Encl. 52735-D1/45-1 P.H. dated 9-1-'46

Referred to the Surgeon General for Memorandum in consultation with D.P.H. as the previous scheme were considered by the Director of Public Health alone.

11227 [illegible]

Asst. Secy to Govt.

To the Surgeon General.

Ad p 1 ante D.P.I. and says [illegible] [illegible]

OFFICE OF THE SURGEON-GENERAL WITH THE GOVERNMENT OF MADRAS

11 JAN 1946

P.C. 15

S-P.H.

D1.

TM
9-1-'46

To the P.A. to D.P.I.

Ref. D.P.I.'s

Issued
OAG
10/1/46

pp 1-2 ante

Letter Re No 23/30/45 d. 14.11.45 re. Medical Inspection of Schools.

Please say when the following scheme may be expected

9/1/46

Recd
11-1-46

1796



ASST. SECRETARY TO GOVERNMENT
11 JAN 1946
EDUCATION AND PUBLIC HEALTH DEPT.

6/

OFFICE OF THE ..... Cr. 304.

Date ..... 194..., Hours ..... Minutes .....

TELEPHONIC MESSAGE

From	To
The Special officer D.P.I.'s office	The Asst. Secy. E.H.H.

p 5 ante

Ref: your T.M. dated 10.1.46 re: Medical Inspections in schools.

The S.G. was requested to prepare a scheme for follow up work with details of cost. So far no scheme has been received from him. From a copy of letter from the D.P.H. it is seen that the S.G. is in consultation with the D.P.H. who has suggested a conference to be convened for the purpose during this month. But nothing has been heard directly from the S.G.

MAG
/46

ASST. SECRETARY TO GOVERNMENT
12 JAN 1946
EDUCATION AND PUBLIC HEALTH DEPT.

Ref. No.73096-4 P.W.

Office of the Surgeon-General
with the Government of Madras,
Madras, 11th January 1946.

Dear Mr.Govinda Menon,

Reference:-Government Endorsement No.52735 D1/45-1 P.H., dated 9.1.46 regarding Post-war Educational Reconstruction Scheme for Medical inspection of Students in colleges and pupils in schools-Follow up work.

A copy of the scheme for the medical inspection of students in colleges and pupils in schools submitted to Government by the Director of Public Instruction was received in this office from the Director of Public Instruction with a request to prepare a scheme for the follow up work with rough cost for the 5 years from 1946-47 to 1950-51. The Surgeon-General on a perusal of this communication ordered that the views of the Director of Public Health be invited on certain matters. It is proposed that the scheme as outlined by the Director of Public Instruction should be considered at a meeting of the Surgeon-General, the Director of Public Instruction and the Director of Public Health and that the Director of Public Health should in the meanwhile prepare a rough scheme as a basis for discussion. The scheme from the Director of Public Health is awaited. A conference will be held as soon as the rough scheme is received from the Director of Public Health and a final reply will be sent to Government.

2. The statement in the 'note' to the above endorsement that "the Personal Assistant to the Surgeon-General said that the Surgeon-General has not

8

2.

seen the letter of the Director of Public Instruction" may be pasted up.

Yours sincerely,

[signature]

To

Sri T.Govinda Menon, B.A.,
Assistant Secretary to Government,
Education and Public Health Department,
Madras.

Edn. & P.H. Deptt
D1

T. M. and post Copy.
Dated 12-1-1946

7

From The Asst. Secretary to Government
Edn. & Public Health Deptt.

To The P.A. to The Surgeon General.

Ref: Govt. Endt. 52735-D1/45-1 P.H. dated 9-1-46 and your D.O. no. 73096-4 P.W. dated 11-1-46.

Sub: Post war Educational Reconstruction - Medical Inspection of schools - Follow up work.

The foot-note to the endorsement cited above may be pasted ~~up~~ over

[signature] 12/1/46.

[signature] 12/1/46.

Note: The final reply promised by the S.G. at

P.T.O.

Rupd 16-1-46

pp 7-8 ante

Issued PAG 15/1/46

Ex R. on 11/2/46

[signature] 12/1/46.

[signature] 12-1-46

page 7 C.f. may be awaited till 15-2-46.

12/1/46

12.1.46

~~This may be now submitted to H.M.(P.H)~~

T.C.M.,
8-3-39.

M.T.D.,
8-3-39.

O.H.M.,
8-3-39.

MEDICAL DEPARTMENT.

From

Major-General J.P.Huban, O.B.E., K.H.S., I.M.S.,
Surgeon-General with the Govt. of Madras, Madras.

To

The Secretary to Government,
Education and Public Health Department.

Ref. No. 73096-7 P.W. dated 7 March 1946.

ASST. SECRETARY TO GOVERNMENT
9 - MAR 1946
EDUCATION AND PUBLIC HEALTH DEPT.

Sir

Subject:- Post War Educational Reconstruction- Scheme of Medical Inspection of school pupils- Proposals- Follow up work.

13380 p 4 ante

Reference:- Government endorsement No. 52735 D1/45-1 P.H., dated 9-1-1946.

---

pp 14-16 infra

Below.

I forward herewith a copy of the proceedings of the meeting held on Thursday the 28th February 1946 to consider the above subject. A copy of the scheme for the Medical Inspection of pupils in schools drawn up by the Director of Public Health which was finally adopted by the committee is also enclosed herewith.

2. The Government endorsement quoted above is returned herewith.

Your obedient servant,

J Mathews

for Surgeon-General with the Govt. of Madras, Madras.

Copy of the scheme for the Medical Inspection of pupils in schools drawn up by the Director of Public Health, Madras.

MEDICAL INSPECTION OF SCHOOL CHILDREN.

In decisy at p 38 infra

1. The object of school medical inspection is to detect sufficiently early physical and mental defects in school children and to correct such defects by appropriate treatment in order to make them more healthy and physically fit, so that they may derive the maximum benefit from the teaching at school and grow into healthy and useful citizens. The scheme should provide for frequent medical examination and supervision not only of children known to be weak and ailing but of all children attending schools with a view to ensure early detection of unsuspected defects to check incipient diseases and to adapt or modify the system of education to the needs and capacity of the child. Every child should be inspected at least once in FOUR years which means THREE inspections during the school career of each child- One on admission to school (5 to 6 years), one at mid-school period (10 years) and another before leaving school (14 years). Children who are defective in health may need special inspections more frequently, i.e., once every year.

A

pp 1-2 ante

2. The scheme proposed by the Director of Public Instruction provides for the same number of inspections except for the fact that the first inspection of all children is spread over the first two years. The cost of the scheme has been calculated at a fixed rate of Four annas per child for the first inspection and Two annas per child for repeat inspections. No definite proposal has been made in regard to the agency for carrying out these inspections and for the 'follow up' work including treatment of defects. The services of suitable private medical practitioners may not be readily available in sufficient numbers in rural areas for the conduct of medical inspections and the Post-war medical

If also provided

B

and

page 7 C.f. may be awaited till 15-2-46.

12/1/46

J.12.1.46

~~This may be now submitted to H.M.(P.H)~~

T.G.M.,
8-3-39.

M.T.D.,
8-3-39.

O.H.M.,
8-3-39.

MEDICAL DEPARTMENT.

From

Major-General J.P.Huban, O.B.E., K.H.S., I.M.S.,
Surgeon-General with the Govt. of Madras, Madras.

To

The Secretary to Government,
Education and Public Health Department.

Ref. No. 73096-7 P.W. dated 7 March 1946.

ASST. SECRETARY TO GOVERNMENT
9 - MAR 1946
EDUCATION AND PUBLIC HEALTH DEPT.

Sir

Subject:- Post War Educational Reconstruction- Scheme of Medical Inspection of school pupils- Proposals- Follow up work.

13380 p 4 ante

Reference:- Government endorsement No. 52735 D1/45-1 P.H., dated 9-1-1946.

---

pp 14-16 infra

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I forward herewith a copy of the proceedings of the meeting held on Thursday the 28th February 1946 to consider the above subject. A copy of the scheme for the Medical Inspection of pupils in schools drawn up by the Director of Public Health which was finally adopted by the committee is also enclosed herewith.

2. The Government endorsement quoted above is returned herewith.

Your obedient servant,

J. MacAllan

for Surgeon-General with the Govt. of Madras, Madras.

Copy of the scheme for the Medical Inspection of pupils in schools drawn up by the Director of Public Health, Madras.

MEDICAL INSPECTION OF SCHOOL CHILDREN.

in decisy at p 38 infra

1. The object of school medical inspection is to detect sufficiently early physical and mental defects in school children and to correct such defects by appropriate treatment in order to make them more healthy and physically fit, so that they may derive the maximum benefit from the teaching at school and grow into healthy and useful citizens. The scheme should provide for frequent medical examination and supervision not only of children known to be weak and ailing but of all children attending schools with a view to ensure early detection of unsuspected defects to check incipient diseases and to adapt or modify the system of education to the needs and capacity of the child. Every child should be inspected at least once in FOUR years which means THREE inspections during the school career of each child- One on admission to school (5 to 6 years), one at mid-school period (10 years) and another before leaving school (14 years). Children who are defective in health may need special inspections more frequently, i.e., once every year.

A

pp 1-2 ante

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B

and

and public health schemes contemplate the establishment of only 270 dispensaries in rural areas during the first five years period. It is considered that this work is of such great importance that it cannot be performed efficiently by a part-time service and it would appear that the most efficient and satisfactory arrangement will therefore be to employ full time medical men as school medical officers. They can also undertake to a certain extent the follow-up and treatment work. An officer of the second class Health Officer's grade will be suitable for the purpose. He should be given a short course of special training at the Ophthalmic, Dental and Ear, Nose, Throat clinics.

3. The scheme will be incomplete, unless suitable arrangements are made for the treatment of minor ailments. There should be a treatment clinic in charge of each school medical officer, situated at a convenient centre, where he would be available for consultation on certain morning. A room with necessary equipment at the Taluk Headquarters hospital will be all that is needed. Medicine should be dispensed from the hospital stock. A small medicine chest should also be provided for each school in charge of the Head-teacher for treatment of minor diseases under the direction of the school medical officer.

4. Children requiring special dental or ocular attention should be referred to the Dentist or Optician at the District Headquarters Hospital. Cases for mechanical dentistry or spectacles should be attended to by them. Such of the parents as could afford, should pay for the spectacles, tooth-filling, etc., and those that are really indigent should get them free. The local authority concerned should bear the cost in the latter case. Scheme for free mid-day meal is already under consideration.

5. Physical exercise at school, in addition to its usual beneficial effects, counteracts the harmful tendencies of bad posture. It can correct the faulty and defective conditions of the child's development and also any bad habits of posture or deportment. Physical exercise should however be graduated to suit the ages of scholars. Sickly and defective children and those who have to walk long distances to school require special consideration and specially selected exercises. It is therefore very necessary that the school medical officer should give necessary instructions to the Physical Instructor in respect of each child.

6. School premises should provide the best possible hygienic environment for the children and should present an object lesson of cleanliness and scrupulous regard for all sanitary precepts. Dirt should be reduced to a minimum by frequent inspections by the school medical officer. He should ensure that drinking water is protected from contamination and sufficient laurine and urinal accommodation is provided.

7. School hygiene is intimately connected with domestic and community hygiene and it will be conducive to efficiency if the school medical officer works under the supervision of the local health officer, though, for administrative control, he may be placed under the Education Department. There should be an officer of the grade of Assistant Director of Public Health attached to the office of the Director of Public Instruction, to be in charge of this branch of work to co-ordinate the activities of the school medical officers, to tabulate and analyse the results of school medical inspections and to carry on further researches for the improvement of the health of the school child.

8. At present, there are approximately, 30,26,000 pupils in Standards I to VIII and 3,47,000 in Secondary Schools, making a total of 3,373,000 pupils. It is expected that 2,66,000 children will be brought under instruction additionally each year with the progressive expansion of compulsory elementary education. The average number of pupils per annum in the first quinquennium will thus be approximately FOUR millions and at the rate of one inspection every four years, one million inspections will have to be done each year.

9. One whole time school medical officer may be expected to do FIVE THOUSAND medical examinations per year. At this rate, a staff of 200 medical officers will be required for one million inspections.

10. The following statement gives an estimate of the cost of the scheme per annum.

STATEMENT OF COST.

Details of Staff.	Cost per Annum. Recurring. Rs.	Non-recurring. Rs.
I- CENTRAL - PAY OF OFFICERS AND ESTABLISHMENTS.		
Assistant Director of Public Health- (ONE) - 600-100/2-1000.	10,187	
Junior Superintendent(One) 100-10/2-150	1,590	
Upper Division Clerk(One) 55- 70	789	
Lower Division Clerk (Two) 30- 55	1,020	
Stenographer - (One) 30- 55	510	
Special pay for Shorthand-Rs.25/-per mensem	300	
Peons - (Two) - 12- 17	350	
ALLOWANCES.		
Other Compensatory- Presidency Allowance	294	
Travelling Allowance	3,000	
War and Dearness Allowances	2,508	
CONTINGENCIES. Miscellaneous contingencies	500	2,000
II -MOFUSSAL ESTABLISHMENT.		
Second Class Health Officers as School Medical Officers(200) 85-250	3,96,000	
Peons (200) 12-17	34,800	
ALLOWANCES. Travelling Allowance of Health Officers and Peons	1,00,000	
War and Dearness Allowances	31,600	
CONTINGENCIES. Miscellaneous contingencies- office charges, etc.	1,50,000	40,000
TOTAL Rs.	7,33,443	42,000
OR (rounded to) Rs.	7,33,500	42,000

/True Copy/ Mallan

14

10

Copy of proceedings of the Meeting on Medical Inspection of School children held in the office of the Surgeon-General on Thursday the 28th February 1946.

Present.

1. Major-General J.P.Huban,O.B.E.,K.H.S.,I.M.S., (in the Chair) Surgeon-General with the Govt.of Madras.
2. Major J.H.Gorman,I.M.S.,Director of Public Health.
3. Dr. S.R.U.Savoor,M.A., D.Sc.,I.E.S.,Director of Public Instruction, Madras.
4. Mr. C.Raghunathan,Special Officer,Office of Director of Public Instruction,Madras.

Khan Bahadur Dr. M.A.Allam Sahib Bahadur, L.M.S., Personal Assistant to the Surgeon-General with the Government of Madras, also attended the meeting.

The Director of Public Instruction observed that they should aim at formulating an absolute basic scheme for the regular and systematic medical inspection of school children so that they might have the satisfaction of realising that the best possible scheme had been put up.

The Committee took up for discussion a scheme of medical inspection of school children prepared by the Director of Public Health, Madras.

1. After some discussion the Committee unanimously agreed that the scheme prepared by the Director of Public Health was the most practicable and resolved to recommend its adoption.

2. The Committee decided that the technical supervision of the medical inspection of school going children should be carried out under the authority and direction of the Director of Public Health and that failure to carry out the treatment recommended by the School Medical Officers should be referred to the Surgeon-General for necessary action.

3.

15

- 2 -

3. Emoluments.

As the School Medical Officers detailed for inspection of school children would be employed on a full-time basis and as it is undesirable for them to engage in private practice, it would be necessary that they should be paid an appropriate non-practising allowance for loss of private practice.

True copy

[signature]

For Surgeon-General with the Govt. of Madras.

16

Edn. & P.H. Dept.
D.I.

C no. 13380 D1/46 - p 11 ante.

As a study of the put up papers is required, it is requested that time may be allowed till 19.3-46 to put up this file.

[signature] 14/3/46

[signature] 15/3/46

[signature] 14/3/46

The P.A. to S.G. said that the proposals have to be reconsidered in the basis of the Bhore Committee report which is expected to be received shortly.

[signature] 16/3/46.

Edn. & P.H.Dept.

Read No. 892 P.H. dt. 25/3/46

Sub: Medical inspection of Schools.

Ref: From the D.P.H., R.C.No.23.S.O/45 dated 14.11.1945.
From the S.G., Ref.No.73096.7.P.W. dated 7.3.1946.

Memorandum No. 52786-D2/2/45-PH dated the 8th April 1946.

The Surgeon-General is requested to review the proposals in consultation with the D.P.I. and the D.P.H. with reference to the orders issued in G.O.No.892 P.H., dated 25-3-1946 regarding Post War Development Schemes and submit a report

for

To the S.G.

Rc. 12.8.7.46

From

Education Department.

G.L.Lobo Esq.,B.A.(Hons.),(Cantab.),
Dy.Director of Public Instruction(In charge)
Office of the Director of Public Instruction,Madras

THE SECRETARY TO THE GOVERNMENT OF MADRAS,
Education and Public Health Department,
Fort St. George, M a d r a s.

R.C.No. 23-S.O/45 dated 27th May 1946.

Sir,

Post-war Reconstruction--Public Health and Medical Inspection of school children under Postwar Educational Scheme.

Reference:-Government Memorandum No.18005-G.L/46 dated ~~14~~ 14..5..1946.

The matter is receiving my attention. A scheme will be submitted to Government after consultation with the Surgeon-General and the Director of Public Health.

ks. 29-5.

For Director of Public Instruction.

SECRETARY TO GOVERNMENT
30 MAY 1946
EDUCATION AND PUBLIC HEALTH DEPT.

28759

Edn. & P. H. Dept
(D2).

Page 1 ante: Submitted for perusal.

The scheme may be awaited till 5-7-1946.

Main file with ASG (No. 52735/45-)

3/6/46

MRR 3 Jun

44060

O.F. 98.

Edn. & Public Health DEPARTMENT.

REMINDER. Public Health Branch.

To THE Surgeon General with the Government of Madras.

I ~~have the honour to invite~~ / am directed to invite / ~~write~~ attention to Govt. memo. No. 52735-D2/45-P.H. dated 8-4-1946 and to ~~to request that the reply to it may be expedited~~ request that this reminder may be returned ~~at once~~ with information as to—

(1) the stage at which the matter now is,

(2) ~~the date by which a reply may be expected,~~ and

(3) ~~the circumstances which have caused the delay.~~

Office Secretariat

Station Fort St. George.

Dated 8.7.46.

Signature. S/7/46

Asst. Secretary to Govt.
Designation.

SUBJECT.

Post war Educational Reconstruction - Medical Inspection of pupils in Schools.

6/7/46 MRR 6.7.46.

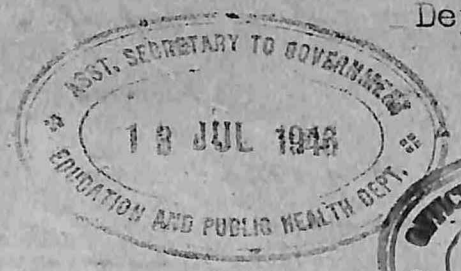
P.T.O

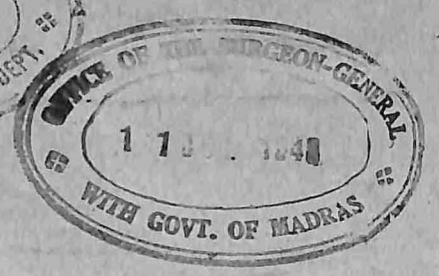
Ref. No. 73096-11 PW.
12th July 1946.

G.F. 93.

REPLY.

To The Assistant Secretary to Government,
Education and Public Health Department.





37712

32F,

The Surgeon-General proposes to discuss the subject with the Director of Public Instruction and Director of Public Health, Madras on 24.7.46. A communication on the subject will be sent to Government after the discussion referred to.

V. Ramamurti
For Personal Assistant
to the Surgeon-General with the
Govt. of Madras.

R.G.12-7.

Edn. & A.H. Dept.
(DR).

Page 21 ante: Submitted for perusal. The Surgeon General may be reminded on ~~15.8.1946~~ 15/8/46, if necessary.

16/7/46.

14/7/46.

15.7.46

Office of the Surgeon-General with the Government of Madras,
Madras 6, D/- 5th August 1946

Ref No.73096-15 PW.

ASST. SECRETARY TO GOVERNMENT
7 - AUG 1946
EDUCATION AND PUBLIC HEALTH DEPTT.

From

Major-General J.P.Huban, CSI., OBE., KHS., IMS.,
Surgeon-General with the Govt. of Madras.

To

The Secretary to Government,
Education and Public Health Department.

Sir,

4413

Subject:-Post-war Educational Reconstruction - Medical Inspection of pupils in Schools.

Ref:-This office interim reply Ref.No.73096-11 PW dated 12th July 1946.

As stated in my above letter the meeting of the Director of Public Instruction, and Director of Public Health, Madras and the Surgeon-General was held on 24th July 1946 and the proceedings thereof have been circulated to the Director of Public Instruction and the Director of Public Health for their approval. A further communication will be sent to Government on

P.t.o.

25

2.

receipt of their replies approving the proceedings of the meeting.

Your obedient servant,

[signature]

for Surgeon-General with the Govt. of Madras.

pvs/5-8.

EJPH (D2)

The main file on the subject has been linked with a file [relating to an Assembly question re. medical inspection of ~~school~~ school children ~~school~~] and sent to H.M. (PH & M) on 27-7-46. This will be added to it on its return — Meanwhile the S.G.'s further reply promised may be awaited till 25-8-46 —

[signature] 15/8/46

KHS 10.8.46

Medical Inspection of School Children

26/24

D2

Govt. to EJPH

ASST. SECRETARY TO GOVERNMENT 16 JUL 1946 EDUCATION AND PUBLIC HEALTH DEPT.

SECRETARY, EDN. AND P.H. DEPT. 15 JUL 1946 GOVERNMENT OF MADRAS

17

Fort St. George,
13th July 1946.

38181

My dear Dr. Subrahmanyam,

In pursuance of our personal talk the other day, I shall be obliged if you can kindly give me a comprehensive scheme for the medical inspection of school children. It will indeed be a boon if the medical profession can be made to offer free service in this direction. In any case I am awaiting your idea in this matter with great interest.

Yours sincerely,

(Sd) T.S.A.
H.M. (Edn).

To Dr. Subrahmanyam, M.B.B.S.,

Karaikudy, Ramnad District.

~~EJPH (D2)~~

~~May be filed~~

~~KHS~~

~~18.7.46~~

~~[signature]~~

18.7.46

in right earnest. The authorities of the new Vivekananda College have also come forward to do the same thing. In fact, they have gone one step ahead, in that they are making arrangements to offer parallel instructions in English and the regional language in Science groups also. I understand that the Professor of Science in that College is already making preparations in that direction.

It is a common maxim in Education that Education given through the mother-tongue or the regional language is much more efficient than instruction through a foreign tongue and I hope that the other Colleges also will come in a line as soon as possible in this matter.

--ooOoo--

Mrs. K. SATYABHAMA BAI
Major W/o
Capt. V. KRISHNA ROW, I.M.S. (Ex-)

"KF
SOUTH OOSMAN ROAD
THYAGARAYANAGAR

Madras, 2-8-46. 194 .

No.V.K.R.20/46.

ASST. SECRETARY TO GOVERNMENT
9 - AUG 1946
EDUCATION AND PUBLIC HEALTH DEPT.

SECRETARY, EDN. AND P. H. DEPT.
8 - AUG 1946
GOVERNMENT OF MADRAS

Dear Hon'ble Mrs. Rukmani Lakshmipathy,

Sub: School medical inspection scheme. Practical suggestions submitted as a memorandum.

44964

1. The school medical inspection scheme is one of the lacunae in the Madras Health Act(1939), and also in the Public Health activities of this Presidency. What is done now is perfunctory, which benefits niether the pupil, the doctor, nor the educational institution. And in this respect, you will please find the enclosed reprint of my article - Health education policy - useful to your goodself.

not recd. for India

2. In the enclosed Schema and finacial aspects of a separate school medical service, I am drawing your attention to the practical adoption of the scheme immediately, which has been advocated by ~~both~~ both the Bhore Health report and Dr. Sarjent's education report(1944).

pp 28-31 infra

It is a practical proposition, worth executing immediately. What is wanted is a love and will ~~for the health~~ to do for the health, welfare, and happiness of the children of to-day, the citizens of to-morrow.

3. This, my full scheme is already in the files of the Govt. of Madras, the Director of Instruction, the Director of Public Health, the Surgeon-General, Madras as early as 1939 . The ~~fil~~ files left behind by ex-Governor of Madras (Sir Arthur Hope) will show my advocacy of this scheme, as I was in correspondence with His Excellency, while I was on active service overseas.

4. I was a member of the Health education Committee of the Govt. of Madras in 1939(late Congress Ministry). I request that you do please constitute such a Health Committee. I place all my experience at your command.

A

5. I will feel obliged if you can arrange some convenient time, for a full discussion with me, on this subject.

B

Wish you all success, in improving the Madras Health Act and filling up the one of the most important lacunae.

Encls: Reprint of article. pp 28-31 infra
schema of School Medical service.

Yours very sicerely,

V. Krishnarow.
Maj. 2/8.

SCHEMA OF A SEPARATE SCHOOL MEDICAL SERVICE.

The schema of the school medical service (as distinct from the existing public health and medical services) - with its points of contr6l and contacts, its organisation, are all explained in my article - Health of the University students in India - This is to work on a partially self-supporting basis of contribution from the pupils. It serves all pupils and contacts them by day and night, free of cost. It is the cheap ounce of medicine that spares the costly pound of cure. This schema was submitted to the Madras Congress Ministry as well as to other provincial Congress Governments in 1939, by me.

(i). Control.

Minister for education.
Child welfare Committee. (Appendix I).
Cheif Medical Officer of schools & Colleges.

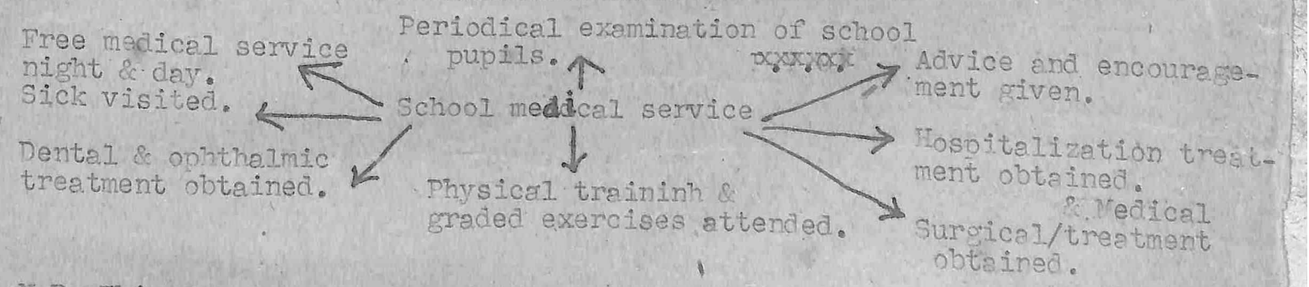
Subordinates
After- care officers (4)
500 Medical officers, to examine the pupils, belonging to

Govt. Distt.Board. Municipal. Private. Unrecognised.

N.B: To get the quota of 6,000.pupils for each medical officer, in the locality, the schools may be arranged accordingly, so that the work could be carried out most efficiently and thoroughly.

On due notice, the services of the local nurses, midwives, and health visitors could be availed of by the medical officers, at the time of medical examination.

(ii). Points of contact.



N.B: This separate scheme of school medical service(on the model of most adavanced countries) is intended for insuring the health of children to-day, the prop of the country to-morrow. By inaugurating this scheme, expenditure on Public Health and medical treatment will be considerably reduced within 5 years from now. And also, one would have built a healthier and physically fitter generation.

V. Krishnamurthy

Maj.V.Krishna Row.I.M.S.
Krishna Priya Bunglow.
South Usman Rd.Extn.
Thyagarayanagar.Madras.

School Medical Service - Financial aspects.

This Service is based partly on a self-supporting basis of contribution from the pupils of a paltry sum of As.8/- and As.4/- per annum. No one will grudge this sum. The trotting of the hackneyed objection that the Indian is too poor to pay this small pittance will hold no water. It is only evading the responsibility of a Statesman, to cater to the primary health needs of the people. Health is basic to all other skills.

I. Revenue: As.8/- from each Middle and High school pupil, per annum.
As.4/- from each Primary school pupil, per annum.

According the report of the Director of Public Instruction, Madras, for 1935-36, there were in the Madras Province -

(i). Middle and High schools	212,506	pupils.
Primary schools	2,269,324	"
Unrecognised institutions	40,554	"
Total:	2,522,384	pupils.

N.B: This number must have increased appreciably by this time.

(ii) Revenue from Middle and High school pupils:	Rs.106,253-0-0.
" Primary schools	717,332-4-0.
" Unrecognised institutions	10,138-8-0.
Total revenue:	Rs.8,33,723-12-0.

(iii). Deductions due to expenditure on

(a) Municipal free service (6.8 %)	Rs. 52,107-12-0.
(b) Exemption to schedule castes pupils: (375,201 pupils).	Rs. 95,270-8-0.
Total deductions :	Rs.147,378-4-0.

(iv). Total net revenue: (ii) - (iii) = Rs.686,345-8-0.

II. Expenditure

(a). Proposed establishment of the school medical service (one Chief Medical Officer, 4 after-care medical officers, 500 medical officers, and office establishment, as outlined below) : -

P.T.O.

Establishment (Recurring) Salary p.m. (Rs.)

Chief Medical Officer	400.
His allowance (personal)	50.
4 After-care officers(to carry the follow-up work) at the rate of Rs.250/. per officer.	1000.
500 Medical Officers, at the rate of Rs.250/. per Officer.	125,000.
One clerk and tabulator.	75/-.
One Steno-typist	50.
Two peons on Rs.25 each.	50.
Contingencies for all the 500 Medical Officers, at the rate of Rs.5 per head.	2500.
T.A. for the Rural medical officers, who travel beyond 2-3 miles per day, to complete their work, for 12 days in a month, provision for 350 rural medical officers, at the rate of Rs.3/- per day.	2600.
Propaganda purposes.	100.

Total monthly expenditure: Rs.138,825-0-0.

Total annual expenditure: Rs. 16,65,900.(16½ La khs nearly).

Non-recurring expenditure:

(a). Outlay of equipment and supply for 500 doctors, at the rate of Rs.150/- per doctor. Rs. 75,000.
(b). One type-writer for the Chief Medical Officer. Rs.250.
(c). Anthropometric apparatus and spirometer, for Research purposes. Rs.500.

Total : Rs. 75,750-0-0.

III. Balance of Budget

Expenditure : Rs.16,65,900-0-0.
Revenue : Rs. 6,86,345-8-0.

Net deficit: Rs. 9,79,654-8-0.(9.8. lakhs nearly).

The Government under the 5-year plan are to spend Rs.2.05 crores on Public health and Medicine. Admittedly, this small sum of 9.8 lakhs is a flea-bite, when considering the boon, this scheme will confer upon the general public , in raising its low level of health, and reduce all physical impairments which later affect the adult life.

Therefore, this scheme is well worth adoption . It is here that the Madras Health Act(1939) has failed to look after the health welfare, and happiness of the children of to-day.

V. Krishnaow.

Maj.V.Krishna Row.I.M.S.
South Usman Rd.Extn. Thyagarayanagar.
Madras.

Appendix I. 31

CHILD WELFARE COMMITTEE. (CONSTITUTION).

The constitution of the Child Welfare Committee, a voluntary organisation, directing and controlling the policy and the programme of the entire School Medical Service, which is but part of the larger Child welfare scheme will be as follows : -

1. Minister for Health (President).
2. Minister for Education (Vice-President).
3. Director of Public Instruction.
4. Director of Public Health.
5. The Vice-Chancellor, Madras University.
6. The Vice-Chancellors, Annamalai and Andhra Universities.
7. Director of Physical Education. Madras.
8. Cheif Medical Officer, School Medical Service.
9. Co-opted Members from Legislatures-
   i. From Legislative Assembly - 1.
   ii. From Legislative Council - 1.
10. Ad hoc Committee members (co-opted and limited to experts only).
11. Deputy Directoress of Education.Madras.

The duties and functions of this Health Committee could be defined later on. The Cheif Medical Officer of the School Medical Service will be the Secretary to this Committee. He willmbe responsible for the proper execution and success of this scheme.

13-15 members will constitute this Committee.

V. Krishnaow.
Major.

CC No 52735/45
× Dept to H&M (P&I)
in Connection with
an assembly Q. no.
17-7-46

Recd. back from H&M

BPPH (D2)
May be added to the main file.

KWS 14.8.46

MM 14.8.46

15/8/46

C.F. 30.

Medical } **DEPARTMENT.**

Received ..... 19 . *Registered* ..... 19 .

Subject.

Post war Educational reconstruction - Medical inspection of pupils in schools.

GOVERNMENT
6 AUG 1946
EDUCATION AND PUBLIC HEALTH DEPT.

48807

ENCLOSURES.
No. .....
.....
Spare copies .....

No. Ref.73096-15-P.H.

Station Madras 6 , *Dated the* 24th august 1946.

From (Name) Major-General J.P.Huban,CSI. OBE. MHS. IMS.,

(Designation) Surgeon-General with the Govt.of Madras,Madras 6.

To The Secretary to the Government of Madras,

Education and Public Health *Department.*

Sir,

Reference:- Correspondence ending with this office letter Ref.73096-15-P.H. dated 5-8-1946

I forward herewith for information and orders of the Government, a copy of the proceedings of the meeting of the Director of Public Instruction, Director of Public Health and the Surgeon-General held on 24-7-46 on the above subject.

Your obedient servant,

for Surgeon-General with the Government of Madras.

Copy of the Proceedings of the meeting held in the Office of the Surgeon-General with the Government of Madras on Wednesday the 24th July 1946 at 3 P.M.

P R E S E N T

1. Major-General J.P.Huban,CSI. OBE. MHS. IMS.,
   Surgeon-General with the Government of Madras,Madras.
2. Dr.S.R.L.Savoor, M.A., D.Sc., L.E.S., Director of Public Instruction,Madras

P.t.o.

33

3. Rao Bahadur Dr.K.M.Mathew, M.B.B.S., B.Sc., D.T.M. & H., D.P.H., M.R.C.P., Director of Public Health, Madras.

4. Mr.C.Ragunathan, Special Officer, Office of Director of Public Instruction.

Dr. P.R.Kalyanasundaram, M.B.B.S., Personal Assistant to the Surgeon-General with the Government of Madras also attended the meeting.

..

At the outset, the Surgeon-General stated that the Government have in their memorandum No.52735-D2.P.H., dated 8.4.46 required that the proposals for the medical inspection of school children submitted to them with his letter Ref.No.73906-7-P.H., dated 7.3.46 should be reviewed in consultation with the Director of Public Health and the Director of Public Instruction with reference to the recommendations of the Health Survey and Development Committee. A note on the medical inspection of school children embodying the proposals submitted to Government and those which should be considered in the light of the recommendations of the Health Survey and Development Committee was therefore circulated to them to form a basis for discussion.

2. The recommendations submitted to Government in Surgeon-General's Office letter Ref.73906-7.P.H., dated 7.3.46 in consultation with the Director of Public Instruction and Director of Public Health and the recommendations made by the Health Survey and Development Committee were discussed at length. It was resolved that the scheme recommended by the Health Survey and Development Committee is not suitable for the conditions prevailing in the Madras Province as the above committee had not before them the compulsory elementary education scheme which has been introduced in this province. The recommendations of the Health Survey and Development Committee are based on conditions generally prevailing in the whole of India and not based on conditions in this Province. It was therefore resolved that this Committee should adhere to its scheme of medical inspection drawn up by the Director of Public Health and approved by them at their meeting held on 28th February 1946 as the most practical for the Madras Province.

3. The two hundred medical officers proposed for appointment under the scheme recommended by this Committee will gradually be replaced by the medical officers of the Primary Centres as these centres are developed and staffed and that at the end of 20 years, the staff sanctioned for medical inspection would disappear as they would be completely absorbed in the general Medical and Public Health Service.

4. The Committee considered at length the cost of medical inspection of school children. The proposals under the Health Survey and Development Committee limits the medical inspection of school children to 1000 pupils for each primary unit. Although there may not be any expenditure if the recommendation of the Health Survey and Development Committee is accepted except the payment of remuneration to school teachers, who will have to be trained, the Committee considered that it is necessary to have the comprehensive scheme of medical inspection recommended by them previously, adopted and given effect to as early as possible. The post war scheme No.90 relating to the Medical Inspection of school pupils envisages an expenditure of Rs.60 lakhs in five years while the scheme recommended by the Committee comes to Rs.7.83 lakhs a year or Rs.39.15 lakhs for five years. From the point of view of expenditure also, this Committee considers that the scheme recommended by them be sanctioned by Government.

/True copy/
P.R Kalyanasundaram
for Surgeon-General with the Govt. of Madras.

rms.24-8.

34

R.C.4573 B4/46.

Office of the
Director of Public Instruction,
Madras, dated 28-8-46.

From
Dr.S.R.U.Savoor, M.A., D.Sc., I.E.S.,
Director of Public Instruction, Madras.

To
The Secretary to Government,
Education and Public Health Department, Madras.

Sir,

ASST. SECRETARY TO GOVERNMENT
8 - SEP 1946
EDUCATION AND PUBLIC HEALTH DEPT.

Sub:- Post War Educational Reconstruction - Medical Inspection of School children - scheme No.90 - Proposals for the.

Ref:- Government Memo No.18005 G1/46, dated 14-5-46.

51495

I have the honour to state that in my letter Roc.No.253.C. 45, dated 14-11-46, I submitted to Government my proposals for the medical inspection of pupils in elementary and secondary schools. The main feature of that scheme was to take advantage of the doctors in hospitals and rural dispensaries to be opened as a post war measure and to remunerate them at varying rates for first and repeat inspections.

The Surgeon General was requested to prepare a scheme for 'follow-up' work for the consideration of Government. He convened a meeting on 26-2-46 in which the special Officer and I were present; and in the meeting it was agreed that the scheme prepared by the Director of Public Health was the most practicable and resolved to recommend its adoption by Government.

In the meanwhile, Government in their order No.P.892 P.H. dated 25-3-46 issued instructions to review the Public Health and Medical post war schemes in the light of the recommendations made by the Health Survey and Development Committee. The Surgeon.General was requested to draw up a scheme in consultation with the Director of Public Health and to arrange for a conference to discuss the scheme so drawn up.

The meeting was held on 24-7-46. A copy of the proceedings of the meeting is enclosed for the information of Government. It was resolved in the meeting that the medical inspection scheme recommended by the Health Survey and Development Committee is not suitable for the conditions prevailing in this province. It was therefore resolved to adhere to the scheme of medical inspection originally drawn up by the Director of Public Health (copy enclosed). I commend the scheme for adoption by Government. I may, in passing invite the attention of Government to para 3 of the proceedings of the meeting in which it is stated that the "Special Medical Officers" to be appointed will be replaced by the medical officers of the primary centres in about 20 years" time and also to para 4 wherein the cost of the scheme as now proposed has been compared with that provided in the post war pamphlet and is shown to be less than the provision of Rs.60 lakhs provided by Government for the first five years. The Surgeon General will be putting up proposals to Government on the lines agreed to in the conference held on 24-7-46.

I wish to reiterate my recommendations made in sub para ii of para 2 of my letter Roc.No.23 30/45 dated 14-11-46 namely that a nominal rate of medical inspection fee be leived in secondary schools to meet a portion of cost involved in the scheme.

for Director of Public Instruction.

(Copy to the Surgeon-General with the Government of Madras with reference to his letter - Reference No.73096-13 P.W. dated 26-7-46)

PKR.3/9

24

Copy to be pages 77-79.

Proceedings of the meeting held in the office of the Surgeon General with the Government of Madras on Wednesday the 24th July 1946 at 3 P.M.

P R E S E N T.

1. Major-General J.P.Huban, C.S.I., O.B.E., K.H.S., I.M.S., Surgeon-General with the Government of Madras, Madras.
2. Dr.S.R.U.Savoor, M.A., D.Sc., I.E.S., Director of Public Instruction, Madras.
3. Rao Bahadur Dr.R.M.Mathew, M.B.B.S., B.Sc., D.T.M. & H., D.P.H., M.R.C.P., Director of Public Health, Madras.
4. Mr.C.Raghunathan, Special Officer, Office of Director of Public Instruction.

Dr. P.R.Kalyanasundaram, M.B.B.S., Personal Assistant to the Surgeon.General with the Government of Madras also attended the meeting.

At the outset, the Surgeon.General stated that the Government have in their memorandum No.52735-D.2.P.H., dated 8.4.46 required that the proposals for the medical inspection of school children submitted to them with his letter reference 73096-7 P.W. dated 7-3-46 should be reviewed in consultation with the Director of Public Health and the Director of Public Instruction with reference to the recommendations of the Health Survey and Development Committee. A note on the medical inspection of school children embodying the proposals submitted in respect of the recommendations of the Health Survey and Development Committee was therefore circulated to them to form a basis for discussion.

2. The recommendations submitted to Government in Surgeon-General's letter Rcf.73096-7 P.W. datd 7.4.46 in consultation with the Director of Public Instruction and Director of Public Health and the recommendations made by the Health Survey and Development Committee were discussed at length. It was resolved that the scheme recommended by the Health Survey and Development Committee is not suitable for the conditions prevailing in the Madras Province as the above Committee had not before them the compulsory elementary education scheme which has been introduced in this province. The recommendations of the Health Survey and Development Committee are based on conditions generally prevailing in the whole of India and not based on conditions in this province. It was therefore resolved that this Committee should adhere to its scheme of medical inspection drawn up by the Director of Public Health and approved by them at their meeting held on 26th February 1946 as the most practical for the Madras province.

3. The two hundred medical officers proposed for appointment under the scheme recommended by this Committee will gradually be replaced by the medical officers of the Primary Centres as these centres are developed and staffed and that at the end of 20 years, the staff sanctioned for medical inspection would disappear as they would be completely absorbed in the general Medical and Public Health Service.

4. The Committee considered at length the cost of medical inspection of school children. The proposals under the Health Survey and Development Committee limits the medical inspection of school children to 1000 pupils for each primary unit. Although there may not be any expenditure if the recommendation of the Health Survey and Development Committee is accepted except the payment of remuneration to school teachers, who will have to be trained, the committee considered that it is necessary to have the comprehensive scheme of medical inspection recommended by them previously, adopted

P.T.O.

37

and given effect to as early as possible. The Post-war scheme No.90 relating to the Medical inspection of school pupils envisages an expenditure of Rs.60 lakhs in five years while the scheme recommended by the Committee comes to Rs.7.83 lakhs ~~xxxx~~ a year or Rs.39.15 lakhs for five years. From the point of view of expenditure also, this Committee considers that the scheme recommended by them be sanctioned by Government.

~~Submitted~~.

The connected file was submitted to the Director with alote. A reply may be sent to the Surgeon General on receipt of the Director's orders on the file pleace.

[signature]

For Director of Public Instruction

[signature]
4/9

38

Copy of pages 25-29.

25

MEDICAL INSPECTION OF SCHOOL HILDREN.

1. The object of school medical inspection is to detect sufficiently early physical and mental defects in school children and to correct such defects by appropriate treatment in order to make them more healthy and physically fit, so that they may derive ~~make them more healthy and physically fit~~ the maximum benefit from the teaching at school and grow into healthy and useful citizens. The scheme should provide for frequent medical examination and supervision not only of children known to be weak and ailing but of all children attending schools with a view to ensure early detection of unsuspected defects to check incipient diseases and to adapt or modify the system of education to the needs and capacity of the child. Every child should be inspected at least once in FOUR years which means THREE inspections during the school career of each child - One on admission to school (5 to 6 years). one at mid-school period (10 years) and another before leaving school (14 years). Children who are defective in health may need special inspections more frequently, i.e., once every year.

