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[Despatch Abstract.]

Hospital Assistants

Passing orders on the q of the training of ——

T
6/8/98

Government {1898} of Madras.

EDUCATIONAL.

Recd.	1898.	Enclosures
Regd.		Spare copies

G.O., No. 481, 5th August 1898.

AUGUST.

Hospital Assistants.

Passing orders on the question of the training of —.

GOVERNMENT OF MADRAS.

EDUCATIONAL DEPARTMENT.

Read—again the following paper :—

G.O., No. 654, Educational, dated 22nd October 1896.

Order—No. 481, Educational, dated 5th August 1898.

In G.O., No. 654, Educational, dated 22nd October 1896, orders were passed by Government on the proposals submitted by the Special Committee appointed to consider all the questions connected with the reorganization of the Medical College, and it was stated, in paragraph 4 of the Government Order, that the question of the training of the hospital assistants would be considered in separate proceedings. In its report on this subject the Committee made 20 recommendations regarding the training of hospital assistants, on 16 of which orders were passed. The Government now proceeds to dispose of the remaining 4 proposals.

2. The Committee (recommendation No. 2) proposed that the training of hospital assistants at the Medical College, Madras, should cease, and that three Provincial schools should be opened, one each in Madras (Ráyapuram), Tanjore and Nellore. The opinion of the Director of Public Instruction and the Surgeon-General are summarized in paragraph 3 of the Government Order referred to above, and they both concur generally in these proposals. The Government approves of the recommendation that the training of hospital assistants at the Medical College should cease. It remains to consider what system should replace that which now exists. The proposal to re-open the Medical school at Ráyapuram for 150 pupils is approved, and the Government inclines to the opinion that the schools at Tanjore and Nellore should not be retained and that, if necessary, schools should be established at Vizagapatam and Calicut. Before, however, definite and final orders on the subject can be passed, further information is necessary, on several points, such as the length of the course of study for hospital assistants, the number of medical institutions to which they would be liable to be posted, the number of pupils for whom accommodation will have to be provided, and the annual rate of decrease among hospital assistants. The question of the length of the course for hospital assistants is dealt with in paragraph 5 below. With reference to the other points, the Surgeon-General will be requested to supply Government with a list of the medical institutions to which hospital assistants will be liable to be posted, and also with accurate information as to the annual rate of growth of medical institutions in the last five years and the probable growth hereafter, and the annual rate of decrease in the last five years among hospital assistants, in order that the numbers for whom accommodation will be required may be calculated. It must be ascertained how many of them, at the existing rates of increase in hospitals and dispensaries and of decrease in the strength of this class of subordinates, will be required now and in future years to man the various Government and Local and Municipal medical institutions in the Presidency, to supply the requirements of the several Native States, and to satisfy the demand for private practitioners.

Information should also be furnished on similar lines with respect to civil apothecaries. The Government considers that the system under which local and municipal bodies are now supplied with both hospital assistants and civil apothecaries is open to improvement, and that steps are necessary both to ensure that, as suggested by the Surgeon-General in his letter read in G.O., No. 970, Public, dated 20th December 1894, a staff of given strength and given qualifications should be maintained in institutions of a given size, and also to counteract the tendency on the part of local bodies to endeavour, for financial reasons, to rid themselves of subordinates whose length of service has entitled them to increments. The Government is disposed to think that these improvements could be effected were it to take the supply of medical subordinates into its own hands, leaving the Surgeon-General to appoint them to the various posts according to the fixed scale of establishment, and levying from local bodies in payment of the salaries of medical subordinates a sum equal to the average cost throughout the Presidency of the pay and pensionary and leave contributions of a subordinate of the class appointed (either hospital assistant or civil apothecary). The Government considers that it would be permissible to appoint first-class hospital assistants to be in charge of dispensaries and of the smaller hospitals which have only a few (say, five or six) emergency beds attached to them, civil apothecaries and licentiates of medicine and surgery and men holding higher qualifications being posted to the more important charges. The statistics referring to civil apothecaries now called for are also necessary in order to enable Government to pass orders upon the question of the number of officers of this class and of the class which must eventually replace them—Assistant Surgeons—which will be required in future years, and for the supply of which arrangements must be made.

3. The financial aspect of the proposals which have been made remains to be considered. Neither the Director of Public Instruction nor the Surgeon-General has taken into consideration the saving, which will be effected at the Medical College, by the withdrawal from it of the hospital assistant classes. A detailed estimate of this saving should be submitted to Government. The Committee proposed (recommendation No. 3) that a staff, which it calculated would cost Rs. 455 * *per mensem*, should be appointed for each of the schools. The first 5 items in this figure are proposed to be staff allowances. The Government considers the allowance of Rs. 200 for the Superintendent of the Ráyapuram school suitable, but thinks that a smaller allowance would suffice for the Superintendents of the other schools. The Committee thinks that the first instructor should be an Assistant Surgeon or an Apothecary, and the Surgeon-General proposes that all the instructors should be Assistant Surgeons, but neither of them has taken into consideration the fact that the pay of all these instructors as well as their staff allowances will have to be provided for in the estimates of the cost of the schools. There is only one Assistant Surgeon in each district at present, and his duties require him to tour frequently and to be in charge of the head-quarter institutions when the District Medical and Sanitary Officer is in camp and are already so considerable that he could not teach efficiently in the medical school in addition to his other work. The whole of his pay and allowances and leave contributions would thus require to be debited to the school as well as those of the other instructors. It is, however, evident that the financial aspect of the scheme requires to be worked out in far greater detail than has yet been attempted, and the Director of Public Instruction and the Surgeon-General will be requested to submit, in consultation, revised estimates of its probable cost to Government, including an estimate of the cost of buildings at Ráyapuram, Vizagapatam and Calicut.

	Per mensem. RS.
*A Superintendent	200
First Instructor (an Assistant Surgeon or Apothecary)	100
Second Instructor (an Assistant Surgeon or Apothecary)	50
Third Instructor (an Assistant Surgeon or Apothecary)	40
Fourth Instructor (an Assistant Surgeon or Apothecary)	30
Clerk	15
Menials	20
Total ..	455

4. The Committee (recommendation No. 4), the Director of Public Instruction and the Surgeon-General are agreed in considering that the Principal of the Medical

College should be an Official Visitor of the new schools. As, however, it seems clear that his appointment as such will interfere with his duties in the General Hospital, there is apparently no alternative but to request the Surgeon-General to act as Visitor.

5. With regard to the curriculum of the Hospital Assistant class, the Committee (recommendation No. 6) proposed that the course of study of the military hospital assistants should be extended to four years. These proposals were approved generally by Government, but paragraph 4 (*c*) of G.O., No. 654, dated 22nd October 1896, directed that the proposals should be kept in abeyance until the reply of the Government of India to the letter No. 658, dated 22nd October 1896, regarding the extension of the course of study of the military hospital assistant pupils to four years had been received. The Government of India has refused its sanction to this proposal, and in paragraph 2 of G.O., No. 623, dated 4th November 1897, the Government, following the course adopted at Agra and Lahore, has directed that Midwifery, Medical Jurisprudence and Hygiene may be omitted from the curriculum of the military hospital assistant pupils. Before final orders are passed on the length of the course of hospital assistant pupils, the Surgeon-General and the Director of Public Instruction will be requested to report whether the two classes can be conducted simultaneously and, if not, to submit their further recommendations. It is obvious that on the length of the course will largely depend the amount of accommodation and the number of instructors which will be required in the Medical College. The above remark should be borne in mind by the Surgeon-General when compiling the statistics called for above.

(True Extract.)

H. TREMENHEERE,
Secretary to Government.

To the Director of Public Instruction.
„ Surgeon-General.
„ Local and Municipal Department.
„ Public Department.

Exd. W. D'Moss.

...E SECRETA...
...RNMENT OF MADRA...

OFFICE OF SURGEON-GENERAL
20 NOV 97
WITH GOVT. OF MADRAS

M.S.S.
With Appendices
Hospital Assistant
Question.

Copies in

Note in the app — after
Para 55 —
Hospital assistants
Gazette

18
6-2-90

The Principal Med College in his letter 659 d/ 3-2-90 asked the Surgeon 1st Dt to favor him with an epitome of the Clinical teaching (according ~~to~~ the year), carried out in the Native Infirmary regarding Clinical Medicine, Surgery & Midwifery and Enquired ~~whether~~ what Cl. Teachg the pupils get in the Diseases of the Eye; the period they attend vaccination & the proposal re instruction in the preparation of Hosp returns & Statistics.

The Surgeon, 1st Dt informed that

First year pupils are posted to various Hospitals in the Presidency - study mainly Compounding and dressing. In the Native Infirmary they are divided among the dispensary out patients dressing room & Surgical wards. In their wards they do no more than help in dressing cases.

Second year pupils do duty in the Native Infirmary only - are acting Clinical Clerks in the Medical and Surgical wards - "take cases" under the supervision of Clinical Clerks. During the College vacation, stipended pupils are

are posted to two weeks to vaccine Depot and 2 weeks to Ophthalmic Hospital to learn vaccination and being trained in Diseases of the Eye.

Third year pupils, divided between Medical & Surgical wards and Sir Ramasawmy's Lying in Hospital. In wards they serve as Clinical Clerks. In the Lying in Hospl. for 2 months, they conduct cases of Natural Labor occurring at night, witness cases of labor other than natural and any operation that may occur, during their attendance.

The Clinical Instruction in Medicine & Surgery is identical with that at the General Hospital. These pupils are instructed in the preparation of Hospital Returns which was heretofore been done by 1st year pupils.

Dr Cook proposed the following alterations

(1) Study of the preparation of Hospital Returns to be confined ~~by~~ to 1 year pupils

(2) Second year pupils to be distributed thus – Medical wards 3 months, Surgical wards 3 months, Ophthalmic Hospital 2 months and Vaccination, 1 month.

(3) The third year pupils to do duty in the Lying in Hospital for 3 instead of 2 months.

688
13-2-90

The Principal Med College then enquired the following particulars from Surg: I.D:

(1) The Scope of Examination (if any) the pupils are required to pass in Clinical Medicine Surgery, Midwifery & Diseases of the Eye.

(2) Whether he considers it a good plan to detail 2 Assistants at College who teach Medicine & Surgery to help in Clinical Teaching of the same subjects thus relieving the Clinical Teacher in Midwifery to lecture on Midwifery at College, the present allowance being continued to him.

(3) Whether it is not possible to open an Eye Dispy: at the Native Infirmary — say three days a week – and allow it to be worked by the Surgical Assistant, acting as a ~~feeder~~ feeder to the Ophthalmic Hospital & enabling the pupils to learn the superficial disease of the eye & their treatment.

(4) Whether arrangements could not be made to detail pupils to attend the confinements of women at their own houses.

(5) Whether

(5) Whether the training of Native Med Pupils could be carried on, on the same lines as that of the Civil Pupils who have a pre College course or whether he thinks that the Native Med Pupils should also undergo pre-Collegiate course.

(6) The training of pupils in Post mortem Examinations.

(7) Whether Sibthorpes Clinical Manual could not be adopted as a Text book & be made the basis of training.

21
25-2-90

The Surgeon, First Dr informed the Principal that

(1) the Scope of the ~~subjects~~ examination in Clinical subjects should be as follows:—

Clinical Medicine:— "Case taking" including the examination of all the systems & the use of the ordinary instruments designed for the purpose.

Clinical Surgery. "Surgical Case taking"— the examination of the Cavities & the use of the ordinary instruments designed for the purpose and the application of bandages and dressings.

Diseases of the Eye. The diagnosis and treatment of diseases of the lids, conjunctiva, Cornea and Iris.

Midwifery. The conduct of Labour, the management of the puerperal State, the applm of forceps & the performance of version.

(2) he

oral and Clinical

(b) that the Examination in Surgery should include also Minor & Operative Surgery.

(c) The Assistants who teach Medicine and Surgery at College to be detailed as Clinical Assistants in those subjects at the Native Infirmary.

(d) The Principal to be asked to address the Professor of Ophthalmology re opening an Eye Dispensary at the Native Infirmary for few the training of pupils.

(e) That the Clinical teacher in Midwifery at the Native Infy. should also lecture on the subject at the College.

(f) that all pupils be required to undergo a pre Collegiate course.

(g) that the examinations of the pre-Collegiate course should be one at the End of the course and not two during the course.

(h) The rules re the Conduct of Final Examination by the Board of Examiners should be strictly adhered to f.o. 228d/23.7.82

The Principal then addressed the Superintendent of the Ophthalmic Hospital re the opening of an Eye Dispensary at the Native Infirmary. The Principal pointed out that at present the pupils attend the Ophthalmic Hosp only for one month but by opening the New Dispensary they could be made to attend for

810
28-3-90

(m) The Council consider that the Principal

The Superintendent of the Oph: Hosp. objects to the opening of a new Eye dispensary. He remarks that the pupils at Eye Infy. receive no clinical Instruction but confine their work to the Dispensary - as the subject of the diseases of the Eye is not one of those in the curriculum. If the subject is to be made one of those in the curriculum for the Hospital Assistant Department, he objects to a new Eye dispensary being opened at the Native Infirmary, for it will collide with work of the Ophthalmic Hospital and thus defeat "one of the ends for which the latter Institution was established." A new dispensary cannot be worked successfully without a man who had a special and practical training in this branch of Medicine. Suggests therefore that the pupils should be sent to the Oph: Hosp. for Clinical Instr: the Resident Apothy to undertake the Clinical teaching and also elementary Ophthalmology at College. The instructor to be paid the same remuneration as at the Native Infirmary. This arrangement would save the cost of opening a new dispensary.

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training of pupils at the Hospital

This subject was then referred by the Director of Public Instruction to the President Board of Exam^n: for opinion

5730
6-6-90

Opinions of Board of Exam^n:—

The preparation of hospital returns to form a portion of 2^d yr studies and not of 1^st year, as it requires an accurate knowledge of Principal diseases.

Diseases of the Eye:—

D^r Cook — One months training in the subject sufficient. If the attempt to open an Eye Disp^y at the Native Infy: be not feasible the Asst^t in charge of Out Patients Dispy to be entrusted with the teaching of the superficial diseases of the Eye.

Dr^s Armstrong & Nailer:— Two months course necessary. Opening an Eye Disp^y would relieve D^r Brockman of heavy work in certain seasons of the year. If the proposal be approved the Surgeon & not the Apothy to be in charge of instruction & treatment.

Post Mortem Examinations:—

The

Opening the New Dispensary could be made to attend for

that the Principal no necessity for a Commun^n.

1. Great portion of the Correspondence

Operative Surgical Training.

D^r Cook:— The subject to comprise only procedure relating to emergencies such as Distended bladder, haemorrhage, a strangulated hernia and hernia; more extensive knowledge not required as it is beyond the capabilities of the pupils.

D^rs Armstrong & Nailer:— Little more knowledge necessary as they are called upon to hold independent charge.

Midwifery:—

The subject to include the treatment puerperal emergencies such as haemorrhages of sorts, convulsions, inversion of uterus &c.

Pre. Collegiate course:—

This course would prepare Native Medical pupils & private pupils for better instruction at College. Students to learn the properties of bazaar medicines & a rudimentary knowledge of Pharmacy

Clinical Examinations:—

These Examinations in Medicine Surgery to be instituted. The Ex^n: to be restricted to Minor Clinics

Detailing 2 College Native Assistants:—

D^r Cook:— The assistance at first suggested does not seem necessary: present staff sufficient and produced good results at the late

and Apothecary

are said to be satisfactory was oral but not Clinical. With the Assistants better results could be produced.

The Surgeon General ~~states~~ writes to the Dir of Pub Inst: that after perusal of the correspondence he finds it impossible to give his opinion in one letter on the various points raised. & suggests that the Board of Examiners should be called upon to confine their remarks to one subject as laid down in the Med Code re Correspondence. 7491/5-12-92

The papers were then sent on by D.P.I. to Dr Ritchie the then Principal & his ~~was~~ opinion was called for on each of the subjects discussed. It was pointed out that before any action could be taken it should be settled what subjects & to what standard Hosp assts are to be taught. He was asked whether any special Committee was necessary to discuss the matters & if so, to nominate officers to form the Committee. 5859/22-5-91

Dr Ritchie replied that the subjects in the curriculum and standard to which the Hosp asst pupils are taught are 125/16-7-91

(m) The Council consider that the Principal

no necessity for a Committee. The great portion of the Correspondence relates to Clinical Training. As Dr Cook with his long experience is competent enough to draft rules & direct the course any attempt to lay down hard and fast rules would be vexatious to him.

The Director of Public Inst: then referred the whole correspondence for the opinion of the College Council. 13066/14-11-91

[illegible] 1883

Summary of Correspondence regarding training of native Med. pupils from 3.2.90 till 14.11
Ending in enquiry "Director of reports the steps made by College Council."

(m) The Council consider that the Principal should address the Professor of Ophthalmology on

Proceedings of a meeting of the College Council held on Wednesday the 26th March 1890.

Present

Brigade Surgeon C. Sibthorpe F.K.Q.C.P.I. in the Chair

Surgeon Major W. Price M.D.
Surgeon Major H. Allison M.D.
Surgeon J. H. Pope M.D.
Surgeon C. M. Thompson M.B.
Surgeon W. Browning
Surgeon J. Smythe M.D.

Members

The Proceedings of the last Council Meeting were read.

I (a) The Council recommend that each Student of the Junior Department should be required to furnish a copy of certificate of fitness on which his personal marks of identification are recorded.

(b) The proposed changes in the Curriculum of the third or Junior Department are approved.

(c) The proposed Syllabuses of the Junior Department are approved.

(d) The Council consider [illegible] the conduct re Examination of Medical Pupils qualifying for Grades of Hospital Assistant and Apothecary in G.O. No. 327 dated 28th May 1883 and G.O. No. 228 dat 23rd August 1882, should in

Practical in the Examinations in medicine and Surgery, should be oral and clinical.

(f) The Council consider that the rules in the above G. Os should be also adhered to with reference to Surgery including minor and Operative Surgery so that the three only include one subject.

(g) The tabular statement to be submitted by the Board of Examiners is approved.

(h) Suggestions by the Principal regarding the form of report of the Board of Examiners of the Second and Junior Departments are approved

(i) The revised list of Text Books is approved

(j) The Council consider that the suggestion laid down in Para 2 of G. O No. 137 dated 27th April 1874 regarding the payment by students for Text Books should be carried out in future with all stipendiary students

(k) The majority of the Council are of opinion that the [illegible] of the Junior Department should not be compelled to show their Text Books

(l) The Council approve of the suggestion, that the Assistant Teachers, in medicine and (minor and [illegible] Surgery [illegible]

(m) The Council consider that the Principal should address the Professor of Ophthalmology on the subject of opening an Ophthalmic Dispensary at the Native Infirmary for the instruction of the Students of the Junior Department

(n) The Council approve of the suggestion that the Assistant Teacher of Clinical Midwifery of the Junior Department should also lecture on Midwifery in the Medical College

(o) The Council approve of the scheme for Clinical instruction in the Junior Department.

(p) The Council consider it very desirable that all Medical Pupils, should if possible attend a pre-Collegiate course and pass the necessary Examination

(q) The Council approve of the suggestion of the Principal with reference to the Examination of the pre-Collegiate course - Viz there should be one instead of two.

(r) The rules suggested by Surgeon Major H. D. Cook for ~~Chemical~~ Clinical classes at the Native Infirmary are approved

(s) The new form of agreement for Junior students is approved.

II The consideration of the papers regarding the Practical training in Physiology, Hygiene, Pathology is postponed to the meeting on the 31st March

[illegible]-4044/9

III The suggestion of the Principal regarding the extension of the powers of Clinical Teachers over Students is approved; the monthly returns they consider should be submitted for record in the Principal's Office

IV The draft rules regarding class prizes and certificates for the Senior and Second Departments are approved

V The Council recommend that Government be moved to grant a Gold Medal to the best out-going Student in the second Department similar to the one granted to the students in the College of Engineering, Madras, and similar to the Government Gold Medal now granted to the students of the Junior Department ——

C. Sibthorpe.
Brigade Surgeon
Acting Principal Medical College

No. 809

MADRAS MEDICAL COLLEGE,
28th March 1890.

From
THE PRINCIPAL,
MEDICAL COLLEGE,

To
THE Director of Public Instruction
Madras

INSTRUCTION
31 MAR 90

SIR,

I have the honor to submit for your information the Proceedings of a meeting of the College Council held on the 26th March 1890. I will address you separately on each of the subjects raised

I have the honor to be
Sir
Your most Obedient Servant
C. Sibthorpe.
Brigade Surgeon
Acting Principal Medical College

N° 3692 D/ Dated 8 April 1890

Recorded

D.D. 16/4

A.y W.C.S.

9-4

DESPATCHED
17 APL 1890

TRW- 4044/90

From

The Principal

Medical College

To

The Director

of Public Instruction

Madras

Dated 28th March 1890

N° 809

Subject

Forwards College Council for information ~~and sanction~~

No. 30.

Madras Medical College,

11th April 1890.

From

The Principal,

Medical College,

To

The Director of Public Instruction

Madras.

Sir,

Your Proceedings of the 21 March 1889 No 2535 and your remarks published at page 13 of G.O. Educational No 554 of 22 September 1888 called my attention to the training of the students in the Junior Department of the Medical College and I found several of the orders regarding it had fallen into abeyance. I brought the whole subject and the papers regarding it before the College Council on the 26 March 1890 and forwarded you a copy of the resolutions passed with my letter No 809 dated 28th March 1890

2 The different proposals require the sanction of the Surgeon General with the Government of Madras and should, I consider, be submitted to the President of the Board of Examiners, and to the Superintendents of the Tanjore and Nellore Schools, before you send them up for the final orders of Government.

In G. O. No. 554 of the 22 September 1888, page 13/90 para 5, the Principal of the College points out, when he considers the reasons for the unsatisfactory results of the training with some of these students. It has been represented to me that it is probable that some of these men have not passed the preliminary Educational Standard laid down and with the view of insuring that the same men who pass, come up to the College I proposed that each student of this Department should be required to furnish a certified copy of his certificate, with his marks of identification entered on it.

The Curriculum, of both the Winter and Summer Sessions, requires revision. The old 4 rules will be found at page 14 of the Rules and Regulations of the Junior Department of the College and the revised ones which have been sanctioned by the College Council are as follows:- See Appendix A. Curricula for Winter & Summer Sessions

Syllabuses. In para 3. G. O. No. 137 dated 22d April 5 1874 it was ordered that syllabuses for each course of lectures should be prepared. This order had fallen into abeyance. I have had a syllabus for each of the courses prepared by the Assistant in charge under the approval of the Professor and have circulated them to the College Council; they have been approved and will now be printed. These Syllabuses should form the guide to the Examiners of the extent and scope of their examinations in each subject: they will also be useful in assisting the Professor to carry out the wishes of the Director, as expressed in his Proceedings No. 2535 of the 21 March 1889

6 Examinations. The pre-collegiate training and Examinations laid down in Fort St George Gazette Part II dated 25 June 1886, should in my opinion and that of the College Council, be required from all classes of students who join this Department of the College. The Native Military Medical Pupils and private students do not go through it now: for the former the consent of the Government of India should be obtained and it will doubtless be sanctioned on the same principle as guided the Government of India in dealing with the Class of Military Medical Pupils for the Apothecary

grade in G.O. No 389 dated 28th August 1889.

The native pupils should in my opinion be paid at the rate of 7 rupees a month during their precollegiate year or the same rate as is now paid to the same class of students for the Civil Department and sanctioned in para 7 of the same Fort St George Gazette of the 25 June 1886. These Military students might be required to go through their precollegiate training in the regimental hospitals:— a considerable proportion of them are the sons of native Officers and such men might have the option of learning their work in the hospitals of their fathers' regiment.

This course of training was originally in force for this class as laid down in G.O.C.C. No 112 of the 29 August 1868. The other class of private students could be permitted to go through the training in some Civil Hospital at or near their own town.

The Examination in my opinion and that of the College Council should be slightly

7

Subjects for Precollegiate course

modified and made more practical. There should be only one examination at the end of the year, the passing of which should be preliminary to these students entering the College and it ought to be carried out under the Board of Examiners. The subjects should be confined to "the sensible properties, names, uses and doses of the most common medicines in the Dispensary"— (say those given in the Formulæ in my "Clinical Manual" which was recommended for use in all the Civil Hospitals in the Presidency: all the ordinary medicines are in it):

"The Elements of Osteology". This should be confined to their learning the names and appearance of the different bones forming the human Skeleton, the different classes of bones and the bones forming the various joints and should be learned from Wilson's Text book of Anatomy.

"The Essentials of Minor Surgery":— This should be made up from Heath's Minor

Surgery.

They should be supplied with or made to supply themselves with these text books under the rules to be dealt with farther on when they have entered the College. They should also be required to make out correctly the usual "Hospital Returns" 8

The results of these examinations should in the case of the different Classes of Stipendiary students determine the order according to which the lads should be drafted into the College. 9

The whole subject of Practical Pharmacy should be left out as they are taught and examined in this in the College afterwards:— and it would in any case be impossible for them to get it up during their pre-Collegiate year of training. 10

Annual Class Examinations in the College were settled by the Director's Proceedings No. 2535 dated 21 March 1889 and G. O. Edn. No. 697 of the 7 November 1889. These examinations if properly carried out ought to have a good effect on the training of these students. 11

11 Final Examinations. The rules regarding these were laid down in G. O. Ed No. 327 dated 28th May 1883 page 2: also in G. O. No. 228 dated 23d August 1883 Ed. These rules have not been adhered to. Last year there were seventy students examined and the examination only extended over two days; a time quite inadequate to test the students in all the subjects. These rules should be adhered to in future and should be printed in the Rules and Regulations of the Junior Department of the College. The Examinations in Medicine and Surgery should be oral and Clinical. The Examination in Surgery should include Operative and Minor Surgery as in rule 2 and these should not be held to be separate subjects as was done last year.

12 Students who fail in these Examinations are to be dealt with in accordance with the rules laid down in

27

G. O. Educ. No. 697 of the 7 November 1889

In Appendix B you will find a proposed tabular Statement to be submitted by the Board of Examiners for each Class of Students in accordance with G. O. No. 327 of the 28th May 1882. The names of the Students should be printed on them to avoid mistakes.

13 In Appendix C. you will find a form of report for the Board of Examiners. These, if approved, should be printed and separate reports should be submitted for the Senior and Junior Department of the College. Copies of these reports and of the tabular Statements should be sent to the Director of Public Instruction the Principal of the College and the Surgeon General with the Government of Madras, as laid down in your Pro-
bearing on this subject
-ceedings bearing on this subject

14 Text-Books. The last list of Text books was published in your Proceedings

Please see file

No. 7006 dated 24 September 1884 and this now requires revision. You will find at Appendix D a list which has received the sanction of the College Council. In G. O. No. 137 of the 27 April 1874, it was laid down that "each student will be required to pay for the books supplied to him and he will be subject to a deduction not exceeding 10 per cent of his pay until he has liquidated the amount due." This was a good rule but I regret to say it has fallen into disuse. I have found that about 50 per cent of the students, who are not granted free text books (as the Military and District and Municipal pupils are) had not supplied themselves.

15 The College Council agree with me that this Order ought to be enforced in future with all stipendiary students and that they should be made to produce these books periodically

A small majority of the Council disagreed with me regarding whether private students of this class should be required to show they had text-books - I think they should. The question was dealt with in G. O. No. 137 of 27 April 1874. and I do not consider this uneducated class of students, should be allowed to study in the College at all unless they have text books to assist them in understanding the instruction given by the Assistant. These books cost on an average only twenty two rupees a year, during their College course.

Rules regarding Prize Examinations. 16

These were submitted for your approval in my letter No. 728. dated. 28 February 1890 See appendix D.2.

Clinical Training - This might be 17
much improved. I have consulted Surgeon Major Cook on the subject and You will find in Appendix E a Copy of his letters on the subject.

The Assistants in the College who teach Medicine and Minor & Operative Surgery might be detailed to assist him in the clinical teaching in Medicine and Surgery respectively. They should have no other duties to perform in the Native Infirmary than the treatment of the sick and the clinical teachings in the morning. They ought to be granted 30 rupees a month carriage hire as the Native Infirmary is over a mile from the College where all their work in the day time is carried on.

18 As regards the clinical training in diseases of the Eye, you will see that Surgeon Major Cook can make arrangements to carry this out. I have referred this question to the Professor of Ophthalmology and forward a copy Appendix F. of his letter on the subject. I cannot agree with Surgeon Major Drake-Brockman that it would be advantageous to the public to have only one Ophthalmic Dispensary in Madras. To my mind it would be very desirable to start such a Dispensary in Royapo surrounded by such a large populatio as that of Black Town. Such a Dispens could act as a feeder to the Ophthalm

hospital. It would lie with the Surgeon General to appoint an Assistant to Surgeon Major Cook, who would be competent to teach all that is necessary: for instance a better man could not be obtained than Second Grade Apothecary H.W. Judge who was assistant in the Ophthalmic Hospital since 1875.

19 The Native Medical Pupils at present go for a fortnight to the Government Ophthalmic Hospital during which time they are engaged in dispensing medicines and receive no special training in Diseases of the Eye.

20 As regards the teaching in Midwifery it would be better for the Assistant in the Sir Ramaswamy Lying-in-Hospital, who now teaches the Clinical part of the subject, to teach the rest of it in the College. He might continue to draw the fifty rupees a month, sanctioned in G. O. No 389 dated 27 July 1887, ✓ ×

21 as he would have to come to the College daily and would still have all the official responsibility regarding the students in the Hospital and their clinical training in Midwifery.

21 Appendix G. is a scheme of Clinical instruction which has received the approval of the College Council.

22 Appendix H is a Copy of the present rules and regulations of the Junior Department forwarded for your information.

23 Form of Agreement. Appendix I – Each student of this Department will in future be required to sign and submit the form of Agreement as ordered in your Proceedings No 1049 dated 1st Feb /90.

24. Preliminary Education. This subject will soon have to be settled. I address you on it in my letter No 748 dated the 6th March 1890.

I have the honour to be
Sir
Your most obedt Servant
C. Sibthorpe

Brigade Surgeon
Ag Principal
Medical College

No 5730 of 6th June 1890

Referred for the consideration and opinion of the Medical Board of Examiners

Madras D.P.I.

May 22nd 1890

Rwl. 4551/90

From

THE PRINCIPAL,

MEDICAL COLLEGE,

Madras,

To

THE

Director of Public Instruction, Madras

Dated 11 } April 1890.
Recd.

PUBLIC INSTRUCTION 24 APL 90 MADRAS

No. 30.

4044

SUBJECT.

Remarks & suggestions on the Education and training of the Junior Dept of the College

DESPATCHED 7 JUN 1890

Dated July 1890
Madras.

To

The Director
of Public Instruction

PUBLIC INSTRUCTION 30 JUL 90 MADRAS

From

Surgeon. Major H D Cook
President, Board of Examiners

Sir,

I have the honour to forward, herewith the whole Correspondence concerning certain alterations proposed in the training of the Junior class of the Students of the Madras Medical College, with the marginal remarks of the two members. referred to me to record the opinion of the Board. I have carefully read through the whole correspondence and have formed my opinion as follows:—

Curriculum of Studies

1 The preparation of hospital returns and Statistics should form a portion of their second year Studies and not of the first year inasmuch as it requires for its accuracy a certain knowledge of the principal diseases, and the present arrangement of detailing the Students in batches to assist the Resident Apothecary, Native Infirmary will answer very well.

I am of the same opinion
(Sd) H A F. Nailer
H. Armstrong.

2 A clinical course of training in

in diseases of the Eye proposed by the Principal is a good one but I would suggest that one month's training will quite meet the requirements of the Class instead of the two months proposed. and the remaining month be devoted to the Clinical work in the medical and Surgical wards. The Principal's proposal to open a new Ophthalmic hospital at the north End of the Black Town is, if feasible, no doubt, an admirable one, but should it be considerable impracticable under the present circumstances I approve of my former suggestion to appoint the apothecary in charge of the out patient Dispensary of the Native Infirmary to give practical hints in the treatment of the minor diseases of the Eye Especially its superficial parts such as the lids, Conjunctiva, Cornea and iris. A more advanced knowledge in this subject cannot and need not be Expected of the Students of that class partly on account of their limited knowledge of the Preliminary Subjects and partly on account of the insufficient means at their disposal to practice in diseases of that organ.