2. The scheme proposed by the Director of Public Instruction provides for the same number of inspections except for the fact that the first inspection of all children is spread over the first two years. The cost of the scheme has been calculated at a fixed rate of Four annas per child for the first inspection and Two annas per child for repeat inspections. No definite proposal has been made in regard to the agency for carrying out these inspections and for the 'follow up' work including treatement of defects. The services of suitable private medical practitioners may not be readily available in sufficient numbers in rural areas for the conduct of medical inspections and the Post-War medical and public health schemes contemplate the establishment of only 270 dispensaries in rural areas during the first five year period. It is considered that this work is of such great importance that it cannot be performed officiently by a part-time service and it would appear that the most efficient and satisfactory arrangement will therefore be to employ full time medical men as school medical officers. They can also undertake to a certain extent the follow-up, and treatment work. An officer of the second class Health Officer's grade will be suitable for the purpose. He should be given a short course of special training at the Opthalmic, Dental and Ear, Nose, ~~xxxxx~~ Throat clinics.

A

3. The scheme will be incomplete, unless suitable arrangements are made for the treatment of minor ailments. There should be a treatment clinic in charge of each school medical officer, situated at a convenient centre, where he would be available for consultation on certain mornings. A room with necessary equipment at the Taluk headquarters hospital will be all that is needed. Medicine should be dispensed from the hospital stock. A small medicine chest should also be provided for each school in charge of the Head-teacher for treatment of minor diseases under the direction of the school medical officer.

4. Children requiring special dental or ocular attention should be referred to the dentist or optician at the District headquarters hospital. Cases for mechanical dentistry or spectacles should be attended to by them. Such of the parents as could afford, should pay for the spectacles, tooth-filling, etc., and those that are really indigent should get them free. The local authority concerned should bear the cost in the latter, case. Scheme for free mid-day meal is already under consideration.

5. Physical exercise at school, in addition to its usual beneficial effects, counteracts the harmful tendencies of bad posture. It can correct the faulty and defective conditions of the child's development and also any bad habits of posture or department. Physical exercise should however be graduated to suit the ages of scholars. Sickly and defective children and those who have to walk long distances to school require special consideration and specially selected exercises. It is therefore very necessary that

P.T.O.

the school medical officer should give necessary instructions to the Physical Instructor in respect of each child.

6. School premises should provide the best possible hygienic environment for the children and should present an object lesson of cleanliness and scrupulous regard for all sanitary precepts. Dirt should be reduced to a minimum by frequent inspections by the school medical officer. He should ensure that drinking water is protected from contamination and sufficient latrine and urinal accommodation is provided.

7. School hygiene is intimately connected with domestic and community hygiene and it will be conducive to efficiency if the school medical officer works under the supervision of the local health officer, though, for administrative control, he may be placed under the Education Department. There should be an officer of the grade of Assistant Director of Public Health Attached to the office of the Director of Public Instruction, to be in charge of this branch of work to co-ordinate the activities of the school medical officers, to tabulate and analyse the results of school medical inspections and to carry on further researches for the improvement of the health of the school child.

8. At present there are approximately, 30,26,000 pupils in standards I to VIII and 3,47,000 in Secondary schools, making a total of 3,373,000 pupils. It is expected that 2,66,000 children will be brought under instruction additionally each year with the progressive expansion of compulsory elementary education. The average number of pupils per annum in the first quinquennium will thus be approximately FOUR millions and at the rate of one inspection every four years, one million inspections will have to be done each year.

9. One whole time school medical officer may be expected to do FIVE THOUSAND medical examinations per year. At this rate, a staff of 200 medical officers will be required for one million inspections.

10. The following statement gives an estimate of the cost of the scheme per annum.

STATEMENT OF COST.

DETAILS OF STAFF.	Cost Per Annum. Recurring. Rs.	Non-recurring. Rs.
I - CENTRAL- PAY OF OFFICERS AND ESTABLISHMENTS.		
Asst. Director of Public Health - (ONE)- 600-100/2-1000.	10,187	
Junior Superintendent (One) 100-10/2-150.	1,590	
Upper Division Clerk (One) 55 - 70.	789	
Lower Division Clerk (Two) 30 - 55.	1,020	
Stenographer - (One) 30 - 55.	510	
Special pay for shorthand - Rs.25/-p.m.	300	
Peons - (Two) - 12 - 17.	350	
ALLOWANCES.		
Other compensatory - Presidency Allowance.	294	
Travelling Allowance.	3,000	
War and Dearness Allowances.	2,508	
CONTINGENCIES.		
Miscellaneous contingencies.	500	2,000
II MOFUSSAL-ESTABLISHMENT.		
Second class Health Officers as School Medical Officers (200) -85 - 250.	3,96,000	
Peons (200) - 12 - 17. - -	34,800	
ALLOWANCES:		
Travelling Allowance of Health Officers and Peons.	1,00,000	
War and Dearness Allowances.	81,600	
CONTINGENCIES:		

P.T.O.

C/F 6,33,446 2,000

CONTINGENCIES:		
Miscellaneous contingencies - Office charges, etc.	1,50,000	40,000
Total - Rs.	7,83,448	42,000
OR (rounded to) Rs.	7,83,500	42,000

*****

For Director of Public Instruction

CSS
4/9

E. of H

1° page 34 ut
the s. g's - reports
maybe entered
15/9/46

No.F.1/60/46-PR.
Government of India.
Department of Health.

New Delhi, the 30th September, 1946.

From

P. Madhava Menon, Esquire, M.B.E., I.C.S.,
Deputy Secretary to the Government of India.

To

The Secretary to the Government of Madras,
Public (Development Board) Department,
MADRAS.

Post-War Reconstruction and Development Schemes of the Government of Madras.

.....

Sir,

I am directed to say that the Government of India have the following comments to offer on the Post-War Reconstruction and Development Schemes of the Government of Madras relating to medical and public health for the consideration of the Provincial Government :-

Schemes Nos.92 -(Expansion of Public Health Services) and 99 -(Expansion of Medical Relief)-

It is not clear from these two schemes how the Co-ordination of preventive and curative functions is to be carried out. In the absence of amalgamation of the medical and public health departments it is presumed that the work of the public health staff stationed at the rural dispensary will be supervised by the second class health officer and the woman doctor at the group headquarters. The dispensary doctor will presumably devote himself only to curative work. If, as presumed the public health and medical departments will be functioning separately, any effective combination of preventive and remedial measures on the lines envisaged by the Health Survey and Development Committee in their Report is unlikely to develop in actual practice. The scales of pay proposed in these two schemes for the dispensary doctor, second class health officer and the woman doctor appear to be too low to develop a contented service.

Scheme No.91 -(Expansion of the Malaria Bureau) -

It is considered that, if the malaria problem is to be tackled on an adequately large scale, the development of control units on the lines proposed in the report of the Health Survey and Development Committee based on the suggestions of the Director of the Malaria Institute should be carried out. It is suggested that a modification of the present proposals should be considered.

Scheme No.102 -(Improvements to Tuberculosis Sanatoria) -

It is presumed that the staff proposed in this scheme is partly for the new sanatorium to be established at Waltair and partly for the 100

P.T.O.

additional beds to be provided at each of the two existing sanatoria at Thambaram and Perundurai respectively. If this presumption is correct then the following recommendations are made in regard to the staff -

(1) For the new institution at Waltair it is suggested that there should be two medical graduates, both with special training in tuberculosis. In addition there should be two medical officers (sub-assistant Surgeons with special training will suffice) for X-ray and laboratory work respectively. It is considered that another medical officer(graduate or licentiate who need not necessarily have had special training in tuberculosis) will also be necessary.

(2) No provision seems to have been made for laboratory assistants; the X-ray and laboratory departments of the sanatorium at Waltair will each require a laboratory assistant.

The proposed scales of pay in this scheme are considered inadequate if suitable personnel, especially with the required special training, are to be obtained.

Scheme No.105 -(Town-Planning, Housing and Elimination of slums) -

From the point of view of its effective execution the weakness of this scheme would probably be the large financial responsibility thrown on local authorities, the resources of which are generally very limited.

Schemes Nos. 99 -(Expansion of medical relief), 100 -(Improvement or reconstruction of Taluk Headquarters hospitals), 101 -(Improvement or reconstruction of District Headquarters hospitals) and 102 -(Improvements to the Tuberculosis Sanatoria) -

The scales of pay proposed in these schemes for nursing orderlies is very low. It is suggested that it should be raised at least to Rs.25-45.

As far as can be seen no information is available in the Plan regarding provision made for expanding nursing education.

Scheme No.90 -(Medical inspection of school pupils) -

It is observed that this scheme makes provision only for medical inspection and that the treatment of the defects discovered in the school children and the establishment of a follow-up service dealing with the preventive aspects of a school health

P.T.O.

additional beds to be provided at each of the two existing sanatoria at Thambaram and Perundurai respectively. If this presumption is correct there the following recommendations are made in regard to the staff -

(1) For the new institution at Waltair it is suggested that there should be two medical graduates, both with special training in tuberculosis. In addition there should be two medical officers (sub-assistant Surgeons with special training will suffice) for X-ray and laboratory work respectively. It is considered that another medical officer (graduate or licentiate who need not necessarily have had special training in tuberculosis) will also be necessary.

(2) No provision seems to have been made for laboratory assistants; the X-ray and laboratory departments of the sanatorium at Waltair will each require a laboratory assistant.

The proposed scales of pay in this scheme are considered inadequate if suitable personnel, especially with the required special training, are to be obtained.

Scheme No.103 -(Town-Planning, Housing and Elimination of slums) -

From the point of view of its effective execution the weakness of this scheme would probably be the large financial responsibility thrown on local authorities, the resources of which are generally very limited.

Schemes Nos. 99 -(Expansion of medical relief), 100 -(Improvement or reconstruction of Taluk Headquarters hospitals), 101 -(Improvement or reconstruction of District Headquarters hospitals) and 102 -(Improvements to the Tuberculosis Sanatoria) -

The scales of pay proposed in these schemes for nursing orderlies is very low. It is suggested that it should be raised at least to Rs.25-45.

As far as can be seen no information is available in the Plan regarding provision made for expanding nursing education.

Scheme No.90 -(Medical inspection of school pupils) -

It is observed that this scheme makes provision only for medical inspection and that the treatment of the defects discovered in the school children and the establishment of a follow-up service dealing with the preventive aspects of a school health

programme have not been included. The absence of such services will detract, to a large extent, from the value of the proposed inspection.

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

30/9/46

DEPUTY SECRETARY.

JNS

E & P.H.D. pt G1

Copies of the letter at pp 1-5 above have been given to the concerned Sections for necessary action. This may be lodged

S.
10.10.46

Please give copy of remarks re scheme No 92 to E1, D1 & D3 and [illegible] this again

11/10/46

Copies given to D1 [illegible] 11/10/46
D3
[illegible] 17.10.46
[illegible] 17.10.46

Copies have been given to E1 D1 and D3

S.
17.10.46

[illegible] 18/10/46

46

AS IV

29

Secretary, E. & P.H.

I understand that a Committee consisting of the D.P.I. the D.P.H. and others, prepared a scheme for medical inspection of children in schools and that report has been submitted to the Department. That file may be put up.

TSA
28-11-46

H.M. Education.

73957

SECRETARY, EDN. AND P.H. DEPT.
30 NOV 1946
GOVERNMENT OF MADRAS

The file containing the report of the committee referred to above has been submitted separately to the Joint Secretary.

RK
9/12
5.9.12.46

9/12/46

Pl take it from me in the office tomorrow
Rao.12-46

I am studying the file at present, and shall be able to put it up in two or three days. H.M. (Edn.) may see.

B/11.12.46

S/ The file by mice been put up to H.M. for perusal.

W/ 11/12/46.

Yes; AS II took it from me.

G 1

I

Edn. & P.H. Deptt.

30

Medical Inspection of Schools.

Memo. No. 73951 G1/46-1 dated 18.12.46.

The Hon'ble the Minister for Education desires to discuss with the President of the Madras Provincial Medical Association the question of medical inspection of schools. The President is requested to say when it will be convenient for him to meet the Hon'ble Minister.

29/11/46 B/11.12.46 W/ 18/12/46.

The President, Madras Provincial Medl. Assn.

Copy to the S.G.
" D.P.I.
" Dept.

PTO

OFFICE OF THE .....

Date ..... 194..., Hours ..... Minutes .....

TELEPHONIC MESSAGE

From	To
The Registrar M. M. C.	Secy.

1470

Ref: Medical Inspection of schools — Govt. Memo no. 73951-Ei/46 d 18/12/46 addressed to the president of the Madras ~~the~~ Provincial Medical Assn.

The above memo has been received by the Madras Medical Council which is a statutory body and which has nothing to do with the Madras provincial

52

OFFICE OF THE .....

Date ..... 194 .., Hours ..... Minutes .....

53

TELEPHONIC MESSAGE

From	To

1470

Medical Association.

~~Please state whether the~~ memo has been despatched to this office by a mistake or whether it is intended for the Madras Medical Council.

8/4/47

35
22/1

TM

From

The Secretary
Education and Public Health
Deptt.

P. C. to go.

To

The Registrar,
Madras Medical Council.

Subject: Medical Inspection of Schools
Reference:- your T. M. dt 8.1.47

Memo. No. 73951 G1/46-1 dt 18.12.46 referred to in your T.M. quoted above is intended for the President, Madras Provincial Medical Association. Please make arrangements to despatch it to the President, Madras

Provincial Medical Association. The address of the President, Madras Provincial Medical Association may be obtained from the Manager, Office of the Surgeon-General.

17.1.47.

The Registrar,
Madras Medical College.

No. P. 893/47. Medical College,
Madras, 29th January 1947.

From

Dr. P.V. Cherian, MBE., MBBS., FRCS.(E.), &c.,
President, Madras Provincial Medical Association.

To

The Secretary to Government,
Education & Public Health Department, Madras.

Ref.- Government Memorandum No. 73951-G1/46-1
dated 18th December 1946.

I have the honour to state that any afternoon except 7th and 8th February 1947 will be convenient for me to meet the Hon'ble the Minister.

PRESIDENT,
Madras Provincial Medical
Association.

7106-41
1/2/47

59

34

Please see the letter from the President, Madras Provincial Medical Association at p 1 ante. The mainfile on the ~~subject~~ question of Medical Inspection of Schools has been circulated to H.M. (Edn) on 23.1.47. The receipt of the mainfile may be awaited.

31.1.47
31.1.47

31/1/47

SECRETARY, EDN. AND P.H. DEPT.
10 FEB 1947
GOVERNMENT OF MADRAS

S

(N) may see.

1/2/47

(N) (Edn)

8.2.47

60

61

Communications to be addressed to the "Registrar"
and not to any individual by name.

A S I

Ref: No. M.C.G.2948/47.
Encl:

Office of the Registrar, Madras Medical Council
79-81, Mount Road, Cathedral P.O.,

Madras,

35

From Sri B.Kuttappa,M.A.,
REGISTRAR, MADRAS MEDICAL COUNCIL.

To

9367 ~~The Secretary to Government,~~
Education & Public Health Department,
Fort St.George, Madras.

Sub :—

Medical Inspection of Schools.

Sir,

p49 ante

Ref: Government Memorandum No.73951 G1/45-1 dated 18-12-46 and telephonic message dated 20-1-47.

pp 55-56 ante

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p49 ante

The Memorandum No.73951 G1/46-1 dated 18-12-46 has been sent to Dr.P.V.Cherian, Principal, Madras Medical College, who is reported to be the President, Madras Provincial Medical Association.

B. Kuttappa

Registrar.

~~ESP~~ HG1

~~Please~~ submitted for perusal. This may be added to the main file.

2-2-47

22.5.2.47.

62

63

Education and P.H. Deptt. G1.

MEMORANDUM NO. 73951 G1/46 P.H. DATED 10.4.47.

36

Medical Inspection of Schools.

The Hon'ble the Minister for Education desires to discuss with (1) the Director of Public Instruction (2) the Deputy-Director of Public Instruction, Sri D.S.Reddy; (3) the Surgeon-General with the Government of Madras (4) Dr. A.S.Mannady Nayar, Acting Principal, Madras Medical College, (5) Dr. P.Kutumbiah, Principal, Stanley Medical College, Madras and (6) Dr.M.Balakrishna Prabhu, Professor of clinical Obstetrics etc, Government Hospital for Women and Children, Madras, the question of Medical Inspection of Schools. All the above mentioned officers are requested to meet the Hon'ble the Minister for Education in his office room on the 17th instant at 4 p.m. in the Secretariat. In the Meanwhile the Director of Public Instruction is requested to forward copies of his letters No. 23. S.O./45 dated 14-11-45 and R.C. No. 4573 B4/46 dated 28-8-46 to the doctors mentioned above for information ~~so that they may get acquainted with the subject before the discussion takes place.~~ Similarly the Surgeon-General is requested to forward to the doctors, copies of his letters No. 73096-7 P.W. Dated 7-3-46 and 73096-15-P.W. dated 24-8-46, relating to the Subject noted above.

p 23 n.f.

p 1 c.f.

p 34 c.f.

p 11 c.f.

p 32 c.f.

~~(Here enter H.M's minutes at pp 22-23 c.f.)~~

2. An extract of the minutes of the Hon'ble the Minister for Education on the subject is circulated as a basis for discussion. ~~is closed which gives a rough idea of the lines on which the scheme must be worked is enclosed~~

(Here enter H.M's minutes at pp 21-23 n.f. (L.F.) as edited)

To
The D.P.I.
The Deputy D.P.I.
The S.G.
Dr. P.Kutumbiah. }
Dr. Balakrishna Prabhu } thro' S.G.
Dr. A.S.Mannady Nayar }

9.4.47.

9/4/47.

9.4.47

Dep'd
10/4/47

This may be sent to Jt. Secretary E+P.H. for noting the proceedings of the Conf. held yesterday

JOINT SECRETARY TO GOVERNMENT
18 APR 1947
EDUCATION AND PUBLIC HEALTH DEPARTMENT

SECRETARY TO GOVT. DEPT.
18 APR 1947
GOVERNMENT OF MADRAS

SA
18.4.47

40221

JOINT SECRETARY TO GOVT.
12 MAY 1947
EDUCATION AND PUBLIC HEALTH DEPTT.

Secretary, E.& P.H.

In the Conference of Medical Inspection of Schools which we had some time back which was attended by Surgeon-General, Director of Public Instruction, Principal, Medical College and others, Dr. Kutumbayya made a suggestion that they (doctors) may be appointed as Physical Instructors. While that may not be possible, the suggestion which my friend Dr. Subramaniam, M.L.A. makes that they may be appointed as Assistants equal to L.Ts. in schools is worth considering. In addition to looking after the health of children, he tells that they can also handle classes on ~~Psychology~~ Physiology, Botony, Social Hygiene and also elementary Science as most of the Medical Graduates are science men in Intermediate.

The suggestion may be sent to the D.P.I. and he may be asked to give his opinion on it.

ISA
11.5.47

H.M. Education.

E & P.H.(G1)

Memo No. 73951G1/46-4 P.H. Dated. 28.5.47

38

MEDICAL INSPECTION OF SCHOOL PUPILS.

From the D.P.I. R.C. 4573 B4/46 Dated 28-8-46.

The D.P.I. is informed that the following scheme has been formulated for the Medical Inspection of School children:-

1. In rural areas where there are health centres with doctors or where rural medical practitioners of modern medicine are available, medical inspection ~~is~~ in schools in such places may be arranged through them.

2. In urban areas where a fairly large number of schools is found, a school medical service with a nucleus of full-paid doctors and if necessary with other doctors on a voluntary part-time basis, may be appointed for medical inspection as well as following-up work.

3. While large clinics with all uptodate machinery for child treatment may not be possible to be established separately from the Government general hospitals, it is considered that small clinics which may be able to cover the normal cases of children may be established in the district towns to begin with, to be put in charge of full time doctors of the school medical service. In the meantime, apart from the school medical service, arrangements must be made in the Headquarters hospital to treat children's diseases of a special nature.

4. The scheme may be extended along with increasing facilities under the post-war scheme regarding medical clinics.

5. As regards finance, while ~~the question~~ of voluntary help by doctors could be utilised wherever they are available it is considered that it cannot work long on that basis and so, ~~that~~ at least a part-paid system must be established. It is considered that in rural areas referred to in (1) above, a minimum number of students for medical examination could be fixed by Govt. for every doctor in a health centre or for every subsidised rural medical practitioners and over and above that a rate may be fixed to be paid to them for medical inspection. For the normal followup case, the children must go to these centres.

P.T.O.

It is proposed to levy a fee of eight annas per year for boys in higher classes in Higher Elementary Schools, one rupee per year on boys of Forms I to III, two rupees ~~fm~~ per year on boys of Forms IV to VI and three rupees per year upon boys of all colleges. The D.P.I. is requested to work out the financial effect of the scheme on this basis and to forward it to Govt. He is also requested to offer his remarks on the other aspects of the scheme in consultation with the S.G. and the D.P.H.

p 34 n.f.

ibid.

ibid

8.5.47.
J.8.5.47

10/5/47

14.5.47

To

THE D.P.I.

Cy. The D.P.H.
The S.G.
3 spare copies

5. In the conference ~~of~~ on Medical Inspection of Schools which was held in the Secretariat on 17.4.1947 ~~sometime back~~ and which was attended by the Surgeon-General, the Director of Public Instruction, the Principal, Medical College and others, Dr. Kuttumbayya suggested that doctors might be appointed as Physical Instructors in schools. While this may not be possible, it has been suggested that they may be appointed as school assistants in schools, like old trained graduates ~~equal to L.Ts.~~ In addition to looking after the health of the children they can also handle ~~prxxxxx~~ classes on physiology, Botany, Social Hygiene and also elementary science as most of the medical graduates are sciencemen in the Intermediate. (The Director of Public Instruction and the Surgeon-General are requested to offer their remarks on the suggestion.)

p 65 ante

ibid

ibid.

15/5/47

15.5.47

The D.P.I.
The S.G.
The D.P.H.
~~The D~~
2 spare copies

Ref. No. 73096-20-P.W. dated 20.6.47

Medical Department

From

Col. S.L.Bhatia, CIE, MC, MA, MD, FRCP(Lond.), IMS,
Surgeon-General with the Government of Madras, Madras 6

To

The Secretary to Government,
Education and Public Health Department, Madras.

G1

69

39

ASST. SECRETARY TO GOVERNMENT
21 JUN 1947
EDUCATION AND PUBLIC HEALTH DEPT.

Sir,

Sub.- Medical inspection of school children.

....

Ref.- Government Memorandum No.73951-G1/46-4 P.H. dated 28th May 1947.

p 67 ante

....

51546

The matter is under correspondence with certain selected officers of this Department. My remarks on the proposals contained in the Government Memorandum cited above will be forwarded to Government as

p.t.o.

soon as their replies are received in this office.

Your obedient servant

SPHaran 20.6

for Surgeon-General with the Government of Madras.

20.6.47

rms 19-6.

E&P HG1

Submitted for perusal. The SG may be reminded again on 15.7.47 if necessary.

SRK 24/6.

SS 24.6.47.

26/6/47

G1

71/40

57443

14 JUL 1947

14 JUL 1947

pp27-33 n.f.

Secretary, E.& P.H.

Now that we have made up our minds to have medical inspection in schools and that we are already collecting fees from the Colleges, it is necessary that we should put into force a complete scheme for the appointment of Medical Officers for medical inspection. A preliminary scheme has been sent already and it was discussed in the last meeting of the Provincial Advisory Board of Education. The D.P.I. may be requested to submit his proposals immediately so that the scheme may be given effect to from this year.

TSA 12-7-47

H.M. Education.

Spirit

Memo. 73951 G1/46 – 5 P.H. of 17.7.47

Medical Inspection of School pupils.

The attention of the Director of Public Instruction is invited to Govt Memo. No. 73951 G1/47-4 P.H. of 28.5.47 on the subject cited above and he is requested to ~~expedite his reply~~. Submit his proposals immediately so that the scheme may be given effect to from this year.

pp67-68 ant

Dep'd R 17/7/47

T.

The Director of Public Instruction.

RK 16/7

8.7 16.7.47.

(x) Issued.

17.7.47.

18.7.47

(a-i)

Note:- After issue, this may be added to the mainfile ~~sent~~ now ~~on~~ (in circulation)

17.7.47.

16/7 16.7.47

MRS. K. SATYABHAMA BAI
WIFE OF
MAJOR V. KRISHNA ROW, I.M.S. (Ex-)

"KRISHNA PRIYA"
SOUTH USMAN ROAD EXTENTION,
THYAGARAYANAGAR.

Madras, 25-6-47. 194
V.K.R.E/47.

To,
Hon'ble Mr.T.Avanashilingam Chettiar,
Minister for Education. Govt.of Madras. Madras.

Sub: School Medical Inspection scheme - memorandum submitted.

Sir,

I have the honor to submit my memorandum on school medical inspection.

1. Please permit me to introduce myself as one, who has specialised in school health education and school health programmes. I have been intimately connected with the health of the College students of the Presidency College.Madras for 14 years from 1927 onwards. I have written many articles on school health education in the South Indian Teacher, which you might be already aware of.. Sometime back, I sent you also a reprint of my article - Health Education policy for India.

2. I had interviewed Mahatmaji on health programmes in 1938. I was the nominated member of the Health Education Committe, Govt.of Madras in 1939. I was nominated a member of the United Provinces Physical Education Council in 1944. I have taken active part in the Madras Provincial and All-India Educational Conferences from 1937 onwards. My scheme is already in the files of the Madras Government, the Director of Public Instruction, the Director of Public Health, the Surgeon-General, and other Educationists in India.

not put up (separate file)

3. I am herewith submitting a scheme of medical inspection, the

pp 79-83 infra

CHILD WELFARE COMMITTEE. Appendix I.

The constitution of the Child Welfare Committee, a voluntary organisation, directing and controlling the policy and the programme of the entire School Medical Service, which is but a part of the larger Child Welfare Scheme. This Committee will consist of -

1. Minister for Health (President).
2. Minister for Education (Vice-President).
3. Director of Public Health.
4. Director of Public Instruction.
5. The Vice-Chancellors, Universities of Madras, Andhra, & Annamalai.
6. Director of Physical Education.
7. Surgeon-General. Madras.
8. Deputy Directoress of Education.
9. Cheif Medical Officer, School Medical Service.
10. Co-opted members from legislatures -

    From Legislative Assembly -1.
    " Legislative Council -1.

11. Ad hoc Committee members(co-opted and limited to experts only - not more than 3).

The duties and functions of this Health Committee could be defined later on. The Chief Medical Officer of the School Medical Service will be the Secretary to this Committee. He will be responsible for the proper execution and success of this Scheme.

Maj.V.Krishna Row.I.M.S.

SCHEMA OF A SEPARATE SCHOOL MEDICAL SERVICE. Appendix II

The schema of the School medical service(as distinct from the existing public health and medical services) - with its points of control and contacts, & its organisation are shown below. This Service is to work on a partially self-supporting basis of contribution from the pupils. It serves all ~~public~~ pupils and contacts them by day and night, by free service. It is the cheap ounce of mixture that spares the costly pound of cure.

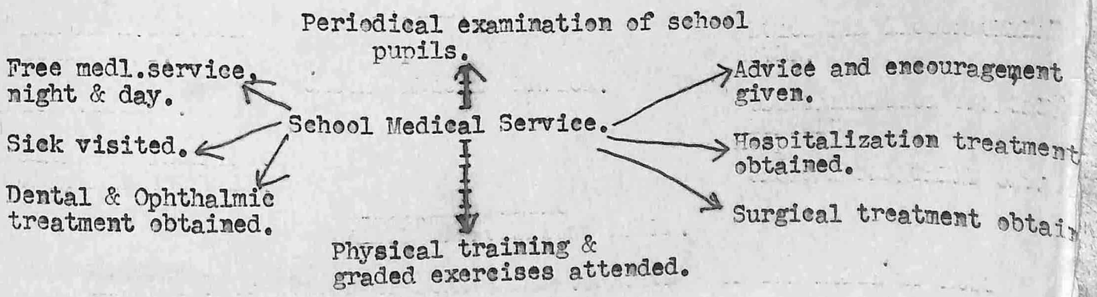
(i). Control.

Minister for education
I
Child welfare committee.
I
Cheif Medical Officer.
I
Subordinates.
I
After-care officers(4).
I
500 Medical Officers to examine the pupils, belonging to
I

Govt.	Distt.Boards.	Municipalities.	Private	Unrecognised.

N.B: ~~X~~ From my large experience of 14 yrs. as the M.O. Presidency College Madras, I have come to the conclusion that each medical officer can examine 6000 pupils, per year, in the locality. His efficiency will be upto the mark. On due notice, the services of the local nurses, midwives, and health visitors could be availed of by the medical officers, at the time of medical inspection.

(ii). Points of contact.(Functions).



N.B: This separate scheme of school medl.service (on the model of most advanced countries) is intended for insuring the health of children to-day, the prop of the country to-morrow. By inaugurating this Scheme, expenditure on public health services will be considerably reduced within 5 yrs. from now.

Maj.V.Krishna Row.I.M.S.
Thyagarayanagar.Madras.

Appendix III.

Proposed Establishment of the School Medical Service.

	Monthly salary(Rs.)
Cheif Medical Officer.	400.
His allowance(personal)	50.
4 After-care Offrs., at the rate of Rs.300, per Offr.	1200.
500 Medl.Offrs.at the rate of Rs.300, per offr.	150,000.
One clerk and tabulator.	75.
One Steno-typist.	75.
Two peons on Rs.30 each.	60.
Contingencies for all the 500 medical offrs. the rate of Rs.5 per capita.	2,500.
T.A. for the rural medl.offrs., who travel beyond 2-3 miles per day, to complete their work, for 12 days in a month - provision for 350 rural medl.offrs., at the flat rate of Rs.3. per day.(350 X 36).	126,00.
Propaganda purposes.	200.
Total monthly expenditure.	Rs. 1,67,160.

Total annual expenditure: Rs. 20,05,920(20 lakhs nearly)

II. Non-recurring exerditure:

Outlay of equipments and supply for 500 doctors, @ the rate of Rs.150.per head.	Rs.75,000.
One type-writer for the Chief Medl.Offr.	400.
Anthorppmetric apparatus for research work purposes.	500.
Total:	Rs.75,900.

III. Revenues: They are got by a levy of school medl.inspection fees of -

for school pupils in High & Middle schools: As.8/ per head.

" Elementary school As.4/. "

Colleges Rs.1- "

According to the D.P.I.report for 35-36, the census of pupils in schools is 2,52?,384(I do not have the latest figures).

Balance of budget works out as follows : -
Revenues: Rs.6,86,345-8-0.
Expenditure Rs.20 lakhs.
Net deficit - Rs.13 lakhs nearly

These details vcan be worked out later on. I am just giving a birds-eye view of the whole problem.Recently, it was advertised that according to the 5-year pla, the Madras Govt. is to spend Rs.2.05 crores on /public health. As such, this sum of Rs.13 lakhs is a drop in the ocean, when considering the major problem of health, affecting the vitality of the Nation.

V. KRISHNA Rao.
Major. I.M.S.

84

Appendix III.

86 E8

Do. 55403 G1/47-1 P.H. of 17.7.47.

47

Dear Major Krishna Rao.

Scheme for Medical Inspection of School Children – request for interview.

Ref:- your letter V.K.R.E/47 of 25.6.47

p. 75 ante

I am to say that the Hon'ble Minister for Education will be pleased to meet you in his room at the Secretariat, Fort St. George, at 3 p.m. on Friday the 25th instant.

17.7.47

Yours sincerely,

To

Major V. Krishna Rao,
I.M.S (Ex-)
"Krishna Priya"
South Usman Road Extension
Thyagarayanagar.
Madras.

Dep'd 17/7/47

17/7

17.7.47

MRS. K. SATYABHAMA, BA.,
WIFE OF
MAJOR V. KRISHNA ROW, I.M.S. (Ex-)

SOUTH USM
THYAG

Madras, ... 2

Points of interview with the Hon'ble Minister for Edu
Govt. of Madras (Mr. T.S. Avanasilingam Chettiar). on 25-7-47.

1. School Medical inspection scheme - vide my previous coorespondence. It is of national importance.
2. My List of Qualifications and also list of published articles on school health education.
3. Request & Prayer: To utlise my wide experience in school health, nutrition, and connected problems, by employing me as follows : -

   (i). Chief Medical Officer of the School medical inspection scheme.

   (ii). Nomination to Health Education Committee

   (iii). Physical Education Committee - vide my article in the Madras University Journal.

   (iv). Any other way, in which the Hon'ble Minister can help me, in the post-war resettlement. (e.g.,) Research work into the physical fitness of the school-pupils.

V. Krishnarow
maj. 25/7.

25 JUL 1947
ENGINEERING AND PUBLIC HEALTH DEPARTMENT

60525

APPENDIX I.

W4

POST-GRADUATE TRAINING OR RESEARCH EXPERIENCE.

1. I have been an independent research-worker for the last 10
I have tackled several problems, connected with health, phy
fitness, nutrition, and the dietetics of the South Indian
population.
Born out of this intense study, work, and experience, I
published 33 papers. The list of my original articles is here
appended. (Appendix II.)

2. I have specialised in school health education programme and written articles on the same, as my articles will reveal.

3. During January'41, I underwent the special post-graduate intens
course of Anti-Tuberculosis training, organised by the All- Ind
Tuberculosis Association.New Delhi.

4. I was deputed by the Allied Saigon Commission, French Indo-Chi
to study malnutrition among the Chinese and Javanese RAPWIS in
1945-46, while I was with the Occupation Army in the Far East.
I have submitted a report, which is in the hands of the Medical
Directorate.G.H.Q.New Delhi and the D.G.I.M.S.New Delhi.

4. After my demobilisation and at my own expense, I have studied
the laboratory technique of food analysis at the Seiene Institute
Bangalore(under the Professor of Bio-Chemistry).I am conversant
with all modern food technique analysis.

5. I have specialised in Industrial Hygiene at the All-India Institu
of Hygiene and Public Health, Calcutta from January to March'47.

PROFESSIONAL EXPERIENCE :

1. I am a doctor of 23 years standing. Early in my career, I gained considerable clinical experience at the General Hospital.Madras. both as a House-Surgeon and as a temporary Civil Assistant Surgeon. I have been commanding a lucrative practic in the Madras City, before I took up Commission in the Army in 1941.

2. I have been the Honorary Medical Officer, Presidency College. Madras for 14 years continuously from 1927 to 1941, till I was commissioned in 1941.

3. During 1939, I was nominated by the Madras Government to be a member of the Health Education Committee.

4. During 1944, I was nominated by H.E.the Governor of the United Provinces. to be a member of the Physical Education Counsil, United Provinces.

5. From 1937 onwards, I have taken active part in many of the Madras Provincial and All-India Educational Conferences: and spoken on school health education.

6. I have submitted several memoranda on Tuberculosis, School health education, Nutrition, and Public Health reforms to both the Governments of India and Madras, and other Provinces.

7. I joined the Army in 1941 and was demobilised in 1946. During my Army career, I have been always in the forward operational areas. I have served in the many branches of the Medical Service, as my General's letter will testify (Appendix III).

V.KRISHNA ROW. MAJ.I.M.S.
No.M.Z.24795.

Thyagarayanagar.Madras.

C.F. 32 (a).

50 9

EDUCATION Department | Received ..... Registered .....

From (Name) SRI D.S.REDDI, M.A.(Oxon) M.B.E.,
Designation Director of Public Instruction,
Station Madras.

To
The Secretary to Government,
Education and Public Health
Department.

ASST. SECRETARY TO GOVERNMENT
5 AUG 1947
EDUCATION AND PUBLIC HEALTH DEPT.

Enclosures:

R.C.No. 145-K.2/47 dated 2nd August 1947.

Sir,

Sub: Provincial Advisory Board of Education - Minutes of the meeting held on 23-6-47 - Copy submitted

---

63197 pp93-94 infra

I have the honour to submit herewith a copy of the minutes of the meeting of the Provincial Advisory Board of Education held on 23-6-1947 for the information of Government.

for Director of Public Instruction.

RVR 2/8/-

92

51 92

MINUTES OF THE SECOND MEETING OF THE PROVINCIAL BOARD OF EDUCATION
MADRAS.

***

The Second meeting of the Provincial Board of Education was held at the Council Hall, Fort St.George, Madras, on Monday the 23rd June 1947 at 2 P.M. The following members were present:

1. Hon'ble Sri T.S.Avinashilingam Chettiar ... CHAIRMAN
2. Sri D.S. Reddi.
3. Sir A.L. Mudaliar.
4. Sir C.R. Reddi
5. Sri V.R. Ranganatha Mudaliar
6. Fr. De Souza
7. Dr. B.V. Narayanaswami Naidu
8. Dr. J.J. Rudra
9. Miss Mathew
10. Mr. Basheer Ahmed Sayeed
11. Sri R. Suryanarayana Rao, M.L.C.,
12. Hon'ble Sri B. Gopala Reddi
13. Mrs. Bharathi Ranga
14. Prof. S.K. Yegnanarayana Iyer
15. Sri M. Satyanarayana
16. Sri Sargunam
17. Sri Varadarajan
18. Mrs. Kuttimalu Ammal, M.L.A.,
19. Mrs. A. Ramasubramaniam
20. Sri T.P. Meenakshisundaram Pillai
21. Sri A. Rama Ayyar
22. Mrs. Lakshmi
23. Mrs. Kamala Satyanadhan
24. Mrs. Amina Hashim.

After the introductory speech of the President the draft Public Libraries Bill, which was the first item on the Agenda, was taken up for consideration. The Board expressed its entire agreement with the objects of the Bill and thanked Government for having undertaken so important a piece of legislation. The Board was of the view that if the library was to be a centre of all - enlightened activity it should not occupy an isolated place but should be an integral part of the educational system of the Country The library should be not only an important agency of adult education but the means whereby the school can be developed into a community centre for spreading knowledge to all adults, literates and illiterate, in the area. A carefully planned scheme of extension work should be prepared, whichshould include not only subjects like Civics and Hygiene but even subjects of occupational importan like Agriculture. To serve this purpose the library should, therefore, be located in the school building or in an extension of it. The Board was of the view that such a scheme would also lead to a reduction in expenditure. It was also suggested that in order to encourage the establishment of an increasing number of libraries provision may be made in the bill for the payment by Government of an equivalent contribution if a library rate is levied.

Text Bk of Education Board of 23.6.47

The Board then took up the scheme for Medical Inspection of pupils and was in agreement with the proposals in general. The Hon'ble Minister suggested that children should be examined in three stages

(i) The first year of their education.
(ii) About the 1st Form stage (after 5 years) and
(iii) At the College stage.

In addition to these examinations there should be clinics for follow up work as examination without follow up work is useless. Dr. A.L. Mudaliar suggested that the recommendations of the Bhore Committee should be given effect to as far as possible. He stressed the following points:-

P.T.O.

14

= 2 =

(i) Medical Inspection must include domiciliary and environmental hygiene also.

(ii) All trained teachers should be given training in Health Education and also they should take full share in the health activity of the school.

(iii) All the teachers under training should be given lessons in Hygiene and Children's diseases. These subjects should be taught by Doctors and not ordinary science graduates.

(iv) A record of weights of school children taken at different periods should be maintained in the school.

(v) Medical officers should be employed in schools. The officers should not be changed for 5 or 10 years so that their continuous knowledge of the children of the school would be of great use.

The Board was not in favour of collecting any fees from Elementary School children. The use of mobile dispensaries was also recommended in order that the benefits of medical inspection and follow up work may be extended to rural areas.

The question of transferring the control of Elementary Schools from the District Board to an Ad Hoc Body with jurisdiction over a Taluk was then considered. The Board was definitely of the view that the control of the District Board had not proved to be effective and that an alternative machinery should be set up. In the opinion of the Board the Panchayat was unsuitable for taking over the control of elementary schools and it was recommended that any Committee that may be established for this purpose should consist of non-officials who are really competent to offer advice on educational matters. Their powers and duties should be carefully defined and should not include administrative control over elementary schools. A sub-committee was appointed with the Vice-Chancellor of the Madras University as the Convenor to submit proposals which would satisfy these criteria.

There was also a general discussion of the recommendations made by the Sub-Committee appointed by the Board to scrutinise the replies received to the questionnaire issued by Government recently and it was decided to defer their consideration to the next meeting.

In bringing the proceedings to a close the Hon'ble Minister thanked the members for the valuable help they had given him and appealed to them to explain to the public the significance of the decisions arrived at and to secure public support for the policy of Government.

SECRETARY,
PROVINCIAL ADVISORY BOARD OF
EDUCATION.

KAN.29/7 (50 copies)

38
22/8

5N95 E8/PHC

Memo 73951 G1/46 - 6 P.H. of 22.8.47.
Medical Inspection of School pupils

Dp
22/8

The attention of the DPI
pp 67-68 ante is invited to Govt Memo. No. 73951 G1/47 - 4 P.H.
of 28.6.47 on the above subject and to the reminder thereon
p 73 ante of 17.7.47 and he is requested to expedite the submission
of his proposals, ~~immediately~~.

To
The DPI. Dept
25/8

20.8.47

20/8/47

96

97 EQPHO

Memo 73951 G1/46 - 7 P.H. of 2.9.47.
Medical Inspection of School pupils.

53

The attention of the DPI is invited to Govt Memo. No. 73951 G1/47 - 4 PH of 28.5.47 on the ~~above~~ above subject and to the reminders thereon of 17.7.47 and 22.8.47 and he is requested to submit his proposals ~~without delay immediately~~ ~~without further delay~~ very urgently.

pp 67-68 ante

pp 73 and 95 ante

To
The DPI

(R Dpd H.P. 2/9/47. 12/9/47)

1.9.47

1/9/47

22/9/47

98

C.F. 32 (a).

99

	EDUCATION Department	Received	Registered
From (Name)	Srx Dr.S.R.U. Savoor, M.A. D.Sc., I.E.S.,	To	54
Designation	Director of Public Instruction,	The Secretary to Government, Education and Public Health Department, Madras.	
Station	M a d r a s.		

ASST. SECRETARY TO GOVERNMENT 4 SEP EDUCATION AND PUBLIC HEALTH DEPT

Enclosures: N.Rc. No. 4573 B1/46, dated 2nd September 1947.

70595

Sir,

Sub:- Medical Inspection of school children.

Ref:- Govt. Memo.73951 G1/46-6 P.H., dated 22-8-1947.

I have the honour to state that I have not yet received the particulars called for from the Surgeon-General till now. As soon as I receive the particulars a reply will be submitted. The Surgeon-General has also been reminded.

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

R. Narasimhan

for Director of Public Instruction

m.k.3/9.

SDP 3/9

100

E&PHG1

Submitted for perusal. The DPI may be reminded again on 25.9.47.

We may ~~[illegible]~~ the S.G. to expedite the matter.

9.9.47

9/9/47

10/9/47

Memo Sent for issue

101

E&PHG1

Memo:- 73951 G1/46 _ 8 P.H. 8/15.9.47.