The opening of a branch Eye-Infirmary for the more common diseases of the Eye in 1st Dist is a very good one. This will relieve the institution under Dr D-B from the pressure of Eye cases in certain seasons of the year when Ophthalmia is almost Epidemic. But the supervision must be that of the Surgeon and not of the Resident Apothy however skilful he may be; for the ordinary Eye patient is a shy and nervous animal who is very careful of his Eye and it would not do to let him think that he is less skilfully looked after in the 1st District than in the Eye Infy. To save complications the Surgeon 1st District should not be supplied with instruments E.g. Ophthalmoscope Cataract knives &c. The words Branch Eye Infir for ordinary diseases of the Eye should be conspicuously placed at the hospital.
(Sd) H A F. Nailer
Armstrong.

The students should attend for 2 months.
(Sd) H A F N.
Armstrong.

3. I would suggest that the Resident Apothecary

I Concur (Sd) H A F N.
Armstrong

Apothecary of the Native Infirmary be also charged with the function of instructing the students in the Conducting of the Post. mortem Examinations both for pathological and medico-legal purposes.

4 The subject of operative surgery should comprise only the immediate procedures required in the treatment of the most common Surgical Emergencies such as, a distended bladder, haemorrhage, a strangulated hernia, and asphyxia. A more extensive knowledge in this difficult branch of surgery is beyond the capabilities and requirements of the class.

I think a little more knowledge should be demanded. These men will be called upon suddenly to hold independent charges of dispensaries where accidental cases are brought
(Sd) H A F. N & Armstrong

5. In the subject of midwifery I would add that in their Clinical instruction be included the treatment of what may be called puerperal Emergencies such as, haemorrhages of all sorts convulsions, inversion of Uterus &c.

Reasonable.
(Sd) H A F N.
Armstrong

6 The Pre-Collegiate Course proposed for the military and private pupils would, no doubt, prepare them for a better understanding of the instructions given in the College and I would suggest that the students should be required to know the sensible properties &c of the bazar medicines of their respective places and a rudimentary knowledge

I Concur
(Sd) H A F N.
Armstrong

of

of the Practical Pharmacy, which should form one of the subjects for their precollegiate Examination.

Clinical Examination:-

7 I should consider that the method of Examining this class now followed being purely of a theoretical nature there is no sufficient inducement for the students to avail themselves of the innumerable opportunities of studying cases at the bed-side of patients; I therefore approve of the Principal's proposal to institute a clinical Examination in medicine and Surgery but I would restrict the Examination only to minor clinics such as testing their knowledge in the use of different instruments used in diagnosis, the Systematic Examination of the various physiological systems by their different senses. This Examination should be done orally. In the Clinical Examination in Surgery they should be required to describe an abscess, tumours or ulcer and suchlike simple diseases. I would suggest also that as a portion of their Clinical Examination in Medicine the more important methods of nursing and bedside therapeutics should be included, such as, the various methods of feeding patients, administration of various kinds of baths, preparation of artificial and predigested foods, inhalations and fumigations &c.

very necessary
(Sd) H. Armstrong

8 I fully endorse the proposals of the Principal in all other details

(Sd) H.A.

9 With reference, however, to his proposal to detail the College assistants viz, Civil Apothecary C.B. Ramakandus and Hospital assistant T. Narainasawmy naidu Lins to give clinics in medicine and Surgery at the Native Infirmary I consider that such a step is not necessary inasmuch as the present method of Clinical teaching seems as efficient as the results of the last Examination will show. No doubt, when the question was referred to me by the Principal, last year, I approved of the proposal but on further consideration I conclude that the lads are very well taught by the present arrangement; this fact, moreover, as I said above, is well borne out by the results of the last Examination. Indeed, one of the Examiners said to me that "it was a treat to ask this class of students questions

This para 9 should be read with para 7 and with the suggestion by the Principal to supplement the teaching staff for clinical purposes only by sending to 1st Dist 2 Native assistants. Also note should be taken of the Principal's remark that part of the original curriculum laid down were not carried out. I should say this was probable for want of this very material assistance now proffered by the Principal. The Surgeons and Apothecary's time could be more profitably employed in other directions. I am therefore of opinion that this offer should be accepted in the same generous spirit as it is proffered. If the Hospital assistants have done so well in the past Examinations at the expense of much wear and tear of the Surgeon and Apothy why should they not do better in future with questions as they answered so well as compared with the apothecary class", and I can testify to this too.

I have the honour to be
Sir.
Your most obedient Servant
M.B.
President Board of Examiners

P. S.

I am still of opinion that native assistants are not necessary, and that neither my health nor that of my apothecary will be injured by continuing the teaching we do; which, I again assert, is quite satisfactory and sufficient for the men of that class.

much relief to Surgeons and Apothy's health?
(Sd) H.A.F.N.
H Armstrong.

The laudatory remark, is, I think, irrelevant as the lads were not Examined Clinically
(Sd) H.A.F.N.
H Armstrong

I agree with Dr Nailer no man can be expected to give an impartial opinion about the acquirements of his own students.
(Sd) H Armstrong

R No 9315/90.
Ind 6756

From.

The President,
Board of Examiners
Medical College

Received 30 July 1890.

Forwarding correspondence concerning certain alterations proposed in the training of the Junior Class of the students of the Madras Medical College

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OFFICE OF SURGEON-GENERAL
WITH THE GOVERNMENT OF MADRAS,
Fort St. George, 5 December 1890.

No. 7491

From

THE SURGEON-GENERAL WITH THE
GOVERNMENT OF MADRAS,
FORT ST. GEORGE,

To

THE Director of Public Instruction
Madras.

SIR,

In returning the enclosed correspondence I have the honor to state that after a very careful perusal of it I find it impossible to give my opinion in one communication concerning all the subjects dwelt on.

2/ The question concerning the training of the junior Department should be treated separately and the President and members of the Board of Examiners should be called upon to confine their remarks exclusively to this one subject in accordance with the rules, laid down in the Medical Code on the subject of correspondence.

As an example of the literary chaos these papers exhibit, three entirely different questions are discussed in para 2 of Dr. Cook's letter.

3. It is utterly hopeless to unravel the intricacies of this correspondence in its present form, each subject ought to be dealt with in a separate communication.

I have the honor to be
Sir,
your most Obedient Servant.

Surgeon General with the
Govt: of Madras.

Fl D

No 1432/(1890) DEPARTMENT 47

From

THE SURGEON GENERAL WITH THE
GOVERNMENT OF MADRAS,
Fort St. George.

Ref. 17/12

No. 7491

Dated 5th
Recd. 6th } December 1890.

No.

PUBLIC INSTRUCTION
6 DEC 90
MADRAS

Subject.

Stating that after a very careful perusal of the enclosed Correspondence, found it impossible to give his opinion in one subject Commn about all the subjects dwelt on.

No 5859 259/25-5-91 22 May 1891

These papers are returned for the opinion of the present Principal – Dr. Ritchie – ~~[illegible]~~ – on each of the chief subjects discussed – The undersigned is inclined to think that before any further action is taken it is necessary to settle finally what subjects & to what standard Hospital Assistants should be taught – Dr. Ritchie is also requested to give his opinion whether a special Committee need be appointed to consider the subjects, & to frame rules regulating the courses of study for Hospital Assistants & the final tests to be passed by them, & if so he should suggest the officers who should be asked to serve on the Committee.

Madras 21/5/91

H. B. Grigg
D.P.I.

48

PUBLIC INSTRUCTION OFFICE, MADRAS.

Proceedings of the Director of Public Instruction
~~Official Memorandum.~~

Dated 14th November 1891.
No. 13066.

REFERENCE.—
Officer.—
No.—
Date.—
Subject.—

Read letter from the Principal, Medical College, Madras, dated 16th July 1891, No. 125, submitting his remarks on the subject of the Education and training of the pupils of the Hospital Assistant Department of the College.

The whole correspondence on the subject of the Education and training of the pupils of the Hospital Assistant Department of the College, will be forwarded again to the Principal who is requested

To
The Principal,
Medical College.

Director of Public Instruction

1329
18-11-91

47

To
The Principal,
Medical College,
Madras

to ascertain and submit the views of the College Council on the several important features of the Scheme.

D Duncan
Acting Director of
Public Instruction

W. P. 18NOV.91

DESPATCH
17 NOV 1891

Subject
— Medl —
Training of Hospt Asst
Pupils

Forwarding again the whole correspondence regarding the Education & training of the pupils of the Hospital Asst. Dept. of the college, for ascertaining & submitting the views of the College Council on the

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Madras Medical College
16 July 1891

No 125

From
The Principal,
Medical College

To
The Director of Public Instruction,
Madras

Sir,

With reference to your memo No. 5859 dated the 21 May 1891, forwarding the correspondence bearing on the subject of the Education and training of pupils of the Hospital Assistant Department of this College, I have the honor to state that after giving the subject my fullest attention, I consider the subjects included in the curriculum of this Department sufficient, and the standards to which they are taught, quite high enough to enable these men after passing out as Hospital Assistants to conduct their present duties in the Department.

On all the main points bearing on the training of these pupils and which may be included under the following heads, viz

(a) Pre Collegiate training
(b) Scope and extent of each course
(c) Final tests
(d) Supervision of pupil classes by Professors
& (e) Remands and dismissals

the arrangements now in force and the rules under which they are carried out, give such satisfactory results that nothing more need be desired on these points and I would therefore deprecate any alterations being made in them. There is also no necessity for a Special Committee to frame rules regulating the course of study of Hospital Assistant Pupils and the final tests to be passed by them as those now in force fully answer the purpose.

The greater portion of the correspondence refers to Clinical instruction at the Monegar Choultry and for this part of the training it would not be advisable to lay down hard and fast rules as they may hamper the teacher and prove irksome and vexatious to him. Dr Cook with his long experience is quite competent to draft rules and to direct the course of Cli

instru

instruction of Hospital Assistant pupils without any reference to a Committee. I also approve of Dr Cooke's suggestion that one month's Clinical instruction in Diseases of the Eye is sufficient for Hospital Assistant Pupils.

I have &c.
Sd/ J H Ritchie

True Copy forwarded to Surgeon Capt J Smyth M.D., Secy to the Medical College Re Organization Committee in continuation of this Office $\frac{ue}{1677}$ d/ 26 Jany 93.

Medical College
27 Feby 93

Principal Med. College

In my summary the bundle goes by name MSS, + 5 papers 1 to 5

Madras Medical College
13th February 1890

No/688.

From The Principal, Medical College
To, The Surgeon, of
First District,
Madras

Sir,

With reference to your letter of the 6th Feby 1890, I have the honor to inform you, that I consider the training is satisfactory and will support your suggestions. They will be laid before the College Council and then submitted to the Director of Public Instruction and he will be asked to lay them before the Board of Examiners. I would therefore like you to inform me what you consider should be the scope of the Examination, if any, they should be required to pass, in Clinical Medicine, Surgery, Diseases of the Eye and Midwifery. I would also like your opinion on the following subjects viz (1) Two assistants Do you consider it would be a good plan to detail the two Assistants who teach Medicine and part of the subject in Surgery (Civil Apothecary Rama Row L.M.&S. and Hospital Assistant Narrainsawmy L.M.&S.) in the College to assist you in the Clinical training in the Hospital, their work in the hospital being only to assist in this manner.

If their services were made available, it would free your Assistant Civil Apothecary Cooper from teaching Medicine, and he might instead teach Midwifery in the College as he now teaches Clinical Midwifery in the Hospital; supervise the keeping of your Hospital Journals and otherwise assist you in the Clinical training of the Pupils, his allowance being untouched. Would it not be possible for you to open an out patient Dispensary for diseases Eye dispensary of the Eye, on say, three days a week and let it be worked

Director of Public Instruction

worked by the Surgical assistant or by Mr. Cooper who I know to be well qualified. The serious cases seen could be sent on to the Eye Infirmary. The pupils could go through their necessary training in diseases of the Eye there instead of being sent far away to the present Government Ophthalmic Hospital. It seems to me that their training in this branch should be confined to the Diagnosis and treatment of the superficial diseases of the Eye.

4. Would it be possible for you to make any arrangement in connection with the Sir. T. Ramasawmy Lying in Hospital by which women in their own houses might be well attended by the Pupils, such as, is ~~common~~ commonly the system in Great Britain. If this could be done it would largely extend the influence of your hospital and to the material for the Clinical training of your pupils.

Home attendance at confinements

I would beg to point out to you that the Clinical course of Study in the year is ten months, not nine as you appear to have thought. Vide Proceedings of Director of Public Instruction No. 4107 dated 28 June 1888. Will this make any difference in your suggested arrangements. I would also point out to you, that the training is laid down in Para 8 page 6 of the Calendar for Civil, native pupils in their pre Collegiate year of study. How do you think this training could be carried out for native Medical pupils, who do not get a pre Collegiate year or do you think, all this class of students should be required to go through a pre Collegiate course of training?

What training do these pupils now get in making Post Mortem Examinations and do you wish to make any suggestions, with a view of improving it? Could they not get a special course in their last year under whoever makes your Medico-legal post-Mortem examination. This is a very special branch of their training.

Postmortems

I would also inform you that I have suggested to the Director of Public Instruction that my Clinical Manual should be made the Text book of the pupils. If you approve I think it might be made the basis of their training, in the following way. The assistant in your Medical ward, might explain to them in their Second year of Clinical Study, the System of Case taking; the special modes of Clinical investigations; the examination of the respiratory and circulatory system; the Examination of the Abdominal Organs, the Examination of cases of fever and the use of the Clinical thermometer. The Diagnosis of skin Diseases, the point to be observed in diseases of the nervous system, the examination of the insane; the principles of dieting in disease and the termination of disease; the Examination of the Excreta. The Surgical Assistant might explain in their 2d year of Clinical Study, the taking of Surgical cases; Antiseptic Surgery; the Examination of the Ear, throat, rectum and bladder, also Medical and Surgical Emergencies. The Midwifery assistant could explain in their third year of Clinical Study the method of making Clinical Observation on the disease of Women and in the Lying-in room

Textbook Gibson's manual

X Where?

rooms. The Officer in charge of the Dispensary for
Diseases could give them in their second
year of Clinical study some simple instructions
in the observation in the external diseases
of the eye. The Officer in charge of the Medico-
Legal Post mortem could explain to them
during their third year of Clinical ~~Surgery~~
study, hints on making post mortem examina-
tions. This would not in any way inter-
fere with the Clinical instruction now
personally give but it might be confined
to the class in their third year of study.

I have &c

Sd. C. Sibthorpe Brig. Surg.
Principal Med. Coll.

with bundle of appendices

No. 251

MADRAS MEDICAL COLLEGE,
13 October 1892.

Enclosures.

From
THE PRINCIPAL,
MEDICAL COLLEGE,

To
THE Director of Public Instruction,
Madras.

SIR,

I have the honor to state that some of the students entering the College as Chemists and Druggists wish to take a course in compounding at the General Hospital. The curriculum of studies laid down for this class of students does not include Hospital attendance, and the fee paid (Rs 40 annually) is for the regular College Course. I beg therefore to recommend that a fee of Rupees (10) ten be fixed for a nine months' course of compounding in the case of Chemists and druggists voluntarily seeking the benefit. This is the fee paid by the Hospital Assistant pupils for their Hospital course.

I have &c
Sd. C. Sibthorpe
Principal Med. College

(True Copy)

Principal Med. College

Director of Public Instruction

From

The Principal,

Medical College,

Madras,

To The Director of Public Instruction
Madras

Sir, [illegible]

[illegible] orders [illegible] recommend that [illegible] for a course of Compounding in the case of Chemists & [illegible] the benefit.

[illegible]

PUBLIC INSTRUCTION OFFICE
MADRAS

Proceedings of the Director of Public Instruction.

Reference.—

Dated 24th January 1893.
No. 539

Officer.—

No.—

Date.—

Read letters nos M-1606 / 11-1-93 and 257 / 13-10-92 from the Principal, Medical College recommending a fee of Rs 10 for a course of Compounding in the case of Chemists & Druggists voluntarily seeking the benefit.

Subject.

The Director is inclined to doubt whether a fee of Rs 10 will suffice. Government has refused to sanction the fee proposed for the precollegiate Course in the Case of Hospital Assistants pending the consideration of the proposals for the revision of the staff, length of course &c of the College and this matter will also lie over till then. The Principal is requested to bring the subject before the Committee now sitting to elaborate the proposals. Such rate of fee as will be sufficient to cover waste in medicines in Compounding should be levied in the case of all students practising in Compounding.

To
The Principal,
Medical College

D. Duncan
Director of Public Instrn

2676
25-1-93

To
The Principal,
Medical College

Requesting placing the matter of levying a fee for a course of compounding before the Committee

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No. 16

Medical College
2d December 1892

From
The Lecturer on Anatomy,
Hospital Assistant Department.

To
The Professor
of Anatomy, Medl. College.

Sir,

I beg to bring to your notice the rapid increase in strength of the Anatomy Class of the Hospital Assistant Department. The following statement shows the yearly strength of the class for the last four years:-

Session	1888-89	1889-90	1890-91	1891-92	1892-93	Remarks.
Pupils	80	97	137	207	227	—

The difficulty of teaching large batches as these is experienced only in practical classes, particularly in Practical Anatomy; and I, therefore, beg you will be so kind as to recommend four Student-demonstrators from the third year College Department class - one for each fifty pupils - under the old system which was in existence for the College Department before the appointment of Assistant Demonstrators was sanctioned,.

R. 8336/92

From

THE PRINCIPAL,

MEDICAL COLLEGE,

Madras,

To
The Director of Public Instruction
Madras

No. 313

Dated 9th } December
Recd. }

Forwarding with recommendation application for demonstrators in the practical Anatomy class of the Medl. Coll. Department

In
of
of
the

No. 314

Madras Medical College
10th December 1892

From
The Principal,
Medical College
To
The Director of Public Instruction,
Madras.

Sir,

In continuation of this office No. 313, dated 9th Instant, I have the honor to inform you that in my opinion it would be much better to have an extra Assistant instead of the two or four Demonstrators suggested by the Professor of Anatomy.

2. With an extra Assistant the class can be separated into 1st and 2nd year students, in itself a very great advantage but absolutely necessary in my opinion considering the great size of the Anatomy class.

I have &c
Sd/. W. Price. M.D.
Principal, Medl. College

(True copy)

V T Litchfield Walker
Ag 1st Asst to the Director of
Public Instruction

PUBLIC INSTRUCTION OFFICE
MADRAS

Proceedings of the Director of Public Instruction.

Dated 16 December 1892.

No. 16758

REFERENCE.—

Officer.—

No.—

Date.—

Read letters from the Principal, Medical College, Nos 313 and 314 dated 9th and 10th instant respectively.

~~Subject.~~ The Principal is authorized to refer the question to the Select Committee appointed in Proceedings No 16438, dated 10 instant for an expression of opinion.

D. Duncan
Director of Public Instruction.

To

The Principal, Medl College.

2433
19-12-92

To
The Principal
Medical College

Subject
Assistants in the Anatomy class of the Hospl Asstt Deptt:—
Referring the question re the appt of — to the Select Committee appointed in Pro No 16438 of 10th instt.

Proceedings of the Director of Public Instruction
No 16438 Dated 10th December 1892

Read letter from the Principal, Medical College No 375 26-1-92, [illegible]

Read again [illegible] No 3558 [illegible] 1892.
" from the Surgeon-General Nos 1834 and 4497 dated 19 May and 8 July 1892
" also letter from the Surgeon-General No 7260, dated 2nd November 1892

[illegible] relate to the proposed re-organization of the Medical College and contain the opinions of [illegible] the Surgeon-General, the Principal and the Professors on the subject. The proposals [illegible] refer to the lengthening of the College course from four to five years, the [illegible] the strengthening of the Professorial staff, the creation of separate chairs on Physiology, Hygiene, Minor Surgery and Mental Diseases, the redistribution of work among the Professors and exemption of some of them wholly or partly from hospital duties, and the best method of arranging for the preliminary year's training of all Hospital Assistant students.

2. Though there has been a consensus of opinion as to the necessity for strengthening the staff and redistributing its work, there has been [illegible] of opinion as regards the [illegible] method of carrying out these proposals. The Surgeon-General has not adverted to the question of [illegible] College for the hospital assistant class. [illegible] both this office and the College staff have refrained from offering any remarks on Dr Smythe's proposal to have a chair on "Mental Diseases". In order, therefore, that all the questions referred to above may be thoroughly discussed and a definite scheme elaborated and placed in a succinct and clear form before Government after consultation with

the Surgeon-General, the Director resolves to appoint a special Committee composed of the following gentlemen:-

Surg. Lt Col. W. Price, M. D. (President)
Surg. Lt Col. Arthur Mudge Branfoot, M. B.
Surg. Major W. R. Browne, M. D.
Surg. Major H. Allison, M. D.
Surg. Capt. John Smyth M. D.
} Members

3. Any one of the members of the Committee or any member of the College staff may be nominated Secretary to the Committee. This gentleman will, if necessary, be recommended to Government for such remuneration as the amount and special nature of his work may justify.

4. The important questions requiring the consideration of the Committee seem to be the following:-

(i) The extension of the College course and its probable effect on the attendance
(ii) The expediency or otherwise of continuing or enhancing the total amount of fees now charged for the whole college course should the extension of the course be approved.
(iii) The length of the course in each subject.
(iv) The proposal to transfer the Hospital Assistant Department from the Medical College to the Monegar Choultry and the best way of arranging for the preliminary year's training of Hospital Assistant students.
(v) The proposal to substitute College for hospital attendance in the case of First year students.
and (vi) The redistribution of lecturing and tutorial work.

The Committee is at liberty to favor the Director with its views on any other matters calculated to improve the efficiency of instruction — theoretical and practical — and the tone and discipline of the College.

5. The Director would specially request the Committee to be good enough to arrange its sittings and submit its proposals as early as practicable.

D Duncan
Director of Public Instruction

To.
The Principal, Medical College (President)
with enclosures to be returned when done with.
" Dr. Arm Branfoot
" W. R. Browne
" H. Allison
" J. Smyth
} Thro' the Principal.

No. 1478
To
Surgeon Captain [illegible]
Has the honor to forward the Director's Proceedings overleaf.

14.12.92

Principal
Med. Coll.

Circular Memorandum No. 184

Has the honor to circulate to the Professors the annexed G.O. communicating letter from the Govt. of India, stating that they are unable to sanction the proposal to extend the term of study for Native Medical pupils from three to four years.

W. Price [illegible]

Madras }
24-2-93 }

Principal
Medical College

The Professor of	When Recd.	When Despd.	Initials
Anatomy	27-2	27-2	H.U.
Chemistry			
Hygiene			
Materia Medica			D.S.
Medical Jurisprudence	3-3-93	3-3-93	Cmy
Midwifery	2.3.93	2.3.93	G.M.B.
Pathology			
Physiology & Ophthalmology			
Surgery			
Dental Surgery	—	—	

Medl. Department
Subordinates

No: 414.
Govt: of Madras
Mily: Department
Fort St: George 20 Jany 93.
No: $\frac{137}{D}$

Government of India,
Military Department.
Fort William, the 10th January 93

To.

The Surgeon General
with the Govt: of India,

Sir,

With reference to the Correspondence ending with your letter No. 5007, d/25 Novr 92, I am directed to inform you that owing to th urgent need for economy in the present time of financial pressure, the Government of India regret that they are unable to sanction the proposal to extend the term of study for Native Mily: pupils from three to four years before admission to the Hospital Assistant Branch of the Subordinate Medl. Department.

I am Sir
(Signed) M. J. King Harman
Dy: Secy: to the Govt. of India.

Copies forwarded to—

x x

The Secy. to the Govt: of Madras, Mily: Deptt. f the information of H.E. the Governor in Conne in continuation of Mily. Deptt. No. 3740-D, d/28th September 1891.

x

(By order)

(Sd) H. J. Kine Harman

Dy. Secy. to the Govt. of India

Order — Communicated to His Excy. the Comdr.-in-Chief & Deptts concerned, with refce to P. G. No. 5523 d/6th October 1891.

(True Extract)

(Sd) H. R. Hope Brigr. Genl.
Secy. to Govt.

(True copy)

(Signed) W. A. Mascar
for chief acctt Mily Deptt.

To

The Surgeon General
with the Govt. of Madras

Thro' the Director of [illegible]

No. 370
Memo

True copy forwarded to the Prinl. Medical College, Madras.

(By order)

Surgn. Captn.
Asst. Secy. Surgeon Genl. with Govt.

Madras
3 Jany 93

No. 604 25th January 1893
Forwarded
[illegible]
Director of Public

JAN 93

General Hospital
Madras, 12 March 189

No. 7.

From
The Secretary
Medical College Reorganization Committee
Madras

To
Surgeon Lt Col. W. Price, M.D.,
President of the Committee

Surgeon Lt Col. A. M. Branfoot, M.B.
Surgeon Major W. R. Browne, M.D.
Surgeon Major R. Allison, M.D.

Sir,

I have completed my research into the records of the correspondence on one of the Chief matters before the Committee, viz, the Education of the Hospital Assistant class in this Presidency, and have made a concise summary with complete references for the guidance of the Committee. This Summary with the principal papers, I have the honor now to forward to you for perusal; after which they ought to be circulated as quickly as possible to the other members of the Committee. On receipt of the papers from the last member of Committee to peruse them, I shall call a meeting of the Committee.

With the aid of the Summary I have compiled, the whole matter may be readily digested in about two and a half hours, so that I think one day for perusal by each member of Committee should suffice.

I have the honor &c.
Sir
Your most obedt Servant
Henry [illegible]
[illegible]

Ck

Has the honor to forward letter overleaf and enclosed papers to Surgeon Lt Col. A M Crawfoot Surgeon Major W R Browne & Surgeon Major H. Allison, for perusal and very rapid circulation, ~~and~~ to be returned to Surg Capt J Smyth M.D, by Dr Allison.

13.3.93

W Price MD
President
Re org Comittee

---

3 att.

General Hospital,
No 8. Madras 20th March 1893

From
Surgeon Captain J. Smyth M.D,
Secretary to the
Medical College Re Organization Committee

To,
Surgeon Lt. Col. W Price M.D,
President of the Committee

Sir,

I have the honor to forward the papers dealing with the remainder of the subjects to be brought before the Committee, with a complete summary, for their more easy study of the matter in hand.

After perusal kindly forward to the members of Committee in rotation with the request that the last member to read them may send them back to me as quickly as possible. I think it should be possible to circulate them in time to call a special meeting of Committee to deal with them on Monday next – 27th Instant.

I have the honor to be,
Sir
Your Most Obedt Servant,

Secretary to the
Medl College Re Orgn Committee

No. [illegible]

Has the honor to forward letter overleaf and enclosed papers to

Surgeon Lt. Col. A. M. Branfoot MB
Surgeon Major W. R. Browne MD
Surgeon Major H. Allison MD

for perusal and favor of rapid circulation. To be returned to Surgn. Captn. J Smyth MD by Dr. Allison.

20-3-93.

President.
M. C. R. Committee

No. 74

Office of Surgeon-General
with the Government of Madras,
Nungumbaukum, March 29/1893.

Dear Dr Smyth

I am sorry for the delay in answering your letter of the 19th inst but I required certain information myself before replying.

1. Government have already refused to sanction a pre-collegiate year of study for Military Medical students for the present

the strongly recommended by the Superintendent. I believe the refusal was on financial grounds. The D.G. does not think however that the change has unfavourably influenced the number of candidates.

2. The total number of medical pupils under tuition for Govt purposes is certainly not likely to diminish for a great many years because under present circumstances however it is unlikely that any increase will take place beyond the yearly recruitment; there is not sufficient accommodation for them.

New dispensaries are being constantly opened and in a month after a batch passes from College they (representing the Reserve of the Dept) are swallowed up. There is at present practically no reserve. The rese

Appendix A Summer Session

THIRD OR JUNIOR DEPARTMENT.

CURRICULUM OF STUDY.

FIRST YEAR.		SECOND YEAR.		THIRD YEAR.	
Practical Pharmacy. 2 hours three a week ~~Minor Surgery.~~ Physiology. one hour twice a week	6.30 to 9.30 A.M. Attendance at the Native Infirmary. See Winter Curriculum	~~Physiology~~ Practical Pharmacy. 2 hours three a week Minor Surgery. one hour twice a week ~~Examinations in Medicine.~~ ~~Do. in Surgery.~~	Attendance at the Native Infirmary. See Winter Curriculum	Hygiene. Medical Jurisprudence. Minor and Operative Surgery. Examinations in Medicine. Do. in Surgery. Do. in Midwifery. Do. in Materia Medica.	See Winter Curriculum ~~Attendance at the Native Infirmary and Sir S. Ramasawmy's Lying-in Hospital.~~ 4 hours a week 2 do 3 — do — do — do — 2 do — do.

act Principal

NOTE.—The Pupils in

Appendix A   Winter Session

THIRD OR JUNIOR DEPARTMENT.

CURRICULUM OF STUDY.

FIRST YEAR.

Winter.

Anatomy.
Materia Medica.
Dissections.

} one hour 5 times.

6.30 to 9.30 A.M.

Attendance at the Native Infirmary.

Bandaging, Dressing and the preparation of Hospital Returns

Summer.

~~Practical Pharmacy.~~
~~Minor Surgery.~~

[illegible]

SECOND YEAR.

Winter.

Anatomy.
Materia Medica.
Medicine.
~~Clinical Medicine.~~
Surgery.
~~Clinical Surgery.~~
Dissections.

} one hour five times a week

6.30 to 9.30 A.M.

Attendance at the Native Infirmary.

Medical wards ... 3 months
Surgical do. ... 3 do
Ophthalmic do. ... 2 months
Vaccine Dept. 1 Do

Instruction by the Clinical Assistant in Clinical Medicine & Clinical Surgery.

Summer.

~~Physiology.~~
~~Practical Pharmacy.~~
~~Minor Surgery.~~

THIRD YEAR.

Winter.

Medicine.
~~Clinical Medicine.~~
Surgery.
~~Clinical Surgery.~~
Midwifery. & Diseases of women & children

} one hour five times a week

6.30 to 9.30 A.M.

~~Summer.~~

~~Hygiene.~~
~~Medical Jurisprudence.~~
~~Minor and Operative Surgery.~~
~~Examinations in Medicine.~~
~~Do. in Surgery.~~
~~Do. in Midwifery.~~
~~Do. in Materia Medica.~~

Attendance at the Native Infirmary Sir S. Ramasawmy's Lying-in-Hospital.

Med. Wards ... 3 Months
Surgical do. . do
Lying in Hospl. Ramasawmy's - do

Instruction by Superintendent in Clinical Medicine & Surgery & by Assistant in Clinical Midwifery & Diseases of women & children - Instruction in making post mortem examinations & in conducting medico-legal investigations as material is available ndix B

Form of tabular statement to be submitted by the Board of Examiners for each class of Pupils in accordance with G.O. No 327 of 28th May 1882.

Registered Number	Names of Candidates	Medicine and Clinical Medicine	Surgery including Clinical Surgery minor and operative Surgery	Midwifery and diseases of women and children	Hygiene	Medical Jurisprudence	Materia Medica and practical Pharmacy	whether passed or not passed	order of merit	Remarks
		50	50	50	50	50	50			
1	-									
2	-									
3	-									
4	-									
5	-									
6	-									

A true copy forwarded to the Director of Public Instruction for information

C. Litchampe.
Brigade Surgeon
Actg Principal Medical College

the Director of Public Instruction for information.

Cluuchaupe
Brigade Surgeon
Ag. Principal

proposals are sanctioned have ample time to attend College & lecture on that subject. The man himself cordially approves of such an arrangement. I regret that the scheme you suggest of securing confinements at women's houses is not practicable here.

7. Diseases of the Eye can without difficulty be arranged as an out-patient clinique in this hospital, and if the proposal to give the pupils their training in that subject at this institution be sanctioned I would suggest that Civil Apothecary Govindarajalu Naidu, Resident Apothecary, be charged with the function of training them.

8. Post-Mortem Examinations in this hospital are generally for Medico-legal purposes, and do not occur at any fixed hour of the day, but such as are performed during the pupils' hours of attendance shall in future be witnessed by them.