Medical Inspection of School Pupils.

pp 67-68 ante

Govt. Memo. No. 73951 G1/46-4 P.H. 8/28.5.47.

p 97 ante

p 99 ante

The DPI who was asked to expedite his reply to the Govt memo referred to above states that certain particulars called for from the SG are awaited. The SG is requested to furnish expeditiously the particulars called for by the DPI to enable the latter to send his reply to Govt.

13.9.47

13/9/47

13/9/47

Dep'd 27/9

To The SG.

Copy to the D.P.I. — p 99 ante

Ref. to his letter No. N.Rc. 73 B1/46 d. 2.9.47.

142

15/9

15/9

102

As F G1 103

56

Medical Department.

From

The Surgeon-General with the Government of Madras, Madras 6.

To

The Director of Public Instruction, M a d r a s .

Rg No. 73096-26/Pw/45 dated, 17-9-47

Sir,

Sub:- Scheme for the Medical Inspection of school children.

Ref:- Government Memorandum No.73951-G1/46-4-P.H. dated 28th May 1947, and your letter R.C.No.45-3-B-4/46, dated 13th June 1947.

In the interests of school children, it would be best to have a separate school medical service, the members of which would be full-time medical officers and be responsible for the inspection and following of children who have been noted to be physically defective in any particular aspect. As the creation of such a school medical service may not be practicable now or in the near future, I agree in general with the scheme outlined in Government Memorandum No.73951-G1/46-4-P.H. dated 28-5-1947 subject to the following remarks and the remarks of the Director of Public Health, Madras in his letter R.No.34402-1-P.W.R-47, dated 5-9-1947 (copy enclosed for ready reference).

2. Schools are many in number and Rural dispensaries are comparatively few. In practice, it will be found that in several places, the distances between the schools and the Rural dispensaries are so great that a considerable amount of time will have to be spent by Rural Medical Practitioners in their journeys to and from the schools where they may have to conduct the medical inspection and this may be for the time being to the detriment of their legitimate duties at the Rural Dispensaries. Such difficulties will only be temporary till the Post War Scheme relating to expansion of Medical Relief in the whole Province which contemplates the provision of a combined Medical and Public Health centre generally at a distance of not more than 5 miles from any village is implemented. Any way the scheme may be tried and modified later on in the light of experience which may be gained in the meantime.

3. The Director of Public Health, Madras has suggested that each Rural Medical Practitioner may be expected to examine 1000 pupils a year and he may be paid an honorarium of Rs.250/- for the work at the rate of 4 annas per child. In fixing the remuneration payable to the doctors, I consider that actual distances to be covered by them in their visits will have also to be taken into account especially in the backward areas where schools are scattered and are far away from the nearest Rural dispensaries.

4. I am entirely opposed to the suggestion, that doctors may be appointed as physical instructors. But they could be considered for appointment as School Assistants and they could give instruction in physiology, Botany, Hygiene etc.

PA Row 17/9

Surgeon-General with the Govt. of Madras.

Copy to the Joint Secretary to Government, Education and Public Health Department for information with reference to Government Memorandum No.73951-G1/46-4-P.H. dated 28-5-1947.

---

p/t/o

ASST. SECRETARY TO GOVERNMENT 18 SEP 1947 EDUCATION AND PUBLIC HEALTH DEPT.

pp 67-68 ante

74591

pp 67-68 ante

Hesd. who was consulted in the matter has offered the following remarks:—

p 104 infra

p 104 infra

pp 67-68 ante

AR 19/9

104

-2-

Copy of letter No.R.34402-1-P.W.R.47, dated 5th September 1947, from the Director of Public Health, Madras; to the Director of Public Instruction, Madras.

Sub:- Medical Inspection of School pupils.

--

Ref:- 1. Govt.Memo.No.73951-G1-46-4-P.H.dated 28th May 1947.
2. Your letter Rc.No.4573-B4-46, dated 13th June 1947.

In the scheme formulated in the above Government Memo. no reference is made to the central organization. Without a proper organization at the centre to co-ordinate and direct the work of the school medical services, I doubt very much whether local schemes both urban and rural will yield the best results. A central organization is necessary to develop the technique of school medical administration including the duties to be performed by the different staff, to prescribe the various records to be kept, to analyse and study the medical records cards of the pupils and to define the manner in which the health functions are to be integrated with the other aspects of the programme such as health education and recreational activities.

2. I agree with the suggestions contained in paragraphs 1 to 4. As regards paragraph 5, I am of opinion that the medical officer attached to the Primary Health Centre of the Post-war scheme should be in charge of both school medical inspection and treatment of defects in his area as originally contemplated in the scheme and he need not be paid any extra remuneration for the work. The case is however different in the case of subsidized Rural Medical Practitioners of the scientific system. Each Rural Medical Practitioner may be expected to examine 1000 pupils a year and he may be paid an honorarium of Rs.250/- for the work at the rate of four annas per child. He should also undertake the treatment of defects; but the cost of medicines, etc. should be met by Government or the Local Authority concerned.

3. Voluntary or part-time arrangements for such work may not be successful in our present conditions. A full-time school medical officer may be expected to do about 5000 medical inspections per year.

4. As regards the suggestion contained in paragraph (6) of the Government Memorandum, it is highly improbable that medical men will be available in the near future for employment as school assistants.

/True copy/

[signature] 17/9

for Surgeon-General with the Government of Madras.

Education Department.

57

From

Dr. S.R.U.Savoor, M.A., D.Sc., I.E.S.,
Director of Public Instruction, Madras.

GOVT. SECRETARY TO GOVERNMENT
3 - OCT 1947
EDUCATION AND PUBLIC HEALTH DEPT.

To

The Secretary to Government,
Education and Public Health Department, Madras.

Rc.No.4573 B4/46 dated 30-9-1947.

Sir,

Scheme for the Medical Inspection of school children.

98898

With reference to Government Memo No.73951 G-1/46-4 P.H. dated 28-5-1947, I have the honour to invite the attention of Government to the letter Ref.No.73096-26/P.W/45 dated 17-9-1947 of the Surgeon General with the Government of Madras (copy sent direct to Government) and its enclosure (Letter R.No.34402-1 P.W.R. 47 dated 5-9-1947) of the Director of Public Health Madras and to state as follows.

2. Though both the officers generally agree with the suggestions contained in paras 1 to 4 of the Government Memo dated 28-5-47 under reference, there is no definite information as to the rural areas where there are health centres with doctors or where rural Medical practitioners are available. Secondly, it is not also known whether in each of the rural areas, there will be a sufficient number of doctors, for examining all the children attending school in that area, at the rate of 1,000 pupils per doctor. The Surgeon General himself observes that schools are many in number and rural dispensaries are few. What alternative arrangements are to be made are not detailed. Even if the scheme of medical inspection were to be established in District towns to start with, details in respect of clinics and Hospitals and the number of doctors that would be available have not been indicated. Though the Director of Public Health has suggested a remuneration of four annas per pupil, the Surgeon General in para 3 of his letter under reference, states that in fixing remuneration to rural practitioners, the actual distances to be covered by them in their visits will have also to be taken into account. But necessary details to work out the cost of the scheme have not been given.

3. Regarding the suggestion of Government in para 2 of the memo -(the establishment of a school Medical Service with a nucleus of full paid doctors ~~xxxxxx~~ and if necessary with other doctors on a voluntary part-time basis) - both the Director of Public Health and the Surgeon General have not definitely indicated as to what is to be done. However, the Director of Public Health states that there should be a central organisation to co-ordinate and direct the work of the school Medical services.

4. Thus, as it is, no definite proposals can be submitted to Government to put the scheme into operation. I am therefore addressing both the Officers to favour me with definite suggestion for drawing up a workable method, so as to enable me to submit concrete proposals to Government.

5. I may however, state that the following is an estimate of the fee income, on the basis of the proposals in sub-para 2 of para 5 of the Government Memo under reference.

The proposal refers to boys alone.-

	No.	Rate per year.	Amount
Boys in standards VI to VIII -	1,11,023	8 as.	55,511
,, Forms I to III-	1,51,436	1 Rupee.	1,51,436
,, forms IV to VI -	1,07,075	2 Rupees	2,14,150
,, College classes.	25,988	3 ,,	77,964
		Total.	4,99,061

R. Narasimha

k.h.1-10.

for Director of Public Instruction.

Fort St. George,
22nd October, 47.

Dear Doctor,

You promised to send me a report about medical inspection in colleges which you said you are about to present to the University. The Government are anxious that they must begin their medical inspection scheme as soon as possible and would like to have the benefit of your report before launching the scheme.

Expecting an early reply,

Yours sincerely,

Sd. T. S. A.

22.x.47

Dr. Sir A.Lakshmanaswami Mudaliar, Kt.,
Vice Chancellor, University of Madras,
Chepauk, Madras.

Copy to Secy. E.&P.H.

SECRETARY, EDN. AND P. H. DEPT.
27 OCT 1947
GOVERNMENT OF MADRAS

109 E&PHG1
59

Special. 31/10

Memo.- 73951 G1/46 - 9P.H. of 31.10.47
Medical Inspection of School ~~pupils~~ children.

p 105 ante From the DPI Rc. No. 4573 B4/46 of 30.9.47.

p 105 ante With ref to his letter read above the DPI is requested to contact the DPH and the SG and to formulate a scheme at a very early date as the matter has been dragging on for a long time. He is requested to treat the matter as 'special'.

'A' on p 40 of ibid

To the DPI.

29.10.47 30/10/47 31/10/47

29/10/47

EQPHL

Memo 73951 G1/46 - 10 P.H. of 25.11.47.

60

Medical Inspection of School Children.

29
26/11

The attention of the DPI is invited to Govt Memo. No. 73951 G1/46 9 P.H. of 31.10.47 and he is requested to say when a reply may be expected. The matter may be treated as 'special'

ϕ109 ante

To
The DPI.

Dep
28/11

21.11.47

21/11/47

25/11/47

25/11/47

112

Dr. T. S. TIRUMURTI
B.A., M.B. & C.M., D.T.M. & H.
Retired Civil Surgeon
Retired Principal, Stanley Medical College

"SEWAGRAM"
No. 1, KRISHNAMACHARI ROAD
NUNGAMBAKKAM, MADRAS

113

Dated 15 . 11 . 1947.

SECRETARY, MRS. AND Sr. ... GOVT. OF MADRAS
28 NOV 1947

61

My Dear Hon. Sri Avinasalingam Chettiar,

9 & 153

Herewith 2 articles which appeared in some journals commenting on the recommendations of the Medical Committee (in which I had the privilege of working as the Hon. Chairman) on medical inspection of School Children.

As this subject is being considered by you at present, these papers may be perused by you at your leisure. If desired I shall go to you for further elucidation on the work done there.

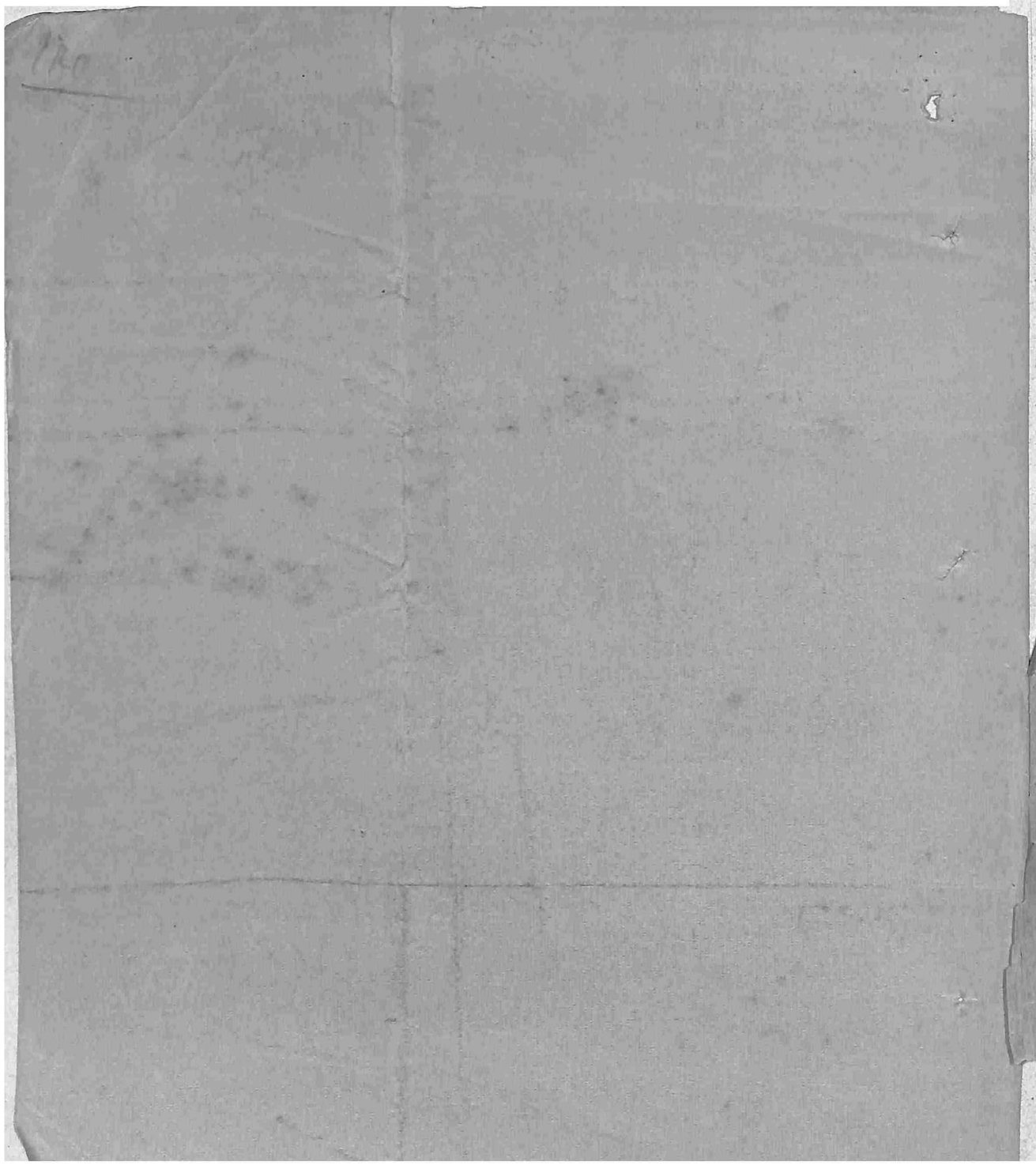
With best regards & wishes.

Yours sincerely

T. S. Tirumurti

ARR
29/11

SECRETARY TO GOVT. ... 29 NOV 1947



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61

[illegible] ferred with [illegible] of Publ[illegible]
that both of them were desirous of effecting [illegible]
in the existing scheme of school medical inspection. [illegible]
method of medical inspection is more in the nature of a [illegible]
of physical defects in the school children. The results [illegible]
the survey ~~of~~ arepractically the same year after year in
the various taluks, in which the work has been conducted so
far. The Director of Public Health stated that there was no
enthusiasm on the part of the school medical officers to
do this kind of work, as they were not given any extra allowance
in lieu of loss of private practice, and that they desired
to revert to the Medical Department as quickly as possible.
As they were only temporarily placed under him, frequent
changes in the personnel had to be effected and this did not
conduce to efficiently. There was no continuity of work.
Cases of children with defects could not be followed up, until
complete cure, wherever possible, was effected. The scheme,
as was worked, was imperfect as the inspection was confined
only to the children of the primary classes and, even over such
a restricted population of school children, the medical
inspection was incapable of conferring substantial benefits
to the children, who need medical advice and supervision for
a longer period.

A large number of persons representing various interests
were co-opted to the Medical Committee. They discussed the
whole matter and came to the conclusion that the present scheme
of school medical inspection was wholly unsatisfactory and
recommended that the present schme should be discontinued,
and that a new scheme proposed by the Medical Committee should
be approved and put into operation from the beginning of the
new financial year.

According to the new Scheme, a qualified medical man
will be appointed as a member of the teaching staff in every
High School, whether Government or grant-in-aid. Lady doctors
shall be appointed in the high schools for girls. This
medical teacher shall undertake the medical inspection not
only of the boys in the High Schools, but also of the children
in the middle schools and primary schools, which are feeder
institutions to the High Schools. The Director of Education
will define the educational institutions - primary, secondary
etc., which shall be included within the area of medical
inspection prescribed for each medical teacher. The medical
teacher shall possess a qualification not below that of Lice
in Medicine. He may be allowed private practice, if the sc
authorities permit it. To the medical teacher will be ent
the teaching of Hygiene and other Science subjects, as dir
by the school authorities. The medical teacher will be i
charge of the school ~~xx~~ clinic.

He will be the medical officer of the hostel or
house in places where these are provided. He shall i
himself in health propaganda work in co-operation with
public health authorities of the locality. He should
instances of ~~xxxxx~~ epidemic diseases among the school
to the Headmaster and to the local Public Health Auth
He shall also examine the students, who are unable to
cipate in the school game activities.

He shall also conduct the medical inspection
children in the manner prescribed by the Director o
Health, and keep proper records, and follow up the
in such a manner that every student shall rece[illegible]e
sufficient attention throughout the period of his
the school. [illegible]h treatment as cannot be carried

inspection fo[illegible] children is be[illegible] conduct
year 1111 M.E. (1935 A.D.) It is confined only to b
girls of primary schools. The scheme of inspection envisag
also free medical treatment to remedy the defects found in the
The staff employed for this purpose consisted of 8 Sub Assistant
Surgeons, one for each taluk - and 2 Assistant Surgeons, to supe
vise and regulate the inspection. When the work was completed in
one group of taluks, the inspection staff shifted to another simi
area. A sum of twelve to thirteen thousand rupees is being spent
annually during the last eight years for carrying out medical ins-
pection according to the scheme, which has been in force until now
Roughly over a lakh of rupees has been expended on this account.

Every year, the Director of Education obtained ~~xxx~~ sanction
for the necessary grant under this head. This amount was placed a
the disposal of the Public Health Department. The Director of
Public Health had no power to recruit the required staff of medical
officers for the school medical inspection. He, therefore, had
to apply to the Surgeon General for the required staff. The office
selected by the Surgeon General from the Medical Department were
placed temporarily under the Director of Public Health, who employe
them as school medical officers. The Medical officers thus recruit
were mostly unwilling hands, who did not care for this kind of work
As they were anxious to revert to the Medical Department as quickly
as possible, they evinced no interest in the work entrusted to them.

Though the school medical officers were instructed to treat
in the Government hospitals the children, whose defects were noted
by them, they were unable to do so to any appreciable extent,
because according to their complaint they were not given any freedom
to carry out any professional service, owing to the impression
created that the school medical doctors were unwelcome intruders in
the routine work of the hospitals concerned. The medical officers
in charge of the hospitals and dispensaries were not directly res-
ponsible for the treatment of children. There were also complaints
that the medicines supplied by the Education Department, especially
Cod liver oil, were not given to the school children, for which
they were intended.

In the working out of the present scheme of school medical
inspection, it was observed that many of the children, who required
attention, did not care to attend the ~~s~~ hospitals for treatment.
The Director of Education pointed out the necessity of supplying
medicines for the treatment of at least the common ailments to
school medical officers, so that the children may be treated in
the school itslef, which may not be situated nearby. Difficulties
also arose over the question of the treatment of school children
by the specialists of the Medical Department attached to the Gene
Hospital Trivandrum, and other District main hospitals. It has
been pointed out by the Director of Education that such and simila
difficulties cannot be effectively solved, until a school medical
ervice, with school clinics, is established.

In a joint note submitted to Government sometime ago by
s Director of Education, the Surgeon General and the Director
Public Health, recommendation was made that the course of studies
Elementary Science for the E.S.L.C. Examination should be
ified to include a sufficient knowledge of Physiology, Sanitation
iene and principles of public health, and that part-time
ical officers should be appointed in every High School not only
imparting instructions on the above subjects, but to ensure
nent and continuous attention being paid to the health of the
children, and to their habits being regulated with a view
ove the health and morale of the locality concerned. The
Director of Education Mr.A.Gopala Menon, has long held the
a comprehensive and useful scheme of medical inspection
in schools can be fully effective, only if teachers
in medicine are appointed on the staff of every High Sch

62

school clinic, should be undertaken in the local or main Government hospitals, where a separate record shall be kept of such referred cases.

The medical teacher shall also supervise the cooking and distribution of food, when arrangements are made for providing noon meals to the children.

The Director of Education shall arrange for the distribution of the existing equipment for medical inspection among the high schools and for the supply of additional equipment, which is necessary for others.

In future, the appointment of medical teacher shall be one of the conditions of recognition in the case of privately managed high schools. The appointment of a medical teacher will be effected by making use of available vacancies in the provincial staff of graduate teachers in the Department. Recruitment will be done by advertisement ~~in~~ stating the double function the medical teacher has to serve.

The medical teacher shall be allowed private practice if the school authorities have no objection, on the analogy of the non-medical teachers, who are permitted to undertake private tuition without prejudice to their school duties.

The committee has recommended that the available funds each year might be ear-marked for the purchase of equipment provision of noon-day meal, supply of milk and for such other additional help, which the students may require.

The appointment of a graduate in medicine in place of an ordinary science graduate would be quite a feasible proposition, as graduate teachers are now paid up to Rs.70-100 in High Schools. As the proposal is that the appointment of a medical teacher as a member of the teaching staff shall ordinarily be by substitution, no additional cost will be involved.

In addition to the medical examination of the pupils in the particular High School to which he is attached, he can also examine the pupils of the English and Malayalam schools, which act as feeders to the main institution.

The Medical teacher's influence, both in the school and in the playground, would be invaluable, and the teachers and pupils will become health-conscious by their daily contact with him.

--------oOo--------

Medical inspection of School Children.

The scheme of school medical inspection sought to be into Travancore will prove to be more useful and effective t existing scheme here and elsewhere. In Madras, the school ma employed their own doctors, who were paid 12 annas for first and 6 annas for subsequent inspection. Though the examinatio useful in revealing the defects in the health of these childr result was practically negligible. Treatment of defects was seldom given in these cases, and there was no follow up. In core, a system of peripatetic school medican inspection has in vogue during the last 8 years with results which are not muc better than what has been obtained in Madras.

Profiting by the defects in the practical working of the existing schemes, a new scheme is proposed to be introduced he which one school medical officer will be entertained in the tea staff of every high school in the State. He will conduct medic inspection and carry out, wherever necessary, also treatment, t advice from specialists, if required. The medical teachers will asked to teach subjects, like Physiology, Biology, Personal Hyg Elements of Sanitation, Nutrition etc., to the children. The Chairman of the Medical Committee has, on different occasions sed this view for a new orientation in school medical inspec Mr.A.Gopala Menon, Director of Education, has expressed the opinion. He has already pointed out to Government that medical service with school clinics should be organised, the existing unsatisfactory scheme. Rightly he maintained that appointment of a medical teacher in every High School will brin him into contact with the other teachers of the school, and wil establish close relationship between the pupils and the doctor.

To quote a parallel instance, the teaching of Biology, and Chemistry in th Medical Schools and Colleges was until a years ago in the hand of graduates in medicine. Therefore, about the success of th such a scheme need be entertained. Enou medical men can be found, who would be willing to join the school medical service, and specialise in this branch of Public Health

The Honorary Chairman of the Medical Committee convened a meeting, to which non-officials representing the managements of var educational institutions and societies, the teaching staff of sch and the administrative side of education were co-opted. The co-o members referred to certain difficulties in the carrying out of t scheme; for example, the remuneration of the school medical offic their private practice out of prescribed school hours, etc., The whole subject was thoroughly discussed by the members of the Medic Committee and the co-opted members, and the following proposals which were unanimously agreed upon, have been forwarded to Govern- ment for approval.

1. The Committee is strongly of opinion that the present scheme of school medicah inspection is wholly unsatisfactory.

2. The Committee recommends that the new scheme proposed by the Director of Public Instruction, viz., that a medical man be appointed as a medical teacher in the staff of each of the Gover ment or grant-in-aid High School, may be given effect to as early as possible. A beginning of this scheme can be made even from this school year in selected areas with the available medican men.

3. The present scheme shall be discontinued as soon as possib and the Director of Public Instruction shall send up proposals to the Government for starting the new schemes as early as possible during this school year(1943-44).

4. The present medical officers employed in the school medical inspection work shall revert to the Medical Depart soon as their services are no Health, who is now emplo requir

5. For the medical examination of girl students, lady octors shall be employed.

6. The Educational institutions (primary, secondary etc.) comprised within an area for medical inspection for each medical teacher attached to the High School staff should be defined by the Director of Public Instruction.

7. Wherever possible, the medical teacher shall undertake medical inspection also of children in the Middle schools and Primary Schools in the area, as directed by the Director of Public Instruction.

8. The appointment of a medical teacher as a member of the teaching staff shall ordinarily be by substitution.

9. The medical teacher shall possess a qualification not below that of a Licentiate in Medicine.

10. The medical teacher shall be allowed private practice, if the school authorities permit it.

11. Every school shall provide the minimum equipment for medical inspection work. The Director of Public Instruction shall forward proposals for the distribution of existing equipment and purchase of additional equipment.

12. To the medical teacher shall be allotted additional work, such as, teaching of Hygiene and other subjects, by the school authorities.

13. Only the technical direction and supervision connected with medical inspection of school children shall vest in the Director of Public Health.

14. The treatment of defects pointed out by the medical teacher shall be undertaken in the Government or grant-in-aid medical institutions to which the children requiring medical aid are sent.

15. The Surgeon General and the Honorary Director of Ayurveda shall issue necessary circulars to the effect that prompt attention shall be given in respect of the treatment of school children sent by the medical teachers and that a special record of such cases shall be maintained in all medical institutions.

16. Arrangements shall be made for the provision of midday meals to the poor boys and girls, and, if necessary, for the supply of milk and shark liver oil also for poor children who require them on consideration of health.

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UNIVERSITY OF MADRAS.

SIR A. L. MUDALIAR,
M.D., LL.D., D.Sc., F.R.C.O.G.,
VICE-CHANCELLOR.

UNIVERSITY BUILDINGS
TRIPLICANE
MADRAS

MINISTER FOR EDUCATION
SECRETARY, EDN. DEPT.
GOVERNMENT OF MADRAS
DEC 1947

27th Oct.1947.
28th

Dear Mr. Avinashalingam Chettiar,

I am herewith sending a draft of the report about Medical Inspection in Colleges, which is to be presented to the Senate at its ensuing meeting. The draft was passed by the Inspection Commission at its meeting held to-day.

0527

Yours sincerely,

The Hon'ble Mr.T.S.Avinashalingam Chettiar, M.A.,B.L.,
Minister for Education,
Fort St.George,
Madras.

AGRC
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122

ASST. SECRETARY TO GOVERNMENT
EDUCATION AND PUBLIC HEALTH DEPT.
8 - DEC 1947

123

65

CHAPTER XI.

Medical Inspection.

In the year 1927-28, the University introduced the system of Medical Inspection for students of the first and third year classes. Today all Colleges have one or more Medical Officers to examine the students in the first and third year of studies, and to note such common physical defects as may be ascertained after a general examination. The reports of the Medical Officers are forwarded to the parents by the Principals of Colleges, whenever the nature of the report/ renders it necessary.

2. The General Inspection Commission, after a careful scrutiny of the reports of Medical Inspection and after interviewing a good many of the Medical Officers of Colleges has come to the conclusion that the medical inspection of students conducted as at present has not produced the results that were expected. The 1928 Commission reported "It is obvious that a great/ deal of the value of medical inspection must be lost if there is no proper follow-up work at home. It may be hoped, however, that when Physical Instructors are appointed, they will work in close cooperation with Medical Officers and make it a part of their duty that as far as possible the treatment suggested by the Doctor is carried out in each case." This hope has unfortunately not materialised even though in some Colleges a good deal of attention is paid to the medical inspection and the reports. There is no follow-up of defective cases; they are not periodically re-examined, nor effective steps taken to cure them. Under these circumstances, the Commission has regretfully come to the conclusion that such a system of medical inspection will yield no substantial benefits.

3. In view of the continuous and detailed work necessary for effective medical inspection and the large numbers now in Colleges, the time has come when there should be a permanent and full-timed Medical Officer on the staffs of Colleges. In co-educational institutions there should be an additional part-time woman Medical Officer to look after the women students.

4. The permanent medical officer should be a medical graduate of and his duty will be not only to look after the welfare of the students but also to see that proper sanitary conditions are maintained in the college and the hostels. There should be a uniform system of medical inspection in all colleges, periodical inspection (at least twice in the year) of all students irrespective of their being senior or junior, coordination between the work of the Physical Director and the Medical Officer, careful maintainance of records of height, weight, chest measurements, and particulars of health of each student according to a well thought out form . The duties of the Medical Officer attached to a college should be --

(1) To conduct a thorough examination of every student at the beginning of every academic year, and to record its results;

(2) To watch and note his progress and note at least once during the academic year, preferably at the end of the second term;

(3) In cases where any defects have been brought to light to follow them up so that remedial measures may be taken either by the parents or by means of admission into a hospital;

(4) To inspect the college and its surroundings and to see that proper standards of sanitation are maintained; that where canteens are provided, the kitchens and water supply are kept in proper condition;

(5) To attend on resident students and staff in case of illness;

(6) To look after the sanitation of the hostels, and particularly kitchens, bathrooms and sanitary conveniences;

(7) To be present in the college every day during a fixed period of the day, afternoon or forenoon, in order that students might easily consult him;

(8) To advise the Physical Director in regard to the exercises suitable for different students and where necessary to recommend exemptions;

(9) To arrange for admission to a hospital in cases of serious illness of students, and to see that they are properly looked after;

(10) To maintain a dispensary wherever feasible and to secure medical stores for students on a cooperative basis

(11) To conduct classes in First Aid and Ambulance work, and where necessary to teach subjects such as Physiology and Hygiene either as part of the curriculum of studies in the college or as an extra-curricular activity for such students as wish to learn them.

5. Thus the duties proposed for a full time Medical Officer are so many and of such importance that he should be considered one of the important members of the staff; hence it should not be considered excessive to offer him the grade and salary of a professor.

6. The Medical Officer may be allowed to have consultative practice mainly to keep himself in touch with all aspects of medical work; but it should be clearly understood that his main duty is to the college, the associated hostels and the staff and students. The financial burden on the college will not be heavy if a reasonable fee is collected from all students, and an additional fee from members of the hostel. In view of the great advantages that are likely to accrue from such a scheme, it is hoped that the Government will see its way to include this item also in its scheme of grant-in-aid.

128-

C.F. 32 (a).

Education Department

From (Name) Dr. S.R.U. Savoor, M.A., D.Sc., I.E.S.,
Designation Director of public Instruction,
Station Madras.

Received Registered

To

The Secretary to Government,
Education and public Health
Department, Madras.

Enclosures:

R.C. No. 4573 B4/46. dated 2-12-47 194

Sir,

Sub:- Medical Inspection of school Children.

***

With reference to Government Memo.No. 73951 G-1/46-10 P.H. dated 25-11-47 I have the honour to state that the matter regarding needing Inspection of schools has been discussed with the Hon'ble Minister for Education and his note on the subject is awaited.

for Director of Public Instruction.

pkr.3/12

Edn & P.H. Dept.(A).

Medl.Inspection - Schools and colleges - Appt. of an addl. Dy.D.P.I. - Sanctd.

Read:-

G.O.(MS.) No. 309 Edn., dated 17-2-48

The Govt. sanction the employment of an Addl. Dy.D.P.I. in the Office of the D.P.I. on a scale of pay of Rs.600-1,000 in the M.E.S., to work out details relating to the scheme for medl. inspection of pupils in schools and colleges.

2. Sanction is also accorded for the employment of the follg. staff in the Office of the D.P.I. for the work refd. to inpara 1 above:

(1) One Upper Divn. clerk
(2) One steno-typist
(3) one peon.

3. The sanctions will hold good for a period of one year from the date (or dates) on which the posts are filled.

4. The D.P.I. is requested to send to Govt., in consultation with the D.P.H., a draft of the ad hoc rules to be framed for the post of Addl. Dy.D.P.I. and also proposals for the appt. of a suitable person of the status of Asst.D.P.H. to the post.

To the D.P.I.
" D.P.H.
" AG.(thro' Fin.)
Copy to A Secn.

69

NOTE FOR THE CABINET.

A system of medical inspection of pupils in schools and students in colleges was in force prior to 1932. The main features of the scheme were:

(1) that it was compulsory in the case of:-

(a) Secondary schools for boys including secondary departments of Arts Colleges for men and Model schools of the secondary grade attached to training institutions for men,

(b) Arts Colleges for men and women in the Madras University area, and

(c) Elementary schools for boys in areas where compulsory education had been introduced as far as boys were concerned and

(2) that it was optional in the case of:-

(a) Arts Colleges for men and women in the Andhra University area,

(b) Secondary schools for girls, and

(c) Girls reading in secondary schools for boys.

The Govt. were giving grants to local bodies to the extent of Rs.51,900 per annum for the purpose of medical inspection of pupils in schools. In 1932, the system of medical inspection of pupils referred to above was abolished as it was not producing results of sufficient practical value to justify its continuance. The main defect of the scheme was that most of the pupils of the elementary schools were neglected and that there was no regular 'follow up'; treatment being left to be arranged for by the parents. Since 1932, several attempts were made to evolve a more useful scheme but, mainly owing to financial stringency no scheme could be sanctioned.

2. One of the schemes included in the post-war five year plan is the medical inspection of school children. The Bhore Committee set up by the Govt. of India have also emphasised the necessity for the medical inspection of school children. In 1947, H.M. (Edn.) called a conference of the Surgeon - General, the D.P.I., The D.P.H., the Principals of the City

Medical Colleges, etc., to evolve a scheme of medical inspection which should be, as far as possible, self-supporting. A scheme for medical inspection has accordingly been drawn up. The scheme has finalised, is explained in the succeeding paragraphs

3. The scheme is to confine medical inspection to secondary schools and Govt. colleges and leave out Mly. schools for the present, due to the uncertainty of the services of the R.M.Ps. & M.Os. in charge of primary centres becoming available for the purpose. The medl. inspection is to be done in Forms I and IV in secondary schools and in first year Intermediate class in colleges. Such of those pupils or students who have diseases or any other complaints are to be followed up after these examinations in children's clinics proposed to be kept in a separate room in the General Hospital itself. The necessary medicines for the clinics are to be taken from the general stores in the Hospl. Those clinics will be in charge of the Doctor of the School Medl. Service and his peon and will be provided with equipment for eye test and such other apparatus. A medicinechest at a cost of Rs.100/- each is proposed to be given to each of the 600 High Schools in the province at an estimated cost of Rs.60,000, non-recurring. Boys and girls in Forms I to VII are to be charged rupee one per head, in Forms IV to VI rupees 2 per head and in colleges Rs.3/- per head. The total fee income anticipated is Rs.4,51,383.

4. A school medl. service consisting of 65 Doctors with the qualifns. of I Class H.Os. is to be formed for the purpose of medl. inspection of schools and colleges. The estimated cost of the scheme is Rs.3,70,876 recurring and Rs.13,000 non-recurring. The cost of the School Medl. Service is to be met out of the fee income. The scheme is expected to be self-supporting. The intention is to create a separate fund out of the income from the fees levied as above and ear-marked it for medical inspection. The Doctors recruited for the school Medl. Service should undergo preliminary training for a month or two in Opthalmology, E.N.T. Diseases and such other diseases which affect children. This School Medl. Service is to be placed under the charge of an officer of the status of A.D.P.H. designated as Dy. Director in charge of School Medl. Service, who will be attached to the Edn. Dept. He is to be assisted by the necessary ministerial staff. The cost of this central organisation is estimated at Rs.21,048.

It is proposed that the cost of this Central Organisation should be met ~~by the~~ from Provl. ~~Government~~. funds

5. It was also proposed that one Deputy Director of Public Instruction in the scale of Rs.600-100/2-1000 with a small staff might be appointed at once to the office of the D.P.I. to work out details relating to the Medical Inspection Scheme. The cost on this account was proposed to be set of against the additional income derived from the increased tuition fees, 5 per cent of which was set apart for medical inspection and visual education.

6. The Finance Department while agreeing to the appointment immediately of a Special Officer with a small staff to work out details relating to the schemes suggested that the scheme might be referred to them after the details ~~are~~ were worked out. They also point out

(1) that the cost of medicines taken from the hospital should be added to the cost of the Scheme;

(2) that there was no need ~~for non-recurring expenditure of Rs.73,000~~ for on the supply of medicines chest to educational institutions.

(3) that it was not reasonable to levy from pupils who were not actually examined i.e. those in Forms II III and V and VI and those in classes IX to XI in colleges.

(4) whether a special fund should be constituted for the purpose of medical inspection ~~say the~~ way a question of policy on which orders of Cabinet should be taken in due course.

7. On re-circulation H.M.(Edn.) minuted as follows:

" Finance has raised certain points which must be met. I am afraid there has been a slight misunderstanding. The points that they have raised are -

(1) that a Special Officer may be appointed t cost of which will be Rs.13,000/- since there is already a fee of Rs.11,000/- collected for medical inspection the extra expenditure will be Rs.2,000/-

(2) while medical inspection is provided in For I and IV, how we can collect fees from other forms also?

(3) how the cost of medicine is to be met?

(4) the amount of Rs.73,000 which is supposed be shown as non-recurring expenditure whether it is necessar

and (5) that the special officer may be appointed and a scheme may be prepared and then put before the Cabinet later on.

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I am sorry in most of the matters referred to above, the matter has not been clearly understood. With regard to (1) above, the income that has been received by way of medical fees is Rs.11,170. But the Officer that we want for this year is for the end of the school year which will nearly be 1½ months even if the orders are issued today. The cost of that will be only about Rs.2000/- for this year. And so there is a net extra income of nearly Rs.9000/- and not an extra expenditure of Rs.2000/- when this year's account is taken into consideration.

Clarification has been asked for whether the Special Officer and the Officer who will be in charge of organising the school medical service are two posts or one and the same. There is only one officer asked for at the Central Office and that is the Officer of the grade of the Deputy Director of Public Instruction, who will organise this work of school medical service.

(2) While detailed medical inspection will be made in Forms I and IV other students also will be examined in a less detailed manner, perhaps and they will also be treated whenever necessary and will have the full benefit of the clinics to be opened under the scheme. In fact this follow up work is more important and more costly. And so it is but proper that fees should be charged for all. And after all the fee charged is very small i.e., Re.1 per year in the lower forms and Rs.2/- per year in the higher forms.

(3) The children of the schools as others among the public, are entitled to be treated in our hospitals and the Public Health Department also has no objection to the proposal set in here that the medicines must be supplied by them.

(4) This may not be taken up now, but may be considered while organising the school medical service if necessary.

(5) Finance has suggested that a Special Officer may be appointed now and a scheme may be prepared by him and then put through the Cabinet. I do not think this circuitous procedure is necessary. The Scheme that has been proposed in this file has been evolved out of a discussion with the Surgeon-General, the Director of Public Health and the D.P.I. What is to be done by the Deputy Director for School Medical Service is to draw up the qualifications for the school Medical Service, conditions of service etc., within the framework of this proposal. I do not think it is necessary we should wait for these small details to go in before we take up the consideration of the scheme itself. The broad principles of the scheme may be approved now and the scheme may be worked within those principles.

The scheme is self-supporting. We do not ask the Government to bear anything except for the cost of the Deputy Director for school medical service at the Central Office. And so I suggest that approval may be given to the scheme so that the Deputy Director for School Medical Service may be appointed immediately and may be asked to organise the School Medical Service.

The income for the fund is Rs.4,51,383 as has been pointed our earlier. The expenditure in the first year will be Rs.2,86,082 while the ultimate expenditure will be Rs. 3,70,876. Even if we take theultimate expenditure for purposes of calculation, there will be a net income of Rs.84,794 to be utilised for the furthernace of the scheme when necessary. And so it may be seen that the scheme is absolutely self-supporting and I would suggest the scheme may be allowed to be sanctioned immediately and a Deputy Director of Public Instruction for School Medicine Service on the grade mentioned above may be appointed immediately so that he may begin the organisation of the work since there is already Rs.11,170 to the credit of the fund and expenditure in this year will only be

71

be about Rs.2000/-

Yes.
BGR.,

If H.M.(Fin.) thinks that the matter may be referred to the Cabinet as suggested by the Finance Department that may be done and in the meantime the officer referred to above may be appointed.

T.S.A(vinashilingam)
16-2-48. "

The Hon'ble Minister for Finance has minuted as follows:

Dy.Director
(School Medical
Service)

"The scheme may come into force from 1-6-1948 and the Special Officer may be appointed in April or May or if necessary from March itself.

B.G(opala)(Reddy),
17-2-48. "

H.P.V. has agreed to the proposal being placed before the Cabinet.

8. Orders have been issued sanctioning the employment in the office of the D.P.I. of an additional Dy.D.P.I. on a scale of pay of Rs.600-1000 in the M.E.S. to work out details relating to the scheme.: with a staff consisting of one upper division clerk, one stenographer and one peon. The intention is to appoint to the post of a person of the status of A.D.P.H.

9. As ordered ~~by H.M.(Edn.)~~ in Cabinet the note ~~and~~ on the scheme ~~are~~ is placed before the Cabinet for orders whether the ~~particular~~ broad principles of the scheme ~~should~~ will be approved ~~and~~ details being left to be worked out later on; ~~and particularly~~ the ~~scheme worked within those principles. and~~

(2) whether a special fund ~~should~~ may be constituted for the purposes of the scheme.

20/2/48

[illegible]

136

137

Education and Public Health Department

NOTE FOR THE CABINET

72

A system of medical inspection of pupils in schools and students in colleges was in force prior to 1932. The main features of the scheme were:

(1) that it was compulsory in the case of:-

(a) Secondary schools for boys including secondary departments of Arts Colleges for men and Model schools of the secondary grade attached to training institutions for men,

(b) Arts Colleges for men and women in the Madras University area, and

(c) Elementary schools for boys in areas where compulsory education had been introduced as far as boys were concerned and

(2) that it was optional in the case of :-

(a) Arts Colleges for men and women in the Andhra University area,

(b) Secondary schools for girls, and

(c) Girls reading in secondary schools for boys.

The Government were giving grants to local bodies to the extent of Rs.51,900 per annum for the purpose of medical inspection of pupils in schools. In 1932, the system of medical inspection of pupils referred to above was abolished as it was not producing results of sufficient practical value to justify its continuance. The main defect of the scheme was that most of the pupils of the elementary schools were neglected and that there was no regular 'follow up'; treatment being left to be arranged for by the parents. Since 1932, several attempts were made to evolve a more useful scheme but, mainly owing to financial stringency no scheme could be sanctioned.

2. One of the schemes included in the post-war five year plan is the medical inspection of school children. The Bhore Committee set up by the Government of India have also emphasised the necessity for the medical inspection of school children. In 1947, Hon'ble the Minister (Education) called a conference of the Surgeon-General, the Director of Public Instruction, the Director of Public Health, the Principals of the City Medical Colleges, etc., to evolve a scheme of medical inspection which should be, as far as possible, self-supporting. A scheme for medical inspection has accordingly been drawn up. The scheme as finalised, is explained in the succeeding paragraphs.