9. Sibthorpe's Clinical Manual would serve admirably as a Text-book for the pupils and may advantageously be used to indicate the scope of the examination which they

they should be required to pass in Clinical Subjects generally. This scope you have well particularized in the last para of your letter, and I here Epitomize the same:- Clinical Medicine "Case-taking" including the Examination of all the Systems and the use of the ordinary instruments designed for the purpose. Clinical Surgery. Surgical "Case-taking" - the examination of the cavities and the use of the ordinary instruments designed for the purpose, and the application of bandages and dressings. Diseases of the Eye. The diagnosis and treatment of diseases of the lids, Conjunctiva, Cornea, and Iris. Midwifery. The Conduct of Labour, the management of the puerperal state, the application of the Forceps, and the performance of Version.

I have the honor to be
Sir,
Your most Obedt Servant
(Signed) H. D. Cook MB
Surgeon Major
Surgeon, 1st Dist. Madras

A true Copy forwarded to

amination held at the end
o the Session

Two certificates of merit
ll be awarded; in each of the
sses of Medicine, Surgery and
dwifery, for excellence of
ical work during the Session.
se certificates will be awarded
students recommended for
is distribution by the Surgeon
n charge of the Monegar Choultry
d Sir Savalay Ramasawmy
ing-in-Hospital

In the Practical classes
harmacy and Minor and Opera-
ive Surgery) a certificate of Merit
ill be granted to those Students
ho secure the first and second
laces in each class- these places
ill be determined by a practical
amination held by the Assistant
uring the last week of each Ses-
ow

(Sigd.) C. Sibthorpe
Brigade Surgeon
Acting Principal Medical College

True Copy forwarded for the infor-
ation of the Director of Public
uction

Brigade Surgeon
Acting Principal Medical College

No. 21. Appendix E.

Native Infirmary Madras
25 February 1890.

From
Surgeon Major H. D. Cook M.B.
Surgeon 1st District Madras
To
The Principal, Medl. College
Madras.

Sir:

In reply to your letter No. 688 dated 13th Instant, I have the honour to inform you that I fully endorse your suggestions to improve the Curriculum of the Medical Pupil classes. To facilitate the necessary reference to the College Council, I have in the following paragraphs, summarized the whole substance of our correspondence on the subject.

I. Training now carried out. 1. In their first year, the pupils are taught compounding and dispensing & surgical dressing in this & other hospitals.

2. In their 2nd year, they are during the College term, divided between the Medical and Surgical wards of the Native Infirmary where they work as Assistant Clinical Clerks and take care of minor ailments and injuries: during the recess, the stipendiary pupils spend two weeks at the Monegar Choultry Vaccine Depôt and two weeks at the Ophthalmic Hospital.

3. In their 3rd year the pupils are divid

Appendix D 2

~~Appendix D2.~~

Junior Department

The unit of marking in th class Examination should be 4 – to be divided in four parts fo fractions of an answer

The class Examination should be one in three of thi meetings

The Government gold Med will be awarded to the Studen of either the the Madras Med College or any Provincial Sch who obtains the highest nu ber of marks at the final Examination

In all the classes of this Department certificate of merit will be awarded to Students who secure the firs and second places in each cl These places will be determin by the marks obtained at the ordinary class Examinat of the Assistants added to th gained at the Professors

Examination

Appendix D

List of Proposed Text Books for the Junior Departments

Anatomy - Wilson's

Materia Medica and Pharmacy. Whitla

Physiology. Ashby

Minor Surgery - Heath's

Medicine - Husbands & Charteris's [illegible]

Clinical Medicine & History — Clinical Manual

Surgery. Fairlie Clarke. Gant's Students Ed.

Midwifery. Fahrner's Manual for Midwives

Hygiene - McNally's ~~Manual~~ Sanitary Handbook for Ind

Medical Jurisprudence. Husbands

C. [illegible]
Brigade Surgeon.
Ag Principal

Appendix
E 2

Rules for Clinical Classes at the Native Infirmary -

I. 1 Pupils in their first year of study will be distributed between the Surgical Wards and the Dispensary and Outpatients Room. They shall compound and dispense Medicine apply dressings and bandages, write up prescription books and registers and help in preparing Returns and Statistics.

2. Pupils in their second and third year of study will work as Assistant Clinical Clerks and Clinical Clerks respectively in the Medical and Surgical Wards.

3. The Roll will be called daily by the Hospital Assistant on duty at 6.30 A.M. Pupils coming in after that hour shall report themselves personally to the Medical Subordinate under whom they may be serving. No pupil is permitted to leave hospital until 9.30 A.M.

4. Between roll call and 7.30 A.M. when the morning visits begin pupils are required to do their duties in the wards without any loitering: those in the Medical wards shall take notes of their cases and those in the Surgical wards shall dress their cases and make notes of their condition.

5 Surgical Operations are to be attended by all pupils attached to the Surgical wards and by all others, off duty. Post Mortem Examinations shall be attend

by all pupils in the Medical wards. The Surgeon's Class at 8.30 A.M. on Tuesdays, Thursdays and Saturdays shall be attended by all Clinical Clerks.

6. One Clinical Clerk and two assistant Clinical clerks, from the Medical & Surgical wards respectively will be detailed in rotation, for night duty. The Assistant Clerks will come on duty at 6.30 P.M. and compound the night medicines. The Clerks will come on duty at 8.30 P.M.

7. The arrangement of duty shall be: Medical Clerk 8 to 9 P.M.; Surgical Clerk 9 to 10 P.M.; Medical Assistant Clerks 10 to 12 and 12 to 2 A.M. Surgical Assistant Clerks 2 to 4 and 4 to 6 A.M.; but all pupils on duty must submit to any other arrangement that may become temporarily necessary.

8. Pupils on duty will accompany the Hospital Assistant in his visits to the wards and will record for the information of the Clerks in charge, anything deserving of notice that may occur to any patient in the wards.

9. Pupils on duty at Saturday night and those for duty on Sunday shall attend to the ward work on Sunday morning. Pupils attached to the Dispensary and Outpatients' room shall attend for their respective duties. All other pupils are excused attendance at hospital on Sundays.

10 Clinical Clerks, will endeavour as much as possible, to maintain order and discipline by making their own conduct a good example thereto; they will report all pupils who fail to act up to the letter and spirit of these rules. Assistant Clinical Clerks and Surgical first year pupils are to obey all orders issued to them by their respective seniors; appeal against any order will, when necessary, be heard by the Medical Subordinates.

II 1. The patients in the Wards will be assigned to the clinical Clerks in rotation.

2. All cases of acute disease and cases requiring careful physical diagnosis will be retained by the Clinical Clerk who shall under any circumstances keep not less than one-third of the cases assigned to him; Chronic cases and cases of a simple kind, are to be apportioned to the Assistant Clinical Clerks.

3. The clinical clerks will personally help their assistants in case taking.

4. The utmost care must be taken in drawing up cases. All diseases are to be named according to the authorized "Nomenclature": all

Prescriptions are to be written in proper form with proper pharmacopoeial names of drugs and with directions in English.

6. The pupil in charge of a patient is to stand opposite the Medical Subordinate at the bedside and is to take notes for incorporation with and correction of his own case. What is said clinically regarding the health state of a patient is not to be repeated to the patient or to others by any pupil in the Class.

6. Each Clinical case book is to be properly ruled and have its pages numbered. On the first page should appear the owners name - rank and grade. On the 2d page is to be written the following: Certified that the previous week's cases have been entered in the journals. Each case book should have an index at the end. A new case should always be opened on a fresh page. No blank pages should intervene between records of cases. When a case extends over more than one page, reference at foot "to page" and at top "from page" should indicate the continuation. The hand-writing should be clear & legible. Names should be spelled carefully. Abbreviations not in common use must be avoided.

7. Acute diseases are to be recorded once daily. Chronic cases are to be recorded twice in a week unless the necessity arises for special report oftener.

8. The results of Post Mortem Examinations, in cases proving fatal are always to be appended to the record of such cases during life.

9. Clinical Clerks will on Friday Mornings, collect the case books of their assistants, revise them & will hand them up to the Medical Subordinates along with their own case books, on the Saturday Morning.

10. Cases which have been examined & initialled by the Medical Subordinates must be entered in the hospital journal before the following Friday & Saturday: and the necessary certificate in each case-book must be dated and initialled by the Owner.

(Signed) H. D. Cook MB
Surgeon Major
Surgeon 1st District

True Copy

Brigade Surgeon
Ag Principal

Acting Principal

No 326

Eye Infirmary Madras
11th April 1890

Appendix F

From
The Superintendent
Eye Infirmary Madras

To
The Principal
Medical College
Madras

Sir

In reply to your letter No 810 dated 28th March 1890 in regard to the subject of training the pupils of the Junior Department in diseases of the eye. I have the honor to make the following suggestions

2. These students at present when posted to the Ophthalmic Hospital confine their work to the Dispensary and receive no clinical instruction, as the subject of diseases of the eye is not included among those in their curriculum

3 If it is desirable to train them in the diagnosis and treatment of the more ordinary affections of the eye, it appears to me that the opening of a new dispensary at the Native Infirmary would be objectionable not only by its colliding with the working

of the Govt. Ophthalmic Hospital but in defeating one of the ends for which the latter institution was established. I am of opinion that, a new Dispensary, such as that proposed in your letter, cannot be successfully worked, as none but those who have had a special and practical training in this branch of medicine is competent to teach the subject in the manner in which it should be taught

4 I have therefore to suggest that the clinical training of these students in this branch should be conducted at the Ophthalmic Hospital by the Resident Apothecary who is in every way competent to impart the required instruction to these students. He may be required to teach them elementary Ophthalmology in the college if necessary as well, and may be induced to take up the work on the same remuneration as is paid for the clinical teaching of these students at the Native Infirmary. In this way a more satisfactory training can be given them at a less cost than would be required for the opening and maintenance of a new eye Dispensary

Dispensary

6 It must be clearly understood however that under any circumstances a batch of first year pupils must be posted here as heretofore to carry out the dispensing of medicines and the present proposal should in no way interfere with the present arrangements

I have the honor to be
Sir
Your most Obt. Servant
Sigd. E. F. Drake Brockman FRCS
Surgeon Major
Superintendent Ophthalmic Hospital

A true Copy forwarded for information to the Director of Public Instruction

C. Sibthorpe.
Brigade Surgeon
Actg Principal Medical College

endix G.

Clinical Instruction:

This should be carried on as laid down in the Curriculum. The Assistant in Medicine shall teach case taking; the Examination of the physiological systems and the use of the ordinary instruments used in diagnosis.

The Clinical Assistant in Surgery should teach Surgical case taking; the Examination of the different cavities, the use of the ordinary instruments used in Surgical diagnosis and how to deal with emergencies.

The Clinical Assistant in Ophthalmology shall teach the diagnosis and treatment of diseases of the Eyelids, Conjunctiva Cornea and Iris.

The Clinical Assistant in Midwifery shall teach the conduct of labour, the management of the puerperal State, the application of the forceps and the performance of Version.

C. Sibthorpe
Brigade Surgeon

Appendix to
Curriculum
&
Training
of
Medical
pupils-

Appendix II

RULES AND REGULATIONS

OF THE

JUNIOR DEPARTMENT,

MEDICAL COLLEGE,

MADRAS,

ACADEMICAL YEAR

1889-90.

[*Prepared by T. Narayanaswamy Nayudu, L.M.S.*]

MADRAS:
PRINTED BY THE SUPERINTENDENT, GOVERNMENT PRESS.
1890.

RULES AND REGULATIONS

OF THE

JUNIOR DEPARTMENT,

MEDICAL COLLEGE,

MADRAS,

ACADEMICAL YEAR

1889-90.

[*Prepared by T. Narayanaswamy Nayudu, L.M.S.*]

MADRAS:
PRINTED BY THE SUPERINTENDENT, GOVERNMENT PRESS.
1890.

MEDICAL COLLEGE.

The Teaching Staff.

Brigade-Surgeon A. Porter, M.D., F.R.C.S.I., M.R.I.A., F.M.U.	Principal (on furlough).
Brigade-Surgeon C. Sibthorpe, F.R.Q.C.P.I., M.R.I.A., F.M.U.	Acting Principal.
Apothecary R. Hollingsworth	Lecturer on Surgery.
Apothecary V. J. Staggs	Lecturer on Midwifery and Physiology.
Assistant Apothecary D. Robertson	Lecturer on Medical Jurisprudence.
Civil Apothecary C. B. Rama Row, L.M.S.	Lecturer on Medicine and Hygiene.
Hospital Assistant T. Cunnooswamy Pillay.	Lecturer on Materia Medica and Practical Pharmacy.
Hospital Assistant T. Narayanaswamy Nayudu, L.M.S.	Lecturer on Anatomy and Minor and Operative Surgery.

THE GROWTH AND DEVELOPMENT OF THE JUNIOR SUBORDINATE DEPARTMENT.

Prior to the organization of the Subordinate Medical Department, which took place in 1827, the medical attendants of hospitals were purely private or contract servants.

The department consisted of two branches—(1) Apothecaries, (2) Dressers—the former was open to Europeans and Eurasians and the latter to Natives. The following were the respective designations :—

* * *	First Dresser.
* * *	Second Dresser.
	Medical Pupil.

To supply vacancies in this branch of the subordinate service, volunteers were enrolled, who, when reported qualified after a preliminary attendance at any hospital, were, as vacancies occurred, brought on the establishment as Native Medical Pupils, and were distributed to hospitals to acquire further practical knowledge of hospital duties. From these, at a later period, some of those who were well reported upon were selected and sent to do duty in the wards of the General and other Presidency hospitals with a view to acquire a more extended knowledge of diseases with their treatment; and, after a longer or shorter period, the Surgeon of the General Hospital submitted the name of a pupil from the more advanced students to fill up vacancies as they occurred. Thus it will be observed that the members of the Subordinate Medical Department in former years were thoroughly practical men.

After some years, this system of recruiting the Medical Subordinate Department failed to meet the unceasing demand for qualified men; and to supply this want, the Government founded a Medical school—the nucleus of the present Medical College—with the object of giving a more systematic training to youths and making them more efficient subordinates.

The Native Medical Pupils had to undergo a course of instruction extending over a period of three years at the commencement. Subsequently, owing to the repeated complaints of the Professors concerning their defective knowledge of English, the course of instruction was extended to four years, the first year of which was entirely devoted to teaching them how to speak and express their ideas in the English language in an intelligible manner.

In 1837 another change was made. The Government established a primary school under the superintendence of the Surgeon, Second District, who was assisted by two Medical Subordinates and an English Teacher with a view of preparing the minds of these youths to take in the teaching they received at the college. Here they were not only taught to read and speak English fluently, but also a fair knowledge of technical terms, of the names and properties of medicines, of the modes of compounding and of reading prescriptions.

The existence of this primary school was short, as it did not succeed in fulfilling the object the authorities had in view. Many of the lads, after acquiring a fair knowledge of the English language, left the school and sought other employments, the duties of which were more congenial to their tastes and emoluments greater. Consequently, the school was soon closed and the pupils, with their teachers, were transferred to the college, and the period of instruction was now reduced to two years.

The tutorial system of instruction was still continued in the college till certain changes occurred in the teaching staff: from 1865 to 1883 the pupils received their education partly under Professors and partly under Assistants.

In 1875 the civil branch of the Junior Department was established at the recommendation of Surgeon-General E. G. Balfour, and the rules relating to it were announced in G.O., No. 1001, of 7th May 1875. The Civil and Military pupils underwent the same professional training at the college.

The difficulty of providing the pupils with suitable text-books was this year overcome by an order, No. 197, of 22nd April 1874, sanctioning the supply of text-books at the expense of the Government, the cost being recouped by subjecting each pupil to a deduction not exceeding ten per cent. of his pay.

Owing to successive Final Examining Boards reporting unfavorably on the poor knowledge of English as well as on the inferior professional attainments of the medical pupils, the Government sanctioned their course of instruction being extended to three years, the teaching during the first two years to be conducted by the Assistants, and during the last year by the Professors and Assistants conjointly.

Agreeably to G.O., No. 367, of 18th November 1882, the Junior Department was transferred in 1883 to the Ráyapuram Auxiliary Medical School, which was established in 1877 to train up young men for the Junior Department to meet the great demand during the late famine. The school did excellent work for the short time that it existed under the able superintendence of Surgeon-Major D. R. Thompson, M.D., C.I.E.

At the suggestion of the Finance Committee of 1886, agreeably to G.O., No. 389, dated 27th July 1887, the Auxiliary Medical School was abolished and the Junior Department was retransferred to the Medical College; but clinical instruction still continues to be imparted to the pupils in the wards of the Native Infirmary and Sir Savalay Ramasawmy Moodalliar's Lying-in Hospital.

For the efficient working of the classes of the Junior Department, the following rules have been passed by the Director of Public Instruction with the concurrence of the Surgeon-General with the Government of Madras :—

I. Each Professor is occasionally to see the notes of lectures, so as to be enabled to judge whether the Assistant Professor is following the lines he, the Professor, has mapped out for the course, and also the answer papers of students in class examinations, held by the Assistant Professor.

II. He is to examine the class himself at the end of each session, and report the result to the Principal.

III. He must occasionally be present during class teaching in the case of the less experienced Assistant Professors.

The following rules for the dismissal and remand of pupils of various classes of the Junior Department of the Medical College have been sanctioned by the Government. *Vide* G.O., No. 697, dated 7th November 1889 :—

I. A Military or Civil Medical Pupil, who fails to obtain one-third of the combined total of marks given at the class examinations and the examinations conducted by the Professors, at the end of each session, in each subject, shall in ordinary cases be recommended for dismissal. In case of failure in only one subject, the pupil should have the opportunity of a special examination in that subject at the end of September, so as not to involve the loss of a session.

II. Every other pupil on the receipt of a stipend or scholarship from whatever source, who fails to fulfil the condition laid down in rule 1, shall also be liable to be dismissed, subject to the confirmation of the Director of Public Instruction and the consent of the authority by whom the stipend or scholarship is founded.

III. A private pupil, *i.e.*, a pupil paying for his education, who fails to obtain the required proportion of marks, will not, by reason of such failure alone, be liable to be dismissed. He will, however, be remanded for an extra course of study of the subjects taught in the year in which he failed. He shall not be permitted to go on to his next year of study until the College Council be satisfied that he has made sufficient progress in the year of remand.

IV. A Civil or Military Medical Pupil, having failed at a final or annual examination, may, on the recommendation of the College Council and Final Examination Committee, and with the conjoint approval of the Surgeon-General and the Director of Public Instruction, be allowed one remand during his entire course, with or without stipend. All stipendiary pupils, other than those in the service of the Government (Madras) may likewise be allowed the privilege, subject to the approval of the Director and with the consent of the authority by whom they are respectively paid.

V. If a pupil fails at the end of the year of his remand, he should, in every case, be dismissed with the option of attending the college thereafter as a paying student, provided the College Council be willing to admit him.

VI. If a pupil be disabled during his course by illness or fails from any cause beyond his control and which the council may consider sufficient to justify his being exempted from the operation of rules 1 and 2, such exemption may be granted. Each case of this kind will be separately considered and dealt with according to its own merits. In all such cases he should, however, be remanded for another year's study.

ACADEMICAL YEAR.

The academical year extends over a period of nine months, and is divided into a Winter and a Summer Session.

All applications from private pupils for admission into this department must be accompanied by certificates of having passed the Middle School or any higher examination and of good conduct, which should be sent in to the Principal, Medical College, on or before the 15th September, each year.

All students entering the department are required to conform to the rules relating to discipline of the college and clinical hospitals. Any misbehaviour will be punished in accordance with the rules sanctioned by Government.

CIVIL MEDICAL SUBORDINATE ESTABLISHMENT.

JUNIOR DEPARTMENT.

1. Candidates must not be below 15 nor above 19 years of age, and they must produce testimonials as to character, a certificate of age, of vaccination, of personal marks, and of physical fitness for Government service signed by a Commissioned Medical Officer of the British or of the Indian Establishment.

2. Candidates of all nationalities are eligible for this department, provided they have passed the Middle School Examination in English.

3. Should the number of applications exceed that of vacancies notified in the gazette, the whole will be subjected to a competitive examination in the English language and translation.

4. Assuming that the number of candidates will exceed that required, applications in the annexed tabular form for admission to this examination (which will be held in any civil or military station of the Madras Presidency or of Burma, where there may be a Medical officer to superintend the candidate), with certificates prescribed in paragraph 1, must be sent to the Secretary to the Commissioner for the U.C.S. Examinations on or before the date notified in the *Fort St. George Gazette*.

5. Each application must be superscribed "Application for admission to the examination for 'Civil Medical Pupils'" and be accompanied with a receipt showing that the examination fee of *Rs. five* has been paid into Government treasury. This fee will not be refunded, nor will it be reserved for another examination.

6. The examination, which will be conducted by means of printed papers, will be held on the date of notification.

7. Successful candidates will be designated "Civil Medical Pupils" and attached for one year to such civil hospitals as the Surgeon-General may appoint them on Rs. 7 per mensem for the whole period.

8. During their pre-collegiate course, Civil Medical Pupils will be subject to the periodical examinations prescribed in G.O.C.C., No. 112, of 29th August 1868, viz. :—

First examination at the close of six months—

Subject.—The sensible properties, names, uses, and doses of the more common medicines in the dispensary, and the elements of Osteology.

Second examination at the close of twelve months—

Subject.—The whole subject of Practical Pharmacy, the reading of prescriptions, and the essentials of Minor Surgery.

At this final examination Civil Medical Pupils will further be required to give proof of their competence to make out correctly the usual hospital "Returns," in the preparation of which they should be instructed during the last six months of their pre-collegiate course. The results of these examinations will determine the order of merit according to which lads will be drafted into the Medical College.

9. The course of instruction at the Medical College will extend over three years, and college pay for the entire period will be Rs. 9 per mensem. On completion of the third year of study, if found, on examination, qualified for advancement, they will be promoted to the grade of Civil Hospital Assistant and receive the undermentioned salary, contingent on successfully passing periodical examinations :—

	Pay. RS.	Charge allowance.
One to seven years' service	25	Varying from Rs. 10 to Rs. 25 according to circumstances.
Eight to fourteen years' service ...	35	
Fifteen years and upwards	[illegible]5	

10. Civil Hospital Assistants will be eligible for leave and pension under the rules applicable to the Uncovenanted Civil Service.

11. Successful candidates will be bound by articles of agreement to serve Government for a period of seven years from the date of receiving certificate of qualification from the Medical College.

Form of Application for Admission to the Examination for "Civil Medical Pupils."

1	Candidate's house or village name and name *in full* in English.
2	Father's name and house or village name *in full* in English.
3	Father's rank and occupation.
4	Caste of candidate.
5	Age of candidate.
6	Name of school at which educated, or, if privately educated, name of tutor, and when passed Middle School Examination.
7	Present residence—district, taluk, village: address *in full.*
8	Place at which candidate desires to be examined.
9	What vernacular language does candidate wish to be examined in?
10	What hospital does he elect to serve in?
11	Has the candidate forwarded herewith the certificate required in paragraph 1?

Station and date of application.

Signature of Candidate.

N.B.—If the application be not properly filled up in every respect, it will be returned to the applicant, and his name will not be registered for examination. *Vide Fort St. George Gazette*, Part II, dated 25th June 1886.

MILITARY DEPARTMENT OF THE MEDICAL SUBORDINATE ESTABLISHMENT.

1. Candidates must not be below 16 nor above 20 years of age, and they must produce testimonials as to character signed by either Europeans or Natives of respectable position, and certificates of age, vaccination, personal marks, and physical fitness for military service signed by a Commissioned Medical Officer of the Medical Staff or of the Indian Medical Service.

2. Admission is equally open to the sons of soldiers and of persons engaged in civil occupations; but, other things being equal, the preference will be given to the sons of Native Commissioned and Non-commissioned officers and soldiers.

3. The Middle School Examination will be considered the standard for educational requirements, and candidates who have passed this or any higher test will be eligible to compete. Students who have been dismissed from medical schools for inefficiency or misconduct are not eligible for examination.

4. Should the number of candidates exceed twenty, they will be required to undergo a competitive examination. Assuming that the number of candidates will exceed twenty, applications in the annexed tabular form for admission to this examination (which will be held in any military or civil station of the Madras Presidency or of Burma where there may be a Medical Officer to superintend the candidates), with necessary certificates, must be sent to the Secretary to the Commissioner for the U.C.S. Examination on or before the specified date in the gazette.

5. The examination will be held on the date notified in the *Fort St. George Gazette* and will be conducted by means of printed papers. Candidates will have two papers to answer—one on language, the other on translation.

6. Each application must be superscribed "Application for admission to the examination for Native Military Pupils" and be accompanied with a receipt showing that the examination fee of *Rs. five* has been paid into a Government treasury.

7. Successful candidates will be designated "Native Military Pupils" and will be sent direct to the Madras Medical College: they will not be attested or gazetted.

8. They will undergo a collegiate training for three years, after which period, if reported qualified, they will be admitted into the service as "Sub-Hospital Assistants," and after attestation, transferred to a military hospital for duty.

9. The position of Native Military Pupils on the list of Sub-Hospital Assistants will depend on the place taken at the penultimate and final examinations at the Madras Medical College.

10. Native Military Pupils will receive the following monthly rates of pay, which are inclusive of compensation for dearness of provisions:—

	Pay.	Extra Pay for English qualifications.
	RS.	RS.
First year	6	2
Second year	7	2
Third year	8	2

with quarters, clothing, and books and appliances for study. (*Vide* Army Circular, dated 31st July 1885, clause 93.) When not provided with free quarters, they will receive the hutting allowance authorized for havildars.

11. In the event of a "Native Military Pupil" failing to pass the periodical college examinations or misconducting himself, he may be summarily removed by the Surgeon-General with the Government of Madras, and all certificates to which he would otherwise be entitled be withheld.

12. Sub-Hospital Assistants will be required to sign a declaration to the effect that they will serve Government for a period of seven years in the rank of "Hospital Assistants," unless prevented by physical inability from so doing. Should they apply for their discharge before the expiry of this period, they must refund the amount of salary received during the period of service. During peace, Hospital Assistants may claim their discharge after a service of seven years.

13. Members of the Hospital Assistant class will be employed in hospitals of Native troops and followers, in lock hospitals, and in staff appointments.

14. The ranks will be—

Senior Hospital Assistant.
Hospital Assistant { First Grade.
Second Grade.
Third Grade.
Sub-Hospital Assistant.

15. They will rank below all Native Commissioned Officers and Medical Warrant Officers and above all Native Non-commissioned Officers.

16. Senior Hospital Assistants who have long, faithful, and honorable service will be eligible for the civil distinction of Bahadur, Rai, Rai Bahadur, &c.

17. The authorized establishment of Senior Hospital Assistants will be 10 per cent. on the total strength of Hospital Assistants.

18. The monthly rates of pay will be—

		Pay of Rank.	Extra Pay for English qualification.
		RS.	RS.
Senior Hospital Assistant		... 55	25
Hospital Assistant	First Grade ...	... 40	20
	Second Grade	... 30	10
	Third Grade ...	... 20	5
Sub-Hospital Assistant		... 12	4

19. Members of the Hospital Assistant class travelling on duty, on field or foreign service, in camps of exercise, and during the period they may be in camp on account of sickness amongst troops, will receive a field allowance at the following monthly rates :—

		RS.
Senior Hospital Assistant...		15
Hospital Assistant	First Grade...	10
	Second Grade	5
	Third Grade	5
Sub-Hospital Assistant		5

20. Members of the Hospital Assistant class employed at Port Blair, in British Burma, or at Aden will receive field batta and free rations (or compensation in lieu of rations).

21. Any local, horse, and extra allowances will continue to be granted under existing regulations.

22. Members of the Hospital Assistant class will be provided with free quarters while in cantonments. When not provided with quarters, hutting money under the rules in force will be granted at the rates authorized for Jemadars.

23. Sub-Hospital Assistants will receive clothing or compensation in lieu as at present.

24. On attestation, they will receive a grant of Rs. 30 as kit money and an annual allowance of Rs. 4 to aid in keeping it up.

25. All ranks of the Hospital Assistant class may be allowed leave on full pay for a period not exceeding sixty days in each year. Leave in excess of the above period involves the forfeiture of one-fourth salary and will be limited to six months, except on medical certificate, when an extension of a further period not exceeding six months on renewed medical certificate may be granted.

26. Compensation for dearness of provisions under the rules in force is admissible to all members of the Hospital Assistant class.

27. Donation batta, when authorized, will be passed at the following monthly rates :—

	RS.
Senior Hospital Assistant	15
Hospital Assistant	10
Sub-Hospital Assistant	10

28. Compensation for losses will be granted at one-and-a-half months' pay, excluding the allowance for English qualification.

29. Before he can be advanced to a superior grade, a Hospital Assistant will be required to pass an examination, for which he may present himself after a service of four years, in each of the lower grades.

30. Promotion from the rank of Sub-Hospital Assistant to that of Hospital Assistant will be made according to seniority, provided the subordinate is reported to be well conducted and in every way efficient.

31. Second and Third Grade Hospital Assistants will be advanced to the first and second grades, respectively, after completing a service of five years in the lower grade, provided they are qualified by examination and good conduct.

32. The promotion of First-Grade Hospital Assistants to the rank of Senior Hospital Assistant will be made by selection for ability and merit, and this selection will depend on the official reports of their conduct and qualification.

33. Sub-Hospital Assistants will take rank as such from the date on which they became passed medical pupils.

34. A Hospital Assistant is entitled to retire after a service of 30 years, reckoning from the date of appointment to the rank of Sub-Hospital Assistant, on a pension equal to one-half his average monthly pay during the preceding five years.

35. A Hospital Assistant declared by a Medical Board to be unfit for further duty is entitled to the following monthly rates of invalid pension :—

Over 25 years' service—one-half the average monthly pay during the preceding five years.

Over 15 and under 25 years' service—one-third the average monthly pay during the preceding five years.

36. If invalided on account of intemperance or irregular habits, he will be restricted to a pension equivalent to three-fourths the sum to which he would otherwise have been entitled.

37. A Hospital Assistant invalided on account of wounds or of injuries received on service will receive the following monthly rates of pension :—

Over 25 years' service—the full amount of his average monthly pay during the preceding five years.

Over 15 and under 25 years' service—one-half of his average monthly pay during the preceding five years.

Under 15 years' service—one-third of his average monthly pay during the preceding five years.

38. Retirement will be compulsory at the age of 55 years.

39. Family pension and prize-money will be granted as follows :—

Senior Hospital Assistant, as Jemadar of Infantry.
Hospital Assistant and Sub-Hospital Assistant, as Havildar.

Form of Application for Admission to the Examination for "Native Military Pupils."

* 1	Candidate's house or village name and name in full in English.
* 2	Father's name and house or village name in full in English.
3	Father's rank and occupation.
4	Caste of candidate.
5	Religion of candidate.
6	Present age of candidate.
7	Name of school where educated, or, if privately educated, the name of tutor, and the date of the Middle School Examination.
8	Present residence—district, taluk, village : address in full.
9	Place at which candidate desires to be examined.
10	What vernacular language does candidate talk ?
11	Has candidate forwarded herewith the certificates required in paragraph 2 of the Notification, dated

* If the applicant is a Eurasian, the "Christian" name will be given instead of the "house or village name."

Signature of Candidate.

Station and date of application.

N. B.—If the application be not properly filled up in every respect, it

and his name will not be registered for

COUNTESS OF DUFFERIN'S FUND.

The following medical scholarships in connection with the above fund are available :—

* * * *

Five scholarships for the certificate of Hospital Assistant (open to women of any nationality).

* * * *

Scholarships for Hospital Assistants will carry a monthly stipend of Rs. 20, tenable for three years, and are open to candidates who have passed the Middle School or any other higher examination.

* * * *

Three of the five successful candidates for Hospital Assistant's scholarship will be required to enter into an agreement to serve the Municipal Council of Coimbatore and the District Boards of Tinnevelly and Cuddalore, respectively. The rates of pay will be the same as those obtaining in the Government service, viz. :—

* * * *

		Pay.	Charge Allowance.
		RS.	RS.
Civil Hospital Assistant.	Under 7 years	25	10
	8 to 14 do.	35	10
	15 and upwards	55	10

The Committee have the power to suspend or withdraw a scholarship if the holder of it misbehaves in any way, shows a want of zeal, or is likely to prove inefficient.

Candidates must produce certificates of age and qualification and satisfactory testimonial of character.

Applications to be addressed to the Secretary to the Surgeon-General with the Government of Madras, Fort St. George, on the publication of vacancies in *Fort St. George Gazette.* Vide *Fort St. George Gazette*, Part II, dated 9th August 1887.

RULES OF ADMISSION FOR PRIVATE STUDENTS.

Candidates unconnected with the medical service are permitted to join the classes of the Junior Department of the college on the fulfilment of the following conditions, provided that their admission does not interfere with the working of the several classes :—

(*a*) That candidates shall have passed the Middle School Examination.
(*b*) That they shall furnish satisfactory testimonials of good conduct.
(*c*) That they shall submit generally to the discipline enforced in the Medical College.

(*d*) That they shall pay the following fees during their pupilage:—

For first year's course		Rs. 25	inclusive of hospital attendance.
For second	do.	Rs. 40	
For third	do.	Rs. 43	

A separate fee of Rs. 15 for permission to appear before a Board of Examiners to obtain a certificate of qualification.

2. Pupils sent by District Boards are educated free under the provisions of G.O., No. 147, dated 25th January 1878, and No. 814, of 1st October 1885, the monthly stipends and cost of text-books being borne by the Board.

Revised Curriculum of the Junior Department.

First year.		Second year.		Third year.	
Winter. Anatomy ... Materia Medica. Dissections ...	Attendance at the Native Infirmary.	*Winter.* Anatomy ... Materia Medica. Medicine .. Clinical Medicine Surgery ... Clinical Surgery. Dissections ...	Attendance at the Native Infirmary.	*Winter.* Medicine ... ... Clinical Medicine ... ... Surgery ... ... Clinical Surgery ... ... Midwifery	Attendance at the Native Infirmary and Sir S. Ramasawmy's Lying-in Hospital.
Summer. Practical Pharmacy. Minor Surgery.		*Summer.* Physiology ... Practical Pharmacy. Minor Surgery ...		*Summer.* Hygiene ... . Medical Jurisprudence ... Examinations in Medicine. Do. in Surgery. Do. in Midwifery. Do. in Materia Medica. Minor and Operative Surgery.	

NOTE.—The pupils in their second year are required to attend the Vaccine Depôt and the Government Ophthalmic Hospital for one month during the recess.

Daily Order of Instruction during Winter Session.

Days.	6-30 to 9-30 A.M.	11 to 12 A.M.	12 to 1 P.M.	1 to 2 P.M.	2 to 3 P.M.	3 to 4 P.M.	4 to 5 P.M.
Monday ...	Hospital attendance.	Dissections. Midwifery.	Surgery.	Medicine.	Materia Medica.	Anatomy.	Field Games.
Tuesday ...	Do.	Do.	Do.	Do.	Do.	Do.	
Wednesday.	Do.	Do.	Do.	Do.	Do.	Do.	
Thursday...	Do.	Do.	Do.	Do.	Do.	Do.	
Friday ...	Do.	Do.	Do.	Do.	Do.	Do.	
Saturday ...	Do.	...	...	...	...	...	

NOTE.—The proportion of examinations to lectures shall not fall below one in three in the several courses (G.O., No. 455, Educational, dated 2nd August 1888).

List of Text-books for the Junior Department.

Anatomy	Wilson's.
Materia Medica	Milne's.
Physiology	Ashby's.
Minor Surgery	Heath's.
Practical Pharmacy	Bidie's.
Medicine	Husband's.
Surgery	F. Clarke's.
Midwifery	Meadow's.
Hygiene	King's.
Medical Jurisprudence	Husband's.

The Government Gold Medal.

The Government Gold Medal was instituted in 1851. It was primarily awarded to the best Native Military Pupil who distinguished himself by his ability, application, intelligence, and good conduct throughout his collegiate career.

When the civil section of the Subordinate Medical Department was established in 1875, the Government ruled, on the special representation of the Principal of the Medical College in 1878, that the medal should be presented to the best student, irrespective of the department to which he belonged, who had fulfilled the required conditions.

The College Council recommended in 1880 that the Government Gold Medal should be awarded to the student of any school (auxiliary or other provincial medical schools) who obtains the highest number of marks at the final examination, which was accordingly sanctioned in G.O., No. 329, dated 1st September 1880.

GENERAL REGULATIONS.

1. Every pupil shall attend punctually at the stated hours for lectures and dissections.

2. Immediately after the bell for the assembly of the class has been rung, the roll shall be called, and the absence of any student noted. A student coming into the class-room after roll-call, shall be punished by loss of marks. Any misconduct shall subject a pupil to such loss of position or of marks in his class as the offence may appear to the teacher to warrant. Should this punishment be deemed insufficient, a report will be made to the Principal.

3. Gross irregularity of any kind shall be brought to the notice of the Principal and such penalty awarded as he may deem fit.

4. Any student who absents himself without leave (unless such absence be satisfactorily explained), or in consequence of sickness attributable to his own imprudence, shall be punished by loss of marks.

5. Any student who may be prevented from attending his class in consequence of confinement to the hospital or in the congee-house shall be considered as having been "absent without leave."

6. In case of absence on account of sickness duly certified, not the result of the student's own imprudence, the absentee shall be relieved from penalty.

7. To prevent irregularity of attendance on the part of students on the pretext of temporary ailments or of taking medicine, the following rules shall be strictly observed :—

8. All students of the Junior Department attached to the General Hospital or the Native Infirmary when requiring medicine, and all students present in college when falling sick, shall apply to the Apothecary of the General Hospital or of the Native Infirmary and shall remain in the hospital for the rest of the day. If reporting sick after midday, they shall be detained in hospital till the Medical Officer's visit next morning. The usual certificate of absence shall be produced.

9. Such students when indisposed for more than one day shall be admitted to the General Hospital or the Native Infirmary as in-patients, and on discharge shall present to the college authorities the usual certificate.

10. Students of the Junior Department doing duty at other hospitals and dispensaries shall remain on the premises when taking medicine, and shall be transferred to the General Hospital or the Native Infirmary as patient ; if the duration of the illness exceeds one day, the usual certificate shall be produced.

11. Any student absenting himself for the purpose of attending the Police Office shall be subject to the same penalty as if absent without leave, unless he can produce a certificate, for the information of the Principal, that his attendance has been necessary either as a witness, or, if as a defendant, that he has been acquitted by the Magistrate of the charge brought against him. Absence on account of attendance at the Small Cause Court shall be regulated by the same principle.

12. Leave of absence during the vacation of the college shall be granted to such students alone as have paid satisfactory attention to their studies during the previous course, and to those whose conduct has been in all other respects satisfactory.

13. Every student to whom books or other property of Government are entrusted shall be held responsible for their preservation in good condition, and in the event of their being lost or damaged, shall be required to replace them or defray their cost.

14. No student shall receive a certificate of qualification of attendance at lectures until he has paid all demands against him.

15. Any student breaking or damaging the furniture, viz., tables, chairs, benches, glass show-cases, or the seats in the theatre or in the garden shall be required to pay the cost of repair or replacement.

16. Students shall not remain in the lecture-rooms except during the hours they are expected to attend for instruction.

17. Students shall not address the Principal by letter. Any representation must be made through the Senior Assistant of the College.

18. Students shall observe order and quiet at all times in the college.

19. No game of any sort shall be played during the hours allotted for lectures or classes.

20. Smoking within the college premises is strictly prohibited.

21. Students shall not loiter about the college museum, nor bring friends to the college at any time, without previous permission from the Principal.

SCALE OF PUNISHMENT.

For Military Medical Pupils.

(1) Confinement to hospital	15 days, taking all duties.
(2) Confinement in defaulters' rooms or any convenient room set apart for the purpose.	7 days, taking all duties.
(3) Confinement in congee-house or any convenient room. For Europeans, bread and water diet ; for natives, rice congee with salt.	7 days, taking no duties.
(4) Confinement in a solitary cell or place as nearly like as may be available. For Europeans, bread and water diet ; for Natives, rice congee with salt.	7 days, taking no duties.

For Civil Medical Pupils and Medical Pupils in the service of other Governments (G.O., No. 189, dated 24th May 1878).

(1) Loss of marks gained by students at class examinations.

(2) Restriction to hospital for one day, attending to hospital duties and lectures at college.

(3) Restriction to hospital for seven days, taking all duties.

(4) Forfeiture of prizes and other class distinctions.

(5) Forfeiture of a portion or the whole of the leave during the holidays and the recess.

(6) Slight fines, the amount not to exceed one day's pay.

(7) Heavy fines, the amount not to exceed seven days' pay.

(8) Suspension from rank and pay, from one to three months.

(9) Dismissal from the service.

The form of punishment indicated by first and second clauses may be inflicted by Professors and Teachers.

RULES FOR THE GUIDANCE OF CLINICAL STUDENTS.

I. The roll shall be called daily by the Hospital Assistant on duty at 6-30 A.M. No student shall be permitted to leave hospital till 9-30 A.M., when the roll shall be called again.

II. Students in their third year of study shall be designated "Clinical Clerks," and shall take charge of the cases that are given to them. The cases shall be drawn up and read to the Assistant going round the ward.

III. Students in their second year shall be designated "Assistant Clinical Clerks," and their duty shall be to assist their seniors in the wards and in compounding and distributing the medicines to their patients, the seniors being responsible.

IV. Between roll-call and 7-15 A.M., when the morning visit commences, Clinical Clerks shall take the cases of new patients and bring up the old cases.

V. Students when going round the ward with the Assistant shall observe order and discipline and shall attend carefully to all instructions given, and no student shall leave the ward until the morning visit is completed. Case-books shall be handed over to the Assistants every Saturday morning.

VI. Cases which have been examined by the Assistant and initialled shall be entered into the Hospital Journal before the following Saturday, and the Clinical Clerks shall add a certificate to the effect that the former cases, as far as corrected by the Assistant, had been entered into the Hospital Journal.

VII. Utmost care shall be taken in drawing up cases and in their accurate transference to the Hospital Journals. All diseases are to receive their proper names according to the new Nomenclature of Diseases, and all prescriptions are to be given in proper form with the modern pharmacopœial names of the medicines uncontracted, and the directions written in English and in full.

VIII. *Clinical Clerks and Assistants.*—Clinical Clerks shall provide themselves with stethoscopes, and they are distinctly to understand that they shall have to pay for all hospital apparatus which they may break or injure.

XI. Each Clinical Clerk's case-book shall have the name of the owner on the first page; headings and side lines are to be properly ruled, not drawn by the hand, and the diets and extras are to be entered. Names shall be spelled and entered carefully. Handwriting shall be good and legible. Each case-book shall have an index at the end.

X. The Clerk in charge of the patient shall stand opposite the Assistant at the bedside and shall take notes for incorporation with, and correction of, his own case.

XI. Each medicine bottle shall be provided with a good cork and labels, which shall be written legibly by the Clinical Clerk in charge of the case, with the prescription and directions in full.

XII. Each student when drawing up his case shall see that the patient is provided with a docket on which he shall enter his name and have the name of the disease entered, and see that a temperature chart is provided, if necessary.

XIII. What has been said clinically regarding the health and state of patient shall not be reported to them or to others by any of the students attending the clinical classes.

XIV. Acute diseases shall be recorded once daily, oftener if necessary. Chronic cases are to be recorded once a week. Pages of journals shall be carefully numbered.

XV. Neglect of duty or disobedience of orders shall be punished by imposition of extra hospital duties. In cases where such punishment is considered insufficient, the student shall be reported to the Medical Officer in charge of the institution.

XVI. Surgical operations shall be attended by all Clinical Clerks and Assistant Clinical Clerks attached to the surgical wards, and also by all others off duty.

LIST OF PUPILS ATTENDING THE COLLEGE, SESSION 1889-90.

THIRD YEAR PUPILS.

P. G. Gurusamiah.
K. Abdul Kudus.
M. Sreenivasalu Naidu.
K. S. Shanbhaga.
F. Lukshmipathy.
S. Kristnasawmy Iyer.
Moung Lugalay.
James Annai.
C. J. Gnanamritham Raj.
T. D. Kristnasawmy Pillay.
Govindasawmy Pillay.
M. Goondappah.
Moung Shwe Chane.
P. S. Ramachendran.
Abdul Jelleel.
M. Mani.
R. Gopalasawmy.
R. Munisawmy Moodelly.
N. Sathasivam Pillay.
E. J. Davasagayam.
C. J. Packium Pillay.
Abdul Majid.
J. M. Maria Pillay.
M. Ramunni.
M. J. Venkatarathna Pillay.
W. R. Wilkins.
R. S. Rasapen.
K. Kanaren.
S. P. Sreeramulu Naidu.
J. E. Christian.
T. M. Ramiah Naidu.

SECOND YEAR.

N. Govindaraju Moodelly.
K. Munthannah.
C. T. S. Devadasen.
M. Narasimhachar.
Sreenivasa Hegade.
J. M. Saldanha.
N. P. Dukaram.
K. J. Peter.
Muhammad Abdul Samath.
Peter Aquah.
V. A. Abraham Sindhurayan.
Narayana Iyengar.
D. Shiva Row.
V. N. Somasundram Moodelly.
P. G. Manikum Pillay.
Moung Po Myah.
D. Pushpam Pillay.
Muhammad Fakruddin.
M. I. Sivaraju Pillay.
M. Sesha Bhat.
S. Mascarenhas.
Moung Saw Shwe.
M. Subraya.
M. Nunjundiah.
V. R. Rama Row.
S. V. Subarayer.
P. M. Aiyavu Thomas.
M. Krishna Nayar.
H. Krishna Jetty.
P. S. Ramasawmy Iyengar.
S. P. Chinnasawmy Naidu.
D. R. Colac'o.
H. P. D'Vaz.
J. N. Samuel.
B. Rungapaya.
T. Cunniah Naidu.
Gnanasundram Martin.
D. Jeremiah Schwitzer.
P. Govindarajulu Naidu.
N. Gunga Row.
Muthiah.
G. Ethirajulu Naidu.
Mrs. Gopala Nayar.
Miss L. Kanakiah.
Miss Salome Paul.

First Year.

Military Pupils.

G. V. P. Manikum Pillay.
P. Gnananandam.
C. Vedanayagam Pillay.
A. Jaganadha Pillay.
A. Arunachalla Nayakhur.
M. Devadoss Pillay.
Abdul Kareem.
T. C. Namasivayam.
C. Devasigamoney.
N. Hanumantha Row.
B. Dorasawmy.
A. Rajandrum.

Civil Pupils.

P. C. Aseervatham.
C. P. Joseph.
K. Ganapati Aiyar.
T. M. Thumbusawmy Pillay.
V. Narayanasawmy Naidu.
N. Bhavani Row.
S. C. Roberts.
P. Sreenivasalu Naidu.
G. Kristna Row.

Burmese Pupils.

Moung Me Nyo.

Mysore Pupils.

D. Jaya Row.
M. Sreenivasa Row.
M. Nunjundiah.
N. Bappannah.
T. Ramachendra Row.
B. Annappa.
K. Krishna Iyengar.
M. Venkatachar.
M. Vijiarungam Naidu.
C. N. Chickannah.

Private Pupils.

J. Audinarayanasawmy Naidu.
B. Mannel.
M. P. Sankarasubbu.
C. Sreeramulu.
P. R. Raja Bahadur Mudaliar.
C. Svernavalu Mudaliar.
T. Selvaraju Mudaliar.
B. Vannamuthu.
J. A. Nathaniel.
Shaik Adam.

Casual Pupils.

B. Ramanujam.
A. Rungasawmy Naidu.
P. M. Shunmugam Pillay.

Pudukotta Pupils.

T. Arumuga Pillay.
A. Rungasawmy Pillay.
B. Jaganaicklu Naidu.

L. B. Pupils.

Abdul Raheem.
M. B. Gurusawmy.

Lady Dufferin's Pupils.

Miss L. Nurse.
Miss Phillips.
Mrs. Carmody.

FINAL EXAMINATION.

BOARD OF EXAMINERS.

Brigade-Surgeon S. B. Hunt, *President.*

Surgeon-Major A. H. Leapingwell, } *Members.*
Do. J. Lancaster, }

There appeared before the Examining Board 37 Military, 13 Civil, 3 Burmese, and 6 private pupils from the Medical College, and 10 from Tanjore and 1 from Nellore Medical School for Certificates of Qualification for the grade of Hospital Assistant. Of these, 25 Military, 13 Civil, 3 Burmese, 3 private, 1 Nellore, and 8 Tanjore pupils, having been pronounced qualified, were granted the diplomas.

Military Pupil J. Williamson and Burmese Pupil Shaik Abdul Rahamon were placed in the first class; the former, having obtained the highest number of marks, has won the Government Gold Medal.

Of the rejected candidates, 12 failed to get one-half of the maximum number of marks, and were warned to appear before the Board next year.

The following pupils, having been unable to obtain a third in one or other subject but succeeded in securing half of the maximum marks, were recommended to appear in the subject in which they respectively failed:—

Military Pupil L. David, in Surgery and Minor Surgery.
Do. J. E. D'Cruz, in Medical Jurisprudence.
Do. B. A. Aseervadham, in Materia Medica and Pharmacy.
Do. T. Wengalen, in Minor Surgery.
Private Pupil P. Kanaca Sabapathy, in Minor Surgery.
Tanjore Pupil K. Narasinga Row, in Medicine.

SESSION 1888-89.

Results of the Final Examination of the Pupils of the Junior Department, Madras Medical College.

Number.	Name.	Number of marks gained in							Total number of marks obtained.	Whether passed or not passed.
		Medicine.	Surgery.	Minor Surgery.	Midwifery.	Hygiene.	Medical Jurisprudence.	Materia Medica and Practical Pharmacy.		
		100	100	20	50	50	50	50	420	
1	Syed Sillamon	58	36	10	30	26	33	25	218	Passed 2nd Class.
	Williamson, F.	88	80	7	45	42	40	40	342	Passed 1st Class. Medal.
	Solmon, S.	62	65	15	31	30	31	35	269	Passed 2nd Class.
	Sivaswamy, I.	58	48	15	26	22	26	30	225	Do.
5	Ramachandra Row, I. ...	50	40	10	32	21	28	25	206	Failed.
	Subarayan Achary, V. R.	52	36	8	21	19	21	30	195	Do.
	Durasamy, L.	60	80	8	30	24	32	25	259	Passed 2nd Class.
	Thoymonswamy, P. ...	56	50	11	36	27	34	25	239	Do.
	Jesudassen, A.	60	48	8	31	26	39	35	247	Do.
10	David, L.	59	30	5	34	27	31	25	211	Failed.
	Durasamy Pillai, M. ...	60	40	12	27	25	17	30	211	Passed 2nd Class.
	D'Cruez, F. E.	62	45	7	30	27	12	28	211	Do.
	Mahammud Azim-ud-din..	54	35	7	26	26	17	20	185	Failed.
	Assirvatham Pillai, B. A. .	60	65	10	28	19	25	15	222	Do.
15	Murugasa Mudalliar, C.	60	50	8	31	26	20	30	225	Passed 2nd Class.
	Venkatachella Iyer, K. T. V.	33½	30	8	26	16	18	33	164½	Failed.
	Arumanayagam Pillai, A.	58	70	11	24	40	20	45	268	Passed 2nd Class.
	Ratnam Pillai, P. ...	48	50	8	26	26	20	35	213	Do.
	Rammunni, I.	62	45	12	30	36	20	32	237	Do.
20	Ramachandra Naidu, P....	58	36	11	31	38	20	40	234	Do.
	Govindarajoo Moodelliar, P. V.	60	50	7	29	28	21	40	235	Do.
	Sathasiva Mudalliar, C. ...	58	50	10	31	27	24	35	235	Do.
	Patradu, P. M.	52	60	8½	30	28	20	35	233½	Do.
	Wengalen, I.	56	35	3	28	29	30	30	211	Failed.
25	Melchisedech, T. S. ...	70	70	16	37	25	27	35	280	Passed 2nd Class.
	Abdul Rahim Khan ...	68	45	11	34	24	25	32	239	Do.
	Shankaren Menon, C. ...	66	50	16	31	28	36	40	267	Do.
	Ponambalam, A.	58	50	10	30	34	38	42	262	Do.
	Govindasamy Moodelliar, G.	65	36	12	28	40	39	30	250	Do.
30	Muniswamy Naidu, M. S.	62	50	10	32	25	30	20	229	Do.
	Ramanjulu Naidu, M. ...	48	35	8	27	23	23	20	184	Failed.
	Narrainswamy Pillai, V.A.	56	40	8	32	24	30	40	230	Passed 2nd Class.
	Rammaya Naidu, T. M. ...	50	35	11	30	26	32	15	199	Failed.
	Gnanathikum Pillai, D. ...	60	35	11	38	28	33	40	245	Passed 2nd Class.
35	Pariyanayagum Mudalliar, M. A.	50	35	5	17	24	21	15	167	Failed.
	Muthuswamy, T. A. ...	30	40	9	20	25	23	30	177	Do.
	Amirthananthan Pillai, M.	40	45	8	24	28	25	26	196	Do.
	Soans, C. B.	50	50	8	30	42	36	30	246	Passed 2nd Class.
	Thomas, T. P. D.	60	75	10	25	41	37	40	288	Do.

Results of the Final Examination of the Pupils of the Junior Department, Madras Medical College—continued.

Number.	Name.	Number of marks gained in							Total number of marks obtained.	Whether passed or not passed.
		Medicine.	Surgery.	Minor Surgery.	Midwifery.	Hygiene.	Medical Jurisprudence.	Materia Medica and Practical Pharmacy.		
		100	100	20	50	50	50	50	420	
40	Narrainswamy Pillai, M. .	58	60	9	25	42	28	45	267	Passed 2nd Class.
	Philip, M. F.	56	60	11	20	32	38	36	253	Do.
	Verkey, L.	67	62	16	20	36	36	32	269	Do.
	Christian, J. A.	40	55	12	20	26	32	42	227	Do.
	Murugasa Pillai, V. ...	35	46	10	35	30	32	30	218	Do.
45	Joseph, P. K.	50	48	10	20	33	35	32	228	Do.
	Thomman, C. A.	...	...	...	...	...	...	...	...	Sick.
	Rungaswami Naidu, K. H.	50	70	10	18	25	34	30	237	Passed 2nd Class.
	Setaramaswami, D. ...	60	80	12	20	44	40	43	299	Do.
	Abdul Aziz Khan ...	60	70	14	20	40	38	38	380	Do.
50	Chakko, P. V.	50	75	13	20	43	40	32	273	Do.
	Jegganath Pundit ...	56	48	12	36	34	30	20	236	Do.
	Sheikh Mahammud Wasil.	75	80	13	38	40	34	32	312	Do.
	Shaikh Abdul Rahmon ...	66	75	16	47	46	40	30	320	Passed 1st Class.
	Andrew, H. R. S. ...	60	70	15	41	40	40	34	300	Passed 2nd Class
55	Christian, J. E.	50	40	7	30	31	20	10	188	Failed.
	Mah Abdul Aziz Khan ...	50	45	14	30	26	30	18	213	Passed 2nd Class.
	Iathorai, E. A.	50	20	14	18	34	32	32	200	Failed.
	Strinivasulu Naidu ...	...	...	...	...	...	...	...	...	Absent.
	Sundrum Pillai, M. A. A. .	40	45	7	28	34	36	22	212	Passed 2nd Class.
60	Kanaca Sabapathy, P. ...	60	60	3	33	32	30	40	258	Failed.
61	Simon, F. D.	...	...	10	...	39	...	...	49	Passed.
	Tanjore District Board.									
1	Dyriam Pillai, I. S. ...	50	70	11	30	38	32	40	271	Passed 2nd Class.
2	Cumarasami Pillai ...	40	50	12	25	26	38	40	231	Do.
3	Thumbusami Pillai ...	50	75	14	35	30	29	40	273	Do.
	Madura District Board.									
1	Narrasinga Row, R. ...	30	75	12	25	30	38	38	248	Failed.
	Narasinga Row, T. ...	35	70	10	30	31	18	38	232	Passed 2nd Class.
	Loganatha Pillay ...	50	80	10	30	39	36	45	290	Do.
	Devasagayam Pillai ...	45	60	14	30	26	33	40	248	Do.
5	Antonimuthu Pillai ...	...	...	...	...	...	...	28	28	Sick.
	Streenevasa Naidu ...	30	40	12	26	35	28	32	213	Passed 2nd Class.
	Sannasi Servai	...	45	7	25	26	27	18	148	Failed.
8	Kothandarama Naidu ...	46	45	12	25	28	29	25	210	Passed 2nd Class.
	Nellore Local Fund.									
1	Hurry Singh, N. ...	56	58	15	28	28	30	25	240	Passed 2nd Class.

N.B.—Candidates failing to obtain one-third of the marks in each subject or half of the aggregate number shall not pass.

(Signed) S. B. HUNT, Brig.-Surgn., *President.*
(„) A. H. LEAPINGWELL, Surg.-Major, } *Members.*
(„) J. LANCASTER, Surg.-Major, I.M.D., }

MADRAS, }
26th June 1889. }

ATTESTATION DOCUMENT OF SUB-HOSPITAL ASSISTANT ______________, MADRAS SUBORDINATE MEDICAL DEPARTMENT.

I ______________ of ______________

Zillah ______________

______________ son of ______________

______________, do swear that I shall never forsake or abandon my colors; that I will march wherever I am directed, whether within or beyond Her Majesty's Indian Territories; that I will implicitly obey all the orders of my Commanders, and in everything behave myself as becomes a good soldier and a faithful servant of Her Majesty, and failing in any part of my duty as such, I will submit to the penalties described in the Articles of War which have been read to me. I further engage to serve Government for a period of seven years in the rank of Hospital Assistant; and I hereby engage, if I voluntarily seek my discharge before the expiry of that period, to refund all and any money which I may have drawn from Government in the form of pay or allowance of any sort.

Solemnly declared before me.

Justice of the Peace.

STATION ______________

Date ______________ *189* .

ARMY HOSPITAL FORM No. 18.

Attestation Document of Sub-Hospital Assistant

of the Subordinate Medical Department.

Station

Date

Two copies required.

One copy to be forwarded, by the Principal of the Medical College or School, to the Surgeon-General with the Government of Madras, and the second to be retained by the Subordinate.

See *India Army Regulations*, *Volume VI*, *paragraph* 304.

CIVIL HOSPITAL ASSISTANT.

KNOW ALL MEN by these Presents, that we
and a Medical Student
residing at within the local limits of Madras, are and each of us is held and firmly bound unto the Right Honorable the Secretary of State for India in Council in the sum of (400) four hundred rupees, to be paid to the said Secretary of State for India in Council, or to his certain attorney successors or assigns, for which payment to be well and truly made, we bind ourselves our and each of our executors, administrators and representatives firmly by these presents. Sealed with our respective seals and dated this
day of 189 .

Whereas the above bounden
the son of the above bounden
is one of the successful candidates for admission into the Madras Civil Medical Department in the grade of Medical Pupil, the terms and conditions of which service are as follows, that is to say—

I. That every candidate for the said Madras Civil Medical Department shall, during the period of one year commencing from the
day of 189 ,
regularly attend a pre-collegiate course of instruction in medicine at a hospital to which he may be appointed.

II. That the candidate shall also, during the period of three years thence next ensuing, be and remain a student in the Madras Medical college, and devote his whole time and attention to the course of instruction taught at such college, and at the completion of such last mentioned period of three years will submit himself for examination, and use his utmost endeavours to obtain from the said Medical College a certificate of qualification as a Civil Hospital Assistant.

III. That the candidate shall, on obtaining such certificate of qualification, serve the Madras Government acting on behalf of the above-named the Right Honorable the Secretary of State for India in Council for the term of seven years, commencing from the date of the candidate's obtaining such certificate of qualification as aforesaid, in the capacity of a Civil Hospital Assistant, and during such period of service will duly and faithfully serve the said Secretary of State, his successors and assigns to the best of his skill and ability, and whenever called upon by the said Madras Government or the Madras Medical Department to go to any place in the Presidency of Madras will forthwith proceed there, and on arrival will do, fulfil, and perform all the duties of his appointment to the satisfaction of the said Madras Government and of his superiors in the said Madras Medical Department, and will not leave any station or place to which he may at any time have been appointed, without first obtaining sanction of the said Madras

Government or his superiors in the said Madras Medical Department for his so doing; and will also at all times during his said service demean and behave himself orderly and obediently in all things towards the Medical or other Officer or Officers under whose orders he shall from time to time be placed; and will not waste, destroy, or make away with any of the medicines, medical stores, or other property of the said Secretary of State which shall from time to time be in his care or possession or under his control.

IV. That the candidate shall be entitled to receive the monthly sum of (7) seven rupees during his first year's course of study as a pre-collegiate student at any of the hospitals to which he may be appointed.

V. That the candidate shall be entitled to receive the monthly sum of (9) nine rupees during his three years' course of study as a student in the said Madras Medical College.

VI. That the candidate shall, during his period of service of seven years from the date of his receiving from the said Medical College a certificate of qualification, receive the following monthly pay or salary, viz. :—

Pay of Rupees 25 and charge allowance of Rupees 10 if holding an independent charge.

AND WHEREAS the candidate has agreed to comply with the above-recited conditions, and for the purpose of securing the due and faithful performance thereof the above bounden
and
hath agreed to enter into the above written bond or obligation subject to the condition hereunder written.

Now the condition of the above-written bond or obligation is such, that if the above bounden
and
or either of them shall from time to time and at all times during the continuance of the service of the above bounden under the said Secretary of State for India, his successors and assigns, under the above-recited terms of studentship and service, respectively save, defend, and keep indemnified the said Secretary of State, his successors and assigns, from and against all loss, costs, damages, and expenses which may be sustained by him or them on account of any failure on the part of the said
in the performance of his duties either as pre-collegiate or collegiate student, or as a Civil Hospital Assistant under the said Government of Madras, and also from and against any neglect, mismanagement, embezzlement or loss which may be occasioned to the said Secretary of State, his successors or assigns, in consequence of any medicines, medical stores and other articles and things belonging to the said Secretary of State, his successors or assigns, which shall from time to time or at any time be entrusted to him the said

or come into or under his hands, custody, possession, control or power in the course of the duties of his said employment; or if he the said

shall at any time during either of the said three several periods of one, three and seven years respectively, leave the service of the said Secretary of State, his successors or assigns, with the previous consent in writing of the said Government of Madras, or of the said Medical Department acting on its behalf, then the above-written bond or obligation shall be null and void, but otherwise the same shall be and remain in full force and virtue.

Signed sealed and delivered by
the abovenamed
in the presence of
Signature of Candidate's Father.

Signed sealed and delivered by
the abovenamed
in the presence of
Signature of Candidate.

DESCRIPTIVE REGISTER.

Name in full

Caste

Religion

Birth
- Date of
- Place of

Entertained
- On
- At

Signed Articles of Agreement on

Descriptive Register
- Height feet inches.
- Complexion
- Eyes, Color of
- Hair, Color of
- Any distinctive marks for identification.

Father's
- Name in full
- Residence
- Occupation

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Appendix I.

I, , the undersig a Student of the Senior Department of the Medical Coll at Madras, do hereby agree with the Secretary of State India in Council, his successors and assigns, to conform, f this date and during such period as I may be working in College, to the rules and regulations, for the time being down by the Principal for the time being of the said Med College, for the due maintenance of discipline at the Medical College and at the several hospitals set apart by Government of Madras for Clinical Instruction, and I fur agree with the said Secretary of State, his successors and ass to make good when called upon to do so to the Governme Madras, any damages to furniture, apparatus, or other th the property of the said Secretary of State or his success which may be caused by any carelessness, negligence o wantonness on my part.

In witness whereof I have hereunto set my hand th
day of 189 .

Signed by the above named
in the
esence of ———
arent or guardian in preference.

app. J.

SYLLABUSES

OF ALL THE

SUBJECTS STUDIED BY STUDENTS

OF THE

JUNIOR DEPARTMENT

OF THE

MADRAS MEDICAL COLLEGE.

MADRAS:
PRINTED BY THE SUPERINTENDENT, GOVT. PRESS.

1890.

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1890.

SYLLABUS

OF THE

LECTURES ON MATERIA MEDICA

FOR THE

JUNIOR DEPARTMENT.

SYLLABUS OF THE COURSE OF LECTURES

ON

MATERIA MEDICA.

Definition of the terms—*Materia Medica, Therapeutics, Pharmacology* and *Pharmacy*.