3. The scheme is to confine medical inspection to secondary schools and Government colleges and leave out elementary schools for the present, due to the uncertainty of the services of the Rural Medical Practitioners and Medical Officers in charge of primary centres becoming available for the purpose. The medical inspection is to be done in Forms I and IV in secondary schools and in first year Intermediate class in colleges. Such of those pupils or students who have diseases or any other complaints are to be followed up after these examinations in children's clinics proposed to be kept in separate rooms in the General Hospital itself. The necessary medicines for the clinics are to be taken from the general stores in the Hospital. These clinics will be in charge of the Doctor of the School Medical Service and his peon and will be provided with equipment for eye test and such other apparatus. A medicine chest at a

cost

cost of Rs.100/- each is proposed to be given to each of the 600 High Schools in the province at an estimated cost of Rs.60,000, non-recurring. Boys and girls in Forms I to ~~XXX~~/III are to be charged rupee one per head, in Forms IV to VI rupees 2 per head and in colleges Rs.3/- per head. The total fee income anticipated is Rs.4,51,383.

4. A school medical service consisting of 65 Doctors with the qualifications of I Class Health Officers is to be formed for the purpose of medical inspection of schools and colleges. The estimated cost of the scheme is Rs.3,70,876 recurring and Rs.13,000 non-recurring. The cost of the School Medical Service is to be met out of the fee income. The scheme is expected to be self-supporting. The intention is to create a separate fund out of the income from the fees levied as above and ear-marked it for medical inspection.

The Doctors recruited for the School Medical Service should undergo preliminary training for a month or two in Opthalmology, Ear, Nose and Throat Diseases and such other diseases which affect children. This school Medical Service is to be placed under the charge of an officer of the status of Assistant Director of Public Health designated as Deputy Director in charge of School Medical Service, who will be attached to the Education Department. He is to be assisted by the necessary ministerial staff. The cost of this central organisation is estimated at Rs.21,048. It is proposed that the cost of this Central Organisation should be met from Provincial funds.

5. It was also proposed that one Deputy Director of Public Instruction in the scale of Rs.600-100/2-1000 with a small staff might be appointed at once to the office of the Director of Public Instruction to work out details relating to the Medical Inspection scheme. The cost on this account was proposed to be set of against the additional income derived from the increased tuition fees, 5 per cent of which was set apart for medical inspection and visual education.

6. The Finance Department while agreeing to the appointment immediately of a Special Officer with a small staff to work out details relating to the schemes suggested that the scheme might be referred to them after the details were worked out. They also pointed out

(1) that the cost of medicines taken from the hospital should be added to the cost of the scheme;

(2) that there was no need for the supply of medicine chests to educational institutions.

(3) that it was not reasonable to levy from pupils who were not actually examined ie. those in Forms II and III and V and VI and /to those in classes II ~~and~~/IV in colleges.

(4) that whether a special fund should be constituted for the purpose of medical inspection was a question of policy on which orders of Cabinet should be taken in due course.

7. On re-circulation Hon'ble the Minister (Education) minuted as follows:

"Finance has raised certain points which must be met. I am afraid there has been a slight misunderstanding. The points that they have raised are -

(1) that a Special Officer may be appointed the cost of which will be Rs.13,000/- since there is already a fee of Rs.11,000/- collected for medical inspection the extra expenditure will be

Rs.2,000/-

(2) while medical inspection is provided in Forms I and IV, how we can collect fees from other forms also?

(3) how the cost of medicine is to be met?

(4) the amount of Rs.73,000 which is supposed to be shown as non-recurring expenditure whether it is necessary?

and (5) that the special officer may be appointed now and a scheme may be prepared and then put before the Cabinet later on.

I am sorry in most of the matters referred to above, the matter has not been clearly understood. With regard to (1) above, the income that has been received by way of medical fees is Rs.11,170. But the Officer that we want for this year is for the end of the school year which will nearly be 12 months even if the orders are issued to-day. The cost of that will be only about Rs.2000/- for this year. And so there is a net extra income of nearly Rs.9000/- and not an extra expenditure of Rs.2000/- when this year's account is taken into consideration.

Clarification has been asked for whether the Special Officer and the Officer who will be in charge of organising the school medical service are two posts or one and the same. There is only one officer asked for at the Central Office and that is the Officer of the grade of the Deputy Director of Public Instruction, who will organise this work of school medical service.

(2) While detailed medical inspection will be made in Forms I and IV other students also will be examined in a less detailed manner, perhaps and they will also be treated whenever necessary and will have the full benefit of the clinics to be opened under the scheme. In fact this follow up work is more important and more costly. And so it is but proper that fees should be charged for all. And after all the fee charged is very small i.e., Re.1 per year in the lower forms and Rs.2/- per year in the higher forms.

(3) The children of the schools as others among the public, are entitled to be treated in our hospitals and the Public Health Department also has no objection to the proposal set in here that the medicines must be supplied by them.

(4) This may not be taken up now, but may be considered while organising the school medical service if necessary.

(5) Finance has suggested that a Special Officer may be appointed now and a scheme may be prepared by him and then put through the Cabinet. I do not think this circuitous procedure is necessary. The scheme that has been proposed in this file has been evolved out of a discussion with the Surgeon-General, the Director of Public Health and the Director of Public Instruction. What is to be done by the Deputy Director for School Medical Service is to draw up the qualifications for the School Medical Service, conditions of service etc., within the framework of this proposal. I do not think it is necessary we should wait for these small details to go in before we take up the consideration of the scheme itself. The broad principles of the scheme may be approved now and the scheme may be worked within these principles.

The scheme is self-supporting. We do not ask the Government to bear anything except for the cost of the Deputy Director for school medical service at the Central Office. And so I suggest that approval may be given to the scheme so that the Deputy Director

for

for School Medical Service may be appointed immediately and may be asked to organise the School Medical Service.

The income for the fund is Rs.4,51,883 as has been pointed out earlier. The expenditure in the first year will be Rs.2,86,082 while the ultimate expenditure will be Rs.3,70,876. Even if we take the ultimate expenditure for purposes of calculation, there will be a net income of Rs.84,794 to be utilised for the furtherance of the scheme when necessary. And so it may be seen that the scheme is absolutely self-supporting and I would suggest the scheme may be allowed to be sanctioned immediately and a Deputy Director of Public Instruction for School Medical Service on the grade mentioned above may be appointed immediately so that he may begin the organisation of the work since there is already Rs.11,170 to the credit of the fund and expenditure in this year will only be about Rs.2000/-

Yes.
B.G.R.

If Hon'ble the Minister (Finance) thinks that the matter may be referred to the Cabinet as suggested by the Finance Department that may be done and in the meantime the officer referred to above may be appointed.

T.S.A(vinashilingam)
16.2.48."

The Hon'ble Minister for Finance has minuted as follows:

Deputy Director (School Medical Service)

"The scheme may come into force from 1.6.1948 and the Special Officer may be appointed in April or May or if necessary from March itself.

B.G.(opala) (Reddy),
17.2.48."

The Hon'ble Premier has agreed to the proposal being placed before the Cabinet.

8. Orders have been issued sanctioning the employment in the Office of the Director of Public Instruction of an additional Deputy Director of Public Instruction on a scale of pay of Rs. 600-1000 in the Madras Educational Service to work out details relating to the schemexx with a staff consisting of one upper division clerk, one stenographer and one peon. The intention is to appoint to the post of a person of the status of Assistant Director of Public Health.

9. As ordered in circulation this note on the scheme is placed before the Cabinet for orders whether the broad principles of the scheme will be approved details being left to be worked out later on;

(2) whether a special fund may be constituted for the purposes of the scheme.

M.V.Subramanian,
Secretary to Government

141

Dr. T.S.S.Rajan

GOVERNMENT OF MADRAS

Fort St. George,
1st March 48

94

My dear Avinasalingam,

I have studied your notes and the file relating the School Medical Inspection. I am enclosing a Note on that question for circulation primarily to you and subsequently to the Members of the Cabinet. pp 143-148 wcs

Yours sincerely,

The Hon'ble
Sri T.S. Avinashalingam Chettiar,
Minister for Education.

142

143

NOTE TO THE MEMBERS OF THE CABINET.

75

Post War Education Reconstruction - Scheme of Medical Inspection of students in colleges and pupils in schools.

I have perused the ponderous file relating to medical inspection of students in colleges and pupils in schools sent to me by the Hon'ble Minister for Education. I am thankful to him for his information he has provided so far, and also for giving me the skeleton of his ideas that are expounded in the file.

Before I discuss the merits of the whole scheme I would like to bring to the notice of my Colleagues in the Cabinet one or two facts:

(1). I was one of those earliest in the field to suggest and develop the system of medical school inspection which I commenced somewhere about the year 1915. My scheme of work along with my suggestions formed the skeleton which the Education Dept. took up. On the whole the scheme has been under trial from the year 1915 upto 1932, after which the scheme has been given up. From 1932 till now no attempt has been made to revive it.

(2) Before we go into the question of the proposals in the scheme I would suggest to my Colleagues that it would be a fruitful investigation to find out as to why the scheme that was tried for nearly 15 years was given up. The departmental notes which I was able to peruse in this file ~~xxxx~~ give me the idea that no useful purpose was served by these medical inspections. Apart from the question of finance which will be very heavy and will certainly not be confined to the small figure of Rs.15,000 or so mentioned by the Hon'ble Minister for Education, there is a good deal of consideration that has got to be gone into. I know that the Surgeon-General, the Director of Public Health and the Director of

Public Instruction have all sat together on this question and have formulated these proposals. It is not my desire to challenge the conclusions of the learned Heads of the Departments whose opinion we are bound to consider with great regard. But as one who organised the work from the beginning in this Presidency and carried it through for some years I feel that I should state my experience for what it is worth. I want to place before the Members of the Cabinet that there should be a purpose motive in the medical inspection of school children. According to me there are three special reasons for undertaking this inspection:

(1) Whether all the boys that are admitted into schools either compulsorily or voluntarily are physically sound to undergo the training that is put up in the curriculum for each year.

(2) The effect of the educational curriculum on the health of the boys continued for over a number of years.

(3) Whether the curriculum imposed upon the boys is or is not responsible for the bad health the boys develop either in the school or later in the college and later in their career which makes them literally unfit to benefit by the education they have received.

These are the responsibilities of the State particularly if they introduce compulsory system of education.

According to me the present ordinary medical practitioner is certainly not fit to carry out the duties of medical inspection imposed upon him. What I mean to say is that doctors should have to be specially trained for some time before they could be entrusted with the work. Medical men who are not specially trained for this purpose should not be employed.

When once these specialised doctors of School Medical service are trained and the boys' health chart started on sound conditions it should be the duty of these medical officers to develop the health of the boys along with the progress of the studies from year to year till they complete the educational curriculum. Therefore the idea of school medical inspections should not be merely the compilation of health chart of all pupils under instruction. In fact that is the starting point of the medical inspection programme. These specially qualified men have to continue their career of attention to the boys under instruction from year to year and must produce a perfect health chart consistent with the age of the boy and with the nature of the duties which he will have to take up when once they finish their educational career. Evidently the system of school medical inspection failed in satisfying these useful purpose and to me it seems that the failure was due to one of the following causes:

(1) A mere record of the defects found during inspection is not enough to help either the boy or the parents in making them feel convinced of the services rendered by a mere categorical record of the defects found without following it up till these defects are remedied. Therefore the school inspection if it is to be of any use has got to be followed by a system of school clinics that should become part and parcel of these institutions developed with the requisite nursing and medical personnel. The investigation of the defects has got to be followed by proper remedies to get over the defects and make the school boys realise the benefit of the treatment given to them. Such a thing was not done.

96

(2). At the end of 15 years of investigation what was seen was a long category of diseases spotted by the medical examiners with no organised attempt to eradicate or to prevent the boys from developing such ailments as are incidental to a school boy.

It was therefore widely given up till the scheme was unearthed again by the Post War Reconstruction Committee. If the scheme has to be revived again the pitfalls have got to be avoided and they are as follows:

(1) A separate system of school medical officers have got to be trained properly and ~~the~~ a Department should be in charge of them.

(2) There should a separate school inspection department under the direction of the Public Health Department controlled if need be by the Education Department.

(3) Provision should be made for a system of school clinics in all those institutions where medical inspection is made compulsory.

(4) Defects as are found to be the result of conditions of ~~deficiency~~ deficient nutrition and environments should be remedied before we expect any results out of this system of inspection.

(5) It should be made applicable to all boys and girls of the school going age from First Form upwards.

(6) The Medical Inspectors should be whole-time officers who shall study the result of their inspection and find remedies to put the defects found in the inspection in proper order and to see that these defects do not recur. The meagre amount that is set apart for this apology of an inspection is absolutely insufficient for the purpose. A thorough investigation has got to be made of and the full financial implications of the scheme.

Even before the year 1932 when the scheme was given up ~~xxxxxxx~~ some amount of fee was collected and the scheme now propounded was the one adopted then and it has been found after a lapse of time that it has not answered our purpose. Therefore the Public Health Department and the Medical Department should be asked to depute a committee of informed persons to go into this question and get at the medical inspection records of the previous years and find out what should be done to make the medical inspection a useful national asset. Unless this is done I am afraid we will not be able to realise any better results than was ~~xxx~~ obtained in the years 1915 to 1932. I have gone through the whole file carefully . Except ~~that~~ of a number of opinions with regard to the suggestions of the Post War Reconstruction scheme I have not yet come across a studied discussion of the whole question, even by the Surgeon General or the Director of Public Health. It is wrong in my opinion to have - collected a ~~fee~~ fee from the students in anticipation of doing something the details of which we were not aware of. I would even suggest that we should return these fees to the boys and settle down to formulate a sound scheme and then find the ways and means to carry out efficiently the details. ~~Unless this is done~~ I am afraid the present scheme has been prepared in haste and is very scrappy. The personnel that is suggested for carrying out this scheme ~~is~~ has been done without much thought and consideration. Details have not been looked into with a view to attaining perfect health ~~is~~ as a result of these investigations. The Cabinet is not well-advised to take up this scheme before the preliminaries I have

148

suggested are properly gone into and a thorough, efficient well-thought out scheme placed before us for consideration. I would ask the Minister for Education to consider what I have said in the light of my experience and formulate a scheme if need be on the lines I have suggested. For my part I have no objection to place my knowledge and experience at his disposal whenever and wherever he may require it.

[signature]
1.3.48

D.O 8673 e1/48-4 Edn dated 8-4-48. EOPH(ce)

149

Issue today
[signature]

My dear colonel
My dear Rao Bahadur
Dear Mr. Reddi
My dear Major

Sub: Scheme of School Medical Service.

I am to say that the HM (Edn) desires to meet in a conference the H.M's (Food) and (P.H) and the following ~~[illegible]~~ officers to ~~dis~~ consider a scheme ~~of~~ for a school medical service:-

The Surgeon-General
The Director of Public Health
The Director of Public Instruction
Major Krishna Rau, Inspecting Medical Officer, Presidency College
Two ~~Medica~~ Women Medical Officers (names to be specified later)

I am to ~~[illegible]~~ request that you will make it convenient to be present at the conference

which will be

to be held in the room of the HM (Edn) in the Sectt. at 11 A.M. on 15-4-48. A copy of a note on the scheme for discussion at the conference ~~of a scheme~~ ~~medical service~~ is enclosed.

Yours sincerely,

To

Colonel S. L. Bhatia
C.I.E., M.C., M.A.,
M.D (Cantab),
F.R.C.P (London)
F.R.S (E) (with copy of note)

Rao Bahadur
Dr. R. M. Mathews
D.P.H., D.T.M. & H
M.R.C.P (with copy of note)

~~Mr.~~ D. S. Reddi Esq.
M.A (Oxon), M.B.E
D.P.S. (with copy of note)

Major Krishna Rau
Inspecting Medical Officer,
Presidency college
(with copy of note)

151

D.O.No. 73096-30 PW/45

SECRETARY, EDN. AND P. H. DEPT.
12 APR 1948
GOVERNMENT OF MADRAS

OFFICE OF THE SURGEON GENERAL
WITH THE GOVERNMENT OF MADRAS,

Madras 6, dated 9-4-1948.

My dear Sri Subramanian,

26423

I am thankful for your D.O. letter No.8673 Cl/48-4 Edn, dated 8th April 1948.

I shall be glad to attend the Conference in the room of the Hon'ble the Minister for Education in the Secretariat on 15th April 1948 at 11 A.M.

Yours Sincerely,
S. L. Bhatia

M.V. Subramanian, Esq., I.C.S.,
Secretary to Government,
Education and Public Health Department,
MADRAS.

152

153

Fort St. George,
15th April, 1948.

DearColonel,
Dear Doctor,

I am herewith sending you a copy of the notes of the Conference in connection with the School Medical Inspection. You may kindly consider the conclusions of the Conference and let me have your suggestions as to how best the present School Medical Service could be improved in view of these suggestions.

Yours sincerely,

Col. Bhatia, S.G.
D.P.H.(Dr.Mathews).

Copy to Secy., E. & P.H.

conference summoned for to-day's meeting took
in my room.

ble Minister for Food.

Hon'ble Minister for Public Health.

Director of Public Instruction

Surgeon-General with the Govt.of Madras

Director of Public Health

Major Krishna Rao &

myself were present.

In my introductory remarks, I made it clear that the old Medical Inspection which existed many years back failed due to the following reasons:

(i) It was only medical inspection without any follow-up work.

(ii) The reason for many of the diseases was mal-nutrition and nothing could be done in that direction.

(iii) Systematic health work was not done but only mere medical inspection was made and cards were issued to parents and it was left entirely to parents to do whatever they pleased with the result that the parents did not care for the cards and the Medical inspection went in vain.

If we are to improve the medical inspection, these defects must be avoided.

In the matter of nutrition, Government began providing mid-day meals but, it was given up in view of the huge cost which finallycame to 4½ crores and also in view of Prohibition which would result in putting nearly 50 crores of rupees in the hands of the people.

In the present proposal, arrangements have been made for the follow-up work. After pointing out the defects to the parents, the School Medical Service will not keep mum but would provide for the rectification of those defects.

H.M.(Food) pointed out that we must make sure of our objective. Our objective must be to have a healthy race of men and women so that we may recruit good soldiers for the army and for all other departments. With this end in view, the medical inspection should take place. Besides, the follow-up work must be done. For this matter, the District and Taluk Hospitals and the School Medical Service should work in co-ordination. The School Medical Inspection to be effective must not be left to the choice and whims of the parents but must be pursued by the State through the School Medical Service, so that the defects may be rectified. While he also thought that it is not possible at the present stage to provide for nutrition, most of the avoidable defects must be tackled with and cured through the School Medical Service.

H.M.(Public Health) pointed out that having one or two doctors for each district may not result in proper medical inspection and so, voluntary help as well as part-time doctors must be pressed into service.

The Surgeon-General pointed out that proper co-operation between the Medical Service in the Districts as well as the School Medical Service should be established. He read out objectives of School Medical Service from the Bhore Committee Report and he also said that voluntary doctors and doctors on a part-time basis should be recruited for School Medical Service in consultation with the District Medical Officers in the Districts.

The D.P.H. also said that these things could be provided and the present proposals improved upon with these ideas.

Major Krishna Rao gave us his experience and suggestions with regard to this scheme.

The final conclusions that were arrived at were as follows:

(1) The objectives of the scheme must be defined clearly as explained by H.M.(Food).

157

82

(2) Voluntary medical service and service on a part-time basis must be organised as suggested by H.M.(Public Health).

(3) Co-operation between the School Medical Service and Medical Departments inthe district must be ensured.

(4) Doctors in the School Medical Service should be paid the same scale of pay as doctors in the Medical Department.

While the administrative control will be with the D.P.I., the technical work will be done in close consultation with the Surgeon-General.

Health Education must be given to the teachers through Training Schools so that teachers properly trained for the purpose, will co-operate with the School Medical Service in doing their work.

These suggestions may be sent to the Surgeon-General and the D.P.H., so that in consultation with each other, they may formulate proper proposals to carry out these ideas in the Scheme.

158

12

159

83

5,002—30-3-48.

ASST. SECRETARY TO GOVERNMENT
22 APR 1948
EDUCATION AND PUBLIC HEALTH DEPT.

GOVERNMENT OF MADRAS

PUBLIC (INFORMATION AND PUBLICITY) DEPARTMENT

Extract from The Hindu

of Madras, dated the 17th April 48

2947

HEALTH OF SCHOOL CHILDREN

THE Joint Committee of the Central Advisory Boards of Health and Education which went into the question of medical inspection of school children and the teaching of hygiene in schools in 1941 was of the view that possibly about fifty per cent of school children in this country were in need of medical attention or observation. The percentage should certainly be higher to-day. Economic conditions in general have worsened since 1941 and essential foodstuffs are either scarce or prohibitively costly. There can be no doubt that people generally to-day eat less food, and less nutritious at that, than in 1941. In the absence of a proper health census, it is not possible to have any precise idea of the effect of wartime shortages on the general health and stamina of the people, but there are strong grounds for the view that the national physique has definitely deteriorated during the past few years. To what extent children, who are the hope of the future, have suffered may be hard to assess, but it is well known that the State in India has not attempted to take any of the special measures for protecting children which were adopted during the war years in Europe and Britain, for instance. The Joint Committee, in its report, was severely critical of the way in which the Provincial Governments generally had dealt with medical inspection in schools and commented on "the frequency with which a system of medical inspection has been started in a Province, only to be abandoned after a short while as a measure of economy". Our own Province has not been a shining example in this respect. Here a scheme applicable only to recognised secondary schools was introduced in 1925 and extended in 1928 to colleges and to elementary schools in areas where compulsory education was in force. It was, however, short-lived. In 1932 it was suspended "owing to financial stringency", and in 1941 medical inspection was confined to schools in Madras City and in the Poonamallee Health Unit. It does not seem as if there had been any extension of the scheme since then; but in any case, in view of the many inadequacies of the scheme as it was in operation then, there is clear need to think of something much more comprehensive and adequate for the purpose in view.

The problem is understood to have been discussed at a conference of the Education, Food and Health Ministers and the Surgeon-General, the Director of Public Health, the Director of Public Instruction and Major Krishna Rao. The Ministers seem to have felt that mere medical inspection, once or twice a year, is of no use unless it forms part of a scheme to develop good physique among school children and medical inspection is followed up by necessary remedial action. The need for co-ordinating school medical services with the general public health and medical services appears to have been stressed. The Surgeon-General and the Director of Public Health have been asked to forward proposals in the light of these discussions. Without seeking to anticipate their proposals, we should like to urge the need for an intensive health survey among school children with a view to obtaining a clear picture of the present physical condition of the school children, the incidence of various ailments amongst them, the possible causes of these ailments and the nature of the curative and preventive measures to be taken. Quite a large number of children seem to suffer from deficiency diseases of various kinds which could be eliminated by providing foods containing the vitamins they lack. There has been, judging from appearances, an alarming increase in the incidence of eye diseases which ought to be investigated. The chief defects of such medical inspection as has obtained hitherto are its perfunctory character and the absence of any follow-up action on the medical inspectors' report. Parents, who are expected to act on the report, are either indifferent or cannot afford the expense. We think the time has come when every large-sized school ought to have a regular clinic attached to it. Such clinics have been functioning usefully in the U.P., N.-W.F. Province and Delhi. The Bhore Committee, in recommending a comprehensive health service for school children, emphasised that "a school clinic should be established at the headquarters of each primary unit to perform duties in connection with the school health programme in the same manner in which the maternity and child welfare centre we have recommended is intended to help in the promotion of health work among mothers and children". Above all, the importance of providing for all school children protective foods such as milk and cod or shark liver oil with one or other vitamin cannot be over-estimated. It is well known that the provision of free milk and hot mid-day meals to school children in Britain has done more than any other factor to improve their health and physique. In India, where parents are admittedly much poorer, the need for similar provision for children is all the greater. Considerations of finance should not stand in the way of early action. For to neglect the child of to-day is to handicap the adult of to-morrow. And, what is more, in a world constituted as it is to-day, we cannot afford to be a C3 nation, physically or economically.

CFD

161

D.O. 73096 -329.W/45

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

Madras 6, dated 23-4-1948.

My dear Hon'ble Sri Avinashilingam Chettiar,

84

p 153 and

In reference to your letter dated 15th April 1948 regarding the scheme for medical inspection of school children, the Director of Public Health and I have jointly considered the whole matter in the light of conclusions arrived at the Conference held on 15th April 1948. A note prepared by us on the various points raised at the Conference is enclosed.

pp 163-171 W2

Yours Sincerely,
S. L. Bhatia

The Hon'ble Sri T.S.Avinashilingam Chettiar, BA.BL.MLA
Hon'ble Minister for Education,
Madras.

MEDICAL INSPECTION OF SCHOOLS.

The object of school medical inspection is to detect sufficiently early physical and mental defects in school children and to correct such defects by proper treatment in order to make them more healthy and physically fit so that they may derive the maximum benefit from the teaching at school and grow into healthy and useful citizens.

The Bhore Committee has suggested the following to be the functions to be performed by a School Health Service:-

"(1) Health measures - preventive and curative, which include - (a) the detection and treatment of defects and (b) the creation and maintenance of hygienic environments in and around the school,

and (2) Measures for promoting positive health, which include - (a) the provision of supplementary food to improve the nutritional state of the child, (b) physical culture through games, sports and gymnastic exercises and through corporate recreational activities, and (c) health education through formal instruction and the practice of a hygienic mode of life".

Any scheme for school medical inspection should provide for frequent medical examination and supervision, not only of children who are known to be weak and ailing, but also of all children attending schools, with a view to ensure early detection of unsuspected defects in order to check incipient diseases and to adapt or modify the system of education to the needs and capacity of the child.

The nucleus staff proposed in the scheme of the Hon'ble the Minister for Education both for Central Organization and for work in the districts is quite

adequate as a beginning. The work of this staff may be supplemented by part-time medical officers enlisted for the purpose from rural medical practitioners, private medical practitioners and Government and Local Fund medical staff. With the expansion of the health services as contemplated in the Post-war programme and the establishment of primary health centres, the areas included under such centres may be served by the respective medical officers in charge.

There can be no doubt that a scheme of school medical inspection will be incomplete unless suitable arrangements are made for the treatment of the defects detected at these inspections. Each school medical officer should have a central clinic for the purpose at his own headquarters. This clinic may be attached to the District or Taluk headquarters hospital as the case may be. Arrangements for treatment may also be made through the agencies of rural medical practitioners, private medical practitioners and Government, Local Board or Municipal medical institutions available in the locality. Specialist services for dental, ophthalmic, E.N.T. affections, skin conditions etc., may be provided for on a part-time basis through the available agencies in the District. Each school medical officer in consultation with the District Medical Officer concerned should be able to secure such services at convenient centres.

The common defects noticed during school medical inspection are malnutrition, various parasitic infestations, dental caries, visual defects, skin affections, adenoids and enlarged tonsils, running from ears, cardiac dys-function, rickets etc. Most of the minor ailments

can be treated at the school clinic itself under the general supervision of the school medical officer. Every school should have such a clinic. The school clinic may be placed in charge of the Head-master or any other responsible teacher, who should be given a short course of training for the purpose by the school medical officer.

The follow-up work is very important. It is not ~~x~~ practicable to appoint school nurses in the present stage of development. The service will become more costly and qualified nurses are quite scarce. Considerable work can however be done by having a "Care Committee" for each school. The members of the Committee may be present at the time of medical examination and can persuade the parents to arrange for appropriate treatment for the defects. They may also collect funds from philanthropists and other public-spirited people to give cod liver oil, milk, vitamin tablets etc., to poor children suffering from malnutrition. It may even be necessary in certain cases to meet the expenses for mechanical dentistry or for the purchase of spectacles. In the present economic condition free mid-day meal, though very commendable in itself, is not a practicable proposition.

School premises should provide the best possible hygienic environment for the school children and should present an object-lesson of cleanliness and of scrupulous regard to all sanitary precepts. Dirt should be reduced to a minimum by frequent inspections by the school medical officer and by the special efforts of the teacher who is specially trained for the purpose. It is very important that the drinking water in every school should be protected from contamination and sufficient latrine and urinal accommodation is provided. Health education should be

168

169

98

carried out through formal instruction in classes and by encouraging the practice of a hygienic mode of life.

Since school hygiene is intimately connected with the domestic and community hygiene, it is absolutely essential that the school medical officer should work in close co-ordination with the local health officer, though for purposes of control, he is under the Education department. The Assistant Director of Public Health who is proposed to be appointed as the Deputy Director of Public Instruction in charge of School Medical Inspection will ensure the necessary co-ordination of the school medical staff with the officers of the Public Health and Medical Departments.

The designation of the full-time medical officers in the school medical service should be "School Medical Officers" and not First Class Health Officers. The scale of pay proposed for them compares favourably with the Assistant Surgeons in the Medical Department. After recruitment, the School Medical Officers should be deputed for a special course of training for three months at Madras to fit him for the work. The details of this training will be worked out as soon as the scheme is sanctioned. The special course of training for the teachers may be arranged by the School Medical Officer himself.

Additional cost. -

The ultimate recurring expenditure on the scheme originally prepared by the Hon'ble Minister for Education is estimated to be about Rs.3,70,876. Additional provision will have to be made on account of remuneration to part-time medical officers for medical examinations and treatments. These part-time medical officers may be expected to carry on the work at their headquarter stations only. Approximately another lakh of children may be

examined by these agencies every year bringing the total number of medical examination to about 4 lakhs. Of the children examined about 15% may require treatment (10% ordinary medical treatment and 5% specialist treatment). The remuneration for medical examination by part-time medical officers may be fixed at four annas per child, for ordinary medical treatment, four annas per child and for specialist service One rupee per child. The additional cost will be:-

1.	Medical examination of 1,00,000 children at annas four per child.	Rs. 25,000.
2.	Ordinary medical treatment of 40,000 children at annas four per child.	Rs. 10,000.
3.	Specialist treatment for 20,000 children at Rupee One per child.	Rs. 20,000.
	Total.	Rs. 55,000.

S.K. Bhatia
Colonel,
Surgeon-General with the
Government of Madras.
23.4.48

20/4/48
Director of Public Health, Madras.

S.K.V. 23-4-48.

172

Maj. V. Krishna Row.
COSMOPOLITAN CLUB,
MOUNT ROAD,
MADRAS.

173

1/5.48.

My dear Hon'ble Avanasilingam Chettiar,

I thank you personally for making me a member of your Conference on School Medical Inspection.

I have given you a copy of my comments on your note. To-day, I am submitting herewith a 2nd note on the subject (enclosure). This may help you, in fully seizing the problem, in spite of the seeming reversal at the Conference.

2 days back, I had a

174

-2-

COSMOPOLITAN CLUB,
MOUNT ROAD,
MADRAS.

175

91

a discussion with Dy. D.P.I. (Mr V. Ranganatha Mudaliar). He wanted me to have a course of lectures on Health Education, to be given to teachers, ready.

I will attend to the problem & let you know the same shortly.

With your will & driving power, I wish you do succeed in putting this School Medical service, on a good footing. You can always command my services.

With best wishes & regards

Yrs Sincerely

V. Krishnagow

Maj. 1/5.

Maj.V.Krishna Row(Ex-I.M.S)
(Medl.Officer, Presidency College.Madras).
"Krishna Priya" South Usman Rd.
Thyagarayanagar.Madras.

T'Nagar.
20-4-48.

(Please reply to my home address).

177

92

To,

The Surgeon-General.Govt.of Madras. Madras.
The Director of Public Health.Madras.
The Director of Public Instruction.Madras.

Sub: School Medical Service; Education Minister's Conference on 15-4-48.. Afurther second note submitted, in continuation of mine of 15-4-48.

My Dear

In the light of the discussions at the Conference on 15-4-48, both the S-G. and the D.P.H. have been requested to submit further proposals. I am jotting down few points for clarification and adoption, which might be useful to you, in spite of the seeming reverses.

1. Objective of the school medl.inspection:
The aim of medl.inspection is the "true welfare of every child studied and not the mere collection of data for statistical purposes. This inspection will materialise in improved health and vigorous mentality of the individual child; and the collection of data will be useful not only to the psychologist but also serve the cause of public health in preventing infantile mortality."
The aim is to insure the health of the child, fit for any walk of life.

2. Children's health and public co-operation: An article of mine is in the press. The school doctor is the good Samaritan, the liason officer between the public and the school.

3. Medical equipment for each doctor will be as follows:

1. Stethoscope -1
2. Weighing machine -1.
3. Height measure -1.
4. Tongue depressor -1.
5. Nasal speculum - 1.
6. Auroscope - 1.
7. Electric torch - 1.
8. Tape measure - 1.
9. Eye-test type - Snellen's small - 1.
" Big -1(To be framed and preserved).
10. Dynamometer -1.
11. Basin, soap, wash-stand, 3 Towels.
12. Wooden box with lock and key to contain all these 2½' X 3'X 2½'

4. Research equipment -

1. Electrical ophthalmoscope -1
2. Head light reflector with mirror attached - 1.
3. Spirometer (Wet type) - 1. ; and,

178

4. Anthropometric apparatus - 1.

The cost of these medical instruments can be ascertained from the shops and added to the expenditure.

The research-work equipment will be in the custody of the Chief Medical Officer of the school medl. service.

This expenditure will be a non-recurring one, to be borne by the Provincial Government.

5. Medical history sheet cards: The present cards are defective and require improvement, to keep in line with other advanced countries. I have collected a large number of history sheets from various foreign c untries, which might be suitably adapted in our Presidency. This will a health record of the pupil, during his school-career, just like his school leaving certificate.

6. Duties of After-Care officers (Follow-up work) : Herewith an extract from my special article on school medical inspection scheme, which appeared in the Madras University Journal (Decr.1938).

The duties of the after-care officer are that they follow up 4 groups of cases : -

1. Students who appear to suffer on account of general neglect or sheer ignorance of the laws of health;
2. Students suffering from constitutional diseases;
3. Students who place themselves entirely in the hands of the after-care officers, for special advice and treatment; and,
4. Students who require special examination for diagnosis and treatment.

7. School clinic: This will be in the nature of 1st aid than any treatment centre. It is as it should be. The school clinic and the medical inspection room will be one and the same place.

A few senior pupils may be given 1st aid training and lectures, and made to attend to the needy, during certain specified hours of the school. This will obviate the strain on the teachers.

The medicine chest is to consist of few stock mixtures and dressings as follows : -

Mist. Stimulans,	½ lb.	Argyrol solution	1oz
" Expectorans	"	Cotton -	1 lb.
" Alba	"	Lint	1 lb.
Smelling salt.	oz.1.	Bandages-few rolls.	

Tr. Iodine . 4 ozs.
Tr. Benzoin - 4.ozs.
Acriflavine solution - 1 lb.
Dye solution - 1 oz. (for skin infections)

All these things will not cost more than Rs.50/-p.a. for each school clinic and dispensary.

93/179

8. Teachers and Health education : I am one who has rubbed shoulders with the teaching profession, at many Provincial and All-India Educational Conferences, from 1937 onwards. My experience is this - that I have had to stand a good deal of booing at these conferences, when I spoke on this- my pet theme.

The unfortunate and ill-paid teachers are asked and advised at various times, to become jack of all trades, viz.

(a) health educators; (b) vaccinators;
(c) psychologists; (d) social reform workers;
(e) adult educationists; (f) Basic education experts(Wardha scheme of education); and,
(g) by the school management to be good coaches to pass class and public examinations(this is their main job , in imparting the 3 Rs.)

They get scant recognition from the public, for their hard work, unlike the other professions of lawyers, doctors, and engineers. They are in charge of the future leaders of our country. It is very hard to find good school masters like the late Rt-Hon'ble V.Srinivasa Sastri or Profr.Seshadri.

The teachers would be totally opposed to their roping in for the health work.

I suggest that they be given an extra course of lectures on the signs of health and the diseases of adolescence rather than make the health education a regular syllabus for them. This will not raise their suspicions, nor make them demur to the new approach to the system of education.

9. Syllabus of Health Education: You have got my reprint of the article - Teachers and Health education - which puts in a nutshell, what the teachers should care to know about health, so that they might be useful to the pupils and the community. I can draw up a good syllabus of health education for boys and teachers.

10. Possible: All this is possible and practicable. We must start the school medical service, even tho' with shortcomings, with the definite idea and programme to improve it on upto date lines, within a year. Hard and steady work must bring fruit and raise the level of health.

I place my services and experiences at your Command.

The other points of the school medical scheme are already in my note of 15-4-48.

With best wishes and regards,

Yours sincerely,

V. Krishnaswamy.

Mad. 20/4/48.

180

181

94

GOVERNMENT OF MADRAS

H.M. Education.

I am sending you herewith a short Note on the Surgeon-General's report on Medical Inspection of Schools.

pp 183-184 in pr

pp 163-171 [illegible]

7/5

Minister for Food.

182

163

95

MEDICAL INSPECTION OF SCHOOLS.

I have gone through the Note sent by the Surgeon-General on the "Medical Inspection of Schools". His note has been planned on the assumption that the Postwar Reconstruction Medical schemes shall be brought into effect and necessarily school medical inspection will be inaugurated as part of the scheme. So far I do not think the Postwar Reconstruction scheme has been taken up on hand.

The second point is the training to be given to all the teachers particularly teachers of the Elementary and Secondary schools. I do not know whether the Director of Public Instruction has taken this work on hand and trained teachers are available for Government. So unless the training scheme of teachers is completed medical inspection of schools cannot be started.

With regard to the financial implications consequent on malnutrition and other defects it is suggested that local Committees of parents and philanthropic people should come into the field and help the Government in looking after the defective food conditions of the pupils. All these have got to be done before medical inspection is started in right earnest.

I am afraid that if the scheme is started before these pre-requisites are well established it will be barren of results as barren as was before. Therefore I would suggest that all these are properly put into operation before the scheme is taken up.

The financial statement submitted by the Director of Public Health refers only to the cost of medical examination by Doctors and the medical treatment of 40,000 pupils at annas four per pupil and specialist treatment for 20,000 pupils at Rupee One per pupil. This is indeed a very poor estimate which I am afraid will have to be increased ten-fold and more when the work is taken on hand. The training of School Medical Officers has got to be taken up early if the scheme is to be launched and the School Medical Inspectors have got to be told not only to find the defects but also the ways and means of remedying them.

184

As a preliminary step I would suggest the following:

(1). Training of Medical Inspectors

(2). Formation of Welfare Committees which would implement the recommendation of Medical Inspectors.

(3). The postwar scheme implemented at least to the extent of treating the defects found out as a result of the school medical ~~insta~~ inspection.

These are ~~immediate~~ the minimum requirements that have got to be launched before the scheme is taken up.

Minister for Food.

185

Routine

EOPH

Submitted for orders as to which Section should deal with the current below

96

CCRG
27/5/08

DEPUTY SECRETARY TO GOVERNMENT
27 MAY 1948
EDUCATION AND PUBLIC HEALTH DEPT.

Edn

ASG

C I please

27/5/08

27/5/08

ASST. SECRETARY TO GOVERNMENT
21 MAY 1948
EDUCATION AND PUBLIC HEALTH DEPT.

No:3-7/48-P&R.
Government of India.
Ministry of Health.

New Delhi, the 15 May, 1948.

ASST. SECRETARY TO GOVERNMENT
27 MAY 1948
EDUCATION AND PUBLIC HEALTH DEPT.

From

M.R. Kothandaraman, Esquire,
Assistant Secretary to the Government of India,

To

The Secretary to the Government of Madras,
Education and Public Health Department,
Madras.

37625

Subject: Implementation of the Bhore Committee's Recommendations - Health Services for School Children.

....

Sir,

With reference to your letter No: 138-PH., dated the 17th January, 1948, I am directed to say that the Government of India consider that it is not enough to provide for medical inspection of scholars and that it is more important to set up a machinery for providing treatment of the defects diagnosed and for follow-up work. So far as rural areas are concerned, even if the arrangements are not as elaborate as in the urban areas, it is essential that there should be some nucleus organisation. It is desirable also to provide for school health nurses as part of the Provincial Government's scheme for health services for school children.

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

M.R. Kothandaraman

Assistant Secretary.

'SL'.

C.F. 36.

EDUCATION **DEPARTMENT.**

Received ..... 19 . *Registered* ..... 19 .

SECRETARY TO GOVT. EDUCATION AND PUBLIC HEALTH DEPT. 26 MAY 1948 MADRAS

Subject.

POSTWAR - Reconstruction Schemes - Medical Inspection of Schools:

***

38700

ENCLOSURES.

No. .....

.....

Spare copies .....

RC. No. 4573/B.4/46

Station MADRAS, *Dated the* 22nd May 19 48

From (Name) SRI D.S.REDDI, M.A. (Oxon),

(Designation) DIRECTOR OF PUBLIC INSTRUCTION, MADRAS

To The Secretary to the Government of Madras,

EDUCATION AND PUBLIC HEALTH Department.

Sir,

REF:- Hon'ble Minister's Note on a copy of the scheme on Medical Inspection prepared by the Surgeon-General as the Director of Public Health sent for the opinion of the Director:

***

The Director of Public Health was requested to go through the existing syllabus and suggest any improvement or modifications that may be necessary. He wrote to me saying that his reply containing any improvement or modifications in the existing syllabus will be sent shortly. I shall submit my final opinion on the scheme after examining the revision and modification that may be proposed by the Director of Public Health.

2. The Director of Public Health has again been reminded on the subject.

for Director of Public Instruction.

KAN.24/5

MEETING OF THE COUNCIL OF MINISTERS HELD AT FORT ST.GEORGE ON WEDNESDAY THE 25TH FEBRUARY 1948.

SECRETARY, EDN. AND P.H. DEPT. 28 FEB 1948 GOVERNMENT OF MADRAS

The Hon'ble the Premier presided.

PRESENT.

1. The Hon'ble Dr. P.Subbaroyan.
2. The Hon'ble Dr. T.S.S.Rajan.
3. The Hon'ble Sri M.Bhaktavatsalam.
4. The Hon'ble Sri B.Gopala Reddi.
5. The Hon'ble Sri H.Sitarama Reddy.
6. The Hon'ble Sri K.Chandramouli.
7. The Hon'ble Sri T.S.Avinashilingam Chettiar.
8. The Hon'ble Sri K.Madhava Menon.
9. The Hon'ble Sri Kala Venkata Rao.
10. The Hon'ble Sri A.B.Shetty.
11. The Hon'ble Sri V.Kurmayya.

Agenda.

Medical inspection of schools and colleges.

O R D E R:

Adjourned pending consideration of the subject by informal meeting of Ministers.

O.P.RAMASWAMY REDDY.

EDUCATION AND PUBLIC HEALTH DEPTT.

The main file is with H.M.(Edn). This may be circulated after H.M. for orders whether the copies of the cabinet note already circulated will be used at the informal meeting or whether a fresh note should be prepared. If a fresh note is to be prepared, H.M. may kindly return the main file.

P.T.O.

100 193

Dr.Rajan has sent me a note over the scheme of School Medical Service. He wants that we must hold further consultations with the D.P.H., D.P.I. and the Surgeon-General. I will write a note about it after fixing the date when they may be circularised to meet. For the present, nothing more need be done, ~~till I give further instructions~~.

TSA
3.3.48

H.M. Education.