PHARMACEUTICAL OPERATIONS—

Ablution. Calcination. Clarification. Comminution. Contusion. Crystallisation. Decantation. Decoction. Decoloration. Despumation. Digestion. Distillation. Desiccation. Elutriation. Evaporation. Expression. Filtration. Fusion. Granulation. Infusion. Levigation. Lixiviation. Maceration. Percolation. Precipitation. Pulverisation. Sifting. Saturation. Solution. Sublimation. Trituration.

WEIGHTS AND MEASURES, AND SPECIFIC GRAVITY.

OFFICINAL FORMULÆ—

Aceta. Aquæ. Cataplasmata. Charta. Collodia. Confectiones. Decocta. Emplastra. Enemata. Essentiæ. Extracta. Glycerina. Infusa. Injectio Hypodermica. Lamellæ. Linimenta. Liquores. Lotiones. Mella. Misturæ. Mucilagines. Oleata. Olea. Oleo-Resina. Pilulæ. Pulveres. Spiritus. Succi. Suppositoria. Syrupi. Tabellæ. Tincturæ. Trochisci. Unguenta. Vapores. Vina.

METHODS OF INTRODUCING MEDICINES INTO THE BODY—

1. By the alimentary tract—
    a. By the stomach.
    b. By the rectum.

2. By the skin—
   - a. Epidermic method.
   - b. Enepidermic method.
   - c. Endermic method.
   - d. Hypodermic method.

3. By the air passages.

4. By the mucous membranes of other organs.

Cumulative action. Antagonistic action. Incompatibility.

CIRCUMSTANCES WHICH MODIFY THE ACTION OF REMEDIES—

Age. Idiosyncrasy. Habit. Mental state. Period of administration.

DEFINITION OF MEDICAL REMEDIES—

Rubefacient. Vesicant. Pustulant. Caustic. Emollient. Demulcent. Styptic. Astringent Hæmatinic. Cardiac-stimulant. Cardiac-sedative. Sternutatory. Expectorant. Cerebral-stimulant. Hypnotic. Narcotic. Anodyne. Anæsthetic. Antispasmodic. Mydriatic. Myotic. Sialogogue. Refrigerent. Gastric-sedative. Antacid. Emetic. Carminative. Laxative. Purgative. Anthelmintic. Hepatic-stimulant. Diuretic. Vesical-sedative. Diaphoretic. Antihydratic. Tonic. Antipyretic. Aphrodisiac. Anaphrodisiac. Ecbolic. Emmenagogue. Lactifuge. Antiseptic. Disinfectant. Deodorant. Antiperiodic. Parasiticides.

Drugs printed in italics are only to be mentioned briefly.

Substances marked with an asterisk are officinal in the Indian Pharmacopœia.

A.—ORGANIC KINGDOM.

I.—VEGETABLE SUBSTANCES.

RANUNCULACEÆ.

ACONITI FOLIA (*Aconitum Napellus*). Extractum.

ACONITI RADIX. Linimentum. Tinctura.

ACONITINA. Unguentum.

* *Aconitum ferox. Root. 'Bish.'*

* *Aconitum heterophyllum. Root. 'Atis.'*

* *Coptidis radix (Coptis Teeta). Tinctura. Infusum.*

Staphisagriæ semina (Delphinium Staphisagria). Staves acre. Unguentum.

Cimicifugæ rhizoma (Cimicifuga racemosa). Tinctura. Extractum liquidum.

MAGNOLIACEÆ.

Anisi stellati fructus (Illicium anisatum). Oleum anisi. Essentia anisi.

MENISPERMACEÆ.

CALUMBÆ RADIX (*Jateorrhiza Calumba*). Extractum. Infusum. Tinctura.

PAREIRÆ RADIX (*Chondrodendron tomentosum*). Decoctum. Extractum. Extractum liquidum.

* *Cocculus indicus (Anamirta Cocculus). Unguentum.*

* *Tinosporæ radix et caules (Tinospora cordifolia). Tinctura. Infusum. Extractum.*

BERBERIDEÆ.

PODOPHYLLI RHIZOMA (*Podophyllum peltatum*). Podophylli resina.

Podophylli resina. Tinctura podophylli.

* Berberis cortex (*Berberis aristata*). Tinctura. Infusum. Extractum.

PAPAVERACEÆ.

Papaveris capsulæ (*Papaver somniferum*). Decoctum. Extractum. Syrupus.

Opium (*Papaver somniferum*). Confectio. Emplastrum. Enema. Extractum. Extractum liquidum. Linimentum. Pulvis comp. Tinctura. Tinctura ammoniata. Trochisci. Vinum.

Preparations containing opium but under another name: Pilula ipecacuanhæ cum scilla. Pilula plumbi cum opio. Pilula saponis composita. Pulvis cretæ aromaticus cum opio. Pulvis ipecacuanhæ compositus. Pulvis kino compositus. Tinctura camphoræ compositus. Unguentum gallæ cum opio. Suppositoria plumbi composita.

Morphinæ acetas. Liquor morphinæ acetatis. Injectio morphinæ hypodermica.

Morphinæ hydrochloras. Liquor morphinæ hydrochloratis. Suppositoria morphinæ. Suppositoria morphinæ cum sapone. Trochisci morphinæ. Trochisci morphinæ et ipecacuanhæ. Tinctura chloroformi et morphinæ.

Morphinæ sulphas.

Acidum meconicum.

Morphinæ bimeconatis liquor.

Codeina.

Apomorphinæ hydrochloras. Injectio apomorphinæ hypodermica.

* *Narcotine.*

Rhœados petala (*Papaver rhœas*). *Syrupus.*

CRUCIFERÆ.

Sinapis (*Brassica alba* and *B. nigra*). Cataplasma. Oleum. Charta.

Oleum sinapis. Linimentum comp.

* *Sinapis juncea* (*Brassica juncea*).

Armoraciæ radix (*Cochlearia Armoracia*). *Spiritus armoraciæ comp.*

CANELLACEÆ.

Canellæ cortex (*Canella alba*).

BIXINEÆ.

* Gynocardiæ semina (*Gynocardia odorata*). Unguentum. Acidum gynocardicum.

POLYGALEÆ.

Senegæ radix (*Polygala senega*). Infusum. Tinctura.

Krameriæ radix. Rhatany. (*Krameria triandra* and *K. Ixina*). Extractum. Infusum. Tinctura.

GUTTIFERÆ.

Cambogia (*Garcinia Hanburii*). Pilula composita.

* *Cambogia indica* (*Garcinia Morella*).

* *Garcineæpurpuræ oleum* (*Garcinia indica*).

DIPTEROCARPEÆ.

* Dipterocarpi balsamum (*Dipterocarpus lævis*). Gurjun or Wood-oil tree.

MALVACEÆ.

Gossypium (*Gossypium barbadense*). Pyroxylin. Collodium. Collodium flexile. Collodium vesicans.

* *Hibisci capsulæ* (*Hibiscus esculentus*). *Decoctum.*

STERCULIACEÆ.

Oleum theobromatis (*Theobroma*). *Cacao.*

LINEÆ.

Lini semina (*Linum usitatissimum*). Infusum. Oleum. Farina.

Lini farina. Cataplasma.

Coca (*Erythroxylon Coca*). Extractum liquidum.

Cocainæ hydrochloras. Lamellæ cocainæ.

ZYGOPHYLLEÆ.

Guaiaci lignum (*Guaiacum officinale*).

Guaiaci resina. Mistura Guaiaci. Tinctura ammoniata.

RUTACEÆ.

Cuspariæ cortex (*Galipea cusparia*). *Infusum.*

Rutæ oleum (*Ruta graveolens*).

Buchu folia (*Barosma betulina, B. crenulata, B. serratifolia*). Infusum. Tinctura.

Jaborandi (*Pilocarpus pennatifolius*). Extractum. Infusum. Tinctura.

Pilocarpinæ nitras.

* *Toddaliæ radix* (*Toddalia aculeata*). *Tinctura. Infusum.*

Aurantii cortex (*Citrus vulgaris*). *Infusum. Infusum compositum. Tinctura. Syrupus.*

Aurantii fructus. Tinctura recentis. Vinum.

Aurantii floris. Aqua. Syrupus.

Limonis cortex (*Citrus Limonum*). *Oleum. Tinctura.*

Limonis succus. Syrupus.

* *Citrus* medica, var. *Acida : the fruit, the lime.*

Belæ fructus (*Ægle marmelos*). Extractum liquidum. * Misturæ. * Extractum.

SIMARUBEÆ.

Quassiæ lignum (*Picræna excelsa*). Extractum. Infusum. Tinctura.

BURSERACEÆ.

Myrrha (*Balsamodendron Myrrha*). Tinctura.

* *Olibanum* (*Boswellia floribunda vel thurifera*). *Unguentum.*

Elemi (*Canarium commune?*). *Unguentum.*

MELIACEÆ.

* *Azadirachtæ cortex* (*Azadirachta indica*). *Decoctum. Tinctura. Cataplasma.*

* *Soymidæ cortex* (*Soymida febrifuga*). *Decoctum.*

RHAMNEÆ.

Rhamni frangulæ cortex (*Rhamnus Frangula*). Extractum. Extractum liquidum.

Rhamni purshiani cortex (*Rhamnus purshianus*). Extractum cascaræ sagradæ. Extractum cascaræ sagradæ liquidum.

AMPALIDEÆ.

Uvæ (*Vitis vinifera*).

ANACARDIACEÆ.

Mastich (*Pistacia lentiscus*).

LEGUMINOSÆ.

Glycyrrhizæ radix (*Glycyrrhiza glabra*). Extractum. Extractum liquidum. Pulvis compositus.

Tragacantha (*Astragalus gummifer*). Mucilago. Pulvis. compositus. Glycerinum.

* *Mucuna* (*Mucuna pruriens*).

Scoparii cacumina (*Cytisus scoparius*). Decoctum. Succus.

Pterocarpi lignum (*Pterocarpus santalinus*).

Kino (*Pterocarpus Marsupium*). Pulvis compositus. Tinctura.

* *Buteæ gummi* (*Butea frondosa*).

Balsamum peruvianum (*Myroxylon Pereiræ*).

Balsamum Tolutanum (*Myroxylon toluifera*). *Syrupus. Tinctura.*

Physostigmatis semen (*Physostigma venenosum*). Extractum.

Physostigmina. Lamellæ physostigminæ.

* *Abri radix* (*Abrus precatorius*). *Extractum.*

* *Oleum arachis* (*Arachis hypogæa*).

CHRYSAROBINUM (*Andira araroba*). Unguentum.

HÆMATOXYLI LIGNUM (*Hæmatoxylon campechianum*). Decoctum. Extractum.

SENNA ALEXANDRINA (*Cassia acutifolia*). Senna indica (*Cassia angustifolia*). Confectio. Infusum. Mistura composita. Syrupus. Tinctura.

Cassiæ pulpa (*Cassia Fistula*).

Tamarindus (*Tamarindus indica*).

COPAIBA (*Copaifera Langsdorffii*). Copaibæ oleum.

* *Bonducella semina* (*Cæsalpinia bonducella*). *Pulvis compositus.*

ACACIÆ GUMMI (*Acacia Senegal*). Mucilago.

* *Catechu nigrum* (*Acacia catechu*). *Infusum. Tinctura. Pulvis compositus.*

ROSACEÆ.

Rosæ centifoliæ petala (*Rosa centifolia*). *Aqua.*

Rosæ gallicæ petala (*Rosa gallica*). *Confectio. Infusum acidum. Syrupus.*

Rosæ caninæ fructus (*Rosa canina*). *Confectio.*

Amygdala amara (*Prunus amygdalus*, var. *amara*). *Oleum.*

Amygdala dulcis (*Prunus amygdalus*, var. *dulcis*). *Pulvis comp. Mistura. Oleum.*

Prunum (*Prunus domestica*).

ACIDUM HYDROCYANICUM DILUTUM. Vapor acidi hydrocyanice.

LAURO-CERASI FOLIA (*Prunus laurocerasus*). Aqua.

CUSSO (*Hagenia abyssinica*). Infusum.

MYRTACEÆ.

Caryophyllum (*Eugenia caryophyllata*). *Infusum. Oleum.*

Pimenta (*Pimenta officinalis*). *Aqua. Oleum.*

Cajuputi oleum (*Melaleuca minor*). *Spiritus.*

GRANATI RADICIS CORTEX (*Punica Granatum*). Decoctum.

EUCALYPTI OLEUM (*Eucalyptus globulus* and *E. amygdalina*). Unguentum.

CUCURBITACEÆ.

COLOCYNTHIDIS PULPA (*Citrullus colocynthis*). Extractum compositum. Pilula composita. Pilula et hyoscyami.

ECBALII FRUCTUS (*Ecbalium Elaterium*).

ELATERIUM.

ELATERINUM. Pulvis elaterini compositus.

UMBELLIFERÆ.

CONII FOLIA (*Conium maculatum*). Extractum. Pilula composita. Succus. Vapor. Cataplasma.

CONII FRUCTUS (*C. maculatum*). Tinctura.

ASAFŒTIDA (*Ferula Narthex*). Enema. Pilula composita. Tinctura.

Galbanum (*Ferula galbaniflua* and *F. rubricaulis*). *Emplastrum.*

Ammoniacum (*Dorema ammoniacum*). *Mistura.*

Anisi fructus (*Pimpinella Anisum*). *Aqua. Oleum.*

Oleum anisi. Essentia.

Fœniculi fructus (*Fœniculum capillaceum*). *Aqua.*

Anethi fructus (*Peusedanum graveolens*). *Aqua. Oleum.*

Coriandri fructus (*Coriandrum sativum*). *Oleum.*

Carui fructus (*Carum Carui*). *Aqua. Oleum.*

Sumbul radix (*Ferula Sumbul*). *Tinctura.*

* *Fructus ptychotis* (*Carum copticum*). *Oleum. Aqua. Thymol.*

* *Hydrocotyles folia* (*Hydrocotyle asiatica*). *Pulvis. Cataplasma.*

CAPRIFOLIACEÆ.

Sambuci flores (*Sambucus nigra*). *Aqua.*

RUBIACEÆ.

CINCHONÆ RUBRÆ CORTEX (*Cinchona succirubra*). Decoctum. Extractum liquidum. Infusum acidum. Tinctura. Tinctura composita.

CINCHONA CORTEX (*Cinchona calisaya, C. officinalis, C. succirubra, C. lancifolia, Remijia*, species of).

Quininæ sulphas. Tinctura ammoniata. Vinum.

Quininæ hydrochloras. Tinctura.

Cinchoninæ sulphas.

Cinchonidinæ sulphas.

Ipecacuanha (*Cephaëlis Ipecacuanha*). Pilula cum scillæ. Pulvis compositus. Trochisci. Trochisci et morphinæ. Vinum.

Catechu (*Uncaria Gambier*). Infusum. Pulvis compositus. Tinctura. Trochisci.

Caffeina (*Camellia Thea, Coffea arabica*). *Caffeinæ citras.*

VALERIANACEÆ.

Valerianæ rhizoma (*Valeriana officinalis*). *Infusum. Tinctura. Tinctura ammoniata.*

COMPOSITÆ.

Pyrethri radix (*Anacyclus Pyrethrum*). *Tinctura.*

Santonica (*Artemisia maritima*, var. *Stechmanniana*).

Santoninum. Trochisci.

Anthemidis flores (*Anthemis nobilis*). Extractum. Infusum. Oleum.

Taraxaci radix (*Taraxacum officinale*). *Decoctum. Extractum. Succus. Extractum liquidum.*

Lactuca (*Lactuca virosa*). *Extractum.*

Arnicæ rhizoma (*Arnica montana*). *Tinctura.*

LOBELIACEÆ.

Lobelia (*Lobelia inflata*). Tinctura. Tinctura ætherea.

ERICACEÆ.

Uvæ ursi folia (*Arctostaphyllos uva ursi*). Infusum.

SAPOTACEÆ.

Gutta-percha (*Dichopsis gutta*). *Liquor.*

EBENACEÆ.

* *Diospyri fructus* (*Diosphyros Embryopteris*). *Extractum.*

STYRACACEÆ.

Styrax præparatus (*Liquidambar orientalis*).

Benzoinum (*Styrax Benzoin*). *Tinctura composita.*

Acidum benzoicum. Trochisci.

OLEACEÆ.

Olivæ oleum (*Olea europaea*).

Sapo durus. Linimentum saponis. Pilula composita.

Sapo mollis.

Sapo animalis. Emplastrum. Emplastrum fuscum.

Glycerinum (contained in 8 glycerina).

Manna (*Fraxinus Ornus*).

APOCYNACEÆ.

* *Alstoniæ cortex* (*Alstonia scholaris*). *Tinctura. Infusum.*

ASCLEPIADACEÆ.

Hemidesmi radix (*Hemidesmus indicus*). *Syrupus.* * *Infusum.*

* *Calotropis cortex* (*Calotropis procera* or *C. gigantea*). *Pulvis.*

* *Tylophoræ folia* (*Tylophora asthmatica*).

LOGANIACEÆ.

Nux vomica (*Strychnos nux-vomica*). Extractum. Tinctura.

Strychnina. Liquor hydrochloratis.

Gelsemium rhizoma (*Gelsemium nitidum*). Extractum alcoholicum. Tinctura.

GENTIANACEÆ.

Gentianæ radix (*Gentiana lutea*). Extractum. Infusum compositum. Tinctura composita.

Chirata (*Swertia (Ophelia) chirata*). Infusum. Tinctura. * Tinctura composita.

CONVOLVULACEÆ.

Jalapa (*Ipomœa Purga*). Extractum. Pulvis compositus. Resina. Tinctura.

SCAMMONIÆ RADIX (*Convolvulus Scammonia*). Resina.

SCAMMONIUM. Mistura. Resina.

SCAMMONIÆ RESINA. Confectio. Pulvis compositus. Pilula composita.

* *Pharbitis semina (Ipomœa hederacea). Extractum kaladanæ. Kaladanæ resina. Pulvis compositus.*

SOLANACEÆ.

Capsici fructus (Capsicum fastigiatum). Tinctura.

BELLADONNÆ FOLIA (*Atropa Belladonna*). Extractum. Succus. Tinctura.

BELLADONNÆ RADIX. Atropina. Linimentum. Extractum alcoholicum.

EXTRACTUM BELLADONNÆ ALCOHOLICUM. Emplastrum. Unguentum.

ATROPINA. Unguentum.

ATROPINÆ SULPHAS. Liquor. Lamellæ.

STRAMONII SEMINA (*Datura stramonium*). Extractum. Tinctura.

* DATURÆ FOLIA ET SEMINA (*Datura alba*). Emplastrum. Extractum. Tinctura. Cataplasma.

HYOSCYAMI FOLIA (*Hyoscyamus niger*). Extractum. Succus. Tinctura.

Tabaci folia (Nicotiana tabacum).

SCROPHULARINEÆ.

DIGITALIS FOLIA (*Digitalis purpurea*). Infusum. Tinctura.

ACANTHACEÆ.

* *Andrographis caules et radix (Andrographis paniculata). Infusum andrographis comp. Tinctura andrographis comp.*

LABIATEÆ.

Rosmarini oleum (Rosmarinus officinalis). Spiritus.

Lavandulæ oleum (Lavandula vera). Spiritus. Tinctura comp.

MENTHÆ PIPERITÆ OLEUM (*Mentha piperita*). Aqua. Essentia. Spiritus.

Menthæ viridis oleum (Mentha viridis). Aqua.

MENTHOL. *Mentha arvensis*, vars. *piperascens et glabrata. M. piperata.*

Thymol (Thymus vulgaris, Monarda punctata, Carum copticum).

PLANTAGINACEÆ.

* *Ispagulæ semina (Plantago ispagula). Decoctum.*

POLYGONACEÆ.

RHEI RADIX (*Rheum palmatum, R. officinale* and other species of *Rheum*). Extractum. Infusum. Pilula comp. Pulvis comp. Syrupus. Tinctura. Vinum.

MYRISTACEÆ.

Myristica (Myristica fragrans). Oleum. Spiritus. Oleum expressum.

LAURACEÆ.

Cinnamomi cortex (Cinnamomum Zeylanicum). Aqua. Oleum. Pulvis comp. Tinctura. Spiritus.

CAMPHOR (*Cinnamomum Camphora*). Aqua. Linimentum. Linimentum comp. Spiritus. Tinctura comp.

Sassafras radix (Sassafras officinale).

Nectandræ cortex (Nectandra Rodiæi).

Beberinæ sulphas.

THYMELACEÆ.

Mezerei cortex (Daphne Mezereum). Extractum æthereum.

URTICACEÆ.

Ficus (Ficus Carica).

Mori succus (Morus nigra). Syrupus.

CANNABIS INDICA (*Cannabis sativa*). Extractum. Tinctura.

Lupulus (Humulus lupulus). Extractum. Infusum. Tinctura.

Lupulinum.

SALICACEÆ.

SALICINUM (*Salix alba*).

ACIDUM SALICYLICUM. Unguentum.

EUPHORBIACEÆ.

CROTONIS OLEUM (*Croton Tiglium*). Linimentum.

Cascarillæ cortex (*Croton Eluteria*). *Infusum. Tinctura.*

RICINI OLEUM (*Ricinus Communis*).

Kamala (*Mallotus philippinensis*). * *Tinctura.*

PIPERACEÆ.

Piper nigrum (*Piper nigrum*). *Confectio.*

CUBEBA (*Piper cubeba*). Oleum. Tinctura.

OLEO-RESINA CUBEBÆ.

Maticæ folia (*Piper angustifolium*). *Infusum.*

ARISTOLOCHIACEÆ.

Serpentariæ rhizoma (*Aristolochia serpentaria*). *Infusum. Tinctura.*

CUPULIFERÆ.

Quercus cortex (*Quercus robur*). *Decoctum.*

GALLA (*Quercus lusitanica*). Tinctura. Unguentum. Unguentum cum opio.

ACIDUM TANNICUM. Glycerinum. Suppositoria. Suppositoria cum sapone. Trochisci.

ACIDUM GALLICUM. Glycerini.

SANTALACEÆ.

OLEUM SANTALI (*Santalum album*).

CONIFERÆ.

OLEUM TEREBINTHINÆ (*Pinus australis, P. pinaster* and *P. tæda*). Confectio. Enema. Linimentum. Linimentum aceticum. Unguentum.

Terebinthina Canadensis (*Pinus balsamea*).

RESINA (species of *Pinus*). Emplastrum. Unguentum.

Thus Americanum (*Pinus Tæda* and *Pinus australis*).

Pix Burgundica (*Pinus picea*). *Emplastrum.*

Pix liquida (*pinus sylvestris*). *Unguentum.*

Oleum pini sylvestris (*Pinus sylvestris*). *Vapor.*

JUNIPERI OLEUM (*Juniperus communis*). Spiritus.

SABINÆ CACUMINA (*Juniperus sabina*). Oleum. Tinctura. Unguentum.

Laricis cortex (*Pinus Larix*). *Tinctura.*

ZINGIBERACEÆ.

Zingiber (*Zingibe rofficinale*). *Tinctura. Tinctura fort. Syrupus.*

Cardamomi semina (*Elettaria Cardamomum*). *Tinctura comp.*

IRIDACEÆ.

Crocus (*Crocus sativus*). *Tinctura.*

AMARYLLIDACEÆ.

* *Crini radix* (*Crinum asiaticum* or *C. toxicarium*). *Succus. Syrupus.*

LILIACEÆ.

SCILLA (*Urginea Scilla*). Acetum. Oxymel. Syrupus. Pilula comp. Tinctura.

ALOE BARBADENSIS (*Aloe vulgaris*). Enema. Extractum Pilula barbadensis. Pilula et ferri.

ALOE SOCOTRINA (*Aloe Perryi*). Enema. Extractum. Decoctum comp. Pilula. Pilula et assafœtida. Pilula et myrrhæ. Tinctura. Vinum.

ALOIN.

MELANTHACEÆ.

VERATRIA VIRIDIS RHIZOMA (*Veratrum viride*). Tinctura.

SABADILLA (*Schœnocaulon officinale*).

VERATRINA. Unguentum.

COLCHICI CORMUS (*Colchicum autumnale*). Extractum Extractum aceticum. Vinum.

COLCHICI SEMINA (*C. autumnale*). Tinctura.

SMILACEÆ.

Sarsæ radix (*Smilax officinalis*). *Decoctum.* *Decoct* *comp.* *Extractum liquidum.*

GRAMINEÆ.

Farina tritici (*Triticum sativum*). *Mica panis.*

Amylum (*Triticum sativum, Zea Mays, Oryza sativa*). *Glycerinum.* *Mucilago.*

Hordeum decorticatum (*Hordeum distichon*). *Decoctum.*

Saccharum purificatum (*Saccharum officinarum*). *Syrupus.* *Theriaca.*

* *Oryza* (*Oryza sativa*). *Cataplasma.* *Decoctum.*

* *Oleum andropogi citrati* (*Andropogon citratum*).

* *Oleum andropogi nardi* (*Andropogon nardus*).

* *Oleum andropogi pachnodes* (*Andropogon*, species of).

FILICES.

Filix mas (*Aspidum Filix-mas*). Extractum liquidum.

LICHENES.

Cetraria (*Cetraria Islandica*). *Decoctum.*

FUNGI.

Ergota (*Claviceps purpurea, sclerotium of*). Extractum liquidum. Infusum. Tinctur.

Ergotinum. Injectio hypodermica.

ALGÆ.

* *Gracilaria* (*Gracilaria lichenoides*). *Decoctum.*

II.—ANIMAL SUBSTANCES.

MAMMALIA.

Moschus (*Moschus moschiferus*).

Sevum præparatum (*Ovis aries*).

Lac (*Bos Taurus*).

Saccharum lactis.

Acidum lacticum. Acidum dilutum.

Pepsina.

Fel bovinum purificatum (*Bos Taurus*).

Adeps præparatus (*Sus scrofa*). *Adeps benzoatus.*

Cetaceum (*Physeter macrocephalus*). *Unguentum.*

AVES.

Albumen ovi (*Gallus Bankiva*, var. *domesticus*).

Ovi vitellus.

PISCES.

Morrhuæ oleum (*Gadus morrhua*).

* *Oleum squalæ* (*Squalus carcharias*).

INSECTA.

Mel (*Apis mellifica* and other species). *Mel depuratum.* *Oxymel.*

Cera flava (*Apis mellifica, &c.*). *Cera alba.* *Unguentum simplex.*

Coccus (*Coccus cacti*). *Tinctura.*

Cantharis (*Cantharis vesicatoria*). Acetum. Charta epispastica. Emplastrum. Emplastrum calefaciens. Liquor epispasticus. Tinctura. Unguentum.

* Mylabris (*Mylabris cichorii*).

ANNELIDA.

Hirudo (*Sanguisugo officinalis*, var. *S. medicinalis*).

B.—INORGANIC KINGDOM.

Aqua.

Aqua destillata.

CARBON.

Carbo ligni. Cataplasma carbonis.

Carbo animalis.

Carbo animalis purificatus.

SULPHUR.

Sulphur sublimatum. Confectio. Unguentum.
Sulphur præcipitatum.
Sulphuris iodidum. Unguentum.

PHOSPHÓRUS.

Phosphorus. Pilula. Oleum.

IODUM.

Iodum. Linimentum. Liquor. Tinctura. Unguentum. Vapor. (*See* Iodides).

BROMUM.

Acidum hydrobromicum dilutum. (*See* Bromides).

CHLORUM.

Chlori liquor. (See Vapor chlori.)

ACIDA.

Acidum aceticum. Acidum aceticum dilutum. Acidum aceticum glaciale.
Acetum.
Acidum chromicum. Liquor acidi chromici.
Acidum citricum.
Acidum hydrochloricum. Acidum hydrochloricum dilutum.
Acidum hydrocyanicum dilutum. Vapor.
Acidum nitricum. Acidum nitricum dilutum.
Acidum nitro-hydrochloricum dilutum.
Acidum oleicum. Oleatum hydrargyri. Oleatum zinci. Unguentum zinci oleata.
Acidum phosphoricum concentratum. Acidum phosphoricum dilutum.
Acidum sulphuricum. Acidum sulphuricum aromaticum. Acidum sulphuricum dilutum.
Acidum sulphurosum.
Acidum salicylicum. Unguentum.
Acidum tartaricum.

AMMONIUM.

Ammonii liquor fortior. Spiritus ammonii fœtidus. Liquor ammonii. Linimentum ammonii.

monii bromidum.
monii carbonas. Spiritus ammonii aromaticus.
monii chloridum.
monii acetatis liquor fortior. Liquor ammonii acetatis.
monii benzoas.
monii phosphas.
monii citratis liquor fortior. Liquor ammonii citratis.
monii nitras.

ALUMINIUM.

lumen. Glycerinum aluminis. Alumen exsiccatum.

ANTIMONIUM.

ntimonium nigrum purificatum.
ntimonii oxidum. Pulvis antimonialis.
Antimonii chloridi liquor.
Antimonium sulphuratum.
Antimonium tartaratum. Unguentum. Vinum antimoniale.

ARGENTUM.

Argentum purificatum.
Argenti nitras. Argenti et potassii nitras.
Argenti oxidum.

ARSENICUM.

Acidum arseniosum. Liquor arsenicalis. Liquor arsenici hydrochloricus.
Arsenias sodæ. Arseniatis sodæ liquor.
Arsenias ferri.
Arsenii iodidum. Liquor arsenii et hydrargyri iodidi.

BISMUTHUM.

Bismuthum purificatum.
Bismuthi subnitras. Trochisci bismuthi.
Bismuthi citras. Bismuthi et ammonii citratis liquor. Bismuthi et ammonii citras.
Bismuthi carbonas.
Bismuthi oxidum.

BORAX.

Borax. Glycerinum. Mel.
Acidum boricum. Unguentum.

CALCIUM.

Calx. Calcii hydras. Linimentum. Liquor. Liquor saccharatus.
Marmor Album.
Calcii carbonas præcipitata.
Creta.
Creta præparata. Mistura. Pulvis aromaticus. Pulvis aromaticus cum opio.
Calcii chloridum. Liquor calcii chloridi.
Calx chlorinata. Liquor calcis chlorinatæ. Vapor chlori.
Calcii phosphas.
Calcii hypophosphis.
Calcii sulphas.
Calx sulphurata.
Os ustum.

CERIUM.

Cerii oxalas.

CUPRUM.

Cupri sulphas.
Cupri nitras.

FERRUM.

Mistura ferri aromatica. Vinum ferri.
Ferrum redactum. Trochisci ferri redacti.
Liquor ferri acetatis fortior. Ferri acetatis liquor. Ferri acetatis tinctura.
Ferri carbonas saccharata. Mistura ferri composita. Pilula ferri carbonatis.
Ferri iodidum. Pilula ferri iodidi. Syrupus ferri iodidi.
Mistura ferri aromatica.
Ferri perchloridi fortior liquor. Liquor ferri perchloridi. Tinctura ferri perchloridi. Liquor ferri dialysatus.
Ferri pernitratis liquor.
Ferri peroxidum hydratum. Emplastrum ferri.
Ferri phosphas. Syrupus ferri phosphatis.
Ferri sulphas. Ferri sulphas exsiccata. Liquor ferri-persulphatis.
Ferri sulphas granulata.
Ferrum tartaratum.
Ferri et ammonii citras. Vinum ferri citratis.
Ferri et quininæ citras.

HYDRARGYRUM.

Hydrargyrum cum creta. Emplastrum hydrargyri. Emplastrum ammoniaci cum hydrargyro. Linimentum hydrargyri. Pilula hydrargyri. Suppositoria hydrargyri. Unguentum hydrargyri. Unguentum hydrargyri compositum.
Hydrargyri subchloridum. Lotio hydrargyri nigra. Pilula hydrargyri subchloridi composita. Unguentum hydrargyri subchloridi.
Hydrargyri perchloridum. Liquor hydrargyri perchloridi. Lotio hydrargyri flava.
Hydrargyri iodidum rubrum. Unguentum hydrargyri iodidi rubri.
Hydrargyri oxidum rubrum. Unguentum hydrargyri oxidi rubri.
Hydrargyri oxidum flavum. Oleatum hydrargyri.
Hydrargyrum ammoniatum. Unguentum hydrargyri ammoniati.
Hydrargyri nitratis liquor acidus. Unguentum hydrargyri nitratis. Unguentum hydrargyri nitratis dilutum.
Hydrargyri persulphas.

LITHIUM.

Lithii carbonas. Liquor lithii effervescens.
Lithii citras.

MAGNESIUM.

Magnesia ponderosa.
Magnesia levis.
Magnesii carbonas ponderosa. Liquor magnesii carbonatis.
Magnesii carbonas levis.
Magnesii sulphas. Enema magnesii sulphatis.
Magnesii citratis liquor.

MANGANESIUM.

Manganesii oxidum nigrum.

PLUMBUM.

Plumbi oxidum. Emplastrum plumbi.
Plumbi acetas. Pilula plumbi cum opio. Suppositoria plumbi composita. Unguentum plumbi acetatis.

Plumbi subacetatis liquor. Liquor plumbi subacetatis dilutus. Glycerinum plumbi subacetatis. Unguentum glycerini plumbi subacetatis.
Plumbi carbonas. Unguentum plumbi carbonatis.
Plumbi iodidum. Emplastrum plumbi iodidi. Unguentum plumbi iodidi.
Plumbi nitras.

POTASSIUM.

Potassa caustica. Liquor potassæ.
Potassa sulphurata. Unguentum potassæ sulphuratæ.
Potassii carbonas.
Potassii bicarbonas. Liquor potassii effervescens.
Potassii bichromas.
Potassii bromidum.
Potassii acetas.
Potassii citras.
Potassii tartras.
Potassii tartras acida.
Potassii chloras. Trochisci potassii chloratis.
Potassii sulphas.
Potassii nitras.
Potassii permanganas. Liquor potassii permanganatis.
Potassii cyanidum.
Potassii iodidum. Liniment potassii iodidi cum sapone. Unguentum potassii iodidi.
Potassii ferrocyanidum.

SODIUM.

Sodii ethylatus liquor.
Soda caustica. Liquor sodæ.
Sodii carbonas. Sodii carbonas exsiccata.
Sodii bicarbonas. Trochisci sodii bicarbonatis. Liquor sodæ effervescens.
Sodii bromidum.
Sodii iodidum.
Soda tartarata.
Sodii citro-tartras effervescens.
Sodæ chlorinatæ liquor. Cataplasma sodæ chlorinatæ.
Sodii nitras.
Sodii sulphas.
Sodii chloridum.
Sodii phosphas.
Sodii hypophosphis.

Sodii sulphis.
Sodii sulphocarbolas.
Sodii salicylas.
Sodii valerianas.

ZINCUM.

Zincum granulatum.
Zinci oxidum. Unguentum zinci.
Zinci chloridum. Liquor zinci chloridi.
Zinci sulphas.
Zinci carbonas.
Zinci acetas.
Calamina præparata. Unguentum calaminæ.
Oleatum zinci. Unguentum zinci oleati.
Zinci sulphocarbolas.
Zinci valerianas.

CARBON COMPOUNDS.

Alcohol ethylicum.
Spiritus rectificatus. Spiritus tenuor. Spiritus vini gallici. Mistura vini gallici.
Vinum xericum.
Alcohol amylicum.
Cerevisiæ fermentum. Cataplasma fermenti.
Æther. Spiritus ætheris. Spirits ætheris compositus.
Æther purus.
Spiritus ætheris nitrosi.
Æther aceticus.
Chloroformum. Aqua. Linimentum. Spiritus. Tinctura comp. Tinctura et morphinæ.
Iodoform. Suppositoria. Unguentum.
Chloral hydras. Syrupus chloral.
Butyl-chloral hydras.
Amyl nitris.
Nitro glycerinum. Tabellæ nitro glycerini.
Paraffinum durum.
Paraffinum molle.
Creasotum. Mistura. Unguentum. Vapor.
Acidum carbolicum. Acidum liquefactum. Glycerini. Suppositoria cum sapone. Unguentum.

PRACTICAL PHARMACY.

PRESCRIPTION—

Its component parts.

PREPARATION OF—

Powders, Mixtures, Pills, Ointments and Plasters, and Utensils used in the several operations.

COMPOUNDING AND DISPENSING OF—

The preparations of British Pharmacopœia as materials are available.

COMPOUNDING AND DISPENSING OF—

Hospital and extemporaneous formulæ as materials are available.

W. B. BROWNING, Surgeon,
Professor of Materia Medica, Lecturer.

HEADINGS

OF A

COURSE OF LECTURES ON ANATOMY

AND OF A

PRACTICAL COURSE OF MINOR AND OPERATIVE SURGERY

TO THE

CLASSES OF THE JUNIOR DEPARTMENT.

HEADINGS OF A COURSE OF LECTURES

ON

ANATOMY

TO THE

CLASSES OF JUNIOR DEPARTMENT.

OSTEOLOGY.

Description of all the bones of the body, not very fully.

Teeth.—Description of the teeth with their structure briefly.

LIGAMENTS.

Full description of the ligaments of all large and important joints of the body and of the others superficially.

MUSCLES.

Origin, insertion, action and nerve supply of all the muscles, with the exception of the last three layers of the muscles of the back. Surgical Anatomy of the neck and inguinal region.

ARTERIES.

Brief description of all the arteries with their respective branches. Relations and Surgical Anatomy of the most important arteries with their surface lines.

VEINS.

Brief description of all the veins according to the text-book.

LYMPHATICS.

Brief description of all the lymphatics according to the text-book.

NERVOUS SYSTEM.

Brief description of the brain and the spinal cord with their nerves and of the sympathetic system.

ORGANS OF SENSE.

Brief description of the nose, the eye, the ear, the tongue and the skin.

VISCERA.

Full description, including the surface topography, of the following organs without their minute structure.

Thoracic.

The heart with its pericardium.
The larynx.
The trachea.
The lungs with their pleuræ.
The thyroid and thymus glands.

Abdominal, &c.

The peritoneum.
The mouth.
The pharynx.
The œsophagus.
The stomach.
The small and large intestines.
The liver.
The pancreas.
The spleen.
The kidneys.
The bladder.
The prostate gland.
The vesiculæ seminales.
The male and female organs of generation.

HEADINGS OF A PRACTICAL COURSE

OF

MINOR AND OPERATIVE SURGERY,

JUNIOR DEPARTMENT.

MINOR SURGERY.

Names and uses of intruments of the Dresser's and Surgeon's Pocket Cases and of the Capital Case.
Different methods of artificial respiration.
Cupping.
Seton.
Various kinds of sutures.
Knots.
Bandages, &c.
Splints, &c.
Extemporising splints, &c., for emergencies on the field.
Lifting and carrying the sick and wounded.

OPERATIVE SURGERY.

Passing of probang.
Application of the stomach pump.
Passing catheters.
Washing the bladder.
How to use the knife.
Venesection.
Division of frænum.
Plugging the nares.
Cutting the uvula.
Removal of foreign bodies from nose and ear.
Operation for fistula in ano.
Evulsion of toe nail for onychia.

Paracentesis abdominis.
Operations for strangulated hernia.
Circumcision.
Paracentesis of hydrocele.

Amputations, Minor, such as of fingers and toes.

These operations are demonstrated to the pupils and performed by them when parts are available.

T. NARAYANASWAMY NAYUDU, L.M.S.,
Lecturer on Anatomy and
Minor & Operative Surgery.

MEDICAL JURISPRUDENCE.

JUNIOR DEPARTMENT.

MEDICAL JURISPRUDENCE.

Definition.
Importance of the subject.
Occasion for its application.
Forms of legal procedure.
On medical evidence. Cautions.
Evidence tending to degrade the witness.
Volunteering evidence.
Demeanour in court.
Reference to notes, memoranda, &c.
Use of technical language.
Manner of drawing up reports.
Duties of medical witness.
Professional secrets.
Rules to be observed in giving medical evidence.

EXAMINATION OF BODIES.

Best suited time, manner of conducting it, and of recording observations.

MODES OF DEATH.

Syncope } Causes. Symptoms. Appearances after death.
Asphyxia }
Coma }

SIGNS OF DEATH.

Entire cessation of respiration and circulation.
Loss of animal heat: this may be retained for some time. Modifying circumstances.
Relaxation of the muscles with loss of irritability: Modifying causes. State of eye. Flattening of muscles.
Hypostasis: Meaning. Sites. Time of appearances. Confounded as result of external violence. Distinguishing characters.
Cadaveric rigidity: Meaning. Cause. Time of appearance. Duration. Order of appearance and disappearance. Modifying causes.

Putrefaction. External signs. Internal signs. Conditions capable of hastening or retarding decomposition.
Saponification. Mummification.
Table showing the order in which the internal organs putrefy.

EXHUMATIONS.
Necessity. Danger. Precautions to be adopted.

WOUNDS.

Definition.
Remarks in general.
Dangerous to life.
Grievous hurt.
Is it suicidal ?
Is it homicidal ?
Points to be considered in arriving at an opinion as to the probable danger of a wound.
Wounds may prove fatal.

1. Directly.
2. Indirectly.
3. Neglect { On the part of patient.
   Medical attendant.

Wounds affecting different regions considered in detail.
Head. Spinal Cord. Face. Throat. Chest. Abdomen. Genital organs.
Characters of a wound inflicted during life.
Do. do. after death.
Duties of a medical man when called to examine a wounded person.
Dying declarations.
Pretended assault.
Points to be noted in examination of a dead body found wounded.
Several kinds of wounds.
Incised. Punctured. Lacerated and contused. Gun-shot.
Incised wounds.
General characters. Danger.
Lacerated and contused.
General characters. Danger.
Gun-shot wounds.
General character Danger.

1. Direction in which the gun was fired.
2. Distance at which the charge was fired.

Blood stains.
Physical characters of blood.
Examinations of blood stains on weapons, clothing, &c.

CONTUSIONS, BRUISES.

General characters.
Can the appearance of a bruise be produced after death.
Ecchymosis distinguished from hypostasis.

BURNS AND SCALDS.

Definition.
Classes.
Danger.
Causes of death.
Appearances of burns produced during life.
Do. do. after death.
Treatment. Caution in giving opium.
Post-mortem examination.
Presumption of cause : Homicide, suicide or accidental.
General remarks as relating to India.
Spontaneous combustion.
A few remarks.

LIGHTNING.

Cause of death.
Post-mortem appearances.
Results.
Treatment.
Legal relations.

COLD.

A few remarks.

STARVATION.

Symptoms.
Appearances after death.
Medical evidence.

DROWNING.

Modes of dying.
Phenomena attending drowning.
Drowning in shallow water.
Probability of resuscitation.
Treatment of the drowned.
Post-mortem appearances.
External signs.
Internal signs.
Review of signs.
Whether accidental, suicidal or homicidal.
General remarks.

HANGING AND STRANGLING.

Definition.
Cause of death.
Symptoms attending the act.
Did suspension take place during life.
External signs.
Internal signs.
Circumstantial evidence.
Post-mortem examination.
Was the act homicidal, suicidal or accidental?
Diagnosis between hanging and strangulation.
General remarks.

SUFFOCATION.

Definition.
Cause of death.

1. Disease, impaction of foreign bodies, vapors, gases, &c.
2. In new-born children.
3. Homicidal.

Presumption of the cause.
Post-mortem appearance.
Medical opinion.
General remarks.

RAPE.

Definition.
Law regarding rape.

Examination.

1. Parts of generation.
2. Body and limbs of female.
3. Clothes worn by female and male.

Signs of virginity.
False charges.
Proofs from examination of the man.
Signs of rape in the dead.
Directions of making an examination in a case of alleged rape.
Signs of rape in an adult and a child.

PREGNANCY.

Circumstances under which it may have to be determined.
Reasons it may be feigned.
Reasons it may be concealed.
Signs of pregnancy.
  Certain. Uncertain.
Duration.

DELIVERY.

Objects of the inquiry.
Signs of recent delivery in the living. Transitory. Persistent.
Signs of recent delivery in the dead.
  Signs of a previous delivery.
  Unconscious delivery.
  Delivery after death.

FŒTICIDE.

Definition.
Law on the subject.
Causes of abortion.
  Natural.
    1. Maternal.
    2. Fœtal.
  Violent.
    1. Mechanical.
    2. Medicinal.
Examination of substances expelled from the wound.

Examination of suspected woman. Genitals. Abdomen. Breasts. Foreign bodies found in uterus. General health, &c.

Examination of the dead body.

Necessity of making an early examination.

Medical responsibility.

Criminal abortion freely practised in India. Why?

How induced in India.

False charges.

Attempts to produce abortion.

INFANTICIDE.

Definition.

Probabilities of live birth.

Evidence of still birth.

Evidence of live birth.

Causes of death.

Natural.

Accidental.

Criminal.

Age of child.

Remarks as regards infanticide in India.

TOXICOLOGY.

Poison definition.

Classification of poisons.

Actions.

Channels of entrance.

Channels of exit.

Diffusion.

Modifying causes in the actions.

General evidence of poisoning—

1. From symptoms.
2. From *post-mortem* appearances.
3. From experiments on animals.
4. From moral evidence.
5. From chemical analysis.

Points to be noted in cases of poisoning.

Manner of sending viscera, &c., suspected of containing poison to the Chemical Examiner.

The duty of a medical man in a case of suspected poisoning during life.

CORROSIVES.

Mineral Acids.

Sulphuric. Nitric.

Hydrochloric.

Forms. Characters. Symptoms. Cause of death. Fatal period. Fatal dose. *Post-mortem* appearances. Treatment.

Carbolic acid. Creasote.

Forms. Characters. Symptoms. Cause of death. Fatal period. Fatal dose. *Post-mortem* appearances. Treatment.

Oxalic acid.

Forms. Characters. Symptoms. Cause of death. Fatal period. Fatal dose. *Post-mortem* appearances. Treatment.

Alkalies.

Potash. Soda. Ammonia. Symptoms. *Post-mortem* appearances. Fatal period. Fatal dose. Cause of death. Treatment.

Caustic salts.

Chloride of antimony.

Chloride of zinc.

Chloride of tin.

Nitrate of silver.

Symptoms. *Post-mortem* appearances. Treatment.

Metalloid Irritants.

Phosphorus. Iodine.

Phosphorus.

Symptoms. *Post-mortem* appearances. Treatment. Fatal dose. Fatal period.

Iodine and Iodide of Potassium.

Symptoms. *Post-mortem* appearances. Treatment.

Metallic Irritants.

Arsenic and its preparations.

Forms. Characters. Symptoms. Acute. Chronic. *Post-mortem* appearances. Treatment. Fatal dose. Fatal period.

Antimony. Tartarated antimony.

Symptoms. Acute. Chronic. *Post-mortem* appearances. Fatal dose. Fatal period. Treatment.

Mercury. Corrosive. Sublimate.
  Symptoms. *Post-mortem* appearances. Treatment.
    Fatal dose. Fatal period.
Lead. Acetate of lead. Subacetate and carbonate.
  Symptoms. Acute. Chronic. *Post-mortem* appearances. Treatment. Modes of entrance into the system.
Copper. Sulphate. Subacetate.
  Symptoms. Acute. Chronic. *Post-mortem* appearances. Fatal dose. Fatal period. Treatment.
  Mode of entrance into the system.

Vegetable Irritants.
  Purgative Medicines.
  Aloes. Gamboge. Croton oil. Castor seeds, &c.
    Symptoms. Fatal period. *Post-mortem* appearances.
      Treatment.
  Lall Chitra. Plumbago. Rosea.
  Oleander. Nerium-Odorum.
    Symptoms. Fatal dose. *Post-mortem* appearances.
      Treatment. Remarks.

Animal Irritants.
  Mylabris Cichorii.

Narcotic Poisons.
  Opium. Morphia.
    Symptoms. Fatal period. Fatal dose. Treatment.
      Post-mortem appearances.
  Belladonna. Hyoscyamus. Prussic Acid.
    Symptoms. Fatal period. Fatal dose. Treatment.
      Post-mortem appearances.
  Cannabis Indica.
    Symptoms. Fatal period. Fatal dose. Treatment.
      Post-mortem appearances.
    Bang. Gunjah. Magoon. Churrus.
Datura.
  Symptoms. Fatal dose. Time of death. *Post-mortem* appearances. Remarks as regards use in India.
Camphor.
  Symptoms. *Post-mortem* appearances. Treatment.

Inebriants.
  Alcohol. Arrack. Toddy.
  Symptoms. *Post-mortem* appearances. Fatal period.
    Fatal dose. Treatment.

Sedative Poisons.
  Digitalis. Tobacco. Aconite. Ether. Chloroform. Chloral Hydras.
    Symptoms. *Post-mortem* appearances. Fatal period. Fatal dose. Treatment.
    Spinal Neurotic. Strychnia. Nux vomica.
    Symptoms. *Post-mortem* appearances. Fatal period. Fatal dose. Treatment.

Irrespirable gases.
  Carbonic acid. Charcoal-fumes. Sulphuretted hydrogen. Sewer gases.
    Symptoms. Time of death. *Post-mortem* appearances. Treatment.

Snake Poison.
  Amount of danger. Cause of death. Treatment. General Remarks.

Insanity.
  A very brief sketch, chiefly touching on its medico-legal aspect.

HYGIENE.

JUNIOR DEPARTMENT.

HYGIENE,

JUNIOR DEPARTMENT.

1. Introduction.
2. *Air*—(*a*) Its impurities and how to remove them.
   - (*b*) Diseases produced by the impurities.
   - (*c*) Quantity required.
   - (*d*) Ventilation.
3. *Water*—(*a*) Quantity and supply.
   - (*b*) Impurities and methods of purification.
   - (*c*) Effects of impure or insufficient supply.
   - (*d*) Examination of water—outlines of.
4. *Food*—(*a*) Quantity and elements of food.
   - (*b*) Classification and study of articles of food.
   - (*c*) Impurities of the more common of them, and how to detect them.
   - (*d*) Diseases from excess, deficiency, or impurity of food.
5. *Clothing*—Materials and uses.
6. *Soil*—(*a*) Conditions affecting health.
   - (*b*) Examination of a locality.
   - (*c*) How to prepare a site for occupation.
7. *Dwellings*—(*a*) Conditions of a healthy dwelling.
   - (*b*) Removal of excreta.
   - (*c*) Warming and cooling.
8. *Exercise.*
9. *Climate and meteorology.*
10. *Disposal of the dead.*
11. *Contagion and epidemics.*
12. *Sanitary law.*
13. *Statistics.*

C. B. RAMARAO, L.M.S.,
Lecturer.

MEDICINE.

JUNIOR DEPARTMENT.

MEDICINE,

JUNIOR DEPARTMENT.

1. Introduction.
2. The nomenclature of diseases.

GENERAL PATHOLOGY.

Special morbid states and processes.

3. Hypertrophy.
4. Atrophy.
5. Hyperœmia.
6. Hæmorrhage.
7. Dropsy.
8. Degeneration.
    - *a.* Fatty.
    - *b.* Mucoid.
    - *c.* Colloid.
    - *d.* Lardacious.
9. Infiltration.
    - *a.* Calcarious.
    - *b.* Pigmentary.
    - *c.* Fatty.

GENERAL DISEASES.

GROUP A.

Diseases dependent on morbid poisons.
(Specific febrile diseases.)

SUB-GROUP I.

10. Febricula.
11. Relapsing fever.
12. Typhus fever.
13. Typhoid fever.
14. Infantile remittent fever.
15. Cerebro-spinal fever.

16. Yellow fever.
17. Small-pox.
18. Cow-pox.
19. Chicken-pox.
20. Scarlet fever.
21. Dengue.
22. Measles.
23. German measles.
24. Cholera.
25. Influenza.
26. Diphtheria.
27. Whooping cough.
28. Mumps.
29. Dysentery.

SUB-GROUP II.

Diseases dependent on soil, climate, &c.

30. Ague.
31. Remittent fever.
32. Beri-beri.

SUB-GROUPS III & IV.

(Surgical).

SUB-GROUP V.

Febrile diseases communicable from lower animals to man.

33. Hydrophobia.

GROUP B.

Diseases dependent on external agents other than morbid poisons.

SUB-GROUP I.

Diseases dependent on parasites.

34. Animal parasites.
35. Vegetable parasites.

SUB-GROUP II.

(Medical Jurisprudence Class).

SUB-GROUP III.

36. Effects of excessive venery.
37. Do. of heat and electricity.

SUB-GROUP IV.

Diseases produced by errors of diet.

38. Surfeit.
39. Starvation.
40. Scurvy.
41. Alcoholism.

GROUP C.

Developmental diseases.

42. Debility.
43. Old age.

GROUP D.

Miscellaneous diseases.

44. Rheumatism.
45. Gout.
46. Diabetes mellitus.
47. Anæmia.
48. Leucocythæmia.
49. Hæmophilia.
50. Rickets.
51. Purpura.
52. Scurvy.
53. Tuberculosis.
54. Leprosy.
55. Carcinoma.

LOCAL DISEASES.

RESPIRATORY SYSTEM.

56. Catarrh.
57. Asthma.
58. Laryngitis.
59. Croup.
60. Bronchitis.
61. Pleurisy.
62. Pneumonia.
63. Emphysema.
64. Phthisis.

CIRCULATORY SYSTEM.

65. Pericarditis.
66. Endocarditis.

67. Myocarditis.
68. Valvular diseases of the heart.
69. Angina pectoris.
70. Exophthalmic goitre.
71. Thoracic aneurism.

DIGESTIVE SYSTEM.

72. Stomatitis.
73. Tonsilitis.
74. Diseases of the œsophagus.
75. Dyspepsia.
76. Gastritis.
77. Gastric ulcer.
78. Enteritis.
79. Typhlitis.
80. Diarrhœa.
81. Constipation.
82. Obstruction of the bowels.
83. Peritonitis.
84. Ascites.

LIVER.

85. Hepatitis.
86. Abscess of the liver.
87. Degenerations of the liver.
88. Acute atrophy of the liver.
89. Jaundice.
90. Gall-stones.

PANCREAS.

91. Diseases of the pancreas.

SPLEEN.

92. Hodgkins' disease.

NERVOUS SYSTEM.

93. Meningitis.
94. Hydrocephalus.
95. Encephalitis.
96. Apoplexy.
97. Aphasia.
98. Epilepsy.
99. Chorea.

100. Neuralgia.
101. Migraine.
102. Ménière's disease.
103. Hysteria.
104. Catalepsy.
105. Tetanus.
106. Paralysis—various forms.
107. Locomotor ataxy.
108. Disseminated cerebro-spinal sclerosis.
109. Progressive muscular atrophy.
110. Acute spinal meningitis.
111. Myelitis.
112. Acute ascending paralysis.
113. Insanity.
114. Hypochondriasis.

URINARY SYSTEM.

115. Nephritis.
116. Acute Bright's disease.
117. Chronic Bright's disease.
118. Uræmia.
119. Examination of urine.
120. Diabetes insipidus.
121. Hæmatinuria.
122. Hæmaturia.
123. Chyluria.
124. Albuminuria.
125. Renal colic.

SUPRARENAL CAPSULES.

126. Addison's disease.

SKIN.

127. Diseases of the skin.

In each physiological system excess deficiency and perversion of function will be dealt with.

In general and local diseases the instruction will only include the symptoms, natural course of the disease, sequelæ or complications, diagnosis, and treatment.

C. B. RAMARAO, L.M.S.,
Lecturer.

LIST OF SUBJECTS

IN THE

COURSE OF LECTURES ON SURGERY,

JUNIOR DEPARTMENT.

JUNIOR DEPARTMENT.

CLASS OF SURGERY.

List of subjects lectured upon in the course of Surgery, Junior Department.

Brief introduction to the subject.

I.—MORBID STATES AND PROCESSES.

General Pathology—
  Hyperæmia.
  Hæmorrhage.
  Inflammation—Its effects and terminations.
  Mechanical affections.
  Concretions.

II.—GENERAL DISEASES.

GROUP A.

SUB-GROUP 3.

Phagadena.
Erysepelas.
Pyæmia.
Septicæmia.

SUB-GROUP 4.

Syphilis.

GROUP B.

SUB-GROUP 1.

Animal parasites.

SUB-GROUP 3.

Effects of presence of foreign bodies.
Do. of mechanical injuries.
Do. of excessive exertion and strain.
Do. of heat.
Do. of cold.
Do. of chemical agents.
Do. of climate.

GROUP D.

Not classified.

Cyst formations.
Non-malignant new growth.
Malignant new growth.

III.—LOCAL DISEASES.

Diseases of nervous system.
Abscess of brain.
Tetanus.

DISEASES OF THE EYE.

Conjunctivitis—
  (*a*) Catarrhal.
  (*b*) Purulent.
    1. Simple.
    2. Gonorrhœal.
    3. Of new-born infants.
  (*d*) Phlyctenular.
  (*f*) Granular.
Diseases of Cornea—
  Keratitis.
  Ulcer.
Diseases of the Iris—
  Iritis.

DISEASES OF THE EAR.

Inflammation of external ear.
Accumulation of wax in meatus.

DISEASES OF THE NOSE.

Epistaxis.

DISEASES OF THE CIRCULATORY SYSTEM.

DISEASES OF BLOOD VESSELS.

Arteritis.
Degeneration.
Aneurism.
Traumatic aneurism.
Rupture of artery.
Obstruction or occlusion by clot.

DISEASES OF VEINS.

Phlebitis.
Varix.
Thrombosis.
Nævus.

DISEASES OF THE DIGESTIVE SYSTEM.

DISEASES OF THE INTESTINES.

Hernia.
Fistula and fissure of anus.
Hæmorrhoids.
Prolapsus ani.
Stricture of the rectum.

DISEASES OF THE LYMPHATIC SYSTEM.

Inflammation of lymphatic glands.

DISEASES OF THE URINARY SYSTEM.

Calculus.
Hæmaturia.
Retention of urine.
Incontinence of urine.

DISEASES OF MALE ORGANS OF GENERATION.

Urethritis. Gonorrhœa.
Gleet.
Urinary abscess.
Stricture.

Extravasation of urine.
Hypertrophy of prostate.

DISEASES OF THE GENERATIVE SYSTEM.

DISEASES OF THE PENIS.

Phimosis.
Paraphimosis.
Diseases of scrotum.
Sloughing.

DISEASES OF SPERMATIC CORD.

Hydrocele.
Varicocele.

DISEASES OF TUNICA VAGINALIS.

Hæmatocele.
Hydrocele.

DISEASES OF THE TESTICLE.

Inflammation :—epididymitis and orchitis.
Abscess.
Protrusion of tubuli :—hernia testis.

DISEASES OF ORGANS OF LOCOMOTION.

DISEASES OF BONES.

Inflammation.
Chronic abscess.
Caries.
Necrosis.
Mollities ossium.

DISEASES OF JOINTS.

Inflammation.
Ankylosis.

DISEASES OF SPINE.

Caries and necrosis.
Angular curvature.
Lateral curvature.

DISEASES OF TENDONS AND FASCIÆ.

Club-foot.

DISEASES OF BURSÆ AND SHEATHS OF TENDONS.

Inflamed bursa.
Thecal abscess or Whitlow.
Bunion.
Ganglion.

DISEASES OF THE CONNECTIVE TISSUE.

Inflammation.
Abscess.

DISEASES OF THE SKIN.

Erythema.
Boil.
Carbuncle.
Bed-sore.
Whitlow.
Corn.
Lupus.
Keloid.

POISONED WOUNDS.

Venomous animals—
1. Snakes.
2. Scorpions.
3. Stinging insects.

GENERAL INJURIES.

Burns and scalds.
Effects of cold.
Multiple injury.
Shock.

LOCAL INJURIES.

Bruise or contusion.
Wound.
Strain or sprain.

INJURIES OF BLOOD VESSELS.

Contusion.
Rupture.
Wound.

INJURIES OF VEINS.

Wound.
Wound—with entrance of air.

INJURIES OF HEAD AND FACE.

A.—INJURIES OF THE HEAD.

Scalp wound.
Fracture of vault of skull.
Do. of base of skull.
Concussion of brain.
Compression of the brain.
Contusion of the brain.
Laceration of the brain.

B.—INJURIES OF FACE AND MOUTH.

Foreign bodies in the nose.
Fracture.
Dislocation of the lower jaw.

INJURIES OF THE NECK.

Wound.
Burn and scald in the larynx.
Foreign bodies in air passages.
Do. in pharynx.
Do. in œsophagus.

INJURIES OF CHEST.

Fracture of ribs.
Do. of sternum.
Wounds of the parietes.
Perforating wound of the chest.

INJURIES OF BACK (INCLUDING VERTEBRAL COLUMN).

Fracture of spine.
Dislocation of spine.

INJURIES OF THE ABDOMEN.

Contusion.
Wound of parietes.

Wound of parietes with protrusion of uninjured viscera.
Do. do. of wounded viscera.
Do. with wound of unprotruded viscera.

INJURIES OF PELVIS AND ORGANS OF GENERATION.

Rupture or laceration of the bladder from fracture.
Do. of urethra.
Fracture and dislocation.

INJURIES OF UPPER EXTREMITIES.

Sprain of joint.
Fracture of clavicle.
Do. of scapula.
Do. of humerus.
Do. of bones of forearm.
Do. of carpus, metacarpus, and phalanges.
Green-stick fracture.
Dislocation of clavicle.
Do. of scapula.
Do. of humerus.
Do. of radius.
Do. of ulna.
Do. of radius and ulna.
Do. of carpus.
Do. of metacarpus.
Do. of phalanges of the fingers.

INJURIES OF LOWER EXTREMITIES.

Fracture of femur.
Do. of cervix femoris.
Do. of cervix femoris, intra and extra capsular.
Do. of trochanter major.
Do. of patella.
Do. of leg—both bones.
Do. of tibia alone.
Do. of fibula alone.
Do. of bones of the foot.
Green-stick fracture.
Dislocation of femur at hip.
Do. of patella.
Do. of knee.

Dislocation of head of fibula.
Do. of foot at ankle.
Do. of calcaneo-astragaloid and scapo-astragaloid.
Do. of astragalus.
Do. of os calcis.

In General and Local Diseases and in Injuries the instruction will include the symptoms, course of the disease, complication, diagnosis and treatment.

R. HOLLINGSWORTH,
Lecturer on Surgery, Junior Department.

LIST OF HEADINGS
OF
SUBJECTS TAUGHT IN MIDWIFERY,
JUNIOR DEPARTMENT.

LIST OF HEADINGS OF SUBJECTS

TAUGHT IN

MIDWIFERY,

JUNIOR DEPARTMENT.

1. The Anatomy of the Pelvis.
2. Physiological Anatomy of the Female Organs of Generation, including Ovulation and Menstruation.
3. Development of the Ovum and its Appendages.
4. The Anatomy and Physiology of the Fœtus.
5. The Gravid Uterus and general modifications in the body produced by Pregnancy.
6. Signs and Symptoms of Pregnancy.
7. The Differential Diagnosis of Pregnancy—Spurious Pregnancy. Duration of Pregnancy. Signs of Recent Delivery.
8. Abnormal Pregnancy, including Multiple Pregnancy, Superfœtation, Extra-Uterine fœtation, and Missed Labor.
9. Disorders of Pregnancy.
10. Diseases co-existing with Pregnancy.
11. Pathology of the Decidua, Chorion, Placenta, Umbilical Cord, Amnion, and the Fœtus. Death of the Fœtus.
12. Abortion and Premature Labor.
13. The Mechanism of Labor in Vertex presentations.
14. Natural Labor and its Management.
15. After-treatment of the Mother and attention to the Infant after birth.
16. The Puerperal State and its Management.
17. Management of the Infant.
18. Anæsthesia in Labor.
19. Irregular Head presentations.
20. Difficult Labor—Tedious and Laborious.

21. Preternatural Labor—Inverted, Transverse and Compound.
22. Complex Labor—Plural Births, the different Varieties of Hæmorrhage, Inversion of the Uterus, Rupture of Uterus and Vagina, Puerperal Eclampsia, and Descent of the Funis.
23. Puerperal Septicæmia. (General diseases. Subgroup 3).
24. Phlegmasia Dolens.
25. Pulmonary Obstruction from Thrombosis and Embolism.
26. Puerperal Insanity.
27. Obstetric Operations—Induction of Labor, Version, the Forceps, Craniotomy, Embryotomy, Cæsarian Section, Gastrotomy, and Transfusion of Blood.

V. J. STAGGS,
Lecturer on Midwifery,
Junior Department.

LIST OF HEADINGS
OF
SUBJECTS TAUGHT IN PHYSIOLOGY,
JUNIOR DEPARTMENT.

LIST OF HEADINGS OF SUBJECTS

TAUGHT IN

PHYSIOLOGY,

JUNIOR DEPARTMENT.