SECRETARY, EDN. AND P. H. DEPT.
3 - MAR 1948
GOVERNMENT OF MADRAS

196

Districts.	No.of rural dispensaries. subsidised.	Non-subsidised.	Closed for want of qualified hands.	No.actually working.	Temp. converted into that of Ind. Med.	Balance with ....
						191
1. Nilgiris.	~~22~~	-	-	-	-	-
2. N.Arcot.	22	4	6	20	10	10
3. Chingleput.	10	-	-	10	3	7
4. Chittoor.	14	-	4	10	2	8
5. Coimbatore	24	9	12	21	3	18
6. E.Godavari	32	8	2	38	7	31
7. Guntur	16	1	4	13	-	13
8. Kistna	19	8	2	25	6	19
9. Madura	14	2	6	10	2	8
10. Ramnad	11	14	9	16	10	6
11. Tanjore	28	3	2	29	12	17
12. Tinnevelly.	14	12	18	8	3	5
13. Nellore	8	-	-	8	3	5
14. S.Arcot.	14	2	7	9	4	5
15. Trichy.	28	-	13	15	-	15
16. Vizag.	45	-	5	40	-	40
17.Chicacole.	25	11	12	24	4	20
18.W.Godavari.	24	3	-	27	-	27
19.Anantapur	20	3	9	14	10	4
20.Bellary.	17	12	6	23	12	11
21.Cuddapah	18	3	6	15	-	15
22.Kurnool	9	5	5	9	2	7
23.Malabar	30	3	10	23	-	23
24.Salem	25	7	17	15	5	10
25.S.Kanara	19	3	-	22	1	21
	486	113	155	444	99	345

166
155
331

Dt.	Nos of Rural Dispensaries Subs.	Rural	Closed for want of qualified subs.	Nos actually working	Temples Conducted into the hands of Govt.	Babies Centres
1. Nilgris	–		–	–	–	–
2. North Arcot	22	4	6	20	10	10
3. Chingleput	10	–	–	10	3	7
4. Chittoor	14	–	4	10	2	8
5 Cuddapah	24	9	12	21	3	18
6 E. Godavari	~~32~~ 30	8	2	38	7	31
7. Guntur	16	1	4	13	–	13
8 Kistna	19	8	2	25	6	19
9 Madura	14	2	6	10	2	8
10 Rumnad	11	14	9	16	10	6
11 Tanjore	28	3	2	29	12	17
12. Trichy	14	12	18	8	3	5
13 Nellore	8	–	–	8	3	5
~~13~~ 14 South Arcot	14	2	7	9	4	5
15 Trichinopoly	28	–	13	15	–	15
16 Vizagapatam	45	–	5	40	–	40
17 Chicacole	25	11	12	24	4	20
18 W. Godavari	24	3	–	27	–	27
19 Anantapur	~~24~~ 20	3	9	14	10	4
20 Bellary	~~17~~ 18	~~12~~ 13	6	23	12	11
21 Cuddapah	18	3	6	15	–	15
22 Kurnool	9	5	5	9	2	7
23 Kalahar	~~30~~ 33	3	10	23	–	23
24 Salem	25	7	17	15	5	10
~~25~~ 25 South Kanara	19	3	–	22	1	21
~~26~~						
	486	113	155	444	99	345

Subsidy · 2 M.P.'s Rs 600- per annum
Rev. subsidy Rs 720 "
For Medicines Rs 720/- per annum from D.B. Bond funds.

P.T.O.

198

Pay of a Sub Asst Surgeon (latest)

Rs 100 - 5 - 160 - 10 - 230 [~~L.M.~~ Medical students to start in Rs 150/-

Pay of ~~C. A. S.~~ (latest)

~~Rs 100 - 5 - 160 - 10 - 230~~

Rs 200 - $\frac{25}{2}$ - 400

I class H.O. Rs 250 - $\frac{30}{2}$ - 580

II class H.O. Rs 100 - 10 - 280 (Graduates to start in Rs 160/-

MEDICAL INSPECTION OF SCHOOL CHILDREN AND COLLEGE STUDENTS

103

I.

No. of officers required for the medical inspection of school children and college students is as follows:

Boys in I to III Forms		1,54,531
Boys in IV to VI Forms		1,08,091
Boys in colleges		5,087
Total No. of Boys..		2,67,709

Concerned Govt. colleges

No. of officers required for boys - $\frac{267709}{5000}$ = 53 $\frac{2709}{5000}$ or 54

Girls in I to III Forms		29,666
Girls in IV to VI Forms		16,280
Girls in colleges		1,061
Total No. of Girls		47,007

No. of officers required for girls: $\frac{47007}{5000}$ = 9 $\frac{2007}{5000}$ or 10

Total No. of officers required for boys and girls .. 54 + 10 = 64

or in round figures = 65

II.

Income from fees at the rates suggested by Government.

				Rs.
Boys in I to III Forms..	1,54,531 x Re.1	per head	=	1,54,531
Boys in IV to VI Forms..	1,08,091 x Rs.2	"	=	2,16,182
Girls in I to III Forms..	29,666 x Re.1	"	=	29,666
" IV to VI Forms..	16,280 x Rs.2	"	=	32,560
Government College Boys..	5,087 x Rs.3	"	=	15,261
Government College Girls.	1,061 x Rs.3	"	=	3,183
Total amount of income:			..	4,51,383

III.

Estimate of cost involved if it is given effect to:

(1) I Class Health Officers: 250-30/2-340-40/2-580
Average pay = 418 2/3 per mensem + allowance Rs.50/- p.m.

Immediate cost:	250 + 50 x 9 x 65	=	1,75,500
Ultimate cost:	418 2/3 + 50 x 12 x 65	=	3,65,560

(2) Peons: 16-½-25: Average pay 20.7: Allowance Rs.16.

Immediate cost:	16 + 16 x 9 x 65	=	18,720
Ultimate cost:	20.7 + 16 x 12 x 65	=	28,626

(3) Travelling allowance of Health Officers and Peons. 50,000

(4)Miscellaneous contingencies = Office charges: Rs. 48,750

	Immediate. Rs.	Ultimate. Rs.	Non-recurring Rs.
Total cost of Health Officers ..	1,75,500	3,65,560	
Total cost of peons	18,720	28,626	
Travelling Allowance	37,500	50,000	
Contingencies	36,562	48,750	
Total ..	2,68,282	4,92,936	13,000

Net expenditure on the scheme.

Total fee income	Rs. 4,51,382	
Total expenditure - Immediate cost ..	" 2,68,282	1,83,100
Net saving .. =		+ 1,81,300
Ultimate cost =	4,92,936	
Additional cost =		- 41,554

MEDICAL INSPECTION.

Standardwar strength in Elementary Schoo[illegible]
1946--47.

STANDARD:	BOYS SCHOOLS:	GIRLS SCHOOLS:	TOTAL.
I.	10,21,027	1,81,391	12,02,418
II.	6,28,915	1,04,806	7,33,721
III.	4,69,652	77,283	5,46,935
IV.	3,69,007	58,831	4,27,838
V.	3,29,727	48,705	3,78,432
VI.	72,950	12,445	85,395
VII.	43,056	7,419	50,475
VIII.	26,256	4,615	30,871
Total: ...	29,60,590	4,95,495	34,56,085

104

he must find out as to how many childr[illegible] can be examined through the Rural medical practitioners + others of the P.H. dept.

Rules regarding Voluntary doctors

To

The Director of Public Instruction, Madras.

Ref: No.73096-28-P.W./45, dated 4th/5th Nov.1947.

Sir,

Sub: Medical Inspection of School Children - Scheme for the conduct of -

Ref: Para 3 of my letter Ref. No.73096-27-P.W. dat d 9-10-1947.

I forward herewith for your information a copy of the scheme drawn up by the Director of Public Health early in the year 1946 for the Medical Inspection of School Children, which formed the basis for discussion at the meeting of the Surgeon-General; the Director of Public Instruction and the Director of Public Health, held at this Office on the 28th February 1946. A copy of the proceedings of this meeting was forwarded to you with this office letter Ref. No.73096-8-PW dat d 7.3.1946. Details regarding the nature of central organisation proposed to be set up for co-ordinating the work of Medical inspection of school children are given in para 7 of the Scheme drawn by the Director of Public Health, subject to the small modification suggested by the Committee referred to above that the technical supervision of medical inspection of school children should be carried out under the authority and direction of the Director of Public Health who for this purpose, would be assisted by an officer of the grade of Assistant Director of Public Health with necessary staff under his control. The cost of maintaining such an organisation has been detailed in the statement of cost appended to the scheme.

Sd/**********
for Surgeon-General with the Govt. of Madras.

Copy to the Director of Public Health, Madras for information with reference to his letter No. Nil, dated 28th October 1947.

MEDICAL INSPECTION OF SCHOOL CHILDREN.

1. The object of school medical inspection is to detect sufficiently early physical and mental defects in school children and to correct such defects by appropriate treatment in order to make them more healthy and physically fit, so that they may derive the maximum benefit from the teaching at school and grow into healthy and useful citizens. The scheme should provide for frequent medical examination and supervision not only of children known to be weak and ailing but of all children attending schools with a view to ensure early detection of unsuspected defects to check incipient diseases and to adapt or modify the system of education to the needs and capacity of the child. Every child should b inspected at ~~the~~ least once in FOUR years which means THREE inspections during the schoolcareer of each child - one on admission to school (5 to 6 years) one a mid-school period (10 years) and another before leaving school (14 years). Children who are defective in health may need special inspections more frequentl i.e. once every year.

2. The scheme proposed by the Director of Public Instruction provides for th same number of inspections except for the fact that the first inspection of all children is spread over the first two years. The cost of the scheme has been calculated at a fixed rate of four annas per child for the first inspection an two annas per child for repeat inspections. No definite proposal has been mad in regard to the agency for carrying out these inspections and for the 'follo work including treatment of defects. The services of suitable private medica practitioners may not be readily available in sufficient numbers in rural area for the conduct of medical inspections and the Post war medical and public he schemes contemplate the establishment of only 270 dispensaries in rural areas during the first five year peri d. It is considered that this work

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...performed efficiently by a ...ce th... r that the most efficient and satis- ...ervice and it therefore ...e to employ full time medical men as school medical officers. They can also undertake to a certain extent the following follow-up and treatment work. An officer of the second class Health Officer's grade will be suitable for the purpose. He should be given a short course of special training at the Opthalmic, Dental and Ear, Nose, Throat clinics.

3. The scheme will be incomplete, unless suitable arrangements are made for the treatment of minor ailments. There should be a treatment clinic in charge of each school medical officer, situated at a convenient centre, where he would be available for consultation on certain mornings. A room with necessary equipment at the Taluk headquarters hospital will be all that is needed. Medicine should be dispensed from the hospital stock. A small medicine chest should also be provided for each school in charge of the Head-teacher for treatment of minor diseases under the direction of the school medical officer.

4. Children requiring special dental or ocular attention should be referred to the dentist or optician at the District Headquarters Hospital. Cases for mechanical dentistry or spectacles should be attended to by them. Such of the parents as could afford, should pay for the spectacles, tooth-filling, etc. and those that are really indigent should get them free. The local authority concerned should bear the cost in the latter case. Scheme for free midday meal is already under consideration.

5. Physical exercise at school in addition to its usual beneficial effects, counteracts the harmful tendencies of bad posture. It can correct the faulty and defective conditions of the child's development and also any bad habits of posture or department. Physical exercise should however be graduated to suit the ages of scholars. Sickly and defective children and those who have to walk long distances to school require special consideration and specially selected exercises. It is therefore very necessary that the school medical officer should give necessary instructions to the physical Instructor in respect of each child.

6. School premises should provide the best possible hygienic environment for the children and should present an object lessen of cleanliness and scrupulous regard for all sanitary precepts. Dirt should be reduced to a minimum by frequent inspections by the school medical officer. He should ensure that drinking water is protected from contamination and sufficient latrine and urinal accommodation is provided.

7. School hygiene is intimately connected with domestic and community hygiene and it will be conducive to efficiency if the school medical officer works under the supervision of the local health officer, though, for administrative control, he may be placed under the Education Department. There should be an offic r of the grade of Assistant Director of Public Health attached to the office of the Director of Public Instruction, to be in charge of this branch of work to co-ordinate the activities of the school medical officers, to tabulate and analyse the results of the school medical officers, to tabulate and analyse the results of school medical inspections and to carry on further researches for the improvement of the health of the school child.

8. At present, there are approximately, 30,26,000 pupils in Standards I to VIII and 3,47,000 in Secondary schools, making a total of 3,373,000 pupils. It is expected that 2,66,000 children will be brought under instruction additionally each year with the progressive expansion of compulsory elementary education. The average number of pupils per annum in the first quinquennium will thus be approximately FOUR millions and at the rate of one inspection every four years, one mi lion inspections will have to be done each year.

9. One whole time school medical officer may be expected to do FIVE THOUSAND medical examinations per year. At this rate a staff of 200 medical officers will be required for one million inspections.

10. The following statement gives an estimate of the cost of the scheme per annum.

STATEMENT OF COST.

Details of staff.	Cost per annum. Recurring Rs.	Non-recurring. Rs.
I. Central - Pay of Officers and Establishments.		
Assistant Director of Public Health (One) 600-100/2-1000		
Junior Superintendent (one) 100-10/2-150	10,187	
Upper division clerk (one) 55-70	1,590	
Lower division clerk (two) 30-55	789	
Stenographer (one) 30-55	1,020	
...shorthand - Rs.25/- p.m.	510	
...	300	
Other compensatory ...	350	
Travelling allowance. ...ance.		
War and Dearness allowances.	294	
CONTINGENCIES.	2,508	
Miscellaneous contingencies.	500	
II - MOFUSSIL ESTABLISHMENT.		
Second class Health Officers as School Medical Officers (200) 185-250	3,96,000	
Peons (200) - 12 - 17	34,800	
ALLOWANCES.		
Travelling allowance of Health Officers and Peons.	1,00,000	
War and dearness allowance.	81,600	
CONTINGENCIES.		
Miscellaneous contingencies - Office charges.	1,50,000	40,000
Total	7,83,448	42,000
Or (rounded to) Rs.	7,83,500	42,000

(TRUE COPY).

Education and Public Health Deptt.

MEDICAL INSPECTION IN SCHOOLS

1. Previous History: A system of medical inspection of pupils in schools and students in Colleges was in force prior to 1932. The main features of the scheme were (1) that it was compulsory in the case of:-

(a) Secondary [illegible] for boys including secondary departments of Arts Colleges for men and [illegible] Model schools of the Secondary grade attached to Training [illegible] for men,

(b) Arts Colleges for men and women in the Madras University area, and

(c) elementary schools for boys in areas where compulsory education had been introduced as far as boys were concerned and

2. that it was optional in the case of

(a) Arts Colleges for men and women in the Andhra University area,

(b) Secondary schools for girls, and

(c) Girls reading in secondary schools for boys.

The amount that was being spent from Provincial funds was about Rs. 51,900 per annum as detailed below:

Grants to local bodies for secondary education	Medical Inspection	9,700
Direct Grants to non-Government Secondary Schools	do	14,200
Grants to local bodies for Primary education	do	10,000
Direct grants to non-Government Primary schools	do	18,000
	Total	51,900

In 1932, the system of medical inspection of pupils referred to above was abolished as it was not producing results of sufficient practical value to justify its continuance. The main defect of the scheme was that most of the pupils of the elementary schools were neglected and that there was no regular 'follow up'; treatment being left to be arranged for by the

parents. Since 1932 several attempts were made to evolve a more useful scheme, but, mainly owing to financial stringency no scheme could be sanctioned.

2. Post-war Scheme No. 90: provides for the medical inspectionof school pupils. Under this scheme elementary school medical inspection should be linked up with the general medical and public health services. Pending the attainment of this objective, inspections are to be arranged through the agency of registered practioners selected for the purpose. They are to be paid fees for conduct of the inspections. So far as colleges are concerned, the Medical Inspector's remuneration will be covered by fees realised from pupils. The whole cost of inspection would fall on the Govern ent except to the extent to which Local Bodies can be made to share it. The estimated cost during the first quinquennium is Rs. 60 lakhs recurring. No capital cost is to be incurred. The inspection of roughly two and two-thirds million pupils in elementary schools and the inspection of pupils in secondary schools is to be provided for in the second five-year period. This will cost about Rs. 11 lakhs recurring per annum.

The Government of India have made the following comments on the scheme:-

"It is observed that this scheme makes provision only for medical inspection and that the treatment of the defects discovered in the school children and the establishment of a follow-up service dealing with the preventive aspects of a school health programme have not been included. The absence of such services will detract, to a large extent, from the value of the proposed inspection."

3. Proposals of the Heads of Department: At first the Director of Public Instruction proposed a scheme of medical inspection of pupils in Elementary Schools and Secondary schools which was estimated to cost Rs. 16.18 lakhs during the first five years of the post-war period. On enquiry it was found that this scheme had

been scruti ised by the Surgeon-General. It was therefore referred to him. The Surgeon-General convened a special committee consisting of himself, the Director of Public Health, the Director of Public Instruction and a special officer in the office of the Director of Public Instruction to consider the proposal and suggested a scheme which was drawn up by Director of 108 Public Health vide pages 11 - 15 c.f. Meanwhile the Bhore Committee's report was published. The Committee's report was at variance in several respects with the recommendations made by the Heads of Departments and therefore with reference to the general orders in G.O.No. 892 P.H. dated 25--3--1946 the scheme was again referred to Surgeon-General for review with reference to the Bhore Committee's report. The Heads of Departments have again considered the scheme and Director of Public Instruction has submitted the proposals at pages 34 - 39 c.f. The main features of the revised proposals are indicated below:-

(1) There are approximately, 30,26,000 pupils in Standards I to VIII and 3,47,00 in Secondary schools, making a total of 3,373,000 pupils. It is expected that 2,66,000 children will be brought under instruction additionally each year with the progressive expansion of compulsory elementary education. The average number of pupils per annum in the first quinquennium wi thus be approximately FOUR millions and at the rate of one inspection every four years, one million inspections will have to be done each year.

(2) At first the Director of Public Instruction had contemplated that the scheme should be worked with the aid of Doctors in hospitals and rural dispensaries to be opened as a post-war measure and remunerate them at varying rates, for first and Repeat inspections. Under the revised proposals 200 officers of the grade of second class Health Officers are to be appointed to be sole in charge of medical institutions. These doctors are to be given a short course of special trainin at the Ophthalmic, Dental and

215

and E.N.T. clinics. As and when primary centres are opened in villages and more and more medical institutions are thus made available, these Health Officers are to be replaced by the staff in those primary centres who will becalled upon to undertake medical inspection. It may be stated in this connection that Scheme No. 99 relating to the opening of primary centres provides that the staff in these centres should undertake the medical inspection of schools.

(3) Every child should be inspected at least once in Four years which means THREE inspections during the school career of each child. One on admission to school (5 to 6 years), one at mid-school period(10 years) and another before leaving school (14 years). Children who are defective in health may need special inspections more frequently, i.e., once every year. The scheme of the Director of Public Instruction also provdes for the same number of inspections except for the fact that the first inspection of all children is spread over the first two years. The cost of the scheme has been calculated at a fixed rate of Four annas per child for the list inpection and 2 annas per child for repeat inspections. No definite proposal has been made for the 'followup' work including treatment of defects.

(4) Suitable arrangements should be made forthe treatment of minor ailments. There should be a treatment clinic in charge of each school medical officer situated at a convenient centre, where he would be available for consultation on certain morning. A room with necessary equipment at the Taluk Headquarters Hospital will have to be provided. Medicine chest is to be provided for each school in charge of the Head-teacher for treatment of minor diseases under the direction of the school medical officer. Children requiring special dental or ocular attention should be referred to the Dentist or Optician at the District Headquarters Hospital. Cases for mechanical dentistry or spectacles should

217 110

be attended to by them. Such of the parents as could afford, should pay for the spectacles, tooth-filling, etc., and those that are really indigent should get them free. The local authority concerned should bear the cost in the latter case. The entire scheme will be in charge of an Asst. Director of Public Health who is to be provided with the necessary ministerial staff. This officer will work under the Director of Public Health.

(5) Failure to carry out the treatment recommended by school Medical Officers should be referred to the Surgeon-General for necessary action.

(6) The estimated cost of this scheme is Rs. 7,83,500 recurring per annum and Rs. 42,000 non-recurring. This cost does not include the cost on account of additional medicines etc. which

will have to be provided for in Taluk Headquarters Hospitals. The Committee has recommended that compensation for loss of private practice should be granted to the school medical officers. The estimate does not however include any specified amount on this account.

(7) The Committee has emphasised the need for mid-day meals for children. This matter is dealt with separately. It has also referred to the need for physical exercise at school, the provision of hygienic environment for the children and the improvement of domestic and community hygiene. These matters may be dealt with separately.

(8) The Committee has not made any specified recommendation with regard to the fees to be levied for medical examination and also regarding the expenditure, if any, to be recovered from local bodies on account of the services rendered in their areas.

(9) The Director of Public Health has reported that the Surgeon-General will be putting up proposals to the Government on the lines indicated above. No definite proposal have yet been received.

4. Recommendations of the Bhore Committee:- The Bhore Committee has dealt with the question of Health Services for School Children in Chapter IX at pages 110-121 of Volume II of its report. The main recommendations of the Committee are mentioned below:-

(1) The provision of medical care for school children should not be isolated from the general health services.

Secretary's comment.

"161. Please see our Scheme 90".

Our idea is that ultimately this scheme should be linked up with the general medical and public health service. In the meanwhile it should be arranged for through rural and other medical practitioners where available and through a full-time departmental medical inspecting staff. (Para 20 of proceedings of Education Sub-Committee dated 28th and 29th 1944)."

(2) Duplication of trained personnel and of institutions should be avoided as far as possible.

Secretary's comment.

"162. Please see note 161. Our ultimate objective is the same; meanwhile our interim arrangement is unavoidable."

(3) The school teacher should play an important part in the organisation of preventive and curative medical care for the child in the early stages

of the programme and his services are indispensable at any stage in connection with certain other forms of school health activity.

(4) It is inadvisable to start the school health services on too expensive scale during the early stages of the health development programme.

Secretary's comment.

"163. Please see notes 161 and 162. We propose to have an interim arrangement otherwise."

(5) In each primary unit the male medical officer should normally be placed in charge of the school health services.

Secretary's comment.

"164. Our arrangement ultimately is likely to be the same."

(6) The scheme in the beginning be restricted to primary school children.

Secretary's comment.

"165. Please see scheme 90. We propose to cover colleges and secondary schools also."

It may be noted that the cost in the construction of elementary schools is to be fully borne by the State; cost in secondary schools on the formula 1/3 by fee 1/3 by managements and 1/3 by Government, cost in colleges to be fully recovered by a fee."

(7) The primary schools included in the scheme may be restricted in the town or village which forms the Headquarters of the primary unit.

Secretary's comment.

"166. We are running our interim scheme independently of the development of primary centres."

(8) When the High School and College classes are included in the scheme a woman doctor will obviously be required for examining women students.

Secretary's comment.

...uded as per our scheme.

...ducation sub-committee's proceedings ...944; we have taken note of this

...school should receive training in

reasonable figure.

Secretary's comment.

"168. Unnecessary: Our interim scheme provides for the work being done by regular medical men."

(10) It is desirable that the proposed school health organisation should first be developed in an area close to the Headquarters of the Province.

Secretary's comment.

"169. Please see scheme 90. Our interim scheme is on different lines and we propose to cover all institutions."

(11) In the second stage the school health programme should be extended to the Districts in two steps namely (i) the organisation of trng. facilities for teachers at the Headquarters of the secondary unit and (ii) the extension of the scheme in the Districts to individual primary units.

Secretary's comment.

"170. Please see note 169
171 Please see note 168
172 Please see note 166.

(12) Two more stages should be introduced namely (i) extension of the scheme to the whole area of individual primary units and (ii) to the students of secondary and High Schools and of colleges. The entire scheme is to be worked up in the first seventeen or eighteen years of the programme.

Secretary's comment.

"173. Please see note 166
174 Please see note 166.

(13) There should be two detailed examinations of every pupil.

Secretary's comment.

"175 This is our idea also -Please see section 10 of the D.P.I's report on post-war Educational development."

inspection scheme, should be supplemented

lated to improve the health of the child.

ettle details of our scheme and
s here may be considered before we

committee of which D.P.I. and the Director of Health Services should be members.

Secretary's comment.

"184. This may be examined - having due regard to the fact also that our interim scheme will notbe the same as that envisaged in the Bhore Committee's R port."

(17) As regards the administrative staff both sides (Health and Edn.) the members of the health organisation will belong to the Provincial cadres in the Health Deptt. of the Province.

Secretary's comment.

*"185. This will be so ultimately but not in the interim period according to our plan."

5. In view of the present financial stringency especially due to the commitment in regard to prohibition programme, irrigation programme and other urgent schemes of development, it is for consideration whether the scheme proposed by the Heads of Deptts. should in any way be curtailed in the first instance. The Bhore Committee's recommendation is that the scheme should be tried in an area close to the Provincial Headquarters in the first instance. Apparently its idea is to ~~which~~ watch how the scheme works and to gather statistics so as to form a proper guide for extending the scheme. If the scheme is not so restricted the cost worked out by the D.P.H. and the S.G. would have to be increased as accommodation will have to be provided for the School Medical Officer, expenditure would have to be incurred on the trng. of second class health officers, a regular scheme has to be drawn up to provide for "follow up". There seems to be no need to grant any compensation for loss of private practice if second class health officers are to do this inspection work, because even now second class health officers are not allowed the privelege of private practice and their pay has been fi[illegible]nt com[illegible]sation for loss of such practice.

6. As regards the levy of fees [illegible] legislation to compel parents to [illegible]

7. As regards the share of [illegible] provide that the entire [illegible]

The recommendation of the Committee, that the proposals of the Bhore Committee are unsuitable, may be accepted; please see also my remarks on the Bhore Committee's recommendations extracted at pages 7-10 ante.

114

The Committee's proposals relate to secondary and elementary schools, and exclude colleges. The exclusion of colleges may be accepted in view of the fact that the present position is as stated by the D.P.I., in his report on a Post War Scheme (Section 10 on pages 10 to 11 of his report); please see also resolution 18 of the Proceedings of the Education Sub Committee of the P.W.R. Committee, dated 28th and 29th November, 1944. I do not think 'M' at page 1 c.f. need be pursued.

There is no indication in the scheme approved by the Committee whether the inspection is to be made compulsory. As to levy of fees, the scheme approved by the Committee makes no mentionmx of this, but the D.P.I., repeats a previous recommendation of his that in seconday schools a 'nominal fee may be levied; this has reference to his recommendation on the point at page 1 c.f; that follows the recommendations of the Education Sub Committee of the P.W.R. Committee - please see resolution 19 in the Proceedings dated 28th and 29th November, 1944. The effect of that would be that in Government schools, the Government would bear 2/3 of the cost in local board schools. the Government would bear 1/3 and the local bodies 1/3, and in aided schools the Government would bear 1/3 and the management 1/3. In the two latter cases the willingness as well as the ability of the managements to bear their respective shares of the costs will have to be ascertained. Any way there is no reason at all why the cost of inspection should be borne entirely by the Government as far as secondary schools are concerned.

The Committee's scheme eschews private practitioners on the ground that they will not be available in rural parts. But I do not see that the scheme put forward by the committee is any solution of that particular pr[illegible]m.

The scheme is somewhat sketchy - but one gathers from paras 2 and 3 together that each of the proposed health offices is to be located at taluk head quarters stations and is to hold clinics there. This is by no means a better alternative than having private medical practitioners - for private practitioners also should generally be available at taluk head quarters stations. And it is certainly not a solution of the question of follow-up treatment: if pupils of all elementary schools have to go to taluk headquarters for treatment, that is really no satisfactory provision at all. The lesson from our past experience has been, and this is the point now taken in the Government of India's comment on our Post War Plan also, that the real difficulty is the making of adequate provision for follow-up.

The idea of H.M. (Edn) at 'N' at p. 14 ante apparently is that the scheme may be limited first to High schools and middle school classes and higher elementary classes. As far as seconday schools are concerned, they will mostly be at taluk head quarters stations, or in stations easily accessible from there and it should be quite possible for the

services of private medical practitioners to be obtained for the institutions. I suggest that a survey may accordingly be made and the scheme on those lines confined to such schools. The question of follow-up should also, for the same reason, not be difficult; there should be hospitals and dispensaries available at the place where these schools are located, or within easy distance; where however there are no such facilities available, the schools concerned will have to be eliminated from the scheme. For the schools which would come up under a scheme so drawn up, the fees proposed by H.M.(Edn.) would be much more onerous on the parents than those proposed under the P.W.R.Plan, and in fact they would be more even than the full cost postulated under that Plan. Perhaps it is H.M's idea that these fees should be availed of for giving inspection free of cost to children in the lower classes in the same school. I submit that this would not be justifiable; we will have to fix the fees only in such a way that at the most they will just cover the cost to the pupils concerned, of the inspection scheme. If H.M's idea is to build up a fund from which to finance inspection in schools generally,-that is, besides meeting the cost of inspecion in the lower classes in the schools where the fees are levied, to meet such cost in other schools also - I submit that would be even more unjustifiable.

In the P.W.R. Plan, the idea was that in elementary school the cost of inspection should be met entirely from public funds. H.M. proposes a fee in higher elementary [illegible] also. I submit that having regard to the areas where [illegible] schools are generally located to the type of people [illegible] whom they generally cater, and to the fact that even the rate of ordinary fees is low and the fees are levied only in certain of the schools, the rates proposed by H.M. is high; and I think it better [illegible] to levy fees at all, particularly having regard also to the consideration that in due course of time we desire to make education free as well as compulsory, upto the higher elementary standard. Here too, apparently, [illegible] idea is to make the income from fees available to have inspection conducted free for pupils of the lower classes in the same school, or elsewhere also, the objection

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I have raised, in the case of secondary schools, will apply here also. I suggest therefore, that outside secondary schools, any arrangement made for inspection should be free of cost to the pupils.

If the scheme is to be applied to secondary schools as such, it would not be desirable to confine it to any particular classes in each school; the inspection should be arranged for the pupils of all the classes, and in view of the general principle mentioned above, it should be arranged to be done at Government cost as far as pupils in the primary classes are concerned. In respect of secondary and high school classes, if the scheme is to be made self-supporting, that is, without entailing any cost to the Government, we can merely ask the management to make whatever arrangement they consider suitable, with such private medical practitioners as they choose, leaving it to them to fix the terms and to recover the cost by levying suitable fees; only, for the primary classes, we will have to make arrangements with the private practitioners so chosen, and pay the cost ourselves. For Government Schools, the headmasters concerned will have to be asked to make arrangements for the entire work and to have suitable fees fixedfor the post-primary classes.

For follow-up treatment, Government or Local Fund Dispensaries should be available, if the scheme is confined, as proposed by me above, to schools near which facilities are available, and the general rule of free treatment for persons below a certain income level will apply; and the poorer children should not, therefore, have any particular difficulty. In that connection, with reference to point 2 in H.M's minute at p.14 ante I would submit that it would be difficult and costly to set up an independent set of medical institutions for the school childwen alone; we have to manage for the present with such centres as are available, when all the rural public health schemes in the Province are realised under the public health and medical Post War [illegible] course of time, it is expected that the conditions

[illegible] whether the scheme as proposed by the 3 [illegible] approved or whether it should be restricted [illegible] as near the Provincial Headquarters and also to [illegible] primary centres are opened and Rural Reconstruc- introduced.

case may be sent to Finance for remarks.

If elementary schools are also to be brought under the scheme, facilities for follow-up would constitute a limiting factor. The problem should therefore be approached from the "field-end" that is, we should choose first, only places for which there are facilities for ordinary treatment available in site or in the vicinity. We may introduce the schemem in those places where we select secondary schools for the scheme - for facilities will be available there, and also private medical practitioners; only, if my view is agreed to, the scheme of inspection as far as the elementary schools are concerned will have to be financed by Government. The position in regard to the cost of follow-up treatment will be the same as indicated above under secondary schools. Other places, for elementary schools, will have to be selected only where there are L.F. Hospitals, or L.F. dispensaries, or L.F. subsidised dispensaries working under subsidised rural medical practitioners, available; the position regarding follow-up treatment will be more or less the same as indicated above; but here again, if my view is agreed to, the cost of inspection (which will be got done by the persons in charge of the various institutions mentioned) will have to be borne by Government as extra remuneration in this connection would be necessary and justifiable.

I suggest therefore that the D.P.I. may be asked to send up revised proposals on the lines indicated above with an estimate of the costs that will fall on Government.

As to administration, the Committee also has suggested that the scheme should be run by the Education Department - though they have suggested also
be supervision by the regular Health Off
office
appointed in the D.P.I.'s office. The
Committee's scheme of 250 health of
I have propos we are at pres

A scheme on the lines I have mentioned is capable of extension as and when more rural medical dispensaries are set up by local boards.

Where primary health centres are set up under the Post War Scheme, the scheme can be extended also to the areas served by those centres - and if the interim arrangement now proposed is in force in those areas at the time of the setting up of these centres, the interim arrangement will be replaced, both as to organisation and costs, by the arrangements entailed in the scheme of public health centres.

The whole arrangement now proposed will be interim in the sense that when public health centres under the Post War Scheme cover the whole Province, the latter will eventually be taking over the whole work.

H.M.(P.H.&.M.) may also see the case.

(Minute of H.M.(Edn.) at p.14 ante; note following).

M.V.S(ubramanian)
18-12-1946.

...oOo...

I have gone through the notes above and the recommendation made by the Sub Committee with regard to medical inspection. I think the following may be the rough lines on which the scheme must be worked:

Medical inspection must be made:-

(1) at the time of admission in the elementary schools;
(2) at the time of admission in the I Form or VI Standard;
(3) at the time of admission in the College.

The main work will be to follow up the cases of pupils where medical attention is required. In my opinion, children's clinics should be separately established in every district town to begin with and in taluk towns sometime later. While we must have a number of doctors in the school medical service, I am certainly for taking in help of nonefficial agencies and doctors who, I am sure, will come forward to contribute their services. The responsibility that must be left to these doctors must be a matter of detail which must be worked out.

The children's clinic must be maintained in every district. They must be pleasant little places where children may come in freely. The doctors who should be in charge of these clinics must be given special training in children's clinics. Normally, district and taluk towns are not able to serve properly our school population and the children should not be taken to these general dispensaries. The fee that has been proposed by me above. i.e. Re.1/- on children in I to III Form and classes of the Higher Elementary Schools, Rs.2/- on students from IV to VI Form and Rs.3/- on students in Colleges may be levied and the money ma[illegible] utilised towards medical inspection and children's clinics.

For specific requirements of individual clinics, efforts must be made to collect voluntary contributions in district towns and other places and I am hopeful that our people will come forward to do whatever they can.

It is necessary that a scheme on the above lines must be worked out.

It has been felt that one clinic in the district headquarters will not sufficiently provide for the schools in the various taluks. That is true. For the present, we must utilise the dispensaries in taluk headquarters and others till we are able to organise the children's clinics in greater numbers. There may also be cases in which the children's follow up work may have to be done in the children's clinic. To provide for this specialised cases, I think it will be good if we can provide for the visiting of the children's clinic doctor to every taluk centre once in a month so that such of the specialised cases which doctor might know might be attended to. It will be the work of the doctors in charge of the clinics to organise and channelise the voluntary help of doctors and others that may be coming for this work. Only such of the schools may be taken up for inspection for the present which can be reasonably organised on this basis for the present. The scope of the work may be enlarged as time goes on and as money permits. Of course, fees will be levied only in those schools which we take up for the scheme.

(True copy)

T.S.A.
24-2-1947.

Superintendent

Education & P.H. Department. (D2).

The Director of Public Instruction submitted a scheme Medical Inspection of students. This was considered by the Surgeon-General and the Director of Public Health and they up certain proposals. Meanwhile the Bhore Committee's repo was published. According to the Committee's recommendations school of health service should be under the Health Departme and not under the Education Department (pp.12 and 111 of the report - V olume II). Please also see pp. 42, 88, 111-121 o the report. The Bhore Committee recommends that during the first stage, the School of Health organization should be developed in an area close to the Headquarters of the Province. The scheme already outlined by the Director of Public Instru tion etc., is at variance in several respects with the recom mendations of the Bhore Committee. The Surgeon-General has accordingly reconsidered the proposals and he has reported that he proposes to discuss the matter with the Director of Public Instruction and the Director of Public Health shortl and that he will ~~be~~ submit a report thereafter.

may be awaited

This file was circulated to Mr Edwy with the limited file and has apparently been seen by H. M. May be re-circulated as this case has not been passed by the H.M.

23/7/48

SECRETARY, EDN. AND P.H.D.
27 JUL 1948
GOVERNMENT OF INDIA

TSA
27-6-46 A.D. (Edn)

From Captain V.Krishna Rao, dated 2-8-1946.

Please see the letter from Caprain V.Krishna Rao page 27 c.f. The latest interim reply received from the ...geon General to the memo at page 17 c.f. is at pages 24-25 ...f. A draft reminder to the S.G. is submitted for approval.

'A' on page 27 c.f.: In view of the report called ...r from the S.G. in the memo at page 17 c.f. it does not seem ...cessary to consider the suggestion of Captain Krishna Rao.

'B' on page 27 c.f.: It does not seem that any ...eful purpose will be served by granting an interview to Captain ...rishna Rao for a discussion in the matter in view that the ...oposals that will be forwarded by the S.G. with reference to ...he memo at page 17 c.f. will be based on the recommendations ...f the Bhore Committee. ~~Submitted for orders.~~

From the S.G., No.Ref. 73096-15.P.W dated the 24th August 1946. C.No.48807/D2.

From the D.P.I., R.C.No.4573.B4/46 dated 28th August 1946. C.No.51495/D1.

The D.P.I's report at pages 1-3 c.f. relating to the scheme of medical inspection of Scholls was referred to the S.G. The S.G. has in consultation with the D.P.I. and the D.P.H. again considered the proposals with reference to the Bhore Committee's report. These three Officers have recorded the proceedings at pages 32-33 c.f.

2. Previous History of the Scheme.-

Attention is invited to the notes at pages 210-214 of G.O. No.1716 P.H dated 14-7-1927. As regards the previous history of the case. A scheme of Medical Inspection was in force in this Province prior to 1932. In that year it was abdished as it was not producing any result of sufficient practical value to justify its continuance. The main ~~difficulty of the~~ defect in the

MEDICAL INSPECTION IN SCHOOLS. 12

1. Previous History. A system of medical inspection of pupils in schools and students in Colleges was in force prior to 1932. The main features of the scheme were (1) that it was compulsory in the case of:-

(a) Secondary schools for boys including seconday departments of Arts Colleges for men and Model schools of the Secondary grade attached to Training Institutions for men,

(b) Arts Colleges for men and women in the Madras University area, and

(c) elementary schools for boys in areas where compulsory education had been introduced as far as boys were concerned and

(2) that it was optional in the case of

(a) Arts Colleges for men and woemn in the Andhra University area,

(b) Secondary schools for girls, and

(c) Girls reading in secondary schools for boys.

The amount that was being spent from Provincial funds was about Rs.51,900 per annum asdetailed below:-

Grants to local bodies for seconday education	Medical Inspection	9,700
Direct Grants to non-Government Secondary schools.	do.	14,200
Grants to local bodies for Primary education.	do.	10,000
Direct grants to Non-Government Primary Schools.	do.	18,000
	Total.	51,900

In 1932, the system of medical inspection of pupils referred to above was abolished as it was not producing results of sufficient practical value to justify its continuance. The main defect of the scheme was that most of the pupils of the elementary schools were neglected and that there was no regular 'follow up'; treatment being left to be arranged for by the parents. Since 1932 several attempts were made to evolve a more useful scheme, but, mainly owing to financial stringency no scheme could be sanctioned.

2. Post-war Scheme No.90. provides for medical inspection of school pupils. Under the scheme elementary school medical inspection should be linked up with the general medical and public health services. Pending the attainment of this objective inspections are to be arranged through the agency of registered medical practioners selected for the purpose. They are to be paid fees for the conduct of the inspections. So far as colleges are concerned, the Medical Inspector's remuneration will be covered by fees recovered from students. A portion of the remuneration in the case of secondary schools will also be similarly covered by fees realised from pupils. The whole cost of Inspection would fall on the Government except to the extent to which Local Bodies can be made to share it. The estimated cost during the first quinquennium is Rs.60 lakhs recurring. No capital cost is to be incurred. The inspection of roughly two and two-thirds million pupils in elementary schools and the inspection of pupils in secondary schools is to be provided for in the second five-year period. This will cost about Rs.11 lakhs recurring per annum.

The Govt. of India have made the following comments on the scheme:-

"It is observed that this scheme makes provision only for medical inspection and that the treatment of the defects discovered in the school children and the establishment of a follow-up service dealing with the preventive aspects of a school health programme have not been included. The absence of such services will detract, to a large extent, from the value of the proposed inspection".

3. Proposals of the Heads of Departments. At first the Director of Public Instruction proposed a scheme of medical inspection of pupils in Elementary schools and Secondary schools which was estimated to cost Rs.16.18 lakhs during the first five years of the post-war period. On enquiry it was found that this scheme had not been scrutinised by the S.G. It was therefore referred to him. The S.G. convened a special committee consisting of himself, the D.P.H., the D.P.I. and a special officer in the office of the Director of Public Instn. to consider the proposals and suggested a scheme which was drawn up

by D.P.H. vide pages 11 - 15 c.f. Meanwhile the Bhore Committee's report was published. The Committee's report was at variance in several respects with the recommendations made by the Heads of Departments and therefore with reference to the general orders in G.O. No.892 P.H. dated 25-3-1946 the scheme was again referred to S.G. for review with reference to the Bhore Committee's report. The Heads of Departments have again considered the scheme and D.P.I. has submitted the proposals at pages 34 - 37 c.f. The main features of the revised proposals are indicated below:-

(1) There are approximately, 30,26,000 pupils in Standards I to VIII and 3,47,000 in Secondary Schools, making a total of 3,373,000 pupils. It is expected that 2,66,000 children will be brought under instruction additionally each year with the progressive expansion of compulsory elementary education. The average number of pupils per annum in the first quinquennium will thus be approximately FOUR millions and at the rate of one inspection every four years, one million inspections will have to be done each year.

(2) At first the D.P.H. had contemplated that the scheme should be worked with the aid of Doctors in hospitals and rural dispensaries to be opend as a post-war measure and remunerate them at varying rates, for first and repeated inspections. Under the revised proposals 200 officers of the grade of second class Health Officers are to be appointed to be sole in charge of medical institutions. These doctors are to be given a short course of special training at the Ophthalmic, Dental and E.N.T. clinics and when primary centres are opened in villages and more and more medical institutions are thus made available, these Health officers are to be replaced by the staff in those primary centres who will be called upon to undertake medical inspection. It may be stated in this connection that Scheme No.99 relating to the opening of primary centres provides that the staff in these centres should undertake the medical inspection of schools.

(3) Every child should be inspected at least once in FOUR years which means THREE inspections during the school

P.T.O.

career of each child. One on admission to school (5 to 6 years), one at mid-school period (10 years) and another before leaving school (14 years). Children who are defective in health may need special inspections more fequently, i.e., once every year. It also provides for the same number of inspections except for the fact that the first inspection of all children is spread over the first two years. The cost of the scheme has been calculated at a fixed rate of Four annas per child for repeat inspections. No definite proposal has been made ~~in regard to inspections the agency for carrying out these inspections and~~ for the 'follow up' work including treatment of defects.

(4) Suitable arrangements should be made for the treatment of minor ailments. There should be a treatment clinic in charge of each shool medical officer situated at a convenient centre, where he would be available for consultation on certain morning. A room with necessary equipment at the Taluk Headquarters Hospital will have to be provided. Medicine should be dispensed from the hospital stock. A small medicine chest is to be provided for each school in charge of the Headteacher for treatmant of minor diseases under the direction of the school medical officer. Children requiring special dental or ocular attention should be referred to the Dentist or Optician at the District Headquarters Hospital. Cases for mechanical dentistry or spectacles should be attended to by them. Such of the parents as could afford, should pay for the spectacles, tooth-filling, etc., and those that are really indigent should get them free. The local authority concerned should bear the cost in the latter case. The entire scheme will be in charge of an Asst. Director of Public Health who is to be provided with the necessary ministerial staff. This officer will work under the Director of Public Health.

(5) Failure to carry out the treatment recommended by School Medical Officers should be referred to the S.G. for necessary action.

(6) The estimated cost of this scheme is Rs.7,83,500 recurring per annum and Rs.42,000 non-recurring. This cost does not include the cost on account of additional medicines etc. which

will have to be provided for in Taluk Headquarters Hospitals. The Committee has recommended that compensation for loss of private practice should be granted to the school medical officers. The estimate does not however include any specified amount on this account.

(7) The Committee has emphasised the need for mid-day meals for children. This matter is dealt with separately. It has also referred to the need for physical exercise at school, the provision of hygienic environment for the children and the improvement of domestic and community hygiene. This matters may be dealt with separately.

(8) The Committee has not made any specified recommendation with regard to the fees to be levied for medical examination and also regarding the expenditure, if any, to be recovered from local bodies on account of the services rendered in their areas.

(9) The D.P.H. has reported that the S.G. will be putting up proposals to the Govt. on the lines indicated above. No definite proposal have yet been received.

4. Recommendations of the Bhore Committee. The Bhore Committee has dealt with the question of Health Services For School Children in Chapter IX at pages 110 - 121 of Volume II of its report. The main recommendations of the Committee are mentioned below:-

(1) The provision of medical care for school children should not be isolated from the general health services.

Secretary's comment.

"161. Please see our Scheme 90".

Our idea is that ultimately this scheme should be linked up with the general medical and public health service. In the meanwhile it should be arranged for through rural and other medical practioners where available and through a full-time departmental medical inspecting staff. (Para 20 of proceedings of Education Sub-committee dated 28th & 29th 1944)."

(2) Dupliation of trained personnel and of institutions should be avoided as far as possible.

Secretary's comment.

"162. Please see note 161. Our ultimate objective is the same; meanwhile our interim arrangement is unavoidable."

(3) The school teacher should play an important part in

the organisation of preventive and curative medical care for the child in the early stages of the programme and his services are indispensable at any stage in connection with certain other forms of school health activity.

(4) It is inadvisable to start the school health services on too expensive scale during the early stagesof the health development programme.

Secretary's comment.

"163. Please see notes 161 & 162. We propose to have an interim arrangement otherwise".

(5) In each primary unit the male medical officer should normally be placed in charge of the school health services.

Secretary's comment.

"164. Our arrangement ultimately is likely to be the same".

(6) The scheme in the begining be restricted to primary school children.

Secretary's comment.

"165. Please see scheme 90. We propose to cover colleges and secondary schools also".

It may be noted that the cost in the construction of elementary schools be fully borne by the State; cost in secondary schools on the formula 1/3 by fee 1/3 by managements and 1/3 by Government, cost in colleges to be fully recovered by a fee."

(7) The primary schools included in the scheme may be restricted to the town or village which forms the Headquarters of the primary unit.

Secretary's comment.

"166. We are running our interim scheme independently of the development of primary centres."

(8) When the High School and College classes are included in the scheme a woman doctor will obviously be required for examining women students.

Secretary's comment.

"167. Already included as per our scheme.

Please see 20(c) of Education sub-committee's proceedings dated 28 & 29-11-1944; we have taken note of this particular point."

(9) Two teachers in each school should receive training in health duties. They should be given a special additional remuneration for such duties, and Rs. 10 per mensem would a

reasonable figure.

Secretary's comment.

"168. Unnecessary; Our interim scheme provides for the work being done by regular medical men."

(10) It is desirable that the proposed school health organisation should first be developed in an area close to the Headquarters of the Province.

Secretary's comment.

"169. Please see scheme 90. Our interim scheme is on different lines and we propose to cover all institutions."

(11) In the second stage the school health ~~organisation~~ programme should be extended to the Districts in two steps namely (i) the organisation of training facilities for teachers at the Headquarters of the secondary unit and (ii) the extension of the scheme in the Districts to individual primary units.

Secretary's comment.

"170. Please see note 169.
171. Please see note 168.
172. Please see note 166."

(12) Two more stages should be introduced namely (i) Extension of the scheme to the whole area of individual primary units and (ii) to the students of secondary and High Schools and of Colleges. The entire scheme is to be worked up in the first seventeen or eighteen years of the programme.

Secretary's comment.

"173. Please see note 166.
174. Please see note 166."

(13) There should be two detailed examinations of every pupil.

Secretary's comment.

"175. This is our idea also - Please see Section 10 of the Director of Public Instruction's Report on Post-war Educational development."

(14) The school medical inspection scheme should be supplemented by more specific measures calculated to improve the health of the child.

Secretary's comment.

"176. We have still to settle details of our scheme and the recommendations here may be considered before we work them out."

(15) There should be a District Health Board and District

P.T.O.

Education Board functioning over practically the whole area of individual Districts.

Secretary's comment.

"183. We have no idea of adopting this kind of set-up."

(16) At the Provincial Headquarters there should be a co-ordinating committee of which D.P.I. and the Director of Health Services should be members.

Secretary's comment.

"184. This may be examined - having due regard to the fact also that our interim scheme will not be the same as that envisaged in the Bhore Committee's Report."

(17) As regards the administrative staff both sides (Health and Education) the members of the health organisation will belong to the provincial cadres in the Health Deptt. of the Province.

Secretary's comment.

"185. This will be so ultimately but not in the interim period according to our plan."

5. In view of the present financial stringency especially due to the commitment in regard to prohibition programme, irrigation programme and other urgent schemes of development, it is for consideration whether the scheme proposed by the Heads of Departments should in any way be curtailed in the first instance. The Bhore Committee's recommendation is that the scheme should be tried in an area close to the Provincial Headquarters in the first instance. Apparently its idea is to watch how the scheme works and to gather statistics so as to form a proper guide for extending the schme. If the scheme is not so restricted the cost worked out by the D.P.H. and the S.G. would have to be increased as accommodation will have to be provided for the School Medical Officer, expenditure would have to be incurred on the training of second class health officers, a regular scheme has to be drawn up to provide for "follow up". There seems to be no need to grant any compensation for loss of practice if second class health officers are to do this inspection work, because even now second class health officers are not allowed the privelege of private practice and their pay has been fixed taking into account compensation for loss of such practice.

6. As regards the levy of fees it would seem necessary to introduce legislation to compel parents to give fees for medical examination.

7. As regards the share of Local Bodies, it would seem sufficient to provide that the entire cost on account of the 'follow up' excluding cost of the medical staff should be provided by the Local Bodies concerned. A detailed scheme for this has to be called for.

8. It is for orders whether the scheme as proposed by the 3 Heads of Departments may be approved or whether it should be restricted to any selected area or areas near the Provincial Headquarters and also to villages or firkas in which primary centres are opened and Rural Reconstruction scheme is introduced.

9. The case may be sent to Finance for remarks.

20/10/48

28.10.48

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126

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Secretary, E. & P.H.

The Government have been feeling for sometime that it is necessary to have medical examination for children in all our schools. In fact, this has been recommended by the various Committees that have sat upon educational reorganisation till now. But unfortunately, nothing organised has been attempted. I think the time has come that something should be done.

There are no two opinions about the value of medical inspections in the schools but the question is how it can be done. If necessary we can even charge a small medical fee which at present is done in some institutions and that will help us to get a little money which if helped with Government funds must be sufficient for this purpose.

In the first instance, ~~it is my opinion that~~ we must exploit as far as possible voluntary service that may be forthcoming from the medical profession. It will be good for us to get into touch with medical associations and request their help and I have no doubt that in many places help will be forthcoming on a voluntary basis. The D.P.I. may be asked forhis suggestions and he may be requested to formulate plans in the matter if he has any.

A

In the meantime, I shall be very glad to meet the President of the provincial medical association. He may be requested to come and meet me on a convenient date so that we can discuss matters with him.

B

SECRETARY, EDN. AND P. H. DEPT. 11 NOV 1946 GOVERNMENT OF MADRAS

TSA 10-11-46

H.M. Education.

Please see the minute of H.M.(Edn) above. Medical inspection of pupils in schools is one of the post-war schemes of this Government, programmed for execution during the first quinquennium. - Vide scheme no. 90 in the five-year plan. Joint proposals of the S.G., D.P.I. and the D.P.H. in respect of the scheme have already been received and ~~they are under examination~~ submitted separately. This may be added to the main file and dealt with.

(C no 52735/46) file with D.S.

19/11/46

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Here to the M.F.

14

Portion marked 'A' in the minute at p.13 ante.

The Scheme as now formulated provides for the employment of paid doctors. The D.P.I. may be requested to report in consultation with S.G. the question of utilising the services of honorary doctors.

2. Portion marked 'B' at p.13 ante. The President, Madras Medical Association may be requested to state when it will be convenient for him to discuss with H.M.(Edn.).

Two drafts are submitted.

25/11/46

JS

I have gone through the note. I think we must make a beginning as soon as possible and while doing it, the following principles may be observed.

The section of health inspection for school children must be under the Education Department for the following reasons:

(1) The Sergeant Committee's report as well as the Bombay Commitee's report on Physical Education on health inspection have recommended that for efficient running of the scheme they must be under the Education Department.

(2) It is unfortunate that there is a great deal of corruption in the hospitals to-day. The poor children and the poor men normally do not get any treatment unless they pay some amounts to the men working in the hospitals. We do not want our children to suffer from these disabilities if medical service is established mainly for examining the children and we should see that none of the malpractices enter.

The scheme need not wait till we are able to spare money for bringing the scheme into operation throughout all the schools in the Presidency. My feeling is that we may levy a fee of Re.1/- per year in the higher elementary and middle school classes and Rs 2 per year in the high school classes, i.e., from IV Form to VI Form and Rs 3 per year in the college classes. This, I believe, will bring

127

us a round sum with which we can start our work. For the present we need not ask the Government's help, but we can go ahead for some time till our finances improve and till we need more money.

I shall be glad if the scheme can be got through as soon as possible because we are already too late in this matter and so the Department may go through the scheme and put up for orders as soon as possible.

SECRETARY, EDN. AND P. H. DEPT. 13 DEC 1946 GOVERNMENT OF MADRAS

TSA 13-12-46

For orders whether the D.P.I. may be consulted on the points mentioned by H.M. (Edn.). 2 drafts already put up may be approved.

13/12/46

Issued vide Memo No. 7845/Gen/46-1 dt 13/12/46

Draft I may be issued. As to draft II (to D.P.I.) Please see my note below.

The recommendation of the Committee, that the proposals of the Bhore Committee are unsuitable, may be accepted; please see also my remarks on the Bhore Committee's recommendations extracted at pages 7-10 ante.

The Committee's proposals relate to secondary and elementary schools, and exclude colleges. The exclusion of colleges may be accepted in view of the fact that the present position is as stated by the D.P.I., in his report on a Post War Scheme (Section 10 on pages 10 to 11 of his report); please see also resolution 15 of the Proceedings of the Education Sub Committee of the P.W.R. Committee, dated 28th and 29th November, 1944. I do not think 'M' at page 1 c.f. need be pursued.

There is no indication in the scheme approved by the Committee whether the inspection is to be made compulsory. As to levy of fees, the scheme approved by the Committee makes no mention of this, but the D.P.I., repeats that a previous recommendation of his that in secondary schools a

nominal fee may be levied; this has reference to his recommendation on the point at page 1 c.f; that follows the recommendations of the Educational Sub Committee of the P.W.R. Committee - please see resolution 19 in the Proceedings dated 28th and 29th November, 1944. The effect of that would be that in Government schools, the Government would bear 2/3 of the cost, in local board schools, the Government would bear 1/3 and the local bodies 1/3, and in aided schools, the Government would bear 1/3 and the management 1/3. In the two latter cases the willingness as well as the ability of the managements to bear their respective shares of the costs will have to be ascertained. Any way there is no reason at all why the cost of inspection should be borne entirely by the Government as far as secondary schools are concerned.

The Committee's scheme ~~attaches~~ eschews private practitioners on the ground that they will not be available in rural parts. But I do not see that the scheme put forward by them, Committee is any solution of that particular problem.

The scheme is somewhat sketchy - but one gathers from paras 2 and 3 together that each of the proposed health officers is to be located at taluk head quarters stations and is to hold clinics there. This is by no means a better alternative than having private medical practitioners - for private practitioners also should generally be available at taluk head quarters stations. And it is certainly not a solution of the question of follow-up treatment: if pupils of all elementary schools have to go to taluk headquarters for treatment, that is really no satisfactory provision at all. The lesson from our past experience has been, and this is the point now taken in the Government of India's comment on our Post War Plan also, that the real difficulty is the making of adequate provision for follow-up.

The idea of a 'N' at p.14 ante apparently is The H.M.(Edn) has proposed that the scheme may be limited first to ~~secondary~~ high schools, and middle schools and higher elementary classes. As far as secondary schools are concerned, they will mostly be at taluk head quarters stations, or in stations easily accessible from there and it should be quite possible for the

services of private medical practitioners to be obtained for the institutions. I suggest that a survey may accordingly be made and the scheme on those lines confined to such schools. The question of follow-up should also, for the same reason, not be difficult; there should be hospitals and dispensaries available at the places where these schools are located, or within easy distance; where however, there are no such facilities available, the schools concerned will have to be eliminated from the scheme. For the schools which would come up under a scheme so drawn up, the fees proposed by H.M.(Edn) would be much more onerous on the parents than those proposed under the P.W.R. Plan, and in fact they would be more even than the full cost postulated under that Plan. Perhaps it is H.M's idea that the fees should be availed of for giving inspection free of cost to children in the lower classes in the same school. I submit that this would not be justifiable: we will have to fix the fees only in such a way that at the most they will just cover the cost, to the pupils concerned, of the inspection scheme. If H.M's idea is to build up a fund from which to finance inspection in schools generally, that is, besides meeting the cost of inspection in the lower classes in the schools where the fees are levied, to meet such cost in other schools also — I submit that would be even more unjustifiable.

In the P.W.R. Plan, the idea was that in elementary schools the cost of inspection should be met entirely from public funds. H.M. proposes a fee in higher elementary classes also. I submit that having regard to the areas where such schools are generally located, to the type of people to whom they generally cater, and to the fact that even the rate of ordinary fees is low and the fees are levied only in certain of the schools, the rates proposed by H.M. is high; and I think it better not to levy fees at all, particularly having regard also to the consideration that in due course of time we desire to make education free as well as compulsory, upto the higher elementary standard.

Here too, apparently, H.M.'s idea is to make the income from fees available to have inspection conducted free for pupils of the lower classes in the same school, or elsewhere also. The objection I have raised, in the case of secondary schools, will apply here also. I suggest therefore, that outside secondary schools, any arrangement made for inspection should be free of cost to the pupils.

If the scheme is to be applied to secondary schools as such, it would not be desirable to confine it to any particular classes in each school; the inspection should be arranged for the pupils of all the classes; and in view of the general principle mentioned above, it should be arranged to be done at Government cost as far as ~~possible in~~ pupils in the primary classes are concerned. In respect of secondary and high school classes, if the scheme is to be made self-supporting, that is, without entailing any cost to the Government, we can merely ask the management to make whatever arrangment they consider suitable, with such ~~medical~~ private medical practitioners as they choose, leaving it to them to fix the terms and to recover the cost by levying suitable fees; only, for the primary classes, we will have to make arrangements with the private practitioners so chosen, and pay the cost ourselves. For Government schools, the head masters concerned will have to be asked to make arrangements for the entire work and to have suitable fees fixed for the ~~first~~ post-primary classes.

For follow-up treatment, Government or L.F. Dispensaries should be available, if the scheme is ~~located~~ confined, as proposed by me above, to schools near which facilities are available, and the general rule of free treatment for persons below a certain income level will apply; and the poorer children should not, therefore, have any particular difficulty. In that connection, with reference to point 2 in H.M's minute at p: 14 ante I would submit that it would be difficult and costly to set up an independent set of medical institutions for the school children alone; we have to manage for the present with such institutions as are available; when all the rural public health centres materialise under the

public health and medical post war schemes in the course of time, it is expected that the conditions would be much better.

If elementary schools are also to be brought under the scheme, facilities for follow-up would constitute a limiting factor. The problem should therefore be approached from the "field-end"; that is, we should choose first only places for which there are facilities for ordinary treatment available in site or in the vicinity. We may introduce the scheme in those places where we select secondary schools for the scheme - for facilities will be available there, and also private medical practitionters; only, if my view ~~view~~ is agreed to, the scheme of inspection as far as the elementary schools are concerned will have to be financed by Government. The position in regard to the cost of follow-up treatment will be the same as indicated above under secondary schools. Other places, for elementary schools, will have to be selected only where there are L.F. Hospitals, or local L.F. dispensaries, or L.F. subsidised dispensaries working under subsidised rural medical practitioners, ~~are~~ available; the position regarding follow-up treatment will be more or less the same as indicated above; but here again, if my view is agreed to, the cost of inspection (which will be got done by the persons in charge of the various institutions mentioned) will have to be borne by Government as extra remuneration in this connection would be necessary and justifiable.

I suggest therefore that the ~~Government of India~~ D.P.I may be asked to send up revised proposals on the lines indicated above, with an estimate of the costs that will fall on Government.

As to administration, the Committee also has suggested that the scheme should be run by the Education Department - though they have suggested also that there should be supervision by the regular Health officers and by an officer of the grade of A.D.P.H. to be appointed in the D.P.I's office.

Tha

That would arise only when the Committee's scheme of 250 health officers has to be adopted. If, as I have proposed, we are at present to utilise only private medical practitioners to a large extent, there will not be any need for that set-up. The general management of the scheme may remain in the Education Department.

A scheme on the lines I have mentioned is capable of extention as and when more rural medical dispensaries are set up by local boards.

Where however, primary health centres are set up under the Post War Scheme, the scheme can be extended also to the areas served by those centres - and if the interim arrangement now proposed is in force in those areas at the time of the set up of these centres, the interim arrangement will be replaced, by them as to organisation and costs, by the arrangements entailed in the scheme of public health centres.

The whole arrangement now proposed will be interim in the sense that when public health centres under the Post War Scheme cover the whole Province, the latter will eventually be taking over the whole work.

H.M.(P.H. & M) may also see the case.

(Minute of HM (Edn.) ab. 6:14 ante; note Collector().

18/1/47

HM (Edn.)
HM (PH&M).

~~In accordance with the opinions of the Secretary as expressed above. The scheme of every~~ ~~item of which has been sold by the Executive Sub-Committee~~ ~~of the Post-War Reconstruction Committee.~~ There is nothing sacrosanct to the proposal of the Committee and it must be always be open to us to change them whenever we feel the circumstances warrant them.

I think there is nothing wrong in charging the boys of the higher elementary schools as well as the the lower secondary schools, Re.1/- per year for medical inspection and Rs 2/- per year for boys of the high school, i.e.

130

from IV Form to VI Form and Rs 3 per year to all boys and girls reading in the colleges. I think we should make a beginning.

I do not think with the present state of finance it will be possible for us to set apart any money for this purpose, especially in view of extending prohibition. The effect of prohibition will be that people will have large amounts of money with them and makes it easy for them to spend more for their own amenities and this is an amenity for which the parent is asked to pay/~~and I believe it will be easier for them to do so~~.

~~I would propose to begin~~ the scheme of medical service with the help of this money and it will be possible for us to extend to the villages also. When we will be able to extend it to the villages, our finance by that time would have been fairly well organized so that we may claim some financial help from the Government also. For the present we may begin with the scheme as mentioned above.

SECRETARY, EDN. AND P.H. DEPT. 16 JAN 1947 GOVERNMENT OF MADRAS

TSA
24.12.46
R.L
16.1.47

JOINT SECRETARY TO GOVT. EDUCATIONAL AND PUBLIC HEALTH DEPARTMENTS 16 JAN 1947

p 45 f. Memo. 73951-G1-46
18/1/47

HM (Edn.) wishes to see the file again - before further action by Collector.

23/1/47

HM (Edn.)

() ante

(I have gone through the notes above and the recommendation made by the Sub Committee with regard to medical inspection. I think the following may be the rough lines on which the scheme must be

worked:

Medical inspection must be made:

(1) at the time of admission in the elementary schools;

(2) at the time of admission in the I Form or VI Standard;

(3* at the time of admission in the College.

The main work will be to follow up the cases of pupils where medical attention is required. In my opinion, children's clinics should be separately established in every district town to begin with and in taluk towns sometime later. While we must have a number of doctors in the school medical service, I am certainly for taking in help of non-official agencies and doctors who, I am sure, will come forward to contribute their services. The responsibility that must be left to these doctors must be a matter of detail which must be worked out.

The children's clinic must be maintained in every district. They must be pleasant little places where children may come in freely. The doctors who should be in charge of these clinics must be given special training in children's clinics. Normally, district and taluk towns are not able to serve properly our school population and the children should not be taken to these general dispensaries. The fee that has been proposed by me above - i.e. Re.1/- on children in I to III Form and classes of the Higher Elementary Schools, Rs.2/- on students from IV to VI Form and Rs.3/- on students in Colleges - may be levied and the money may be utilised towards medical inspection and children's clinics.

For specific requirements of individual clinics, efforts must be made to collect voluntary contributions in district towns and other places and I am hopeful that our people will come forward to do whatever they can.

It is necessary that a scheme on the above lines must be worked out.

It has been felt that one clinic in the district headquarters will not sufficiently provide for the schools in the various taluks. That is true. For the present, we must utilise the dispensaries in taluk headquarters and others till we are able to organise the children's clinics in greater numbers.

52735-911
5/3/47

There may also be cases in which the children's follow up work may have to be done in the children's clinic. To provide for this specialised cases, I think it will be good if we can provide for the visiting of the children's clinic by doctors from 65 every taluk centre once in a month so that such of the specialised cases which the doctor alone might know might be attended to. It will be the work of the doctors in charge of the clinics to organise and channelise the voluntary help of doctors and others that may be coming for this work. ~~In this way only~~ only such of the schools may be taken up for inspection for the present which can be reasonably organised on this basis for the present. ~~That idea may be accepted and worked out for the present with the idea of enlarging~~ the scope of the work as time goes on and as money permits. ~~And~~ of course, fees will be levied only in those schools which we take up for the scheme.

may be enlarged

TSA
24.2.47.

I would like to meet the Surgeon-General along with the Director of Public Instruction and also Dr. Cherian and Dr. Kutumbiah, Principals of the two Medical Colleges in Madras and Dr. Prabhu, who I understand has specialized in the children's diseases and is attached to the Government Maternity Hospital, to discuss with them the above scheme. The matter may be put up again after it comes back from H.M.(P.H.&.M.) and I shall fix a date for the conference.

TSA
24.2.47

SECRETARY, EDN. AND P. H. DEPT.
24 FEB 1947
GOVERNMENT OF MADRAS

SECRETARY, EDN. AND P. H. DEPT.
13 MAR 1947
GOVERNMENT OF MADRAS

JOINT SECRETARY
13 MAR
EDUCATION AND PUBLIC HEALTH DEPTS.

The file may be circulated to HM(PH&M).
After the file is received back from circulation a draft memo will be put up.
4/3/47

suggestions of H.M.(Ed.) may be implemented in Rules
R 12.3.47

4/3/47
4/3/47
(H) (P. Dept)

Please See the minutes of HM(PHM) at p 23 ante. The minutes at 'x' on p 23 ante were put up by the Hon'ble the Ex-Minister for Education (Sri. T.S. Avinashilingam Chettiar) who has since resigned. The subject 'Education' is now in charge of HM(Law). The file may be circulated to HM(Law) for orders whether the conference proposed at 'x' on p 23 ante should be convened and if so on what date.

A reference in this connection is invited to the orders of HM(Law) at p 1 n.f. (top file). pp 25-26 infra

RK 15.3.47. S.15.3.47

15/3/47

17.3.47

S

17/3/47

HM(Law)

Education & Public Health Dept. (G1)

132

DEMAND NO. XV

Page of Budget Estimates 185 - 229 2662 BEGUM SULTAN MIR AMIRUDDIN

To reduce the allotment of Rs.7,00,09,000/- for Education by Rs.100/-

To invite attention to the urgency of Medical inspection of schools.

14/25

Please See the Budget Motion above. The question of Medical Inspection of Schools is under consideration.

The Hon'ble Ex-minister for Education, (Sri. T.S. Avinashilingam Chettiar) had proposed to hold a conference ~~convene a meeting~~ with the Surgeon-General, the Director of Public Instruction, the Principal, Stanley Medical College and Dr. M. Bala Krishna Prabhu, Prof. of Clinical obstetrics & Gynaecology, Women and Children Hospital Madras to discuss the subject. The object of the Cut motion is to invite attention to the urgency of the Medical Inspection of Schools. The question is receiving close attention and Orders will be issued as early as possible.

RK 10.3.47. S.10.3.47

10/3/47

11/3/47

S

14/3/47

SECRETARY, EDN. AND P.H. DEPT. 13 MAR 1947 GOVERNMENT OF MADRAS

Let the Department put up rules on the subject

HM (Edn) (HM (Law)

12.3.47

JOINT SECRETARY TO GOVERNMENT 13 MAR 1947 EDUCATION AND PUBLIC HEALTH DEPARTMENT

Submitted that the Subject Medical Inspection of Schools is dealt with in the ~~top file~~ L.F. at pp 3-11 ante

P.T.O

19125-91
18/3/47

The note at pp 3-11 n.f. (~~top file~~ L.F.) furnishes information on the subject.

15.3.47
15.3.47

This may be sent to H.M (Edn).

1/4

It is time that we should go ahead with our schemes for medical inspection in schools and colleges. The persons referred to in p.23 ~~c.f.~~ ante may be requested to meet me on the 17th at 4 P.M. in the Secretariat. Dr. Cherian has just now become the Surgeon-General, the present Principal of the Medical College may be asked to come.

The D.P.I. and the Deputy Director, Mr. Reddy, may also be invited to come. Our scheme for medical inspection may be circulated to them.

JOINT SECRETARY TO GOVERNMENT
0 - APR 1947
EDUCATION AND PUBLIC HEALTH DEPARTMENT

TSA
4.4.47

SECRETARY, EDN. AND P.H. DEPT.
0 - APR 1947
GOVERNMENT OF MADRAS

Please see the minutes of HM (Edn) above. A draft Memo is submitted.

9.4.47
9.4.47

Edn.& P.H.Dept.

Minutes of a Conference on Medical Inspection of Schools, held at 4 P.M., on 17-4-1947 in the room of the Hon'ble the Minister for Education.

133

The Hon'ble Minister presided over the Conference. The following gentlemen were present:-

(1) Dr. P.V. Cherian, Surgeon-General with the Govt., of Madras.

(2) Dr. S.R.U. Savoor, Director of Public Instruction.

(3) Dr. R.M. Mathew, Director of Public Health.

(4) Dr. Mannady Nayar, Principal in charge, Madras Medical College.

(5) Dr. Kutumbayya, Principal, Stanley Medical College.

(6) Mr D.S. Reddy, Deputy Director of Public Instruction.

(7) Dr. Prabhu, Specialist in children's diseases.

(8) Mr. M.V. Subramanian, Secretary, E.& P.H.Dept.

(9) Mr P.S. Viswanatha Ayyar, Joint Secretary, E.& P.H.

The revised scheme that has been submitted by the Director of Public ~~of Public~~ Health in consultation with the Surgeon-General was taken up for discussion. The main features of the revised proposals are:-

P.39 CF

(1) 200 officers of the grade of Second Clsss Health Officers are to be appointed as school medical officers after a short course of special training at the Ophthalmic, Dental and E. & T. Clinics, ~~as~~

P 36 CF

(2) These Health Officers will be replaced gradually by the staff appointed in connection with the Primary Centres coming under Scheme No.99 P.W.R.

(3) Inspection at the rate of one regular inspection in 4 years, at the stages of admission, mid-school and before leaving school, and special inspections once a year for defective children.

(4) Treatment Clinics for minor ailments in charge of each School Medical Officer should be provided at convenient centres, and specialised treatment should be provided at the Dt. Headquarters Hospitals.

(5) The children whose parents can afford ~~to~~ it should

should pay for spectacles, tooth-~~feeding~~ filling, etc., ~~while~~ which ~~it~~ should be free for poor children.

(6) The cost of the scheme excluding medicine, etc., is Rs.7.83 lakhs recurring and 42,000 non-recurring. ~~The~~ P. 40 of

[The question of fees to be charged has not been traversed in the report] ~~Submitted~~.

H.M. opened the discussion with a few preliminary observations. He said that the clinics for the school children should be completely separate from the hospitals and dispensaries, as the atmosphere of most medical institutions was such as to frighten the students away. He wanted clinics to be started in each district headquarters first, to be followed later on by such clinics in taluk headquarter stations and also separate ~~xxxxxxx~~ clinics attached to each of the larger educational institutions. Special training could be given to teachers to run these institutional clinics. There should be a separate School Health Service with the officers located at each district and taluk centre who would have nothing to do with the normal medical relief in the area.

A general discussion ensued. Mr. M.V. Subramanian pointed out that inspection by ~~Committees~~ by itself would not be of much use unless arrangements were made for a follow up. He suggested that the scheme can be introduced in the places where facilities for treatment ~~are available~~ exist at present in the shape of Government or Local Board dispensaries and hospitals, or where private practitioners with suitable qualifications are available. The scheme can be extended to the areas where Public Health and Medical Centres are to be opened every year. The opening of clinics at the district and taluk headquarters should follow and not precede the formation of local agencies for inspection and for treatment of minor ailments.

H.M., agreed that private practitioners should be used as much as possible, and that the scheme proposed could be modified accordingly. Mr. M.V. Subrahmanian suggested that in areas where more than one private

134 29

private practitioner is ~~xxxx~~ available, the management of the school may be given the discretion to choose their Medical Officer.

H.M.(Education) then raised certain questions for discussion falling under the main heads:-

(a) Finance and (b) Personnel.

(a) (1) Should fees be collected from the children for such inspection?

(2) Should Government make itself responsible for the collection and disbursement of these fees or should it be left to the managements or authorities of the schools?

(3) Should fees be charged for those whose parents could afford it to an extent sufficient to make up for the remission of fees in the case of poor ~~these~~ students?

(b) (1) Should the School Medical Service Scheme be independent of the general scheme of Medical and Health Service or should it form a part of it?

(2) Should the School Medical Service be run by Specialists in the diseases of young persons or by the ordinary Medical Practitioners?

H.M. felt that the matter should not be approached from the financial but from the human angle and that the actual fees to be charged or the procedure for the administration of funds were matters of detail that could be settled later. The scheme should be one that is capable of growth and expansion with due emphasis ~~being~~ placed on adequate follow up treatment.

In view of H.M's remarks, the financial aspect was not discussed, and the discussion was confined to the questions coming under item (b).

Dr. Kutumbayya suggested that a medical man should be appointed Physical Instructor of a College or School or be regularly attached to the staff ~~in his own capacity~~ as a School medical officer.

Simple defects that can be easily attended to can be treated in the school clinic, and the ~~grager~~ grave cases requiring special treatments and such as are likely to unfit the school child for studies should be reported to the parents for getting them treated at home.

Dr. Mannady Nayar said that the problem of schools and Colleges was simple as these institutions are usually located where Medical facilities are available freely and that we have to start at the bottom with the elementary schools. The sort of man contemplated by Dr. Kutumbayya was not easy to get or train unless a special Training School or College was started. Mr. D.S. Reddy also agreed that the problem of elementary and secondary schools was more urgent than that of Colleges.

Mr. M.V. Subramanian pointed out that whatever arrangements were made now should be regarded as of an interim nature, and that they should be put into effect only where ~~other~~ medical facilities were available, and should be gradually replaced by Scheme No.99 relating to Primary Centres as and when these Centres are opened. He said that the treatment of school children should not be taken up as a problem isolated from that of the general medical services, which under the Bhore Committee's recommendations would be comprehensive and universal, and would, ~~starting~~ ~~range~~ from pre-natal care, be provided right through life. He was against the duplication of agencies doing similar types of work. Scheme No.99 P.W.R., already provided for medical inspection and instructions in the principles of Hygiene and sanitation in village schools by the staff of the Centres. The Hon'ble Minister felt that separate clinics were necessary for children because the present hospital atmosphere was not very congenial. Dr. Prabhu also said that the treatment of children is a specialist's job and that separate clinics could be opened had to treat them. Dr. Kutumbayya and the Surgeon General pointed out that it will be impossible to

to give facilities for specialised treatment in such clinics, or to duplicate the arrangements that are found only in the headquarters hospitals. The Joint Secretary, E.& P.H. pointed out that under Post-war Scheme Nos.100 and 101, there was ample provision for Specialists' Departments in the Headquarters Hospitals and to a less extent in taluk headquarters hospitals, and that the cases requiring treatment in these institutions could be sent up to these hospitals by the ambulances provided for under the scheme.

The D.P.H., pointed out that the School Medical Service would do inspection work only during the academic year and that they would be available for follow up work during the vacation. Most of the defects noticed would be simple such as skin affections, worm infections etc., which can be easily dealt with by the school teachers themselves with the help of simple instructions from the school medical officer.

Discussion then took place about the extent to which the services of private practitioners could be utilized. H.M., was of opinion that Doctors would be glad to volunteer to serve in an honorary capacity on the School Medical Panels. The Surgeon-General and Dr. Prabhu felt that the honorary system would not work, as the normal attractions attached to honorary service in hospitals would not be available in the school Medical Service. Remuneration or subsidies will have to be paid to the Doctors.

The Joint Secretary, E.& P.H., suggested that the selection for areas for introduction of compulsory education may go hand in hand with the selection of areas for the opening of Primary Centres.

After a general discussion the following tentative decisions were arrived at:-

that it is not expedient to start a separate School Medical Service in the sense that it should consist

consist of Government Medical Officers detailed exclusively for such work, ~~as~~ and that, for the present, the idea of a School Medical Service will be met by the following arrangements:-

(1). In rural areas the scheme can be introduced where health centres have been opened, or where rural and other Medical Practitioners of Modern Medicine are available with facilities for follow up treatment.

(2). In urban areas and in places where a fairly large number of schools are found, subsidies can be given to private practitioners for doing such work, and all existing facilities in the shape of Local Fund or Government Dispensaries and Hospitals should also be utilized. Extra remuneration can be given to Government Medical Officers also for doing inspections and treatment above a certain prescribed minimum, where such work constitutes a specific addition to their normal work.

(3). Separate clinics for treating minor ailments may be had in the larger areas; and for specialist treatment an expert in the treatment of children should be located in each district headquarters hospital.

(4). The scheme should be extended along with the provision of increased facilities under the Post-War Schemes regarding medical relief.

The note above summarises the proceedings of the Conference that we had on 17-4-47 with the Surgeon-General, the D.P.H., the Principals of Medical Colleges, the D.P.I., the Dy. D.P.I., Dr. Prabhu, the Secretary and the Joint Secretary of the Edn. & P.H. Department.

The problem is not only to introduce medical inspection but also to arrange for the follow-up work. The follow-up work as well as medical inspection, while it may be easy in large cities,

it may be very difficult in schools in villages where medical services have not been provided by the State. In view of these circumstances, the Conference found that it would be difficult to put into practice the medical inspection of schools throughout the province immediately. There are reasons of finance also which stand in the way and so, under the present limitation, the following scheme may be formulated:

1. In rural areas where there are health centres with doctors or where rural medical practitioners of modern medicine are available, medical inspection in schools in such places may be arranged through them.

2. In urban areas where a fairly large number of schools is found, a school medical service with a nucleus of full-paid doctors and if necessary with other doctors on a voluntary part-time basis, may be appointed for medical inspection as well as following-up work.

3. While large clinics with all uptodate machinery for child treatment may not be possible to be established separately from the Government general hospitals, it was considered that small clinics which may be able to cover the normal cases of children may be established in the district towns to begin with, to be put in charge of full time doctors of the school medical service. In the meantime, apart from the school medical service, arrangements must be made in the Headquarters hospital to treat children's diseases of a special nature.

4. The scheme may be extended along with increasing facilities under the post-war scheme regarding medical clinics.

5. As regards finance, while the question of voluntary help by doctors could be utilised wherever they are available, the majority of the members of the Conference thought that it cannot work long on that basis and so, at least a part-paid system must be established. It was said that in rural areas referred to in (1) above, a minimum number of students for medical examination could be fixed by Government for every doctor in a health centre or for every subsidised rural medical practitioner and over and above that a rate may be fixed to be paid to them for medical inspection. For the normal follow-up case, the children must go to these centres.

34

6. Now comes the question of finance. This was not discussed in the Conference for very definite reasons because that was an expert body which had mainly to do with the professional aspect of the matter. In view of our present financial condition of the province, I think we should start this on a largely self-supporting basis. I propose a levy of a fee of 0-8-0 per year on boys in higher classes in higher elements, one rupee per year on boys of Forms I to III, two rupees per year on boys of Forms IV to VI and three rupees per year upon boys of all colleges. On this basis, the financial effect of the scheme and other aspects may be worked out by the department and submitted.

JOINT SECRETARY TO GOVERNMENT
2 - MAY 1947
EDUCATION AND PUBLIC HEALTH DEPARTMENT

TSA
2-5-47

SECRETARY, EDN. AND P.H. DEPT.
2 - MAY 1947
GOVERNMENT OF MADRAS

A draft memo is submitted. Finance may see before issue.

8.5.47
8.5.47

10/5/47

12/5/47

14/5/47

Finance

Please see the note of HM (Edn) at p 65 c.f. which has since been received. Another ~~paragraph (6)~~ paragraph (para 6) has been added to the draft for approval. Finance may see before issue.

15-5-47
15-5-47

15/5/47

15.5.47

16/5/47 Finance

JOINT SECRETARY TO GOVERNMENT
30078
17 MAY 1947
FINANCE DEPARTMENT

EQPH U.O. No. 73951 G1/46 3
16/5/47

35

137

Finance (Accts.A.) Department

Please see the note on pp.27-32 above which summarises the proceedings of the conference on Medical Inspection of Schools held on 17-4-1947 in the Secretariat and the minutes of H.M. (Edn.) on pp.32-34 above.

The salient features of the scheme for medical inspection of pupils are given in the draft Memo. below. H.M. (Edn.) has minuted that, in view of the present financial position of the Province and extension of prohibition, the scheme should be started on a largely self-supporting basis. It is accordingly proposed to levy a fee of As.8 per year from boys in higher classes in Higher Elementary Schools, Re.1 per year from boys of Forms I to III, Rs.2 per year from boys of Forms IV to VI and Rs.3 per year from boys of all Colleges. It is also proposed to ask the D.P.I. to work out the financial effect of the scheme on this basis and also to call for his remarks on the other aspects of the scheme. Pending receipt of information about the financial effect of the proposal, no special remarks seem called for in this Department.

A on p 34 above & X on p 21 above

cf do & para 5 of the draft memo. below

2 of the draft memo below

Thro' E.III. 23547

23/5/47

23/5/47

24.5.47

26.5.47

E&P.H.

Fin No. 30078 AA1
26/5/47

E.P.H.

Issue
27.5.47

JOINT SECRETARY TO GOVERNMENT
7 MAY 1947
EDUCATION AND PUBLIC HEALTH DEPT.

p 674 [Memo No. 73951 G1/46 - U.O. H d 29/5/47]

p75 c.f. C. no. 55403 From Major V. Krishna Row. V.K.R.E/47
dt 25-6-47.

Medical Inspection of School Children.-

Please See the letter and its enclosures from Major V. Krishna Row at pp 1-9 c.f. Major Krishna Row has
pp 79-83 c.f. submitted a scheme of Medical Inspection.
p75 c.f. And requests that HM (Edn) may grant him an interview so that he can explain the
ibid whole scheme. The main features of the scheme are stated at 'A' on p3 c.f.
A scheme for medical inspection of schools is already under the consideration of ~~the~~ Govt. At the recent conference of HM (Edn) with the ~~D~~ SG, the DPH, ~~and~~ the
pp 31-34 n.f. DPI and others, certain suggestions for revising the scheme were made and they have been referred to the DPI, the SG and the DPH for remarks. Their replies are awaited.

It is for consideration whether
pp 67-68 c.f. the interview asked for will be granted.
The case may be circulated to HM (Edn) for orders.

SECRETARY, EDN. AND P.H. DEPT. 26 JUL 1947 GOVERNMENT OF MADRAS

11.7.47
11.7.47
15/7

17/7/47
14.7.47
14/7/47
HM (Edn)

Major Krishna Row may be asked to meet one on Friday the 25th inst. at 3.0 P.M. at the Secretariat

17 JUL 1947

JOINT SECRETARY ... 26 JUL 1947 EDUCATION AND PUBLIC HEALTH DEPARTMENT

TSA
17-7-47

A draft D.O. is submitted. File Returned

RK
17/7
17-7-47
17-7-47
TSA
25-7-47

Issued as D.O. No. 55403 Gen/47-1PH

[illegible]

C.no. 63197 From the DPI R.c. No. 145 – K2/47 of 2.8.47.

Minutes of the Second meeting of the Provincial Advisory Board of Education.

Please See the minutes of the Second meeting of the Prov. Advisory Board of Education at pp 93–94 c.f., especially those relating to the Medical Inspection of pupils. The points stressed by Dr. A.L. Mudaliar at p 94 c.f. may be taken up for consideration when the remarks of the DPI in consultation with the SG and the DPH on the scheme of medical inspection of School pupils which have been called for (vide the memo at pp 67–68 c.f.) are received. No separate action seems necessary now on the minutes of the Prov. Advisory Board of Education.

A draft reminder to the DPI is submitted.

14.8.47
20.8.47
20/8/47

[Issued as Memo. No. 73957 G1/46 – P.H. of 22.8.47].

pp103-10 c.f.

From the SG Ref No. 73096-26 PW/45 of 17.9.47.

Please See the letter from the SG at pp103–104 cf. The reply from the DPI may be awaited till 2-10-47. (He has to send his reply based on the letter of the SG at pp 103–104 cf.).

24.9.47
24/9/47
24/9/47
27/9/47

From the DPI Rc. No. 4573 B4/46 of 309-47.

Please see the letter from the DPI at p 105 cf. In the circumstances explained in paragraphs 2 and 3 of his letter at p 105 cf the DPI ~~wish~~ is once again addressing the SG and the DPH to give ~~him~~ definite suggestions for drawing up a workable method. The DPI's final reply on the subject may be awaited till 15.11.47.