---

1. Organic and Inorganic Structures.
2. Distinction between Animals and Plants.
3. Chemical Composition of the Human Body—Essential and Incidental Elements. Proximate Principles. The Azotised and Non-Azotised Compounds of the Body.
4. Structural Composition of the Body. Structure of Cells and Manifestations of Cell-life.
5. The Connective Tissues—
   - Areolar Tissue.
   - Cartilage.
   - Bone.
6. The Active Tissues—
   - Epithelial Cells.
   - Muscular Tissue.
   - The Blood.
7. The Heart and Blood vessels and the Circulation.
8. Respiration.
9. Food.
10. Digestion—(Superficially).

The course of instruction comprises twelve Lectures (exclusive of Examinations) delivered during the Summer Session, and is elementary in its nature—Physiology being a subject in which the Pupils are not examined by the Final Examination Committee.

V. J. STAGGS,
Lecturer on Physiology,
Junior Department.

This bundle
of Papers, Constitutes
to m.s.s
the App. referred to
frequently in my
Summary –

- Subjects -
in
- Syllabuses

Materia Medica	- Pages 1 - 26
Anatomy —	29 & 30
Minor & Operative Surgery	31 & 32
Medical Jurisp. -	35 to 43
Hygiene	47
Medicine —	51 - 55
Surgery	59 - 66
Midwifery	69 - 70
Physiology	73
Women & Children	- nil
Opthalmology	- nil

BOOK I

Hospital Assistant Question

(Circulated with reference to Surgeon General's letter to the Chief Secretary to Government No. 6?? [illegible] 11-91)

Memorandum

Circulated for the information of Professors. Undersigned has the honor to draw particular attention to paras marked (a) page 4 :(b) page 10 :-(c) pages 11 and 12 and (d) page 14. The letter attached, page 15, is copy of one by the Undersigned, to a reference on the same subject from the Surgeon General

W. Price, M.D.
Surgn Major
Ag Principal

Medl College
17th Nov 1891.

	Date of Receipt	Date of Despatch	Initials
The Professor of Anatomy			H.C.
" " " Chemistry			
" " " Hygiene	18/11/91	18/11/91	[illegible]
" " " Materia Medica	18.11.91	19.11.91	JH
" " " Medical Jurisprudence	23-11-9[illegible]		
" " " Midwifery	[illegible]		
" " " Pathology			
" " " Physiology & Ophth.	23.11.91	23.11.'91	EWH
" " " Surgery			
" " " Dental Surgery			

9TH OCTOBER 1891, No. 765, EDUCATIONAL.

GOVERNMENT OF MADRAS.

EDUCATIONAL DEPARTMENT.

READ—the following papers:—

G.O., dated 29th June 1891, Nos. 3595, 3596, Military.

Read—the following papers:—

From H. B. GRIGG, Esq., M.A., C.I.E., Director of Public Instruction, to the Chief Secretary to Government; dated Madras, 17th January 1891, No. 426.

In para. 19 of his report on the Medical College for 1889–90, the Principal, while remarking on the results obtained in the Junior department, pointed out that military pupils fared badly, and that the College Council considered it very desirable that all Native medical pupils should, if possible, attend a precollegiate course. The Surgeon-General, who was consulted on the subject, considers the course very necessary.

2. Looking to the unfavorable results of last year, it is very essential that all medical pupils should undergo a precollegiate course. In the case of military pupils, the change will require the sanction of the Government of India. The annual extra cost of training 25 Native medical pupils is estimated at Rs. 2,390–10–0.

		RS.	A.	P.
Stipends at Rs. 7 a month	..	2,100	0	0
Travelling allowances ..	..	100	0	0
Text-books	..	140	10	0
Hutting allowances ..	..	50	0	0
Total	..	2,390	10	0

3. I beg to enclose, for reference and return, the letters of the Principal, Nos. 358 and 388, dated 12th November and 12th December 1890, and that of the Surgeon-General, No. 7205, of the 21st ultimo, on the subject.

ENCLOSURES.

From Surgeon-Major J. H. RITCHIE, Principal, Medical College, to the Director of Public Instruction; dated Madras, 12th November 1890, No. 358.

With reference to the latter portion of para. 11 of your review of the annual report of the College for session 1889–90, in which I am invited to furnish a separate report on the subject of a precollegiate training for all Native medical pupils, I have the honour to draw your attention to the proceedings of a meeting of the College Council, held on the 26th March 1890, and submitted for your information with this office No. 809, dated 28th March 1890, in which the following resolution was passed:—

"The Council consider it very desirable that all medical pupils should, if possible, attend a precollegiate course and pass the necessary examinations."

2. I am not aware how it came to pass that the military medical pupils alone of all the classes of stipendiary pupils and also private students of the Hospital Assistant department have not been given the advantages of a precollegiate course; the want of such a training, however, was very conspicuously seen in the results of the various class examinations last session, when the whole of the students, with one exception, who were dismissed for incompetency, belonged to these two classes, viz., the Military and Private pupil classes. Professor Browning also in his annual report of the class of Materia Medica commented on the inferior attainments of the military pupils of the class, due, he states, to the want of a course of precollegiate training.

3. There is no doubt that the training given to pupils in their precollegiate year, together with the half-yearly examinations they have to undergo, is the best possible method of preparing them for the collegiate course, and I would therefore urge that Government may be moved to sanction such a course for military and private pupils, the two classes of pupils that have

hitherto been denied this advantage. In the event of this proposal being sanctioned, it would be desirable that early effect be given to the order so that a class of military pupils may begin their precollegiate training by the 1st of January 1891.

From W. F. DEFABECK, Esq., M.D., Surgeon-General with the Government of Madras, to the Director of Public Instruction; dated Fort St. George, 21st November 1890, No. 7205.

In returning the letter from the Principal, Medical College, referred to me for opinion under your endorsement No. 11546, dated the 15th November current, I have the honour to observe that in my opinion a precollegiate course is very necessary in the case of all Native medical pupils.

2. In the case of military pupils the change will require the sanction of the Government of India.

No. 12024.

The Principal is requested to report what the annual charge for the extended course would be, and to state, after consulting the College Council, what the curriculum and final test, if any, should be.

MADRAS,
26th November 1890.

(Signed) H. B. GRIGG,
Director of Public Instruction.

From Surgeon-Major J. H. RITCHIE, Principal, Medical College, to the Director of Public Instruction; dated Madras, 12th December 1890, No. 388.

With reference to your endorsement No. 12024, dated 26th November 1890, on the enclosed correspondence regarding the proposed course of precollegiate training for Native medical and private medical pupils, I have the honour to annex an estimate showing the annual cost of training 25 Native medical pupils, viz., Rs. 2,390–10–0. This number has been estimated for with reference to the average obtained from the number of Native medical pupils entertained for five years as per memorandum attached. A lump sum of Rs. 100 is assigned for travelling expenses. The rate of stipend recommended is the same as that for the civil medical pupil while under precollegiate training, but hutting allowance at Rs. 2 per pupil is added, as the rules allow a charge of this nature at Rs. 4 while the pupil is in College.

Referred to the Military Department for favour of remarks.

(By Order.)

23rd February 1891.

(Signed) A. BUTTERWORTH,
Ag. Under Secretary.

No. 1225.

Forwarded for favour of the opinion of His Excellency the Commander-in-Chief.

(By Order.)

27th February 1891.

(Signed) A. KENNEY-HERBERT, Brigdr.-Genl.,
Secretary to Government.

To the Principal Medical Officer, Her Majesty's Forces, Madras.

From Surgeon-General Sir J. A. HANBURY, M.B., K.C.B., Principal Medical Officer, Her Majesty's Forces in Madras, to Brigadier-General A. KENNEY-HERBERT, Secretary to Government, Military Department; dated Ootacamund, 5th March 1891, No. 623.

In returning the papers received with your No. 1225, dated 27th February 1891, I have the honour, by desire of the Commander-in-Chief, to state that His Excellency considers it very desirable that all military medical pupils should have the advantage of a precollegiate training.

OFFICIAL MEMORANDUM.

No. 1778.

From the Educational Department, No. ——, dated 23rd February 1891, with 3 enclosures.
From the Principal Medical Officer, Her Majesty's Forces, No. 623, dated 5th March 1891.

The Secretary to Government, Military Department, is directed to inquire, with reference to the correspondence marginally-noted, what educational test is to be recommended for the Native military medical pupils, and whether the expense that would be incurred by giving the pupils a precollegiate training would be obviated by confining the choice of the men to students who have already, by passing the Matriculation or Upper Secondary examinations, given proofs that they possess the requisite qualifications.

2. The Surgeon-General is also requested to state what in his opinion would be of the effect upon the number of qualified applicants if a test were fixed.

3. The Government further desires to be informed how the pupils are now selected; it is understood that a small private examination takes place to guide the selections.

4. The return of the correspondence is requested.

(By Order.)

FORT ST. GEORGE,
23rd March 1891.

(Signed) A. KENNEY-HERBERT, Brigdr.-Genl.,
Secretary to Government.

To the Surgeon-General with the Government of Madras.

From W. F. DEFABECK, Esq., M.D., Surgeon-General with the Government of Madras, to Brigadier-General A. KENNEY-HERBERT, Secretary to Government, Military Department; dated Madras, 31st March 1891, No. 263.

In returning the correspondence forwarded with your memorandum No. 1778 of the 23rd March 1891, I have the honour to state, for the information of Government, that according to India Army Regulations, Vol. VI, Medical, Paragraph 299, which are applicable to the three presidencies, candidates for admission into the Hospital Assistant branch of the Subordinate Medical Department are not required to pass any educational test; but it has always been the practice in this Presidency to recruit for the Hospital Assistant class from candidates who have passed the Middle School examination, and this system has been approved by the Government of India (*vide* G.O., No. 62, Educational, dated the 24th January 1890). As the number of applicants every year is always much in excess of the vacancies in the department, they are further subjected to a competitive examination under the orders of the Educational Department and selections made according to the order of merit.

2. Considering the hard work now required of a hospital assistant and the poor emoluments of his grade, I am of opinion that the fixing of a higher educational test for the candidates will have a prejudicial effect on the number of applicants, but even if I were in a position to recommend this, I would certainly still adhere to my suggestion that the candidates should have a precollegiate course for a year during which time they acquire the rudiments of medical science and are better able to understand lectures given to them at the Medical College than when they join that institution without previous training, although they may have passed a higher educational test.

MEMORANDUM.

No. 2273.

With reference to his letter, No. 263, dated 31st March 1891, and previous correspondence, the Surgeon-General with the Government of Madras is requested to be good enough to report, for the information of Government, what the nature of the training will be that the pupils are to receive while undergoing their precollegiate course; whether such course is to be undergone in the Medical College, and what security there can be shown that the boys will derive any benefit therefrom.

2. If, as is presumed, the precollegiate classes are to be held in the Medical College, some special teachers will have to be engaged and the expenses connected therewith will doubtless be in excess of the cost of stipends and allowances to *selected* pupils.

3. Previous therefore to issuing any orders on the subject, Government will be glad to be favoured with full particulars as to the arrangements, &c., proposed in connection with the introduction of the precollegiate course.

(By Order.)

OOTACAMUND,
21st April 1891.

(Signed) A. KENNEY-HERBERT, Brigdr.-Genl.,
Secretary to Government.

To the Surgeon-General with the Government of Madras.

From W. F. DEFABECK, Esq., M.D., Surgeon-General with the Government of Madras, to Brigadier-General A. KENNEY-HERBERT, Secretary to Government, Military Department; dated Ootacamund, 1st May 1891, No. 325.

In reply to your memorandum, No. 2273 of the 21st April 1891, asking me to report, for the information of Government, what the nature of the training will be for medical pupils while undergoing a one-year precollegiate course, I have the honour to say that if it is determined to reintroduce the precollegiate course which was done away with under India Army Circular of 1885, Clause 93, Government will be put to no extra expense. The lads will be posted to various civil hospitals in the Presidency, where they will be instructed by District Medical Officers in elementary professional subjects, namely, Elementary Anatomy of the bones, Materia Medica comprising instruction in British Pharmacopoeia, and the uses and administration of drugs and compounding medicines. They will also attend the practice of the hospitals and receive instruction in bandaging, application of splints and minor surgery generally.

2. The pupils will be examined half-yearly by printed questions set by the Professors in the Medical College to test the knowledge they may have gained in the above subjects, the answer papers being referred to me.

Order—dated 29th June 1891, No. 3595, Military.

The Right Honorable the Governor in Council concurs with His Excellency the Commander-in-Chief in considering that all Native military medical pupils should undergo a precollegiate course for one year as is now the case in this Presidency with civil medical students.

2. The sanction of the Government of India will be obtained to the re-introduction of the scheme in this Presidency.

To the Secretary to the Government of India, Military Department; dated 29th June 1891, No. 3596.

(True Extract).

(Signed) A. KENNEY-HERBERT, Brigdr.-Genl.,
Secretary to Government.

To the Principal Medical Officer, Her Majesty's Forces.
,, Surgeon-General with the Government of Madras.
,, Controller of Military Accounts.
,, Educational Department.
,, Adjutant-General for information.

From D. DUNCAN, Esq., M.A., D. Sc., Acting Director of Public Instruction, to the Chief Secretary to Government, dated 7th September 1891, No. 10375.

With reference to G.O., No. 610, Educational, dated 5th ultimo, I have the honour to invite the attention of Government to the Resolution of the Medical College Council quoted in the Principal's letter recorded in G.O., dated 29th June last, Nos. 3595-96, Military, and also to the recommendations of Dr. Ritchie as to the necessity of private medical pupils undergoing precollegiate training. I agree with the Principal and the College Council.

ENCLOSURE.

From the Principal, Medical College, to the Director of Public Instruction, dated 26th August 1891, No. 192.

With reference to your Endorsement No. 9611, dated, 21st August 1891, on G.O., No. 610, Educational, of 5th August 1891, referred to me for remarks, I have the honour to inform you that I consider it desirable that private medical pupils also should undergo a precollegiate course, an opinion recorded also in this office No. 358 of 12th November 1890, paragraph 3, and printed on page 2 of G.O., dated 29th June 1891, Nos. 3595–96. If this measure is carried out, the training for all classes of Hospital Assistant pupils will be made uniform.

A copy of G.O., dated 29th June 1891, Nos. 3595–96, is requested to be furnished for record in this office.

ORDER—dated 9th October 1891, No. 765, Educational.

The Government accepts the proposal that the system of precollegiate training should be extended to private medical pupils at the Medical College.

(True Extract.)

J. F. PRICE,
Chief Secretary.

To the Director of Public Instruction.
,, Surgeon-General with the Government of Madras
(through the Public Department).
,, Accountant-General.

No. 12420 26th October 189
Communicated to the Princip
Medical College for informa
and guidance.

D Dun

Exd. J. P. Oliver.

1218
27-10-91

Govt. of {1891} Madras.

EDUCATIONAL.

Circulated to the Profes
of the College for informa

W. Price
Ag Princip
Med Co

Issued

Recd. Encl.

27-10-91

G.O., 9th October 1891, No. 765.

OCTOBER.

Medical College.

Accepting the proposal that the system of pre-collegiate training should be extended to private medical pupils at the —.

Government of Madras.
Military Department.

Medical Department—Subordinate

Read the following papers:—

No 77. From Major J. E. Broadbent, Deputy Secretary to the Government of India, Military Department, to Brigadier-General A. Kenney-Herbert, Secretary to the Government of Madras, Military Department, d/ Simla, the 22nd July 1891, No. 2752 D.

Medical Department—Subordinate.

I am directed to acknowledge the receipt of your communication, No. 3596, of the 29th June 91 requesting sanction to the re-introduction in the Madras Presidency of the scheme [illegible] precollegiate year for Native Military pupils practically amounts to an extension of their curriculum from three to four years, a question which is for the whole of India at present under the consideration of the Government of India, His Excellency the Governor General in Council considers that any decision in the case had better be postponed until this latter question is finally disposed of.

2. At the same time I am to remark that the Civil Students at the Colleges of the Punjab and North-Western Provinces had, at one time, [illegible] a similar training at Civil Hospitals & Dispensaries, but after a time the practice was generally condemned by the Administrative Medical Officers of those provinces and institutions and ultimately abandoned in favour of their spending the year at the College in addition to the three years which then constituted the course; in other words, extending the period of study at College from three to four years, a course which has been found to be attended with the best results in those [illegible]

3. His Excellency in Council is of opinion that it is reasonable to expect that [illegible]

if found to be necessary in the case of the Madras Civil Students, would be spent more profitably in a College, to which would be attached a hospital having a large amount and great variety of sickness treated by selected Medical Officers, who, as experts, would command an instruction much more desirable than should be expected from Civil Surgeons, unless in the rare exception of one with a special aptitude for teaching, while the expense would be the same in both cases.

No. 81. Order thereon, 6th October '91, No. 582.

The decision of

Government of India communicated for the information of His Excellency the Commander in Chief and departments concerned, with reference to Proceedings of Government, No. 3595, d/ 29th June '91.

(True Extract)

(Signed) A. Kenney-Herbert,
Brigdr-General,
Secretary to Government.

To
The Principal Medical Officer,
Her Majesty's Forces, Madras.
" Surgeon General with the Government
of Madras.
" Controller of Military Accounts,
" Educational Department.
" Adjutant General, for information.

Educational Department.
Order d/ 5th November 1891, No. 849.
Communicated

132

[illegible]

Director of Public Instruction.

2. The Government will be glad to have the opinion of the Director of Public Instruction and of the Medical College Council in regard to the remarks contained in para 3 of the letter from the Secretary to the Government of India, Military Department, dated 28th September 91, No 3740 D.

(True Extract)

(Signed) A. C. Butterworth
Ag. Under Secretary

No.

14th November 91.

Communicated to the Principal, Medical College, who is requested to furnish the Director at an early date with his views & the views of the College Council on the subject.

D. Duncan
Acting Director of Public Instruction

Exd.

Madras Medical College
30 October 1891

No. 280

From
The Ag. Principal

To
The Secretary to the
Surgeon General with the
Government of Madras.

Sir,

In returning your reference No. 5972/27-10-91 on G.O. dated the 6th instant No. 5523, embodying the observations of the Government of India regarding the introduction into this Presidency of the scheme of a pre Collegiate year for Native Military Pupils, I have the honor to inform you that I quite agree with the opinion expressed in para 3 of the Govt. of India letter.

2. A pre-Collegiate year in a Hospital is better than nothing (~~and~~ It was this view and the desire that Civil & Military pupils should have the same advantages that influenced the College Council in recommending it for Military pupils) but an extra year in the College itself would be still better.

3. If this be determined on,

I would call it a "preliminary year" making these students attend the College in the early morning (when the other students are at their Hospitals) where they could be well grounded by the Assistant Professors in all the subjects in which they are at present supposed to be taught. I would also insist on their attending some good English school during the day. In this way in addition to the advantages already referred to in para 2 of the Govt of India letter, the Assistant Professors would get to know the capabilities of the students and useless men could be stopped on the threshold.

4. In my opinion it is essential that these "preliminary students" should not be mixed up with other students, partly because the classes are already so large as to be unwieldy, but chiefly because they could not then receive the special and personal attention they so much require and which made the pre-Collegiate course of such value where the student happened to be under a "Civil Surgeon with special aptitude for teaching" which includes a very special aptitude for taking trouble.

5. In

5. In this case the teaching of the three collegiate years would remain the same as at present.

6. Whatever is done should be done Equally for all classes of Hospital Assistants.

I have &ca

Sd/ W. Price M.D.

Offg Principal Medical College

(True Copy)

Offg. Principal, Medical College

Office of Surgeon-General with
the Government of Madras,
Madras. 12th November 1891.

No. 643.

From
The Surgeon-General with the
Government of Madras,
Fort St. George,

To
The Chief Secretary to Government,
Public Department.

Sir,

I have the honor to state that in G.O. No. 765 Edl. dated the 9th Octr. 1891 the Government has accepted the proposal of the Director of Public Instruction that in assimilation to the rule in force regarding Civil Medical pupils the system of pre-collegiate training should also be extended to private medical pupils, but it will be seen from paras 2 & 3 of the Government of India letter recorded in G.O. No. 5523 Mily. dated the 6th October 1891 that that Government is obviously of opinion that the course of instruction of Civil Medical students in this Presidency should be restricted to 3 years at the College and that if an extra year be at all considered necessary it should also be spent at the College rather than in a mofussil hospital as a pre-collegiate course.

I am not sure however whether it is necessary to give effect to the remarks of the Government of India, but with a view to obtain further information in the matter, I caused the Military Deptt. G.O. to be referred to the Principal, Medical College, Madras for his remarks and also for report as to what arrangements will be necessary to be made at the College in the event of the students being granted 4 years' Collegiate course. I enclose for the information of Government a copy of the Principal's reply with which I generally concur.

I am strongly averse to the period of training of Civil Medical pupils being in any way shortened as District Surgeons with their many duties cannot now give the same attention to pre-collegiate students as they were able to do when their duties were almost entirely confined to Head Quarter stations, it is advisable that these students should spend their 1st year at the Presidency town.

I am therefore of opinion that for the first 6 months of the "preliminary year" as the Principal calls it, the students should attend the College as proposed by him; but for the following 6 months they should be distributed for discipline and instruction among the various Presidency Hospitals, where they will also be of much assistance. I cannot approve of the Principal's recommendation that the students should attend some good English School during the day.

Should Government approve of these proposals I would request instructions as to whether they should be carried into force during the current or next year.

I have the honor to be,
Sir,
Your Most Obedient Servant.
(Signed) W. F. de Fabeck, M.D.
Surgn: General with the Govt. of Madras.

(True Copy)

Principal, Medical College.

Referred to the D.P.I. for remarks in continuation of G.O. d/5 Nov 91 No. 849 Ed.

21 Nov 91

J. R. Butterworth
Ag. Under Secy

No. 188 / 5-1-92 of DPI

Refd. D [illegible] for remarks

H. S. [illegible]
DPI

Memorandum

The undersigned has the honor to forward for information of Professors Copy of Proceedings of last Meeting of the College Council together with copies of covering letter No. $\frac{405}{3-3-92}$ from the Principal Medical College and also Proceedings of the Director of Public Instruction No. $\frac{3382}{10-3-92}$. Copy of letter No. $\frac{417}{17-3-92}$ from the Principal to the Director of Public Instruction on the subject of teaching the preliminary Class at the [illegible] Chemistry is attached.

W. Price
Surgeon Lt. Colonel
Principal Medical College

Med College
17-3-92

The Professor of	When Received	When Despatched	Initials
Anatomy 〃	17-3	18-3	H G
Chemistry			
Hygiene			
Materia Medica			
Medical Jurisprudence			
Midwifery			
Pathology			
Physiology and Ophthalmology			
Surgery			

Madras Medical College.
10 March 93

To Surgn Capt J Smyth M.D.
General Hosp

Sir,

I beg to state that I have yesterday returned the two books sent under [illegible] some other papers - In para 2 of Principal's letter $\frac{405}{3.3.92}$ in No. 2 the reference was by oversight noted inaccurately. It should be "called for in the first of the endorsements quoted in Resolution No 3 of the Pro. of the College Council quoted above." The inaccuracy of these also occurs & the explanation is correct.

I beg to remain
Your Most Obedt Servant
~~[illegible]~~
Asstt Clerk M.C.

Madras Medical College
3 March 1892.

No. 405

From
The Principal

To The Director of Public Instruction, Madras.

Sir,

I have the honor to forward a copy of the Proceedings of a meeting of the College Council held on the 26th February 1892 and to return the reference from Govt. forwarded with your Proceedings dated 5 January 1892 No. 188.

2. With regard to explanation called for in the latter part of para 1 of your Proceedings quoted above, I propose that "Preliminary students" should attend the College from 7 to 9 A.m. six days in the week during the Academical year, three days in the week to be devoted to Osteology &ca under Asstt Profr. T. Narrainsawmy Naidu, the alternate three days to Materia Medica under Asstt Professor T. Cunnisawmy Pillay. They ought also to attend an English School for at least two hours a day, or else be taught by an English master (engaged for that purpose) in the College itself. During the last three months they might be attached half at a time to one of the Presidency Hospitals.

3 The Report referred to in Resolution 4 of the College Council is herein enclosed for your information and favor of return.

I have &ca
Sd W. Price M.D.
Princl. M.C.

True Copy

Principal, Med College

Proceedings of the Director of Public Instruction

Dated 10 March 1892.
No. 3382

Reference:–

Officer – Principal
Medical College.

No. 405.

Date. 3rd March 1892.

Forwarding with remarks Proceedings of the College Council meeting of the 26 February last and requesting return of certain enclosure.

The Director is prepared to support the proposal for a preliminary year's training, but not for the inclusion of English in the course. It must be borne in mind that the General Educational standard will be raised to that of the Upper Secondary Examination with effect from the 1st January next in all Districts save the Northern Circars and the Ceded Districts. Vide Rules for Admission to ~~be~~ the Public Service 2 [3]

He however considers it undesirable that this preliminary year should be gone through at the Medical College. The Monegar Choultry seems a more fitting institution for such work. He accordingly requests the Principal to submit proposals for having the Class taught at Royapuram. He is also at liberty to re-open the question of transferring this class of students wholly to the Hospital attached to the Monegar Choultry.

(Sd.) H. B. Grigg
Director of Public Instr.

True Copy

Principal Med. College

Proceedings of a meeting of the Madras Medical College Council held on Friday the 26th February 1892.

Present

Surgeon Major W. Price M.D., President
Brigade Surgeon E. F. Drake Brockman F.R.C.S.
Surgeon Major A. M. Branfoot M.B.
" W. R. Browne M.D.
" H. Allison M.D.
Surgeon J. Smyth M.D.

1. Read Endorsement No. $\frac{13721}{1-12-91}$ of the Director of Public Instruction, Madras communicating the suggestions of the Surgeon General with the Govt. of Madras, with regard to the selection of candidates for Medical Service in Burma.–

The Council is of opinion that the Commissioner for the U.C.S. Examn. should be requested to advertise for 25 candidates according to the form and conditions herewith appended.

2. Read Endorsement of the Director of Public Instruction No. $\frac{14436}{17-12-91}$ communicating letter from the Surgeon Genl. c/c Govt. of Madras fixing certain conditions under which a Government pupil, who has failed a second time at a final Examination may be allowed to appear again as a private candidate:–

The Council concurs with the Surgeon General with the Govt. of Madras and further is of opinion that the conditions laid down by the Surgeon General should be inserted in the bond which these students sign and in the usual advertisements calling for

for candidates.

3. Read the following correspondence re the proposal to abolish for Civil Medical pupils the pre Collegiate course and in lieu to extend the Collegiate course of training from 3 to 4 years.

(a) Endorsement of the Dir of Pub Inst No. 130~~88~~66/14-11-91 – ~~[illegible]~~ 5tet [illegible]

(b) ——— Do ——— No. 188/5-1-92 on a reference from Govt d/ 21-11-91 = [illegible] 20 of [illegible]

(c) "Urgent" Official Memo from the D.P.I. d/ 8 2 92.

With regard to the course of instruction for Hospital Assistants, the Council considers that instead of a Pre Collegiate year the students should have a "Preliminary year" consisting of a course of training in the Medical College, combined with further teaching in General Education.

4. Read "Report of the Committee formed of the Hindu Assistant Professors on the most suitable mode of dress for Native Medical Students" dated 4 January 1892.

The Council is of opinion that the suggestions contained in the Report should be formulated into Rules and adopted.

3d March 92.

Sd/ W Price M.D.
Principal Medical College

True Copy

Principal, Med College

Madras Medical College
17 March 1892

No. 417

From
The Principal, Medical College
Madras

To
The Director of Public Instruction
Madras

Sir, With reference to the request contained in the latter part of your Proceedings No. 3382/10.3.92 that I should submit proposals for having the Class (preliminary year for Hospl. Asst Students) taught at the Mongar Choultry, I have the honor to inform you that this could not be carried out in a satisfactory manner at present.

2. The Mongar Choultry is already overcrowded with Students in the morning and there is ~~neither~~ consequently neither place nor Teachers for a "preliminary Class". If however the old School be re-opened and the Staff strengthened, this Class could very well be taught there.

3 At present my own opinion is strongly in favour of removing the Hospital Assistant Students from the College to a special School of their own. I shall take an early opportunity of consulting the College Council on this subject and letting you know the result.

I have &c

Signed W. Price M.D.
Surg: Lt Col
Principal

True Copy

Surg: Lt Col
Principal
Madras

Proceedings of the Director of Public Instruction.

REFERENCE.—

Dated 24th March 1892

Officer.—

No. 4262

No.—

Date.—

Subject.

Read letter from the Principal, Medical College dated 17th March 1892, No. 417, submitting his opinion on the subject of training of the "Preliminary year" class of Hospital Assistant Department at the Monegar Choultry.

Recorded.

2. The opinion of the College Council will be awaited

H. B. Grigg

Director of Public Instn.

To

The Principal
Medical College ✓
Madras

To

The Principal
Medical College

Recording his letter submitting his opinion on the subject of training of the Preliminary year class of Hospl. Asst. Deptt at the Moneyar Choultry

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Educational Department

Proceedings of the Madras Government

Read the following paper:-
From the Director of Public Instruction, Madras dated 15th March 1892, No. 3731, regarding the pre-Collegiate course of native medical pupils.

Order, 21st March 1892, R. No. 57

Recorded pending the receipt of the report promised by the Director of Public Instruction.

(True extract)

(Sd) A. Butterworth
Acting Under Secretary.

No. 4325 Dated 25 March 1892

Communicated to the Principal, Medical College

(Signed) H. B. Grigg
Director of Public Instruction
(True copy)

First Assistant to the Director of Public Instruction

Superintendent

Rns. 5279/92
31-3.

2847
28-3-92

No. M
1178

To
The Director of Public Instruction
Madras

Has the honor to request that he will be good enough to furnish the u/s with a copy of letter to Govt. No. 3731/15-3-92 referred to in Proceedings overleaf. Return requested.
30.3.92

W. Price MD
Principal, Med. Colly.

OFFICE OF THE DIRECTOR OF
PUBLIC INSTRUCTION,
Madras, 15th March 1892.

No. 3731.

From
H. B. GRIGG, Esq., M.A., C.I.E.,
DIRECTOR OF PUBLIC INSTRUCTION.
Madras,

To
The Hon'ble the Chief Secretary
to Government
Fort St. George

SIR,

With reference to the Official Memorandum of 11th March 1892 requesting an early submission of my reply to the communication regarding the pre-collegiate course for Native Medical pupils, I have the honor to report that the Medical College considered the question

letters to
Superintendent

Sd/ W. Price M.D.

on the 26th February last and resolved that "instead of a pre-collegiate year the students should have a Preliminary year consisting of a course of training in the Medical College combined with further teaching in general education;" thus agreeing with the remarks contained in para 3 of the letter from the Secretary to the Government of India Military Department, d/ 28th September 1891, No. 3740 D. But as I considered it undesirable that the Preliminary year should be given to the pupils at the Medical College, I have requested the Principal to submit proposals for training the classes taught in connection with the Monegar Choultry at Royapuram which seems to me to be a more fitting institution for the work the pupils are expected to do during their Preliminary year. I shall submit my proposals & recommendation immediately the reply to the above reference has been received from the Principal.

I have &c.

(Signed) H. B. Grigg
Director of Pub: Instruction
(True copy)

To the Principal
Medical College
with reference to his
No. M 1178 d/ 30/3/92,
herewith returned.

[illegible]
First Asst. to the Director of
Public Instruction

14
4-4-92

20

My dear Price.

Regarding the training of the Hospital Assistant class and regarding which we had a conversation. I would like to put down my views on paper, and you can make what use of them you deem fit.

I. It was I think a great mistake to have given up the Auxiliary Medical School.

2. As it is, with 252 pupils on the rolls they are not, they cannot be properly trained either clinically or theoretically. For the former, there are not sufficient beds in the Native Infirmary; nor sufficient staff: for the latter they arrive at the Medical College "dead beat" having to walk (some of them) several miles; and I dare say you find the classes over crowded

3. To teach this number of pupils entirely at Royapurum is out of the question, unless you erect a large Medical School building with a good staff: but even if you do that, they would not get proper "clinique", owing to want of beds in Native Infirmary for them.