15/10/47

6.10.47

14/10/47

15/10/47

I am afraid we are pursuing a policy of endless correspondence and nothing yet has been done on this correspondence. The D.P.I. may be asked to contact the D.P.H. and formulate the scheme at an early date.

I must point out that in the recent increase of fees that we have collected from the colleges, we have allowed 5% especially for visual instruction and medical examination and it may not be fair to collect these fees and not take any action in the matter and so, the D.P.I. may be asked to formulate his scheme as soon as possible.

A

ISA

22-10-47

SECRETARY, EDN. AND P.H.
29 OCT 1947
GOVERNMENT OF M...

With ref to 'A' in the minutes of HM (Edn) above a draft memo to the DPI is submitted.

2. The D.O. addressed by HM (Edn) to the Vice-Chancellor of the Madras University has been added on to this file at p 107 cf.

29 OCT 1947

29.10.47

30/10/47

31/10/47

IKO 41

Mr. V.R.Ranganatha Mudaliar, Deputy Director of Public Instruction, met me on behalf of the Director of Public Instruction, in connection with drawing up of a scheme for medical inspection in schools. I have also called the Director of Public Health, Dr. Mathews for consultation. In pursuance of these consultations, the following scheme for medical inspection has been evolved:

MEDICAL INSPECTION OF SCHOOL CHILDREN.

Scheme - General Outline.

The matter of medical inspection for school children has been under consideration for a long time. It has been decided in circulation that a school medical service under the department of education may be set up. It has also been resolved that in the school medical service, we may have three kinds of officers doing this work: 1. Full-time medical practitioners under the service of the school medical service; 2. Rural Medical Practitioners and others doing work under Public Health Department, who can be allotted a few hundreds of children for medical inspection in the schools in the surrounding areas; and 3. Voluntary medical practitioners who will take up this work as a labour of love and help in medical inspection either completely free or for a small remuneration.

It has also been found necessary that the follow-up work is the most important work and for that purpose, children's clinics may be established wherever possible and to begin with, one clinic in each district at the district headquarters. It has also been accepted by the Surgeon-General and the Director of Public Health that the medical inspection may be done thrice in the course of the child's life in the school till VI Form, i.e., one on admission into the elementary school, a second time on admission into the secondary school in the first form stage, and a third time at the fourth form stage. It is also proposed to have a fourth inspection in the college when the boy enters the Intermediate class. Such of those children who have diseases or any other complaints must be followed up after these examinations.

Strength in Secondary Schools and Colleges.

According to the latest report, we have 1,54,531 boys in I to III Forms. We have 1,08,091 boys in IV to VI Forms and the boys in colleges are 5,087. The figure for colleges includes only Government colleges. Other colleges have to establish their own medical services and the Government have no responsibility in the matter for the present. The

total number of boys thus calculated is 2,67,709.

Staff required.

It is said that normally one doctor can do medical inspection for 5,000 children in the course of a year. That will mean the number of doctors required will be:

$\frac{267,709}{5,000}$ or 54, rounded.

The strength of girls in secondary schools and colleges is as follows:

Girls in I to III Forms	..	29,666
Girls in IV to VI Forms	..	16,280
Girls in colleges	..	1,061
Total	..	47,007

No. of doctors required for girls: $\frac{47,007}{5,000}$ = 10 in round figure.

Total No. of doctors required for boys and girls:

54 + 10 = 64.

It may be mentioned here that the number taken is for all students from I to III forms and all boys and girls in the colleges also. The intention is that medical inspection is to be done for every boy three times in the course of the secondary school and colleges, i.e. in the I form, IV form and in Junior Intermediate class stages. But for matters of calculation, not only the I, IV forms and Junior Intermediate boys have been taken into account, but all boys in the high schools and Government colleges. And so, it may be said that provision has been made for doctors three times as many as will be required for medical inspection of those classes only. It is for consideration whether from this point of view, the number of doctors should be reduced. But there is other consideration also. If these 64 doctors are distributed to the various districts, it will be only at the rate of 2 to 3 doctors per district and so, it may not be advisable to reduce this number and it is possible that in some districts, it may be only one from the point of view of the number of schools and students in those districts.

Elementary Schools.

The children in the elementary schools number 34,56,085.

Strength in elementary schools according to standards.

Standardwar strength in Elementary Schools.

1946-47.

Standard.	Boys' Schools.	Girls' Schools.	T o t a l.
I	10,21,027	1,81,391	12,02,418
II	6,28,915	1,04,806	7,33,721
III	4,69,652	77,283	5,46,935
IV	3,69,007	58,831	4,27,838
V	3,29,727	48,705	3,78,432
VI	72,950	12,445	85,395
VII	43,056	7,419	50,475
VIII	26,256	4,615	30,871
Total ..	29,60,590	4,95,495	34,56,085

The children in the first standard where we want to have medical inspection, is 12,02,418. It will be difficult for 2 doctors in a district to go round to all the 1,000 or 2,000 elementary schools in the Province. In this, we should depend to a large extent upon the rural medical practitioners and also the full-time doctors that are going to be appointed under the post-war rural medical scheme. Please see herewith the statistic given by the D.P.H. with regard to the number of Rural dispensaries. I understand from the D.P.H. that there are 486 rural dispensaries which are subsidised by Government and 113 rural dispensaries maintained by the District Boards. Of these, 155 have been closed for want of doctors. The number of dispensaries which are actually working is, 444. Of these, 99 are manned by people trained in the Indian School of Medicine. The D.P.H. and also the Surgeon-General are of opinion that these people may not be very useful for medical inspection of children. Minusing these 99, the doctors available in rural dispensaries for inspection of school children, is 345. The D.P.H. is of opinion that these people can easily look after a minimum of 200 children each in the schools living nearest them as part of their duty. Thus, they will be able to do medical inspection for 345 x 200 or 69,000 children.

The D.P.H. tells me that the rural doctors that are going to be recruited under the post-war development scheme, are full-time doctors and so, can easily do medical inspection for a thousand children each of them. The post-war medical inspection scheme has provided for 150 such

doctors to be appointed in the course of five years. I understand that this year, 30 doctors have already been appointed under the scheme. This will mean that in the next year, when the medical inspection begins, there will be 60 such doctors and they will be able to help in the medical inspection of 60,000 children and in the course of five years, they will be able to look after the medical inspection of 1,50,000 children. It will be remembered that the full time school medical officers will not have as much work as calculated above, as they attend only to I and IV form in Secondary schools and so, these officers also are expected to go round as many elementary schools as possible. Besides, with the help of voluntary help of private practitioners, with or without a small remuneration, a few more lakhs of children may be attended to. In this manner, we may begin medical inspection in elementary schools also. With this beginning, it is expected that we will be able to expand the medical inspection in the course of time to all the schools.

C o s t.

Coming to the cost of the scheme, at present, the I Class Health Officers are paid a scale of Rs.250-300/2-340-40/2-580. The D.P.H. is of opinion that for doctors in the school medical service, it is not necessary to give such a high pay and that it will be sufficient if we give something less for the school medical service, and he suggests a scale of Rs.200-25/2-450. He is confident that we can get sufficient men for this work on this pay with the same qualification as I Class Health Officers, that is, medical graduates of the M.B.B.S. qualification. The minimum cost on this basis will be:

(1) I Class Health Officers: 200-25/2-450.

Immediate cost: 200 plus 35 (D.A.) x 12 x 65 = Rs.1,93,300

Ultimate cost: 325 plus 50 x 12 x 65 = " 2,43,500

(2) One peon must be allotted to each and their cost will come to: (16-1-25)

Immediate cost: 16 + 16 (D.A.) x 9 x 65 = Rs. 18,720

Ultimate cost: 20.7+ 16 (D.A.) x 12x 65 = Rs. 28,626

(3) Travelling allowance at the rate of I Class Health Officers and peons Rs.50, 000

(4) Miscellaneous contingencies - office charges .. Rs.48, 750

	Immediate. Rs.	Ultimate. Rs.	Non-recurring. Rs.
Total cost of Health Officers	1,93,300	2,43,500	
Total cost of peons ..	18,720	28,626	
Travelling allowance ..	37,500	50,000	
Contingencies ..	36,562	48,750	
Total ..	2,86,082	3,70,876	13,000

Income.

Coming to the income, it is proposed to charge one rupee per head in forms I to III, Rs.2/- per head in forms IV to VI and Rs.3/- per head for all boys in the colleges. The income calculated under this rate will be:

			Rs.
Boys in I to III forms ..	1,54,531 x Re.1 per head	=	1,54,531
Boys in IV to VI forms ..	1,08,091 x Rs.2 "	=	2,16,182
Girls in I to III forms..	29,666 x Re.1 "	=	29,666
Girls in IV to VI forms..	16,280 x Rs.2 "	=	32,560
Boys in Govt. colleges ..	5,087 x Rs.3 "	=	15,261
Girls in Govt. colleges..	1,061 x Rs.3 "	=	3,183
		Rs.	4,51,383

It will be seen that while the income is Rs.4,51,383, the total expenditure is expected to be about Rs.3,70,876 and so, the net savings will come to about Rs.80,500.

The Surgeon-General is of opinion that the organisation of the whole scheme must be put under a senior officer. This officer must be under the Education Department. The Surgeon-General suggests that the officer must be of the status of the Assistant Director of Public Health. The cost according to him is expected to come to:

	Rs.
1 Assistant Director of Public Health in the scale of 600-100/2-1,000	10,187
1 Junior Supdt. on 100-10/2-150	1,590
1 upper division clerk on 55-70	789
2 lower division clerks on 30-55	1,020
1 stenographer on 30-55	510
Special pay for shorthand Rs.25/- p.m. ..	300
2 peons	350
Allowances.	
Other compensatory - Presidency allowance ..	294
Travelling allowance	3,000
War allowance and dearness allowance	2,508
Contingencies.	
Miscellaneous contingencies	500
Total .. .. Rs.	21,048

It is suggested that the cost of the office of the Director of School Medical Service, who may be designated as Deputy Director in charge of school medical service, may be met by the Provincial Govt.

In addition, it is expected that we may have to give a medicine chest to every school which may cost about Rs.100 each. It is

presumed that there may be a six hundred ~~Middle and~~ High Schools in the province and that will come to about Rs.60,000.

It is suggested that the children's clinic may be kept in a separate room in the general hospital itself and the medicine necessary may be taken from the general stores in the hospital and as such, no such separate establishment for the ~~xxxx~~ clinic will be necessary apart from the doctor in the school medical service and his peon.

The D.P.H. is of opinion that the doctors recruited for the school medical service must get some preliminary training for a month or two in Ophthalmology, ear, nose and throat diseases and such other diseases which affect children. Children's clinic should also be provided with equipment for eye-test and such other apparatus.

This, in general, is the scheme for school medical service. As may be seen, the scheme will be self-supporting for the present.

The matter may be considered and put up. I would like to begin the working of the scheme as soon as possible.

TSA
1-12-47

2 DEC 1947
EDUCATION AND PUBLIC HEALTH DEPARTMENT

SECRETARY, EDN. AND P. H. DEPT.
2 DEC 1947
GOVERNMENT OF MADRAS

The revised scheme for medical inspection of schools on pp41-46 above has been drawn up by H.M. (Edn) in consultation with the Dy. D.P.I., and D.P.H. & S.G. ~~It is presumed that there is no necessity to consult the S.G. in the matter, since the S.G. on a previous occasion accepted the scheme drawn up by the D.P.H.~~ p11 cf

2. This revised scheme is in modification of the previous scheme detailed on pp32-34 ante. The commitments involved in the scheme are as shown below:—

	Details of items (1)	Expenditure Recurring Rs (2)	Expenditure Non-recurring Rs (3)	Income from fees Rs (4)
p44 ante	School Medl Service —	3,70,876	13,000	4,51,383 — p45 ante
p45 ante	Central Organisation —	21,048	—	
p46 ante	Medicine Chests for High Schools	—	60,000	
	Total —	3,91,924	73,000	4,51,383
		4,64,924	—	4,51,383
		13,541		

143

The extra expenditure involved in the scheme is Rs 13,541.

3 ~~The case may be sent to Fin for remarks with reference to their note on p35 ante~~

12/12/47

The scheme at A pp 42 ante has not yet been given effect

A report on the cost in account of Memorandum to R.M.A. & private portions has been sent with

4 8

Please see the extra cost worked out on p.47 ante. Please also see portions marked "A" on pp.43-44 ante. The medical inspection is to be worked out mainly by rural medical practitioners and by practitioners in primary centres. As regards rural medical practitioners, the Retrenchment Committee has suggested that as the rural medical relief has not been a success it might be abolished. This matter is separately under consideration. As regards primary centres, the Government have sanctioned the opening of 30 centres but w.r.t. the decision of the Retrenchment Committee at "A" on p.2 of flag (F) the whole scheme has to be reconsidered. This case has to be examined w.r.t. the above recommendation and the Surgeon-General will be consulted immediately.

30/1/48

I have explained to HM (EH) [who called me up later] that in account of 'P' above, a scheme of medical inspection of elementary school children through the R.M.P's and M.O's in charge of the proposed primary centres cannot be initiated till the questions raised at 'P' are finally settled. HM agreed that this portion of this scheme might be kept in abeyance.

Regarding Secondary Schools & Colleges, under HM's scheme, there will be a completely separate School Dept' Med Service, which will practically be self-supporting, even if the cost of the office of the Director of S.M. Service is not borne by the Prov. Govt. (Vide 'A' and 45 ante). The members of this service will not be borne on the Provincial Medical & PH Establishments (MMS & MPHS.) and this will form a separate service, possibly as an addition to the M.E.S., controlled by the D.P.I. The SG will probably be on a "Consulting" authority and separate ad-hoc rules will have to be framed regarding them. This point may be finally decided. (I do not know whether the SG & DPH have been consulted about it). The SG & DPH. The necessary rules will have to be drawn up in due course in consultation with PH Dept.

The Med Dept will be directly concerned only with making provision for clinics & medical requisites, whereas drugs etc for which the School Medical Officer will have to indent on the Hospital to which the clinic is attached. Some kind of rules & restrictions will have to be evolved regarding the exact relationship to be maintained between the School M.O. attached to the Hospital Clinic & the regular Hospital authorities. This is also a matter of detail to be worked out later - so also, the distribution of clinics * Subject to the above, this forms a portion of HM's scheme for Sec. Schools & Colleges is to be further pursued and steps taken - the Ed sections of the EPH Dept may deal with the file & Secy to HM (PH) may see.

2/2/48

I had a talk with (Maj.) M. We agreed to accept modifications I sent the modified scheme down for further examination in the departments. Ref 4-1-48

* to Specified Hospitals - In Government, there may have to be more than 6 clinics, although there need be only 6 doctors, based on HM's estimate of 6000 students per doctor.

I have had a talk with the Joint Secretary who is in charge of Public Health. He tells me, as has been pointed out in the note, that the matter of continuing establishment rural medical practitioners as well as rural health centres is being reconsidered by the Department at the instance of the Re-organization and Retrenchment Committee. In view of that position, I am leaving aside the help which I had expected from them in the matter of medical examination of school children. This scheme is complete by itself as far as the secondary schools and Government colleges are concerned. A fee is collected from them and with the help of that fee, we organize medical inspection in all these secondary schools and Government colleges. As will be seen from the scheme itself, the ~~income~~ expenditure is Rs.2,86,082 to begin with and the ultimate cost is Rs.3,70,876. The income is Rs.4,51,383/-. And so, the scheme is not only self-supporting but there is ~~also~~ enough provision for us also to increase the staff of doctors in the school medical services, if necessary. ~~At~~ the present ~~expenditure~~ income is Rs.4,51,383/- and the present expenditure is only Rs.2,86,082/-. The intention is to create a separate fund out of this income + earmark it for medical inspection of school children. The only ~~matter is~~ that we must provide in the Central Office for To organise the school medical service one Deputy Director for School Medical Service, in the scale of the Asst. Director of Public Health, i.e., Rs.600-100/2-1000 to organize the service. This along with a small staff, I am of the opinion. should be borne by the Government, which has been calculated to cost Rs.21,048/-. This is the only cost in a scheme of about 4 lakhs, that will be met by the Provincial Government and the rest will be met by fees from the school children themselves. If & when The scheme for rural medical services is finalised, the matter of how they can co-operate in this matter may be considered later on. The scheme as at present envisaged is self-supporting and may be approved. A note on these lines may be prepared and may be circulated to Finance Dept. for its opinions.

I am anxious that this matter should be ~~finished and~~ finalised soon so that I shall be able to mention it in the coming Budget discussions. This matter has taken already a long time and so, it should be expedited.

T.S.A.
2-2-48.

8 - FEB 1948
SECRETARY, EDN. AND P.H. DEPT.
2 FEB 1948
GOVERNMENT OF MADRAS
JOINT SECRETARY TO GOVERNMENT
5 FEB 1948
EDUCATION AND PUBLIC HEALTH DEPARTMENT

E.& P.H.(Cl).

Re: MEDICAL INSPECTION OF SCHOOLS.

The proposal as finally decided by H.M.(Edn.) on p.50 ante ~~is~~ is to confine medl. inspection to ~~Govt.~~ Secondary Schools and colleges and leave out Rly. Schools for the present due to the uncertainty of the services of the R.M.Ps. & M.Os. in charge of primary centres becoming available for the purpose. The medl. inspection is to be done in ~~the~~ Forms I and IV ~~Forms~~ in ~~the~~ Secondary Schools and in ~~the~~ first year Intermediate class in the Colleges. Such of those pupils or students who have diseases or any other complaints are to be followed up after these examinations. Children's clinics are proposed to be kept in a separate room in the General Hospital itself and the medicines necessary are to be taken from the general stores in the Hospls. Those clinics will be in charge of the Doctor of the School Medl. Service and his peon and will be provided with equipment for eye test and such other apparatus. A medicine chest at a cost of Rs. 100/- each is proposed to be given to each of the 600 High Schools in the province at an estimated cost of Rs. 60,000/- non-recurring.

2. Boys and girls in the I to III Forms are to be charged Rupee one per head, in the IV to VI Forms Rs. 2/- per head and in the colleges Rs. 3/- per head. The fee income has been calculated at Rs. 4,51,383.

3. A school medl. service consisting of 65 Doctors with the qualifns. of I Class H.Os. is to be formed for the purpose of medl. inspection of schools and colleges and the estimated cost is Rs. 3,70,876 recurring and Rs. 13,000 non-recurring.

-The-
p.t.o. -52-

The cost of the School Medl. Service is to be met out of the fee income. The Doctors recruited for the School Medl. Service should undergo preliminary training for a month or two in Ophthalmology, E.N.T. Diseases and such other diseases which affect children. This School Medl. Service is to be placed under the charge of an Officer of the status of A.D.P.H. designated as Dy. Director in charge of School Medl. Service, who will be attached to the Edn. Dept. He is to be assisted by the necessary ministerial staff. The cost of this central organisation is estimated at Rs. 21,048. It is proposed that the cost of this Central Organisation should be met by the Provl. Govt. The intention of the scheme of medl. inspn. is, that it should be self-supporting. It will be self-supporting even if the recurring expenditure of Rs. 21,048 on the Central Organisation is not met by the Govt, provided the non-recurring expre. of Rs. 73,000/- is provided for otherwise.

4. Medl. inspection of Schools is compulsory in the Colleges. Under Rule 89(c) of the M.E.R., the fee for medl. inspn. in colleges is Rupee one per head per year and this is the minimum rate. Fees may be levied at higher rates at the discretion of the management. It is proposed to levy now Rs. 3/- per head in Govt colleges. According to this rule, a spl. fee for medl. inspn. shall be levied from boys reading in the Secondary Schools for boys, the amount of the fee being not less than one-third of the cost of inspection for each pupil. The proposal now is to levy fees for both boys and girls ~~in Govt~~ Secy schools ~~and~~ at Re. 1/- per head for Forms I to III and at Rs. 2/- per head for Forms IV to VI.

5. It is now proposed to levy fees from all boys and girls in Forms I to VI and in the colleges, though the medl. inspection is to be confined to those in Forms I & IV and first year Intermediate class. The boys and girls in the other forms and in other classes in the colleges will be obliged to pay medl. inspn. fees ~~in the absence of any~~ tho' there is no medl. inspn. for them. It is proposed to follow up cases of ~~children~~ pupils or students who have diseases or any other complaints after their medl. inspn. in Forms I & IV and the first year Intermediate class. But cases of children having no diseases or complaints at the time of medl. inspn. in FORM I and having them subsequently will be subjected to an

-examination-

p.t.o. -53-

146

examination only at the IV Form stage, i.e., nearly after 3 years. So also is the case of students in the IV Form. Cases of pupils and students having diseases and complaints and who have not been subjected to the medl. inspn. of the School Medl. Officer will presumably be examined by the School Medl. Officers when such cases are brought to their notice and followed up wherever necessary.

6. The intention of the Hon'ble Minister for Education is that a Special Officer should be appointed immediately who will also work out details relating to the medical inspection scheme. Presumably, the officer will have to be an Asst. Director of the Public Health. He may also have to be given some clerical assistance though not on the scale suggested at page 45 ante for the Office of the Central Organization.

~~In G.O. No. 1846, Edn., dated 4-6-47~~, the Government have directed that with effect from the academic year 1947-48 the tuition fees ~~will have to be raised~~ in Govt. Arts colleges be raised by 25%. They ~~subsequently~~ also ordered that 20% of the total anticipated income on account of raising the tuition fees be utilised for the institution of ~~the~~ scholarships and that 5% of the additional income be set apart for medical inspection and visual instruction to students. The 5% set apart for medical inspection and visual instruction has not been utilised. The additional income derived on account of raising the tuition fees has been estimated at Rs.2,35,438 and 5% of this will come to Rs.11,170. It has been suggested that this amount should be used, if possible, for the employment of the Special Officer and his staff without prejudice to the request ~~on~~ for the expenditure on the Central Organization being met from Provincial ~~service~~ finance.

The file may be sent to Finance for remarks.

The idea is that the Scheme is proposed though may be sanctioned generally & the details worked out by the Spl. Officer who is to be appointed immediately under the Scheme.

separate file

8673

7225

FINANCE DEPARTMENT

Edn. no: 8673C1/48-1
5-2-48.

7889

FINANCE DEPARTMENT

5/2/48

5/2/48

Please see minute of H.M.Edn on H.50-51 and notes of E.P.H on H.51-53 above

Finance (E.III).

The proposal is to take up the medical inspection in Secondary schools and in Govt. Colleges. Owing to the uncertainty of the services of the rural medical practitioners and practitioners in charge of primary centres becoming available the case of elementary schools has been left out for the present. The medical inspection is to be done in Forms I and IV in secondary schools and in the first year intermediate class in the Colleges. Such of the pupils who have diseases will be given a follow up treatment. Children's clinics are to be set up in the hospitals and the necessary medicines are to be taken from the general stores in the hospital. The clinics will be in charge of a Doctor of the School Medical Service (this is to be a separate service as distinct from the Medical service and the Public Health service) Each officer will have a peon. There will be equipment for eye test and other apparatus, medical chest at a cost of Rs 100 for each officer. The School medical service will have 65 doctors with qualifications of I class Health officers. There will be besides a Dy.Director to be in charge of the School medical service. The Dy.Director will be assisted by a ministerial staff.

The total cost on account of the above 65 officers of school medical service and of the Dy.Director and his staff referred is Rs 4 lakhs p.a. roughly.

Fees are proposed to be charged as follows

Boys and girls in the	I to III Forms	Re 1 per head
"	IV to VI Forms	Rs 2 per head
	Colleges	Rs 3 per head

The total fee income expected is Rs 4.5 lakhs.

(It is proposed to create a separate fund out of this income)

The scheme as stated above will thus be self supporting.

The scheme as stated in para 1 above may generally be agreed to. The details of the scheme may be examined later.

H.M.(Edn.) wants that a special officer should be appointed immediately who will also work out details relating to the medical inspection scheme. E P.H state this officer will presumably be of the cadre of A.D.P.H. It is presumed that this officer is different from the Dy.Director proposed for controlling medical inspection organisation on p.45 above. The Special officer will have to be assisted by a small staff. The cost of the special officer with the staff on the scale on p.45 above will be Rs 21,000 roughly and E.P.H state that a portion of the additional income derived on account of the raising the tuition fees in colleges is to be set apart for medical inspection and visual inspection. This portion is estimated at Rs 11,170. The net extra cost on account of the special officer and staff will therefore be Rs 10,000 roughly.

2. The scheme is one involving the constituting a separate fund out of the income for medical inspection, the constitution of a separate set of officers for medical inspection and establishment of a Dy.Director for controlling the work. Though it is stated that the scheme is expected to be self-supporting this cannot be ensured. The scheme involves large recurring cost (though such cost will be recouped from fees). It should be treated as a 'New Service' and referred to S.F.C and the Cabinet. In view of the urgency of the scheme, the procedure referred to in para II(iii) of U.O.Note 26978 B.G-4 dated 21-12-47 will have to be followed. Action to obtain a supplementary grant will have also to be taken.

11.2.48

Finance may perhaps agree to a Special Officer (assisted by a small staff) being asked to work out a scheme for medical inspection in Secondary schools and Govt colleges. After a scheme has been worked out, the details may be referred to this deptt for further examination.

It is proposed to subject boys & girls in forms I & IV in Secondary schools and those in the Intermediate (Junior) in Govt colleges to medical examination. Any pupil who is found to have any disease will be put through a course of treatment to be given in a clinic to be opened in the nearest hospital. The clinic will be in a charge of a doctor of the School medical service but medicines will be taken from the hospital stock. Of these hospitals are

asked to supply medicines from their stocks, they will presumably claim from the Govt the cost thereof (where the hospitals are not Govt hospitals) this item has not been taken into account. The cost on account of

Again if medicines are to be taken from the hospital stocks, it is not clear why a medicine chest costing Rs 100/- should be provided for each School.

It is not known whether pupils of secondary schools are now put thro' a medical examination every year; if not, whether they are asked to pay fees for the purpose of medical exam only in the year in which they are put thro' such a medical exam. It will be noticed that under the proposed scheme all ~~boys in classes~~ pupils of Forms I to VI will be required to pay fees for medical exam while it is only these pupils of Forms I & IV who will actually be examined. It is for consideration whether fees may reasonably charged from pupils ~~of~~ ~~class~~ in a year in which they do not have the benefit of being examined medically. This is a point of some importance because the estimate of receipts thro' fees depends on the answer to this.

A.

MR
11/2/48. Addl Secy.

I agree that A above is a very important point, for if fees are not to be collected from all students of the forms mentioned the scheme will cease to be self-supporting and the Govt cannot afford to employ a special staff of doctors to conduct the medical inspection of pupils in Secondary schools & colleges. But the portion P of H.M. (Edn)'s minute would suggest that the no. of doctors proposed could examine students of the other forms also from whom fees will be collected.

This dept may however agree to a Special Officer being appointed immediately to work out the details of the scheme.

When the details are worked out the appropriate financial procedure will have to be followed. In any case it will be a "new service" not merely on account of the gross cost involved, but also because it

DS 148

it is proposed to set up an organisation which has not been functioning hitherto for the purpose of these medical examinations. Whether a special fund shd be constituted for this purpose is also a question of policy on which the orders of the Cabinet will be necessary in due course.

H.M. (Fin) may see at the present stage.

11.2.48 E.H.H.

Fin. Uno
7889 E.III-1
11/2/48

10802

The file relates to the scheme of medical inspection of students in Govt. colleges and pupils in secondary schools. A brief outline of the scheme is given in the Finance note in para 1 on page 54 ante. This Deptt. recommended that scheme as proposed may be sanctioned generally and the details worked out by the Special Officer who is to be appointed immediately under the scheme. Finance are agreeable to the employment of a Special Officer to work out the details of scheme. When the details of the scheme are worked out, they suggest that the appropriate financial procedure will have to be followed, namely, that the scheme will have to be treated as 'New service' and referred to the Standing Finance Committee and the Cabinet. The reasons given by Finance for treating the scheme as 'New service' are (1) the gross cost involved in the proposal (2) setting up of an organisation which has not been functioning hitherto for the purpose of these medical examinations and (3) the constitution of a special fund for this purpose which involves a question of policy on which the orders of the Cabinet are necessary. Finance also suggested that H.M. (Fin.) may see the case at the present stage.

Secy's marginal notes on p53 ante

Fin Addl Secy's note on p56 ante

Fin Addl Secy's note on p56-57 above

2 As regards the proposal to appoint a special officer immediately to work out the details of the scheme of medical inspection, Finance enquire whether this officer is different from the Deputy Director in charge of school medical service proposed for controlling the medical inspection organisation. There is no information on this point at present. As

para 1 p55 ante

regards the ~~appoint~~ appointment of a special officer and clerical staff to assist him immediately, Finance have taken the cost of the proposal as Rs.21,000 roughly and worked out ~~the~~ extra cost involved in the proposal as Rs.10,000 ~~xxxxxx~~ roughly excluding Rs.11,170, to be realised as fee from Govt. Arts Colleges for medical inspection and visual instruction from the academic year 1947-48. The cost of Rs.21,000 worked out on page 45 ante, relates to the full-fledged central organisation for the medical inspection scheme. It is now proposed to appoint a special officer and a small clerical staff to assist him, say, probably, one upper division clerk, one stenographer and one peon, the cost of which all told may not exceed Rs.13,000 roughly. The net extra cost after excluding the fee income of Rs.11,170 will be only Rs.2,000 roughly.

para 1 - p 55 ante

3. Finance Deputy Secretary has noted on pages 55-57 ante that the cost on account of the ~~55-57 ante, that the xxxx~~ medicines that will be taken from the hospital stock for the children's clinics has not been taken into account since it will be claimed. If these hospitals are asked to supply medicines from their stocks, ~~they will presumably claim from the Govt. the cost thereof~~ especially where the hospitals are not Govt. hospitals. It is submitted that it is not possible to estimate what the expenditure on account of this item will be at present. In respect of Govt. hospitals, the students of the colleges and the pupils of the secondary schools will be entitled to free treatment even as members of the public (subject to the monetary limit generally applicable with reference to income) and as such the medicines taken from that general hospitals for the children's clinic ~~xxx~~ established at those hospitals need not be taken into account for the purpose of the scheme. Finance Deputy Secretary enquires ~~whether~~ why a medicine chest should be provided for each school, if medicines are to be taken from the hospital stocks. The medicine chests are intended for giving first aid to the students of the schools and for treating very minor ailments that could be treated by the staff of the school itself with the aid of the medicine chests. The children's clinics are intended for treatment of major ailments ~~. The children clinics are intended to for treatment~~ that cannot be ~~safely~~

p 56 ante

treated by the staff of the schools with the aid of the medicine chests. As regards the enquiry ~~of the~~ Finance Deputy Secretary whether pupils of secondary schools are now put through a medical examination every year, and if not, whether they are asked to pay a fee for the purpose of medical examination only for the year in which they ~~had been~~ are put through such a medical examination, it is submitted that at present, in practice no medical examination is conducted for the ~~xxxxxx~~ pupils of secondary schools and no fees are ~~levying~~ levied for the purpose. Finance Deputy Secretary has noted on page 56 ante that under the proposed scheme of medical inspection, ~~of the~~ pupils of forms I to VI ~~to VI~~ will be required to pay fees for medical examination while it is only those pupils of forms I and IV ~~are~~ who will actually be~~ing~~ examined. He enquires whether fees may resonably be charged from pupils for the year in which they do not have the benefit of being examined medicaly. The proposal is to levy fees from all pupils in Forms I to VI ~~and~~ ~~XVI~~ though it is the intention to examine pupils of Forms I and IV only. But pupils having deseases and complaints and who have not been subjected to the medical inspection of the school medical officer will presumably be examined by the school medical officers when such cases are brought to their notice and followed up wherever necessary.

p 56 ante

4. The case may now be circulated to H.M. Edn. and H.M. Finance.

13/2/48 S

Finance has raised certain points which must be met. I am afraid there has been a slight misunderstanding. The points that they have raised are

(1) that a Special Officer may be appointed the cost of which will be Rs.13,000/- since there is already a fee of Rs.11,000 collected for medical inspection, the extra ~~xxxx~~ expenditure will be Rs.2,000/-.

(2) while medical inspection is provided in Forms I and IV, how we can collect fees from other forms also?

(3) how the cost of medicine is to be met?

(4) the amount of Rs.73 ~~lakhs~~ crores which is supposed to be shown as non-recurring expenditure whether it is necessary; and

(5) that the special officer may be appointed now and a scheme may be prepared and then put before the Cabinet later on.

I am sorry in most of the matters referred to above, the matter has not been clearly understood. With regard to (1) above, the income that has been received by way of medical fees is Rs.11,170. But the Officer that we want for this year is for the end of the school year which will nearly be 1½ months even if the orders are issued today. The cost of that will be only about Rs.2,000//- for this year. And so there is a net extra income of nearly Rs.9,000/- and not an extra expenditure of Rs.2,000/- when this year's account is taken into consideration.

Clarification has been asked for whether the Special Officer and the Officer who will be in charge of organising the school medical service are two posts or one and the same. There is only one Officer asked for at the Central Office and that is the Office of the grade of the Deputy Director of Public Instruction, who will organise this work of school medical service.

(2) While detailed medical inspection will be made in Forms I and IV other students also will be examined in a less detailed manner, perhaps and they will also be treated whenever necessary and will have the full benefit of the clinics to be opened under the scheme. In fact this follow up work is the more important and more costly. And so it is but proper that fees should be charged for all. And after all the fee charged is very small i.e., Re.1/- per year in the lower forms and Rs.2/- per year in the higher forms.

(3) The children of the schools as others among the public are entitled to be treated in our hospitals and the Public Health Department also has no objection to the proposal set in here that the medicines must be supplied by them.

(4) This may not be taken up now, but may be considered while organising the school medical service if necessary.

(5) Finance has suggested that a Special Officer may be appointed now and a scheme may be prepared by him and then put through the Cabinet. I don't think this circuitous procedure is necessary. The scheme that has been proposed in this file has been evolved out of a discussion with the Surgeon General, the Director of Public Health and the D.P.I. What is to be done by the Deputy Director for School Medical Service is to draw up the qualifications for the school medical service conditions of service etc., within the framework of this proposal. I don't think it is necessary we should wait for these small details to go in before we take up the consideration of the scheme itself. The broad principles of the scheme may be approved now and the scheme may be worked within those principles.

The scheme is self-supporting. We don't ask the Govt. to bear anything except for the cost of the Deputy Director for school medical service at the Central Office. And so I suggest that approval may be given to the scheme so that the Deputy Director for School Medical Service may be appointed immediately and may be asked to organise the school medical service.

The income for the fund is Rs.4,51,383 as has been pointed our earlier. The expenditure in the first year will be Rs.2,86,082 while the ultimate expenditure will be Rs.3,70,876. Even if we take the ultimate expenditure for purposes of calculation, there will be a net income of Rs. 84,794 to be utilized for the furtherance of the scheme when necessary. And so it may be seen that the scheme is absolutely self-supporting and I would suggest the scheme may be allowed to be sanctioned immediately and a Deputy

Director of Public Instruction for School Medical Service on the grade mentioned above may be appointed immediately so that he may begin the organisation of the work since there is already Rs.11,170 to the credit of the fund and expenditure in this year will only be about Rs.2000/-.

If H.M. (Fin.) thinks that the matter may be referred to the Cabinet as suggested by the Finance Dept., that may be done and in the meantime the Officer referred ~~x~~ to above may be appointed.

TSA
16.2.48

The scheme may come into force from 1.8.48 and the special officer may be appointed in April or May or if necessary from March itself. Dy. Director (School Medical service) B.G.A 17.2

SECRETARY, EDN. AND P. H. DEPT. 17 FEB 1948 GOVERNMENT OF MADRAS

A draft order is subd. M
After issue, the file may be put to the Hon. Premier for orders whether the subject may be included in the agenda for the next meeting of the Cabinet, to be held on the 25th febry.

17/2/48 S Hd/17/2/48 Hon. (a.i.).

[Issued as Go. 309 Edn. d. 17-2-48]

C.P.R
19/2/48

~~The~~ A draft Cabinet Note is subd. It may be sent to Hon'ble Secy for approval prior to circulation

20/2/48 S Hd/20/2/48 C.P.R

Hon'ble Minister (Fin.) Hd/20/2/48 Hon. (Fin.) 20-2-48

SECRETARY, EDN. AND P. H. DEPT. 20 FEB 1948 GOVERNMENT OF MADRAS

151

Copies of the Cabinet note have been circulated. Six copies of the note are put up in this file. The file may be sent to Pub(Spl).

G
23/2/48.

Hd/23/2/48 Secy(Spl)

Edn. MS. 8673c1/48-3
23-2-48

DEPUTY SECRETARY 28 FEB 1948 PUBLIC DEPARTMENT

This was referred to Hon'ble Dr. Rajan for looking into the matter and after he has seen it may be put before the informal meeting of the Cabinet, if necessary. Hon'ble Dr. Rajan wants the following facts:-

(1) The total number of children in high schools and colleges for whom we have to provide medical examination under the scheme.

(2) The number of children which a doctor can attend ~~examine~~ in the course of one year;

(3) The general scheme of medical examination itself;

The information was available in the notes above; but unfortunately that was not given definitely in the note circulated.

The strength in secondary schools/and colleges according to our latest report is as follows:-

	Boys.	Girls.
I to III Forms	1,54,531	29,666
IV to VI Forms	1,08,091	16,280
	2,62,622	45,946
Colleges.	5,087	1,061
Total No. of Boys ...		2,67,709
Total No. of girls ...		47,007

With regard to the number of children that a doctor can medically examine in the course of one year, it has been put as 5000 children. It is expected that normally he will

64

work for 200 days in the year which is the normal school year. $\frac{5000}{200} = 25$. It is expected that he will have to examine about 25 children per day even if all the children are to be examined every year. But the scheme itself is to examine only the I and IV Form children and the Junior Intermediate classes. It will be roughly 1/3 of this number. That will on the average come to about 8 persons per day. But the real work that the school medical service will have to do is the follow up work for which children's clinics are provided for under this scheme. And so it may be seen that the number of doctors that we have provided, i.e, 65 are employed to do medical inspection and follow up work.

Besides, it is intended that voluntary services of private practitioners, when they can come absolutely free or other doctors on part payment is also expected to be employed in areas in which these doctors may not be able to reach. There is ample surplus in the fund itself to make this provision. The scheme has also been approved by the Surgeon-General and the Director of Public Health.

I hope I have given in short the facts required by H.M. Food.

H.M. (Food) may kindly see and give his suggestions and blessings to the scheme.

TSA
27.2.48

The note of H.M. Food is placed below. He would like to have the matter discussed again with the D.P.I., D.P.H., S.G. and the Adviser to Physical Education, in a conference. I will fix the date after I return from Wardha. This may be put up to me on the 19th March.

SECRETARY, EDN. AND P. H. DEPT. 13 MAR 1948 GOVERNMENT OF MADRAS

TSA
12.3.48

This may be put up on the 1st working day after the Easter Holidays.

SECRETARY, EDN. AND P. H. DEPT. 24 MAR 1948 GOVERNMENT OF MADRAS

TSA
24.3.48

5 copies placed below. Additional copies may please be taken.

* Two copies of the note are kept below. Point to H.M.(F) may please retain them.

65.

152

It is proposed to have a conference of the following persons to consider our scheme of school medical service in view of the remarks made by H.M.(Food). The following may be invited for the conference:-

Surgeon-General
Director of Public Health
Hon'ble Mr. A.B.Shetty,
Hon'ble Dr. T.S.S.Rajan
Director of Public Instruction
Major Krishna Rau, Inspecting Medical Officer of the Presidency College, and
Two other women medical officers to be mentioned later on.

The conference may be in my room. The time will be on Thursday the 15th April at 11 A.M.

The Copies of the enclosed note may be circulated to all members.

TSA
7.4.48

SECRETARY, EDN. AND P. H. DEPT. 1 APR 1948 GOVERNMENT OF MADRAS

pp 137-140 cf

The draft d.o. below is for approval. After issue, the file may be circulated to HH's (Food) and (P.H) for information.

BM
8/4/48 S/by
8/4/48

S
8/4/48

9/4

H. (Food)
H. (P.H)

10/4

The file may be circulated to HH (Food) for orders as to the names of the two women medical Officers to be called for the Confce.

BM
12/4/48 S/by
12/4/48

SECRETARY, EDN. AND P. H. DEPT. 12 APR 1948 GOVERNMENT OF MADRAS

SECRETARY, EDN. AND P. H. DEPT. 12 APR 1948 GOVERNMENT OF MADRAS

No time to issue fresh invitations. This could be done now. This file may be sent to P.H. urgently

H. (Edn)

TSA
12.4.48

The conference summoned for to-day's meeting took place to-day in my room.

Hon'ble Minister for Food.

Hon'ble Minister for Public Health.

Director of Public Instruction

Surgeon-General with the Govt.of Madras

Director of Public Health

Major Krishna Rao &

myself were present.

In my introductory remarks, I made it clear that the old Medical Inspection which existed many years back failed due to the following reasons:

(i) It was only medical inspection without any follow-up work.

(ii) The reason for many of the diseases was mal-nutrition and nothing could be done in that direction.

(iii) Systematic health work was not done but only mere medical inspection was made and cards were issued to parents and it was left entirely to parents to do whatever they pleased with the result that the parents did not care for the cards and the Medical inspection went in vain.

If we are to improve the medical inspection, these defects must be avoided.

In the matter of nutrition, Government began providing mid-day meals but, it was given up in view of the huge cost which finallycame to 4½ crores and also in view of Prohibition which would result in putting nearly 50 crores of rupees in the hands of the people.

In the present proposal, arrangements have been made for the follow-up work. After pointing out the defects to the parents, the School Medical Service will not keep mum but would provide for the rectification of those defects.

153

H.M.(Food) pointed out that we must make sure of our objective. Our objective must be to have a healthy race of men and women so that we may recruit good soldiers for the army and for all other departments. With this end in view, the medical inspection should take place. Besides, the follow-up work must be done. For this matter, the District and Taluk Hospitals and the School Medical Service should work in co-ordination. The School Medical Inspection to be effective must not be left to the choice and whims of the parents but must be pursued by the State through the School Medical Service, so that the defects may be rectified. While he also thought that it is not possible at the present stage to provide for nutrition, most of the avoidable defects must be tackled with and cured through the School Medical Service.

H.M.(Public Health) pointed out that having one or two doctors for each district may not result in proper medical inspection and so, voluntary help as well as part-time doctors must be pressed into service.

The Surgeon-General pointed out that proper co-operation between the Medical Service in the Districts as well as the School Medical Service should be established. He read out objectives of School Medical Service from the Bhore Committee Report and he also said that voluntary doctors and doctors on a part-time basis should be recruited for School Medical Service in consultation with the District Medical Officers in the Districts.

The D.P.H. also said that these things could be provided and the present proposals improved upon with these ideas.

Major Krishna Rao gave us his experience and suggestions with regard to this scheme.

The final conclusions that were arrived at were as follows.

(1) The objectives of the scheme must be defined clearly as explained by H.M.(Food).

(2) Voluntar[illegible] basis must be org[illegible].

(3) Co-opera[illegible] Medical Departmen[illegible].

(4) Doctors [illegible] the same scale of [illegible].

(5) While the administrative control will be with the D.P.I., the technical work will be done in close consultation with the Surgeon-General.

(6) Health Education must be given to the teachers through Training Schools so that teachers properly trained for the purpose, will co-operate with the School Medical Service in [illegible] their work.

[illegible]estions may be sent to the Surgeon-General [illegible]ultation with each other, [illegible]ut these ideas

Copies have been sent to SG & DPH - Pl. see ol below. KR 15/4 PA.

Secretary, E.& P.H.

Please see the note of the Srugeon-General with reg[illegible] to school medical inspection. This may be put up in the school medical inspection file and that file may be sent to [illegible] immediately so that I may put up a note and circulate it to H.M. Food also.

31515

154

28-4-48

H.M. Education.

The correspondence at pp 14-15 c may be circulated to the H.M.(Edn.) for orders.

30/4/48

30/4/48

154

As suggested in the Cabinet by H.M. Food, a Conference consisting of H.M. Food, H.M. Public Health, the Surgeon General to the Govt. of Madras, the D.P.H., Major Krishna Rao and myself, was convened in my room and the matter of the School Medical Inspection as proposed in this file was discussed. In view of the discussion, the Surgeon General was asked to submit a note in consultation with the D.P.H. and to have the scheme placed before us. His note is sent herewith. A copy of the note has already been circulated to H.M. Food and H.M. Public Health.

In his note, the S.G. has observed that the nucleus staff proposed in the scheme, both for the Central organisation and for work in the districts, is quite adequate as a beginning. The work of the staff may be supplemented by part-time medical officers from Rural Medical Practitioners, private medical prac titioners, etc. He also thinks that medical inspection will be incomplete unless suitable arrangements are made for the treatment of the defects detected at this inspection and wants to provide a Central clinic for the purpose at the headquarters of each medical officer. Clinics may also be attached to district and taluk headquarters hospitals.

Same as in Central clinic cf. 'A' at pp 15 c of Memo Set K 2, p 1.

He has observed that the common defects noticed during school medical inspection are mal-nutrition, various parasitic infestations, dental caries, visual defects, skin affections, adenoids and enlarged tonsils, running from ears, cardiac dys-function, rickets, etc. The minor ailments can be treated at the school clinic itself. The school clinic may be placed in charge of the headmaster of the school or any other responsible teacher, who should be given a short course of training for the purpose by the school medical officer.

He suggests that the follow-up work is very important and that considerable work can be done by having "School Children Care Committees" for each school. The members of the Committee may be present at the time of the medical examination and they can persuade parents to arrange for the proper treatment for the defects. They may also collect funds from philanthropists and other public spirited people to give cod liver oil, milk, vitamin tablets etc. to poor children suffering from mal-nutrition.

The Surgeon General thinks that some more money must be provided for the appointment of part-timemedical officers for medical examination and treatment. The ultimate recurring expenditure on the present scheme is Rs.3,70,876. The remuneration for medical examination by part-time medical officers can be fixed at four annas per child for ordinary medical

treatment and at one rupee for specialist service. The additional cost will then be:

(1) Medical examination of 1,00,000 children at annas four per child	..	Rs.25,000
(2) Ordinary medical treatment of 40,000 children at annas four per child	..	Rs.10,000
(3) Specialist treatment for 20,000 children at Re. One per child	..	Rs.20,000
Total	..	Rs.55,000

H.M. Food has sent his view on the note of the S.G. That note is also sent herewith. H.M. Food agrees with the S.G. that the training will have to be given particularly to teachers in elementary and secondary schools on health education and the School Care Committees may also be established if the scheme is to work out successfully. He is also of the opinion that the financial statement submitted by the D.P.H. may be poor and that the expenditure will increase when the work is taken up on hand and that the training of school medical officers has got to be taken up early if the scheme is to be launched, and the school medical officers have got to be told not only to find the defects but also the ways and means of remedying them.

As a preliminary, H.M. Food would suggest the following:

(1) Training of Medical Inspectors.

(2) Formation of Welfare Committees which would implement the recommendation of Medical Inspectors.

(3) The post-war scheme implemented at least to the extent of treatment of defects found out as a result of the school medical inspection.

These are the minimum requirements that have got to be launched before the scheme is taken up.

I entirely agree with H.M. Food that the school medical staff should be trained for the purpose as suggested by the S.G. The Welfare Committees should be started and such other arrangements necessary for the purpose may be made. With regard to the extra amount needed, it will be seen that there has been a balance left in the working of the original scheme itself. The total income is Rs.4,51,383. The total expenditure is Rs.3,70,876 and it will be seen that the additional amount which has been considered necessary by the S.G. may be met out of this income. The balance left in the fund according to our original estimate of

income and expenditure is Rs.80,507 and even after providing for the expenditure suggested by the S.G., i.e. Rs.55,000, there will still be a balance or Rs.25,507 and so, it will be seen that even with the present additional expenditure, the scheme can be financially self-supporting. The suggestions made above may be accepted and with these suggestions, the scheme for medical inspection may be approved and the matter referred to the Cabinet for acceptance.

H.M. Food, H.M. Public Health and H.Pr. may see.

TSA
10-5-48

SECRETARY, EDN. AND P.H. DEPT.
10 MAY 1948
GOVERNMENT OF MADRAS

Please see the Cabinet note at pp 137-140 of which sets out in brief the original scheme for school medical service and the note of H.M.(Edn) at pp 69-71 ante which sets out the revised scheme. The following may be mentioned as the modifications to the original scheme:—

1) The work of the School Medical Officers should be supplemented by part-time medical officers enlisted for the purpose from among rural and private medical practitioners and Govt. and local fund medical staff. Specialist services for dental, opthalmic, E.N.T. affections, skin conditions etc. should be secured on part time basis through the agencies available in a particular area. The part-time medical officers should be paid at the following rates:—

Medical Inspection - As. 4 per child
" treatment "
in specialist clinics as also Re.1/- p.p. for examination

2) There should be a central clinic at

the headquarters of each ~~[illegible]~~ School Medical Officer attached as the case may be ~~to~~ a district headquarters or a taluk headquarters hospital.

3) Each school should have a clinic for the treatment of minor ~~ab~~ ailments. The clinic should be in charge of the Headmaster or any other teacher who will be given a short course of training for the purpose by the School Medical Officer

4) Each School should have a 'children care committee', the members of the Committee should be present at the time of medical inspection and should follow this up by getting parents to arrange for the treatment of defects revealed at the time of inspection.

5) The post-war scheme should be implemented at least to the extent of treatment of defects found out as a result of medical inspection.

1 above Originally when a scheme for ~~the~~ school medical service was formulated, elementary schools were left out, ~~[illegible]~~ because of the uncertainty ~~in~~ of the services of the R.M.P's and Medical Officers in charge of primary centres becoming available for the purpose. The S.G. and the D.P.H. have now proposed that the services of R.M.P's ~~[illegible]~~ among others should be secured to supplement the services of School Medical Officers. But the services of R.M.P's will be available only ~~at~~ in rural areas where most of the elementary schools are situated. Unless it is proposed

p165 cf

p69 ans

p167 ans

p167 cf

p70 ans

para 3 at p137 cf

pp165 cf

156

to extend the school medical service to elementary schools, it is not clear why the services of R.M.P's should be requisitioned at all. Though at B at p70 ans, there is a reference to teachers of elementary schools being trained in health education, neither at the conference nor in the subsequent discussions in the matter, has there been any specific suggestion to extend the School Medical Service to elementary schools. It may therefore be assumed that it is not the intention to extend the service to elementary schools. If the position is as stated above, it may not be necessary to appoint R.M.P's as part-time medical officers of the School Medical Service

Item 2 at pp71-72 ans. The original scheme already provides for this - please see A at p137 cf.

Item 3 at 72 ans. According to the original scheme, a medicine chest at a cost of Rs. 100/- will be supplied to each one of the high schools in the province. It is presumed that nothing more than the medicine chest is required for the establishment of the clinic and that no remuneration is to be paid to the Headmaster or other teacher who will be in charge of the clinic.

Item 4 at p72 ans. No remarks are called for.

Item 5 at p72 ans. It is not clear whether this has been agreed to by the HM(Edn). Apparently ~~what is~~ he considers that what

Pre-[illegible] may be secured schools located in rural areas where R.M.P's service can be utilised - & so [illegible] I think [illegible] in the scheme.

p137 cf

A 'clinic' means surely more than a medicine chest - but perhaps no difference of substance is implied.

is provided in the modified scheme in this regard, namely treatment at school and central clinics and treatment at the hands of part-time specialists, is adequate.

2/. As regards the financial implications of the proposed changes, the HM (Edn) expected the original scheme to be self-supporting. He expects the present scheme also to be self-supporting. But the HM's estimate of cost does not take into account the small incidental expenditure if any connected with the constitution of the care committees and the following items

1) Training of School Medical Officers
2) Teachers who will be in charge of the school clinics. Though these two items were contemplated in the original scheme, they were not included in the cost of the original scheme or the the modified scheme. They should be included now. Even when they are included, the scheme may be expected to be self-supporting, for the additional expenditure can perhaps be met out of the balance mentioned at p71 only

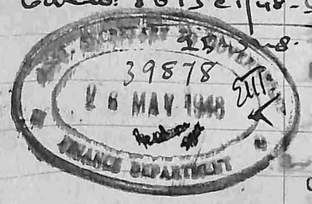
3/. One more point has to be considered, namely, whether the Govt. would be justified in collecting a medical inspection fees when they are engaged in putting into effect, only the preliminary part of the scheme as envisaged by the HM (Food) at 'A' at p70 only. But of the 3 items mentioned at 'A' at p70 only, strictly speaking only the first item may be termed as preliminary, for when once the training of School Medical Officers is completed, the Govt. may put

into effect, the other two things almost simultaneously and get the scheme under way. In this view, there may not be any serious objection to the collection of a medical inspection fees now, particularly having regard to the fact that the training of the School Medical Officers may not take a long time.

4/. The remarks of Fin. may be invited before further circulation.

Edn: 8673 e1/48-5

39878
26 MAY 1948
FINANCE DEPARTMENT



Finance (E.III) Department.

(Previous note of Finance on pp.54-57 above)

The file relates to the scheme of medical inspection of students in Government Colleges and pupils in Secondary Schools. The original scheme was set out in the note for the Cabinet on pp.137-140 C.F. A post of Special Officer in the grade, Rs. 600-1000 in the office of the Director of Public Instruction was sanctioned to work out the details of the scheme. A note for the Cabinet was also circulated for the general approval regarding the policy involved in the scheme. It was later considered that it might first be referred to H.M.(Food) and be put before an informal meeting of the Cabinet if necessary. The scheme was again reviewed in a conference of H.M.(Food), H.M.(Education), H.M.(P.H) Surgeon-General, Director of Public Health and Director of Public Instruction. The file has now been remitted to this department with reference to the modified scheme as noted on by E & P.H. on pp.71-75 above.

2. The original scheme was estimated to involve an expenditure of Rs. 3,70,876 as against a fee income of 4,51,383 which ~~will be~~ was to be kept in a separate fund. The modifications now suggested are noted on by E & P.H.

on pp.72-74 above and ~~will~~ they involve the additional cost to the Government as indicated below:—

1) Payment of special fees to part-time medical officers. Rs.55,000
2) Training of School Medical Officers. } details not
3) Training of teachers. } known.

H.M.(Education) says that the scheme will still be self-supporting. The modified scheme may ~~also~~ be generally be agreed by this department subject to ~~details being examined~~ further scrutiny when definite proposals with full financial implications are remitted to this deptt.

3 Financial procedure

~~2~~. The procedure indicated by this deptt on pp.56-57 also will no doubt be followed by E & P.H. in due course.

Rs. 1.6.48 1/6/48

1.6.48

Thro A.A. 26.6.48

2/6 E-PH

Fin. Mo 39878 E III 2/6/48

E&PH(CI)

From the Ministry of Health No: 3-7/48-P&R dated 15-5-48.

From the D.P.I. Reno. 4573/B4/46 d. 22-5-48.

Please see the notes from p71 ante, the letter from the Govt. of India at p187 cf. and that from the D.P.I. at p189 cf. In Jan. 48, the Govt. while reporting to the Govt. of India the action which they have taken or propose to take, on the recommendations of the Bhore Committee, indicated to the Govt. of India, the ~~broad~~ broad outlines of a scheme for a school medical service on which they were considering. With reference to this, the Govt. of India have now offered the following comments on the scheme:—

1) That there should be adequate follow-up arrangements

2) That there should be provision for the appointment of nurses in the School Medical Service.

Since the report to the Govt. of India in Jan. 48.

p187 cf

p189 cf

A

A/4-5

p187 cf

ASST. SECRETARY TO GOVERNMENT 7 JUN 1948 41080 COMMITTEE ON PUBLIC HEALTH DEPT.

the original scheme for a school medical service has been modified in certain respects. How far the modified scheme meets the points raised by the Govt. of India is set out below.—

Item 1 at p76 ante. The modified scheme provides for the treatment of school children at school and central clinics and at the hands of part-time specialists. This provision may be taken as meeting the requirements of the Govt. of India.

Item 2 at p76 ante. At ~~p~~ 'P' at p167 cf, the ~~D.P.I.~~ S.G. and the D.P.H. have pointed out the difficulty in having nurses on the School Medical Service at this stage. Instead it is proposed to have 'children care committees'; the members of the Committees ~~at~~ will be present at the time of medical inspection and follow this up by getting parents to arrange for the treatment of defects revealed at the time of inspection. In view of this no action seems called for, on the remarks of the Govt. of India.

2/. With reference to the minutes of HM (Edn) at p71 ante, the file may now be circulated to the HM(Edn), the HM(P.H), the HM(Food), HM(Agri) and the HPR. for orders whether the scheme for a school medical service as set out in the note at pp 137. 140 cf. and as modified in the notes from p69 ante will be generally approved and placed before the Cabinet or whether any further modifications will

cf p74 ante

R

Ex Legg may be informed of the arrangement & of R above 2.

be suggested. After orders in O.M., the matter may be placed before the cabinet.

9/6/48

BM 9/6/48 S

9/6/48

The later details of the scheme are found in pages 69 to 71 and after. There was a conference with H.M.(P.H.), H.M.(Food), Surgeon-General, D.P.I., D.P.H., and myself in which the scheme was exhaustively considered, and on this certain suggestions were given by H.M.(Food) which have also been incorporated in the scheme. The scheme has been generally approved by the Surgeon-General, D.P.I. and the D.P.H. also. It is also self-supporting and so may be approved.

15/6/48

TSA 8-6-48

I have gone through the note of the Surgeon-General and the Director of Public Health dated 23/4/1948. It may not be possible to have a clinic in every school. I doubt whether any Headmaster or other teacher can be trained in a short time and enabled to take charge of the school clinic and treat minor ailments. The only duties that can be entrusted to teachers trained for health work will be giving health education to children, encouraging hygienic habits in them and supervising the sanitation of the school and its environment. The proposal to appoint a "Care Committee" for each school and expect them to be present at the time of the medical examination and to go and persuade parents to arrange for appropriate treatment will not be a practicable proposition. The members of the school staff will have to enlist the sympathy and co-operation of parents and secure their presence at the time of the medical examination.

158

In cities where there are several High Schools and Colleges, medical inspection and follow-up work can be done by having full-time School Medical Officers. There are now many High Schools spread over the district and located in rural centres. Medical inspection work in such schools will have to be entrusted to doctors on part-time basis. For treatment we shall have to mainly rely on Government and L.F. hospitals and dispensaries. Provision will have to be made for specialised types of service such as dental care, treatment of conditions relating to the eye, ear, nose and throat and it may be possible to do this only at the District Headquarters hospitals at present. It is no use having Rs.100/- medicine chests in schools. We can have only first aid equipment and weighing machines. The proposal to levy fees from all students and not merely from those who undergo medical examination is a matter which requires consideration since school fees have recently been raised.

Until we know from the central Government How much they are going to give as grant for implementing Bore committees recommendations we are not in a ~~posse~~ position to carry on this

G.P.R 24/6

The Bhore Committee have pointed out that it is much better to start school health service on a limited scale and develop it by stages so as to ensure satisfactory results rather than attempt too much in the beginning and court the possibility of failure. According to the Committee it is desirable that the school health organisation should first be developed in an area close to the headquarters of the Province. I think it better to try the proposed scheme in big cities or in select centres in the first instance and then to extend it in the light of experience gained by such trial rather than introduce it in the whole province all at once.

The most important thing for our improving the health of the pupils is undoubtedly more adequate and more nourishing food. (provision of suitable school buildings and better attention to the sanitation of the school environment are also necessary) It is unfortunate that owing to the limited finances of the Government the provision of mid-day meals to children in compulsory areas has had to be given up.

SECRETARY, EDN. AND P.H. DEPT. 24 JUN 1948 GOVERNMENT OF MADRAS

B.G.A. 23.6

11/6

The file may be circulated to H.M. (Edn) for perusal of the minutes of H.M. (P.H.) and H.Pr. and to H.M.s P.H., Food and Finance for perusal of the minute of H.Pr.

52735

BM 24/6/48 S 24/6/48

Hs. (Ev.) Hs. (PH.) Hs. (Inv.) Hs. (Fin.)

24 25/6

The reference to the Bhore Committee's report in H.M. Public Health's notes has led to the remark of H.Pr. I am agreeable to the suggestion of H.M. Public Health that this scheme may be tried in areas where there are bunches of schools. The scheme is self-supporting and I would like to know H.M. Public Health's view whether we shall try it in this good form and see the benefits that it may confer. My own view is that the scheme may be tried as I have mentioned above. H.M. (Food) also seems to agree with it. I would like to know the view of H.M. Public Health in that matter specifically.

TSA 25.6-48

SECRETARY, EDN. AND P.H. DEPT. GOVERNMENT OF MADRAS 2 JUL 1948

The scheme may be tried in select centres.

AAG 25/6

The School Medical Service is entirely provincial. Beyond the recommendations, the financial implications have nothing with the central govt. There is no use expecting any contributions from the Centre for none was promised. The centre have never asked us to carry out the schemes.

28/6

B.G.A. 2.7

159

The file may be recirculated to H.M. (Edn). H.Pr.* also may see

BM 2/7/48 S/

*minute of H.M. (Food)

22 3/7

Hs. (Ev.) H.Pr.

The notes above may be read. There is no question of our asking any grant from the Government of India as the scheme is self-supporting as pointed out by H.M. Food.

A few days back, an Army Officer had occasion to meet me and had occasion to say that to get the required personnel with the required military standard from South India has not been very easy. He thinks we must look into the health of our children and that this is an essential beginning. All H.Ms. above have agreed to the proposal including H.M. Food and H.M. Public Health. From the financial point of view, the scheme is self-supporting and so, may be approved.

TSA 5.7-48

No

We have already so many schemes. Let us not add one more. Let him carry out existing schemes successfully

G.P.R 5/7

The file may be recirculated

BM 6/7/48 S/ 6/7/48

Hs. (Ev.) Hs. (PH.) Hs. (Inv.) Hs. (Fin.)

SECRETARY, EDN. AND P.H. DEPT. GOVERNMENT OF MADRAS 6 JUL 1948

I have had a talk with H.M. Food over the matter. He thinks it is better to try it in selected centres instead of trying it throughout the Province. We may accept the suggestion. He also thinks that mere medical examination will not do and the follow-up work suggested by us will not be effective. He thinks that it may be taken in certain centres and worked more effectively. He also said that he will suggest the ways and means as to how it can be effectively done. The file may be sent to him for his

comprehensive suggestion in the matter.

TSA 7.7-48

The scheme is worth trying in selected centres.

ABS 8/7

I have since met H.Pr. and he is definitely of opinion that the scheme ought not to be taken up even on the lines suggested by H.M.Edn. As far as I am concerned I am agreed that the scheme may be tried at selected places on the plan as ~~pressed~~ outlined by the Medical Post-war Reorganization committee.

The plan I have in mind is as follows:-

After a thorough investigation of the physical conditions of the pupils it should be fully recorded and then it should be properly analysed by the Medical Inspector. The conference of the parents concerned ~~have~~ has got to be called in and the scheme ~~is~~ explained to them and agreement obtained from them for taking up necessary treatment. The hospital should be either in the District headquarters or at Taluk headquarters where a full range of clinical equipment would be available to correct all defects found in the pupils including the Opthalmic, dental, ex-ray, orthopedic and others so that the investigation required may be properly carried out.

The question of nutrition necessary for the pupils looms large and in any case in medical inspection of schools bad nutrition and defective nutrition have got to be combated against and unless these are done, the scheme of medical inspection is of no good. I would like to know how the arrangement for nutrition defects is to be made and I would also like to know about the financial implications of the scheme. Would it be met by the parents or by the institutions concerned? That is a matter for decision by the Education Department.

After ~~As far as~~ the first investigation is made, there is no use stopping at it. Following up the investigation is a necessary concomittant and unless this is arranged for in time, the experiment ought not to be ~~taken~~ undertaken.

I don't think the compulsory provision of a rupee or two for each pupil will at all meet the exigencies of the situation. The State will necessarily have to come in to supplement and that way the financial ~~commit-~~

8673-4

160

commitment of the scheme is bound to be a very heavy one and requires careful consideration by the Government.

I have all these in view and I would suggest the matter be taken during the next financial year, but I have no objection for the investigation being pursued on the lines I have suggested above.

A/

8/7/48

We may discuss the matter in an informal meeting.

B.G.A 9.7

The file may be circulated to H.M. (Edn) and H.Pr. orders may be taken as to whether a note should be prepared.

SECRETARY, EDN. AND P.H. DEPT. 10 JUL 1948 GOVERNMENT OF MADRAS

ABM 18/7/48 S

Let it wait for some time

O.P.R 24/7

TSA 15-7-48

SECRETARY, EDN. AND P.H. DEPT. 26 JUL 1948 GOVERNMENT OF MADRAS

The file may be recirculated

ABM 26/7/48 S

TSA 23.7-48

SECRETARY, EDN. AND P.H. DEPT. 6 AUG 1948 GOVERNMENT OF MADRAS

ABS 26/7

B.G.A 6-8

I agree with H.Pr.

26/7

84

E.H. H. (C1) S

Please see the orders in circulation on p. 83 above. The Scheme is likely to be taken up for consideration again only during the next financial year. It does not appear necessary to keep this file open so long. The papers may be recorded, a call being noted against 1.4.1949 for further action. For orders.

Vide 'A' on p. 83 ante

Yes. The matter may not be taken up immediately. But, even if it is to be taken some time later, there are some matters which ought to be investigated. One of the main difficulties in such a scheme has been that many of the diseases of the children are due to malnutrition and there is no use of medical inspection which merely finds that these diseases are due to malnutrition, unless we find out some way in which we may fight the malnutrition. One of the ways of fighting malnutrition was providing mid-days meals for poor children which we could not continue on financial grounds. I would like to have the matter investigated whether we can do anything very cheap like kanji or vitamin pills or shark liver oil which may be cheap and distributed to all weak children and thus fight malnutrition. The matter may be referred to the Surgeon-General. He may be asked to consider the matter in consultation with the respective experts and let us know.

SECRETARY, EDN. AND P.H. DEPT. 8 NOV 1948 GOVERNMENT OF MADRAS

An extract of H.M's. minutes dated 8.11.48 above has been taken to the top file and action thereon is being pursued in that file. H.M. has agreed to the papers being recorded. May therefore, be

Order No. 2841 Edn., dated 12.11.48
recorded

Abstract :- Schools - School Medical Service Scheme for — Papers recorded.

85

GOVERNMENT OF MADRAS.
Education & Public Health Department.
G.O.Ms. No. 509, Education, dated 17th February 1948.

Abstract.

Medical Inspection - Schools and colleges - Appointment of an additional Deputy Director of Public Instruction - Sanctioned.

ORDER:

11945

The Government sanction the employment of an Additional Deputy Director of Public Instruction in the Office of the Director of Public Instruction on a scale of pay of Rs.600--1,000 in the Madras Educational Service to work out details relating to the scheme for medical inspection of pupils in schools and colleges.

2. Sanction is also accorded for the employment of the following staff in the Office of the Director of Public Instruction for the work referred to in paragraph 1 above:

(1) One Upper Division clerk.
(2) One steno-typist.
(3) One peon.

3. The sanctions will hold good for a period of one year from the date (or dates) on which the posts are filled.

4. The Director of Public Instruction is requested to send to Government, in consultation with the Surgeon-General and the Director of Public Health, a draft of the ad hoc rules to be framed for the post of Additional Deputy Director of Public Instruction and also proposals for the appointment of a suitable person of the status of Assistant Director of Public Health to the post.

(By Order of His Excellency the Governor.)

M.V. Subramanian,
Secretary to Government.

To

The Director of Public Instruction.
" Director of Public Health.
" Accountant-General (through Finance).
Copy to A Section.
" the Surgeon-General with the Govt. of Madras.

Forwarded/By order.

Rajah Iyengar
Superintendent.

ss.17-2-48.

86

E Sh (A)

Draft ad hoc rules & proposals for appt. (post of Dy. D.P.I. - Medl. Inspn.), may be awaited from the D.P.I. until 10.3.48. Not Call 25/2/48

PG 9.2.48

37/20/3

24/2/48

E Sh (A)

Memo - No. 11945 - A-1, d/- 19.3.48

M.E.S. - Post of Addl. Dy. Dir. of Pub. Instn. -

Ref: - G.O. No. 309 - Edn., d/- 17.2.48

p. 1 ante

The D.P.I. is requested to state when draft ad hoc rules for the post mentioned above and proposals for filling it may be expected.

PG 16.3.48

17/3/48

18/3/48

To

87

Office of the
Director of Public Instruction,
Madras, Dated 8-4-1948.

ASST. SECRETARY TO GOVERNMENT
14 APR 1948
EDUCATION AND PUBLIC HEALTH DEPT.

162

From

SRI D.S. REDDI, M.A. (O-xon),
Director of Public Instruction, Madras.

To

The Secretary to Government,
Education and Public Health Department.

Sir,

26913

Sub: Madras Educational Service - Post of Additional Deputy Director of Public Instruction (Medical Inspection) Ad hoc rules - Framing of

p. 2 ante

Ref: Your reminder Memo. No. 11945-A.1 dated 19-3-1948

The Director of Public Health, Madras, has been addressed regarding the qualifications to be prescribed for the new post and his reply has not yet been received. The draft ad hoc rules and my recommendations for filling the post will be submitted on receipt of the reply from the Director of Public Health, Madras who is being reminded.

for Director of Public Instruction.

RVR 12/4/-

12/4

Next Rs. on 15.4.48

PG 16.4.48

16/4/48

17/4/48

30065
24-4-48.

CONFIDENTIAL.

895

From

Medical Department.

Col.S.L.Bhatia, CIE.,MC ,MA.,MD (Cantab), FRCP (Lond), FS (E),
Surgeon-General with the Govt. of Madras, Madras 6.

To

The Secretary to Government,
Education and Public Health Department.

Ref.No.18389-3-E.1, dated 21st April 1948.

Sir,

Subject:-Medical Inspection - appointment of an Additional Deputy Director of Public Instruction (Medical Inspection) - appointment -

---

I enclose herewith a copy of letter R.No.15856-1-E.1/48 dated 12th March 1948 from the Director of Public Health, Madras, to the Director of Public Instruction, Madras, addressed through the Surgeon-General wherein he has furnished a panel of officers of the Madras Public Health Service who may be considered for selection for appointment as additional Deputy Director of Public Instruction (Medical Inspection). The panel includes the names of two officers who are employed as Professors of Hygiene in the Medical Colleges at Madras and Vizagapatam. In the event of any one of them being selected for appointment to the post of additional Deputy Director of Public Instruction it will be necessary to post a suitably qualified substitute who should have had four years teaching experience in Hygiene. A reference was made to the Director of Public Health to ascertain if such an officer is available and I enclose a copy of the reply received from him. He has suggested that the University rule prescribing four years teaching experience for the officers holding the posts of Professors of Hygiene may be amended. It is doubtful if the University will agree to do this. This aspect of the question may be taken into consideration in selecting the officer for appointment to the post of Additional Deputy Director of Public Instruction (Medical Inspection).

Your obedient servant,

for Surgeon-General with the Govt.of Madras.

Copy of confidential letter R.No.15856-1-E.1/48 dated 12th March 1948 of the Director of Public Health, Madras, to the Director of Public Instruction, Madras, through the Surgeon-General with the Govt. of Madras.

I have to state that with reference to rule 6 of the special rules for the Madras Public Health Service the method of recruitment of Assistant Directors of Public Health is by promotion from First Class Health Officers. The same method may be applied for the recruitment of the Additional Deputy Director of Public Instruction (Medical Inspection) and the post filled up either by transfer from the Assistant Director of Public Health of the Madras Public Health Service or by promotion from First Class Health Officers of the Madras Public Health Service on the same basis as their promotion as Assistant Director of Public Health. The post of the Additional Deputy Director of Public Instruction (Medical Inspection) may however be borne on the cadre of Assistant Director of Public Health as is the case with the posts of the Professors of Hygiene in Madras and Stanley Medical Colleges.

2. I consider that any one of the following officers of the Madras Public Health Service may be selected for appointment as Additional Deputy Director of Public Instruction (Medical Inspection)

(1) Rao Sahib Dr.K.K.Shenoi, MBBS.,DPH (Lond), DTM & H (Camb) Professor of Hygiene and Preventive Medicine, Stanley Medical College, Madras. He is an Assistant Director of Public Health who has had considerable experience in School medical work while he

the Health Officer, Health Unit, Poonamalle, for five years from 1935 to 1940 and will be very useful to organise this new department under the Director of Public Instruction.

(2) Dr.T.R.Rangaswami, MBBS.,B.S.Sc.,First Class Health Officer is the seniormost Health Officer with a Public Health degree (B.S.Sc.) who should be considered next for promotion as an Assistant Director of Public Health.

(3) Rao Sahib Dr.D.SubbaRao, MBBS.,B.S.Sc.,MPH.(Harvard), Professor of Hygiene, Andhra Medical College, Vizagapatam, who is the seniormost First Class Health Officer having a foreign Public Health qualification, is another officer who may be considered for this post though he is much lower in rank in the seniority list.

Copy of letter R.No.15856-2-E.1/48 dated 7th April 1948 of the Director of Public Health, to the Surgeon-General with the Govt. of Madras.

With reference to your confidential letter No. 18389-1-E.1, dated 30-3-48, I have to invite your attention to G.O.Mis.No.3069 P.H.,dated 28-11-45, declaring the posts of Professor of Hygiene and Preventive Medicine, Stanley Medical College, Madras and Lecturer (now Professor) in Hygiene, Andhra Medical College, Vizagapatam, as tenure posts, the tenure being five years in each case. Reference is also invited to the Report of the Health Survey and Development Committee - Volume III - Appendix 28. In the sub-para. under Public Health (Page 120) emphasis is laid that Teachers in Hygiene should be members of the Public Health Department who are actively engaged in Public Health work or were till recently so engaged. It is also stated therein that if officials of the Public Health Department are seconded to a teaching post, they should be so seconded for a maximum period not exceeding five years.

Thus it may be seen that while the Bhore Committee lays greater stress on field experience in Public Health for appointment to a teaching post, the University Regulations require previous teaching experience for appointment as Professor of Hygiene. It will be rather difficult to reconcile these two differing aspects. If prior teaching experience is insisted on, it will not only counter the recommendations of the Bhore Committee but may also make it impossible to satisfy the University rule that a Professor should have prior teaching experience for four years.

In the circumstances I suggest that steps be taken to see that the University Regulations are so amended as to exclude the post of the Professor of Hygiene from the operation of the rule of teaching experience for four years.

/True copy/

for Surgeon-General with the Govt.of Madras.

pvs/22-4.

"CONFIDENTIAL" EDUCATION DEPARTMENT.

From

D.S. REDDI, ESQ., M.A.(Oxon.),
Director of Public Instruction,
Madras.

To

The Secretary to Government,
Education and Public Health Department,
Madras.

R.C. No. 870 C.1/48, Dated the 12th of May 1948.

Sir,

Subject:- Madras Educational Service - Temporary post of Additional Deputy Director of Public Instruction (Medical Inspection) - Ad hoc rules and proposal for appointment.

Reference:- G.O. Ms. No. 309 Edn., dated 17-2-1948.

***

With reference to paragraph 4 of the G.O. cited above, the Director of Public Health, Madras and the Surgeon-General with the Government of Madras, were consulted in regard to the ad hoc rules to be framed for the post and for the appointment of a suitable person to the temporary post of Additional Deputy Director of Public Instruction (Medical Inspection). A copy of the letter R.No.15856-1-E.1/48, dated 12th March 1948 from the Director of Public Health, Madras, received through the Surgeon-General with the Government of Madras, and also a copy of the letter R.No.15856-4 E.1/48, dated 6th May 1948 from the Director of Public Health are submitted herewith. In view of the fact that the post of Additional Deputy Director of Public Instruction (Medical Inspection) has been created in the Madras Educational Service and as the Officer holding the post should be under the control of the Director of Public Instruction, I am unable to agree with the suggestion of the Director of Public Health that the new post might be borne in the Madras Public Health Service. As regards his other suggestions regarding method of recruitment, etc., I agree with them. In the light of the above remarks I have the honour to

to suggest the following draft ad hoc rules:

Draft ad hoc rules.

The general and special rules applicable to the holders of permanent posts of Deputy Directors of Public Instruction (Category 1 of Class II of the Madras Educational Service) shall apply to the holder of the temporary post of Deputy Director of Public Instruction (Medical Inspection), subject to the following modifications, viz.,

(1) Appointment to the post shall be

(a) by transfer from the category of Assistant Directors of Public Health; or

(b) by promotion from the category of First Class Health Officers in the Madras Public Health Service, that are eligible for promotion as Assistant Directors of Public Health.

(2) Candidates for appointment to the post should also possess the degree of M.B.B.S., M.D., or M.S., or other equivalent degree of a University in the Province.

(3) Preference shall be given to a candidate who has experience in school medical work.

(4) A person appointed to the post shall not be required to acquire any further qualifications for continuing to hold the post.

2. As regards the appointment of a suitable person to the post, the Director of Public Health has recommended that one of the following three candidates may be selected.

(1) Rao Sahib Dr. K.K. Shenoi, MBBS.,D.P.H.(Lond.), D.T.M.& H.(Lond.), Professor of Hygiene and Preventive Medicine, Stanley Medical College, Madras.

(2) Dr. T.R. Rangaswami, MBBS.,B.S.Sc., First Class Health Officer.

(3) Rao Sahib Dr. D. Subba Rao, MBBS.,B.S.Sc.,M.P.H.(Harvard), Professor of Hygiene, Andhra Medical College, Vizagapatam.

In view of the experience which Rao Sahib Dr.K.K. Shenoi possesses in school medical work I would prefer him for the post in question but for the fact that he attains the age of superannuation on 25th February 1949. I, therefore, recommend that Rao Sahib Dr. D. Subba Rao

165

Dr. D. Subba Rao who possesses foreign qualifications, may be appointed to officiate as Additional Deputy Director of Public Instruction (Medical Inspection), Madras.

3. I solicit the favour of early orders.

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

NB/11-5.

for DIRECTOR OF PUBLIC INSTRUCTION.

Same as Enclosure to RC No. 870 C1/48 dated [illegible]

Copy of letter R.No.15856-1-E1/48 dated 12-3-1948 from the Director of Public Health, Madras to the Director of Public Instruction, Madras, thro' the Surgeon-General with the Govt. of Madras.

Sub: Madras Edl. Service - Additional Deputy Director of Public Instruction (Medical Inspection) - Appointment of.

Ref: 1. G.O. Ms.No.309 Edn., dated 17-2-48.
2. Your R.C.No.870 C-1/48 dated 1-3-48.

I have to state that with reference to rule 6 of the special rules for the Madras Public Health Service the method of recruitment of Assistant Directors of Public Health is by promotion from first class Health officers. The same method may be applied for the recruitment of the Additional Deputy Director of Public Instruction (Medical Inspection) and the post filled up either by transfer from the Assistant Directors of Public Health of the Madras Public Health Service or by promotion from First Class Health Officers of the Madras Public Health Service on the same basis as their promotion as Asst. Director of Public Health. The post of the Additional Deputy Director of Public Instruction (Medical Inspection) may however be borne on the cadre of Asst. Directors of Public Health as is the case with the posts of the Professors of Hygiene in Madras and Stanley Medical colleges.

2. I consider that any one of the following officers of the Madras Public Health Service may be selected for appointment as Additional Deputy Director of Public Instruction (Medical Inspection).

(1) Rao Sahib Dr. K.K. Shenoi, M.B., B.S., D.P.H.(Lond.) D.T.M & H. (Camb.), Professor of Hygiene and Preventive Medicine, Stanley Medical College, Madras. He is an Assistant Director of Public Health who has had considerable experience in School Medical work while he was the Health Officer, Health Unit, Poonamallee for five years from 1935 to 1940 and will be very useful to organize this new department under the Director of Public Instruction.

(2) Dr. T.R. Rangaswami, M.B.B.S., B.S.Sc., First Class Health Officer, is the seniormost Health Officer with a Public Health Degree (B.S.Sc.) who should be considered next for promotion as an Assistant Director of Public Health.

(3) Rao Sahib Dr. D. Subba Rao, M.B.B.S., B.S.Sc., M.P.H.(Harvard) Professor of Hygiene, Andhra Medical College, Vizagaptam who is the seniormost First Class Health Officer having a foreign Public Health qualification is another officer who may be considered for this post though he is much lower in rank in the seniority list.

Ref.No.18389-2-E.1.

Office of the Surgeon-General
with the Government of Madras,
Madras 6, dated 21st April 1948.

ENDORSEMENT.

F o r w a r d e d.

(Sd.) x x x
for Surgeon-General with the Govt. of Madras.

.....

To the Director of Public Instruction, M a d r a s.

E 96

Copy of confidential letter R.No.15856-4-E1-48 dated 6th May 1948 from the Director of Public Health to the Director of Public Instruction.

Sub: Madras Edl. Service - Additional Deputy Director of Public Instruction (Medical Inspection)
Ref: Your letter R.C.No.870 C1/48 dated 1-5-48.

I furnish below the information required by you:-

Name of the officer.	Age.	Present pay.	Date of first appointment as Assistant Director of Public Health or First Class Health Officer.
1. Rao Sahib Dr. K.K. Shenoi.	54 years (25-2-1894)	Rs.800/- plus special pay of Rs.75/-.	28-1-47 as Assistant Director of Public Health.
2. Dr. T.R. Rangaswami.	48 years (15-2-1900)	Rs.600/-.	17-5-1924 afternoon as First Class Health Officer.
3. Rao Sahib Dr. D. Subba Rao.	45 years (8-7-1902)	Rs.600/- plus Rs.30/- special pay.	20-6-1927 afternoon, as I Class Health Officer.

P. M —

For Director of Public Instruction

97

TELEPHONIC MESSAGE (BY POST), DATED 9TH JULY, 1948.

From

The Director of Public Instruction, Madras.

To

The Secretary to Government,
Education and Public Health Department, Madras

167

ASST. SECRETARY TO GOVERNMENT EDUCATION AND PUBLIC HEALTH DEPTT. 10 JUL 1948

Subject:- Madras Educational Service - Temporary post of Additional Deputy Director of Public Instruction (Medical Inspection) - Ad hoc rules and proposal for appointment.

Reference: My letter R.C.No. 870 C.1/48, dated 12-5-1948.

51034 solicit the favour of early orders on my letter referred to above.

P. M —

NB/9-7.

For DIRECTOR OF PUBLIC INSTRUCTION.

Confdl.

Edn. & GH (A)

T.M. by post dt. 3.8.48

From: The Secy., E & GH. To: The Dir. of Pub. Instn.

Appt. of Dy. D.P.I. (Medl. Inspn.) & ad hoc rules for post.

Ref:- Your T.M. dt. 9.7.48 p. 9 ante

Desp 4/5/6

The scheme for the medl. ~~Insp~~ inspection of ~~pupils~~ students in schools & colleges has not yet been given ~~taken yet a~~ a final shape by the Govt. The appt. of a Dy. Dir. to work out the details of the scheme, as also the framing of ad hoc rules for the Dy. Dir.'s post, may therefore wait.

pg 31.7.48

DM 2/8/48

99

166

pp 1-2 cf

[Conv. 30065 c1/48] From the S. G. Reform. 18389-E1 d. 21/1/48

Medical Inspection - School Medical Service - Appt. of an addl. Dy. D.P.I.

With reference to the orders in circulation at pp 61-62 cf of the linked file conv. 8673 c1/48, the Govt. sanctioned in Gov. 309 Edn. dated 17-2-48, the employment of an additional Dy. D.P.I. in the office of the D.P.I. on a scale of pay Rs. 600-1000 in the M.E.S. to work out details relating to a school medical service. With reference to this Gov., the S.G. has now forwarded proposals for making the appointment. When the G.O. was issued, it was expected that the broad outlines of a scheme which the HM (Edn) had prepared would be approved by the Cabinet, and that the Dy. D.P.I. might be asked to work out the details ~~after the scheme~~ within the frame work approved by the Cabinet. But the present position is, that the scheme is being examined further in the light of the discussions at a conference which the HM. convened, and has yet to be approved by the Cabinet. In the circumstances, it is for orders, whether the present proposals for the appt. of the Dy. D.P.I. ~~should be proceeded with~~ may be held over, pending the final approval of the scheme.

pp 1-2 cf

pp 1-2 cf

Old 19

30/4/48

DM 30/4/48 S

30/4/48 Hs. (Ex.)

ISA 10-5-48

p3 cf

From the D.P.I. Reform. 870 c1/48 d. 12-5-48.

A decision in the top file may be awaited

DM 20/5/48 S

19/5/48

101 169 2

Ascertained from S. Sem. that the main framework within which the scheme of Medl. Dispn. Shd. fall has not been settled yet, ~~& that~~ the matter is still under consideration ~~& has to go before the Cabinet~~, & that the necessity ~~to~~ bring into being ~~the post of Addl. Dy. D.G.~~ sanctioned will arise only after a decision is ~~letted by the Cabinet~~. May ... for 2 months.

Proposals for appt. etc. have already been recd. – vide the papers added at pages 5–12 cf. A Section may take them over, if they agree. For the present, the file has to l.o. – vide orders at bottom of p. 1 ref.

25/5/48

Thro' CA

26/5/48

26/5/48

27/5/48

3

To enable an interim reply being given to the D.P.I. w.r.t. his reminder at p. 9 C.F., C1 may please indicate the present stage of the matter.

P.G. 17.7.48

The scheme has not yet been finalised. The H.M.'s have made various suggestions in connection with the scheme. These have to be examined first and then the scheme then placed before the cabinet, if necessary, for orders.

To C1

H.P.r. has minuted that the scheme may be deferred for the time and the file recirculated. Inform the D.P.I. the scheme has not yet taken a final shape that the question of appt. of Director (Medical Inspection) may wait. DM 27/7/48

26/7/48

OP 26/7/48

103

4

A Draft is subd. at p. 10 C.F. for appl.

170

DM 7/8/48

P.G. 31.7.48

C.F. 10 (Issued as T.M. 4 - 3.8.48.)

May be sent to C1 for noting further dept., if any.

P.G. 21.11.48

22/11/48

The scheme for School Medical Service has been deferred and the papers have been recorded in G.O. No. 2841, Edn., dated 12.11.48. These papers may be filed with the above G.O.

To C1 not put up

JM 22/11/48

OP 22/11/48

DM 23/11/48