4. The best thing that can be done, and which should be done at once, is to have Medical Schools for Hospital Assistants totally distinct from the Medical College; and as Royapurum cannot cope with 252 pupils which may increase in the future to 300, Organize 3 Medical Schools at Royapurum. Tanjore & Nellore. Myself as Superintendent for Royapurum & the District Surgeons of Tanjore and Nellore respectively, that would give about 100 pupils to each School and as far as Royapurum is concerned 100 to 125 pupils could be, properly and efficiently trained in every subject of Hospital Assistants and accommodation available.

= superintendent

Tanjore Medical [illegible]

There is no use proposing any plan or scheme for this until it is settled if this is to be done; and if it is, you shall have mine (in extenso)

Yrs faithfully

Madras
23rd March 1892

My dear Mr Grigg,

I forward letter over leaf just recd Dr book as I think you may like to see it.

Yours Sincerely

W. Price

Madras March 25 '92.

My dear Price,

I agree with you and Cook about the utter impossibility of teaching 250 Hospital Assistant students at Royapuram. I did not know there were so many.

There is a good deal to be said for the suggestion of 3 schools Royapuram Nellore Tanjore but it ~~with~~ will be difficult to carry it into effect because ~~the~~ Nellore & Tanjore Schools are supported by those Boards respectively.

If this scheme is to be carried out Boards sending pupils to Tanjore & Nellore will have to contribute towards the cost.

There is however an alternative scheme which I should like you to consider viz. to have two schools in Madras each teaching a maximum yearly class of 80 students one school to be at the Monegar Choultry the other at the Royapettah Dispensary & Hospital.

I would therefore suggest that you as Principal Medical College send a letter to me pointing out all the defects of the present system, the impossibility of dealing with the education of Hosp. Assts satisfactorily either at the Med College or at Royapuram (especially now that a 4 year's course is contemplated) and suggest 2 alternative schemes.

The first to have at,

i. Nellore, a school to which all students from Ganjam, Vizagapatam, Godavari, Kistna Nellore & ~~Kistna~~ Kurnool shall go. Each of these Boards contributing towards the cost of maintaining the schools, in addition to the scholarships provided by it, proportionately to the number of students for the Districts studying in the school.

ii. A similar school at Royapuram to which students from Madras, Cuddapah Bellari Anantapur, N. & South Arcot Chingleput, Malabar & South Canara should go. the school to be maintained in the same way.

(iii) ditto at Tanjore similarly supported for the Districts not included in the above list.

The second scheme is to provide the two schools at Madras to be supported from Provincial funds.

In writing you should suggest a suitable establishment for each school according to each scheme. I am not sure whether the Dt Surgeons at Nellore and at Tanjore draw allowances for their work if not it should be provided for.

The female Hospital Assistants should be educated at the Victoria Hospl. I should be very grateful to you if you could the scheme in outline before I go so that I may place it before Govt with my recommendation & support.

If you need authority for taking up the question please quote this letter as your authority in connection with the proceedings already sent to you. I feel very strongly that things should not be allowed to go on as they are, ~~word~~ without an effort to rectify them.

Yours Sincerely

Sd. H. B. Grigg

No. 129 Nellore, 26th April 1892

From

Enclosures.

Madras Medical College,

2d April 1892

From

THE PRINCIPAL,

MEDICAL COLLEGE,

To

THE Superintendent

Nellore Medical School

SIR,

I have the honour to inform you that I have been called upon by the Director of Public Instruction to submit a draft scheme for the better education of the Hospital Assistants and therefore request you will be good enough to send me detailed contrast statements — one showing present strength of students and of staff, with cost of latter and the other showing staff required (with cost of same) if the strength of the students were raised to one hundred.

The Director's scheme is as follows —

To have three schools one each at Nellore, Royapuram and Tanjore.

The Nellore School to receive all students from Ganjam, Vizagapatam, Godavari, Kistna, Nellore and Kurnool.

To The school at Royapuram the students from Madras, Cuddapah, Bellary, Anantapur, North & South Arcot, Chingleput, Malabar and South Canara should go.

A similar School at Tanjore to which students from the Districts not named above should go. (sd)

(True copy)

I have &c

sd. W. Price M.D.

letters to

Superintendent

Tanjore Medical School

of maintaining the schools, in addition
to the [illegible]

My dear Mr Grigg,
I forward letter over

From

THE PRINCIPAL,
MEDICAL COLLEGE,
Madras,

No. 129

Nellore, 26th April 1892

From

Surgeon Major G. L. Walker M.D.
Superintendent Medical School,
Nellore.

To

The Principal
Medical College, Madras.

Sir

With reference to your letter No. 1 dated 2nd Instant, I have the honor to furnish the following information regarding the Nellore Medical School: viz

Position of School:– This school has now been in existence 17 years, during which time it has trained the whole of the 31 qualified Local Fund Hospital Assistants employed in this District, besides several who have obtained professional employment elsewhere. The Subjects taught are in accordance with the Curriculum of the Junior Department of the Madras Medical College; the Students from this school having to pass the same examination as the Madras Students and being examined with them, in Madras. Last year I sent up six from this School, all of whom passed well, one being placed in the 1st Class. The Students of this School now undergo a training extending over four

years

of maintaining the schools, in addition
to the [illegible]

My dear Mr Grigg,

[illegible] ward letter over

From

TH years, which I think is short enough. As a test of general education, they must produce before entering, a certificate of having passed the Middle School examination.—

Strength of School. The average strength of the School has usually been about 16 in past years, at present, there are 20 on the roll; of these, 4 are Nellore District Boards' Stipendary Students in their fourth or final year of Study; they will present themselves for examination in Madras at the annual examination in June next. The other 16 Students are paying Students, who pay Rs 25 per annum to the District Board for their Medical training; they are now at the end of their first year of Study

Clinical Teaching:– The Hospitals and Dispensaries available for clinical teaching in Nellore are I think unusually numerous and extensive for a Mofussil Station. They are as follows viz/

	Beds	Total admissions Last year	Average Daily Sick Last year
Civil Hospital, (including Caste, Leper, & European Wards)	52	16,485	124.75
Police Hospital	18	272	7.82
Lying-in and Womens and Children's Hospital	25	2859	22.08
Branch Dispensary	Nil	9991 (12000	55.30 This year it will exceed 100)
Jail Hospital	14	110	3.05

Vide Postcard attached

at all of which institutions the students are afforded clinical instruction; and where there is sufficient material to supply a class of 100. Unclaimed bodies from the above institutions, together with those from the Lunger Kana or Poorhouse, afford material for dissection and anatomical demonstration

would be required. viz/

Allowance

Buildings The lectures are given in the unused upstair rooms of the large Caste Ward in the Civil Hospital Compound. There are four well lighted and airy upstair rooms, but only two of these are needed for School purposes at present; these rooms are constructed in two pairs, the rooms of each pair communicate by a door if necessary the two rooms forming each pair could easily be knocked into one, thus forming one fine large room from each pair of small ones, to accommodate large classes; this could be effected by removing the partition wall, or by forming a large archway between each pair of rooms,

Should any difficulty present itself on this point, on account of the Caste building being the property of the Municipality, an alternative plan presents itself. viz the Nellore District Jail will be abolished when the new jail building at Cuddalore is completed, probably in two years, in which case the three large wards of the Jail Hospital would suit the purposes of a School very well. Dissections, and anatomical demonstr on the dead subject are held in the Commodious Deadhouse attached to the Civil hospital, and in the Jail deadhouse, when opportunities occur.

Teaching Staff:— Heretofore the School has been carried on by the Superintendent (the District Surgeon), and one paid assistant, but such a limited amount of assistance,— even when afforded by one so zealous and capable as 1st Class Hospital Assistant N.P. Ramaswamy Naidu (who has been 11 years attached to the School), is quite inadequate, especially now that the District Surgeon has to be so frequently absent in the District, on inspection duty; the District Board and Government have acknowledged this, and a Second assistant will be entertained from the 1st September next;— I may therefore assume that the present teaching staff consists of:

Superintendent	allowance Rs 100	Rs 100
2 Assistants	" 25 each	Rs 50
		Rs 150
		per mensum

I may mention that the assistant Surgeon and the Municipal Hospital Assistant, give occasional Clinical teaching; but as they receive no allowance, they cannot be expected to pay much attention to it.

In the event of the strength of the School being raised to 100, I am of opinion that the following teaching staff (with cost of same) would be required. viz/

	Allowance
Superintendent (the District Surgeon)	Rs 200
1st Assistant (the Assistant Surgeon)	" 50
2nd Assistant (the Senior Municipal Hosp. Asst)	" 35
3d Assistant (the 2d Municipal Hospl. Asst)	" 30
4th Assistant, a recently passed 3d Class Hospital Assistant, for Osteology, Minor Subjects, and Clerical work, and as personal assistant to the Superintendent. To be specially attached to the Medical School, to be given his grade pay + Rs 10 allowance	" 35
	Rs 350
	per mensum

I may mention that all District Boards at present make a contribution to the Madras Medical College of 1/2 per cent per annum on their revenue, with the exception of Nellore and Tanjore; which are exempted on account of maintaining their own Medical Schools; such contribution, in the case of Nellore District, would average Rs 1500 per annum; and must therefore be considerably larger in the case of some other Districts. I think such contributions might fairly be transferred from the Madras Medical College to the Medical Schools which would serve those Dt. Boards respectively. Half the sum of these District Board Contributions would more than meet the total cost of this School on the scale proposed.

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proposed by me, viz,

Cost of proposed teaching staff	Rs. 4200
Annual Medical Contribution from the District Boards of Ganjám, Vizagapatam, Godavary, Kristna, Nellore and Kurnool: 6 Boards at (say) Rs 1500 per annum each	Rs. 9000

I find that Students and their friends are quite willing to pay Rs 25 per annum for Medical training (Rs 100 for the Course of 4 years), It is a good investment now-a-days, they could recoup their respective Boards to this extent:- or they might be perfectly free Students "paying the school directly for their medical education at this rate, (as is the case with the 16 Students now under training in this School), and being free to seek employment where they please, on obtaining their qualification

I may mention that the District Surgeon has to be absent a good deal, in the District on Inspection duties; and I think it would be advisable in the Case of Nellore and Tanjore Districts, where Medical Schools exist (of which the District Surgeon is Superintendent), that a portion of the inspection duties should be performed by the Assistant Surgeon to enable the Superintendent to pay more Continuous attention to the working of these Medical Schools.

Contrast Statements showing present strength of Students and staff (with cost) of this Medical School; and proposed strength (with cost), is herewith forwarded.

11th April/92

Nellore Medical School

Present Strength and Cost.

20 Students.

Staff

	Cost per Mensem
Superintendent, (The Dt. Surgeon)	Rs. 100
2 Assistants on Rs. 25 each	" 50
Total Rs	150

Proposed Strength and Cost.

100 Students

Staff

Superintendent, (The Dt. Surgeon) (4 Assistants)	Rs 200
1st Assistant (The Assistant Surgeon)	" 50
2d. Assistant (The Senior Municipal Hospl. Asst.)	" 35
3d. Assistant (The 2d. Municipal Hospital Asst.)	" 30
4th Assistant - A recently passed 3rd Class Hospl. Assistant Specially attached to the Medical School, for minor Subjects and Clerical Work, and as personal Assistant to the Superintendent - His grade pay = Rs 25 + 10 allowance =	" 35
Total Rs.	350

I have the honor to be
Sir
Your Most obedient Servant
Geo. A. Walker
Surg
Superintendent

176
28-4-

253 / 9-5-92

NELLORE
7 MY
92

MADRAS
1ST DEL
8 MY.
92

The Principal Medical
College
Madras

Enclosure two

Madras 11th April/92

No. 15

From

Surgn: Lt: Coll H. D. Cook M.B.
Surgeon 1st District

To

Surgn: Lt: Coll: W. Price M.D.
Principal
Medical College
Madras.

Sir,

I have the honor to forward herewith the statements as per your letter No1 dated 2nd april/92, and to make the following remarks.

The Building &c. The Auxiliary Medical School in its present state as quarters for Apothecaries, requires but slight alterations here and there, to fit it for a School again. For Practical anatomy there is only one room which is inadequate for the purpose. Spacious verandah all round, within some sort of enclosure, is very highly necessary.

Assistants. Besides myself I have

asked for four assistants, two of whom are attached to Hospitals here. They have passed the L.M.S. degree Examination and are well able to carry on the work assigned to them. The clinical portion of the work will be carried on by myself and two of the assistants.

According to the curriculum of studies as followed at present at the Medical College there are for the Winter Session five subjects and for the Summer five. But it will be seen that four of the Winter Subject are continued during the Summer thus making in all 9 subjects for the latter Session. This falls too heavily on the assistants and, I think, on the Students also. Therefore I would suggest that Medical Jurisprudence and Hygiene be made Subjects for the Winter Session the former thrice and the latter twice a week.

Furniture &c.

I have not made any provision in the "Statement" for furniture & other school necessaries as I think these will be supplied by the Medical College when the transfer is made.

I have the honor to be
Sir
Your most obedient Servant
M.B.
Surgn: Lt: Col:
Surgeon 1st Distric

13
11-4-92

Statement showing the Staff at present instructing the Students.

	Cost			Remarks
Surgn. Lt. Col. H. D. Cook M.B. Clinical teacher	100	"	"	At present clinical instruction only is carried on here at the Native Infirmary. About 150 Students attend the Hospital. This is ~~rather a~~ far too large number for this Hospital.
A. M. Masilamani Mudali Clinical Assistant	50	"	"	
Total Rs	150	"	"	

Madras
11th April 1892

H. D. Cook M.B.
Surg: Lt. Col.
Surgeon 1st Distt.

H. D. Cook M.B.
Surg. Lt. Coll.
Surgeon 1st District.

Statement showing staff required for 100 students teaching them all subjects necessary for the diploma

Designation	Subjects	Probable Cost			
		Rs	as	p	
uperintendent	Medicine, Surgery & Clinical Surgery	200	"	"	Surg n 1st District
Senior Assistant	Medical Jurisprudence, Physiology & Medicine assistant	75	"	"	The Re dent Apothecary. Native Infirmary
nd Assistant	Midwifery, Hygiene & Clinical Medicine	75	"	"	The Res nt Apothecary Lying in Hospital who present the clinical Assistant.
rd Assistant	Anatomy, Practical anatomy Minor & operative Surgery	125	"	"	The sistant at the Medical College - who is present engaged in the same work
th Assistant	Materia Medica & Pharmacy & Office work - Assistant - Surgical wards	105	"	"	The Assistant at the Medical College - who is present engaged in the same work
2 Anatomy attendants		22	"	"	
Peon		7	"	"	
Gardener		5	"	"	
Tohes		10	"	"	
	Contingent Expenses	20	"	"	
	Total Cost Rs.	644	"	"	

Enclosure: 1

Tanjore District Surgeon's Office.

No. 1220.
Tanjore 15th April 1892

From
Surgeon Major H. A. F. Nailer M.B.
District Surgeon,
TANJORE

To
The Principal,
Medical College,
Madras.

Sir.

With reference to your letter No. 1 of the 2nd April 1892, I have the honor to forward a comparative statement showing the present and proposed strength and cost of Establishment of the Tanjore Medical School.

2. I may mention that the Tanjore Medical School has a funded Capital of Rs 1,00,000 the interest accruing therefrom being Rs 4,000 per annum. This capital, I would suggest, should, with the approval of the District Board, be transferred to Government in the name of the School, in case the institution is to be made a Provincial one. In return for this the District Board may get the

required

required number of Medical Subordinates from Government for Services under them without any annual Contribution.

I have the honor to be
Sir,
Your most obedient Servant
Surgeon Major
M.S. District Surgeon

I have the honor to be,
Sir
Your Most Obedient Servant
Surgeon
District Surgeon.

99
20-4-92

MEDICAL DEPARTMENT.

FROM

THE DISTRICT SURGEON

Tanjore.

To

The Principal,
Medical College
Madras

No. 1220.

Dated
Despatched
Received
15th } April 1892

ENCLOSURE 1

Subject.

Forwarding a comparative statement

99
20-4-92

Present Scale

	Staff	Allowance Rs. a. P.	Subjects taught
1	Superintendent. (District Surgeon)	100 " "	Lecture: Surgery and Physiology.
2.	1st Assistant. (Assistant Surgeon)	75 " "	" Medicine & Anatomy.
3.	2nd Do. (Apothecary)	50 " "	" Hygiene & Midwifery
4.	3rd Do. (Hospital Asst.)	55 " "	" Materia medica, Medical Jurisprudence.
5.	Peon.	6 " "	
6.	Sweeper.	4 " "	
	Total	290 " "	

Proposed Scale

	Staff	Allowance Rs. a. P.	Subjects.
1.	Superintendent. (District Surgeon	200 " "	Lecture: Surgery & Op: Surgery, & Supervising of clinical work.
2.	1st Assistant. (Asst. Surgeon)	100 " "	Lecture: Medicine & Physiology, & Supervision in outdoor work of students.
3.	2nd Do. (Resident Apothecary)	75 " "	Lecture: Midwifery & Hygiene, & Charge of Lying in ward.
4.	3rd Do. (Civil Apothecary	50 + 50 " "	Lecture: Anatomy, Dissections, Demonstrations on Anatomy, Minor Surgery, clinical work & Charge of one ward.
5.	4th Do. (1st class Hosp: Asst.)	55 + 25 " "	Lecture: Materia medica and Med: Jurisprudence; Demonstration on materia medica, Practical Pharmacy, Clinical work, Charge of one ward.
6.	Clerical allowance.	*10 " "	* The senior clerk of the office of the Dt. Surgeon is to attend ~~to the~~ work & he is to get the allowance.
7.	2 Peons	12 " "	
8.	Anatomical attendant	10 " "	
9.	Bhisty	7 " "	
10.	Sweeper	4 " "	
	Total	598 " "	

Surgeon Major

No. 3[illegible]

Madras Medical College,

12 January 1893.

Enclosures.

From

The PRINCIPAL,

MEDICAL COLLEGE,

To

The Director of Public Instruction,

Madras.

that of [illegible]

Sir,

In returning your endorsement No. [illegible] I have the honor to state that as the subject of reorganizing the Hospital Assistant Department of the College will be considered by the College Reorganization Committee recently appointed by Government, I have not [illegible] opinion to be taken in the [illegible] until the Committee's recommendations [illegible] before Government.

I have &c

[illegible]

[illegible]

The Principal,
Medical College,
Madras.

GOVERNMENT OF MADRAS.

LOCAL AND MUNICIPAL DEPARTMENT.

Read—the following papers :—

From Surgeon-Major-General W. F. deFABECK, M.D., Surgeon-General with the Government of Madras, to the Chief Secretary to Government, dated Madras, 2nd June 1892, No. 439.

With reference to paragraph 5 (3) of G.O., No. 724 L., Local and Municipal, dated the 23rd March 1892, and received in this office on the 5th May, I have the honour to state that my remarks on Grant III of the budget estimate of the Nellore District Board were submitted to Government with my letter, No. 345, of the 27th April last.

2. As regards the question of the retention or otherwise of the Nellore Medical school, on which a report is called for from the District Board, I have the honour to make the following remarks, which may be considered when the question again comes up before Government for final disposal.

3. As far as I have ascertained, there are now only four stipendiary students of the District Board at the Nellore Medical School, and they are all in their last year of study, so that practically for the purposes of the District Board, the school is no longer necessary after June next; but there are also 15 *paying* students at the school who are paying the Board Rs. 25 each per annum and are at the end of the first year of their study. They are all Nellore lads, who partly on the score of expenses and partly on other considerations will not go to Madras to prosecute their medical studies should the local school be abolished.

4. I am informed that the Director of Public Instruction has in contemplation a scheme to have three medical schools in the Presidency, viz., one at Ráyapuram (Madras) for students from the Ceded Districts and the Western Coast (probably in lieu of the present Junior Department at the Medical College), another at Tanjore for students from the South, and the third at Nellore for the Northern students. Should this be a fact, it will perhaps be advisable to defer the consideration of the question regarding the Nellore school until the scheme is placed before Government.

5. As regards the relative merits of the students educated at the Madras Medical College and in Nellore, my views are already before Government—*vide* my letter, No. 253, dated 24th March 1892.

From C. D. MACLEANE, Esq., Collector and President, District Board, Nellore, to the Chief Secretary to Government, dated 9th December 1892, No. 1533—D.B.

With reference to paragraph 5, clause (3), of G.O., No. 724 L., dated 23rd March 1892, and paragraph 4, clause (3), of G.O., No. 2274 L., dated 30th October 1892, I have the honour to submit herewith a Note for District Board, dated 27th October 1892, and Resolutions, Nos. 103 and 114, dated, respectively, 29th October and 26th November 1892, passed thereon, and to request that, under the circumstances therein set forth, the sanction of Government may be obtained for the continuance of the Nellore Medical School.

ENCLOSURES.

Note for the District Board, dated 27th October 1892, *No.* 2475-*D.B.*

1. The following is the précis of correspondence regarding medical school :—

12th December 1885.—The District Board when considering the budget for 1886–87 made provision for the maintenance of the local medical school during that year, but resolved that, in view of its financial position at that date, it would not be able to continue the school after the batch of students then under training passed their examination unless supported by other District Boards.

15th December 1886.—Again, in submitting the budget for 1887–88, it was stated that, as there were then 25 passed hospital assistants, the school would not be maintained unless other Boards joined in the cost of maintaining it and offer to employ successful students.

— *February* 1887.—The Surgeon-General was of opinion that the school might be maintained for some time longer until the Government Medical College should be able to undertake the additional work thrown upon it by the abolition of the following medical schools :—

(1) Madura Medical School.
(2) Auxiliary Medical School, Ráyapuram.

10*th March* 1887.—The Government, in its order, No. 462 L., dated 10th March 1887, that Godávari and Kistna Boards should be consulted regarding the future maintenance of medical school in Nellore.

The District Boards of Kistna, Cuddapah and North Arcot were addressed to know whether they would be willing to coutribute towards the upkeep of medical school here, but their replies were not favorable.

14*th November* 1887.—The Government, in its order, No. 2172 L., dated 14th November 1887, stated that if the Godávari District Board also be not willing to contribute, the question of the abolition of the medical school might again be submitted for its orders.

24*th December* 1887.—Government was requested to sanction the continuance of the medical school for three years more until the batch of students entertained in 1887 passed their final examination.

8*th March* 1888.—The Government, in its order, No. 526 L., dated 8th March 1888, gave its sanction accordingly.

20*th February* 1891.—As the above term of three years was to expire on 30th June 1891, the subject was discussed between the Collector and the Zillah Surgeon, when it was decided that the latter, who was anxious for further continuance, should urge his views in writing.

7*th August* 1891.—Zillah Surgeon proposed that the medical school be recruited with a view to the requirements of other District Boards.

14*th November* 1891.—Zillah Surgeon proposed to continue the medical school by admitting also private students who were willing to pay for their own education.

19*th November* 1891.—Reference was made to North Arcot, Cuddapah, Kurnool, Kistna, Godávari, Vizagapatam, Bellary and Chingleput District Board Presidents to state if they would co-operate in the maintenance of the medical school.

4*th January* 1892.—The usual provision was made in the current year's budget (1892–93) pending replies to reference already quoted.

6*th January* 1892.—The subject of entertaining another batch of medical students who were willing to pay for their medical education was placed before the Board and was sanctioned in its resolution, No. 137, of that date.

25*th February* 1892.—Letter to Zillah Surgeon communicating the above sanction.

January 1892 *to April* 1892.—Replies from the Presidents mentioned above were received and all of them were unfavorable with the exception of that received from the President of the Godávari District Board, who promised to send three medical students for training here.

6*th May* 1892.—The Government, in its order, No. 724 L., dated 23rd March 1892, remarked that the school should not have been continued without the special sanction of Government, and stated that the Board should consider the matter of retaining the school and report its views to Government.

2. The conditions under which the present batch of students are entertained are—

(*a*) That the students to pay a school-fee of Rs. 25 per annum.

(*b*) That the students have no claim on the Board for providing them with employments, and the Board has no claim on the students so as to make them serve the District Board for any fixed period.

(*c*) That the students are at liberty to seek employment where they please as soon as they are declared to have qualified themselves.

3. The school now contains sixteen students paying for their education and three more from Godávari will be admitted this month. Two students from Cochin and one from Travancore have come here for studying in the local medical school as private students under no sort of engagement with the Board.

4. The annual cost of the local medical school is as follows :—

	RS.
1 Superintendent	1,200
1 Assistant	300
Contingencies	12
Total ..	1,512

5. The annual savings or receipts by maintaining the school are as follows :—

	RS.
By amount of contribution to the Medical College, which the Board is excused owing to maintenance of the school	1,100
By school-fees from 16 students at Rs. 25	400
Total ..	1,500

6. The matter is put before the Board for discussion. It is considered that it cannot but be advantageous to the Presidency generally to have some institutions to rely upon over and above single Medical College at Madras, and that the success which has lately attended the plan of introducing paying students is a sound argument against closing a school which has hitherto had such a creditable history.

EXTRACT from Resolution Book of the Nellore District Board, dated 29th October 1892, No. 103.

* * * * *

Subject or Proposition.—Read Note, No. 2475-D.B., dated 29th October 1892, regarding the continuance of Local Fund Medical School, Nellore, permanently.

Put up before the Board for sanction.

Resolution.—Postponed to be taken up with No. 9 at next meeting.

EXTRACT from Resolution Book of the Nellore District Board, dated 26th November 1892, No. 114.

* * * * *

Subject or Proposition.—Read Note, No. 2475-D.B., dated 27th October 1892, regarding the continuance of Local Fund Medical School, Nellore, permanently.

Put up before the Board for sanction.

Resolution.—The Government to be asked to continue the present arrangement.

No. 1099.

Referred to the Director of Public Instruction, for remarks with reference to paragraph 4 of the Surgeon-General's letter.

(By order.)

(Signed) N. S. BRODIE,
Ag. Under Secretary.

FORT ST. GEORGE,
24*th December* 1892.

From D. DUNCAN, Esq., M.A., D.Sc., Director of Public Instruction, to the Chief Secretary to Government, dated Madras, 24th January 1893, No. 540.

In returning herewith reference, No. 1099, dated 24th ultimo, I have the honour to state that the whole question of the future training of hospital assistants has been, as the Government is already aware, referred to a special Committee of College Professors appointed by me to consider the re-organization of the Professorial staff of the Madras Medical College and kindred matters, and to suggest that, pending the recommendations of the above Committee and the orders of Government thereon, sanction be accorded to the continuance of the Board Medical School, Nellore, as proposed by the Surgeon-General and the District Board

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ORDER—dated 11th February 1893, No. 296 L., Local and Municipal.

The continuance of the Board Medical School at Nellore is sanctioned until the report of the Committee to which the Director refers has been considered.

2. No fresh admissions to the school should be made.

(True Extract.)

C. A. GALTON,
Ag. Chief Secretary.

To the President, District Board, Nellore.
„ Accountant-General.
„ Surgeon-General.
„ Director of Public Instruction.

No 2217 Dated 3d March 1893.

Communicated to the Principal, Medical College.

D Duncan
Director of Public Instruction

Exd A. Raitt.

Govt. of (1893) Madras.

LOCAL AND MUNICIPAL.

Issued

Recd.

Encl.

G.O., 11th Feb. 1893, No. 296 L.

FEBRUARY.

Medical School.

Sanctioning, with remarks, the continuance of the Board — at Nellore.

No. 44/894

To The Secretary
Medical College [illegible] Com

Has the honor to forward

7-3-93

Principal
Med Coll

[G./73]
300—30-7-96.

NOTE FOR THE *Secretary.*

This file has to be resubmitted to H. E. the Governor with ref to his note flagged D. in the original of G.O. no. 654 Ed. D 22nd Oct. 1896. Orders have now to be passed on the question of training hospital assistants – vide para 4 of the G.O. 654 Ed / 22-10-96.

The Govt of I has been addressed with ref. to para 4 (a) of the G.O. ~~[illegible]~~ vide G.O. no. 658 Ed. D 22nd Oct. 96. No reply has been received yet.

The Govt of I was also addressed with ref. to para 4 (e) of the order and has sanctioned the carriage allowance proposed. vide papers in the linked file. [illegible]

× This has been removed to the [illegible]
file in [illegible]

TB / 18/12.

H.E.

S.L. 18/12/6

Note for the Secretary.

[illegible]-8-98

Between 1890-92 the Director of Public Instruction had under consideration certain suggestions to improve the efficiency of the education and training given in the Madras Medical College with reference to the poor results achieved by the College at the several public examinations. In order to deal thoroughly with the question the D.P.I., appointed in December 1892, a special Committee to consider all the questions connected with the reorganization of the College and to formulate a definite scheme for submission to Govt. The Committee submitted its report in April 1893. The D.P.I. submitted it to Govt. with his recommendations towards the end of 1894. The above report dealt with the following 5 main questions:-

I. Reorganization of the training of Hospital Assistants.
II. Curriculum of the Madras Medical College.
III. Reorganization of the Medical College Staff and its duties.

2. In G.O.654 Educl., d/22-10-96 final orders were passed on Question II - the curriculum of the Madras Medical College - and on certain minor point connected with No.I - the training of hospital assistants.

Fro

3. As regards [illegible] the recommendation of the Medical College [illegible] its [illegible] in [illegible] that [illegible] abolished. [illegible] tion [illegible] it [illegible] The [illegible] orders on this yet.

4. In para 4 of the G.O. [illegible] that the question of training hospital assistants would be considered in separate proceedings. Orders on this have yet to issue.

5. The Committee made 21 recommendations regarding the training of hospital assistants. Orders have been passed on 16 of them viz., 5 and 7 to 21. Orders have yet to be passed on 4 viz., 2,3,4 & 6. (Vide para 35 of G.O. 654 d/23-10-26)

Para. 6.

6. Recommendation No.2 is that the training of hospital assistants in the Medical College should cease and that 3 provincial schools should be opened one each in Madras(Royapuram), Tanjore and Nellore - capable of accommodating 150,100 & 100 pupils respectively. The opinion of the D.P.I. and the Surgeon-General on these proposals will be found summarized in para 5 of the G.O.654 d/23-10-26. All the members of Govt. agree as to closing the Hospital Asst. Dept. in the Medical College.

As regards the proposal to open 3 provincial schools, the Hon'ble Mr. Grose

The Hon'ble Mr. Grose
" " Sir H. Bliss
H.E. on [illegible]

* Vide A B C [illegible] in the note for orders under cover of G.O.654 of 1926.

I [illegible] the [illegible] of the Royapuram Med. School.

2. I think before any more schools should be established it should be shown that there is need for them. This depends upon the rest on the question how many Hospital Assistants will be required, & this ~~[illegible]~~ [illegible] will again depend upon the decision of the question whether Hospital Assts. or men of a higher grade should hold the numerous dispensary charges. On these two [illegible] I consider the opinion of the Surg. General should be obtained - when we can come to a decision.

3. Should it be found that additional provincial schools are needed, I should be inclined to locate them at Vizagapatam and at Calicut. I agree that the [illegible] [illegible] [illegible]

Grose agrees that the Royapuram School which was abolished in 1887 should be reopened, that the Board Medical School at Tanjore should be retained on the terms proposed by the D.P.I., Govt. bearing half the cost of the additional accommodation required, that the Nellore Medical School should be closed and that a new school should be opened at Vizagapatam to accommodate 100 pupils eventually and 50 at first.

The Hon'ble Sir H.Bliss agrees in the proposals to establish medical schools at Royapuram and Vizagapatam and disapproves of the proposed extension of the Tanjore Board School. He would let the Nellore school alone to live or die out and instead of developing the Tanjore school, he would establish one at Calicut. Before passing orders on these proposals he considers that a good many points should be settled such as (1) the length of the course, (2) the number of pupils for whom accommodation will have to be provided (3) the number of medical institutions to which they would be liable to be posted (4) the annual rate of decrement among Hospital Assistants &c., &c.,. He states that the question of Medical schools which includes the strength of the Hospital Assistant class has not been sufficiently thought out by the Medical Committee or the Surgeon-General or the D.P.I., and considers that it should be remanded to the latter 2 officers for further [illegible] consideration.

Fro

[illegible] consideration and further information.

H.E.Lord Wenlock [illegible] all the [illegible] station [illegible] the [illegible] Tanjore [illegible] in [illegible] school there, [illegible] think [illegible] over. [illegible] it [illegible] the 2 places at which medical education should go on. He notes that [illegible] would let the Vellore school [illegible] and [illegible] the question of opening a school at Vizagapatam [illegible] be considered after some years' experience. He agrees with the Honourable Sir Henry Bliss in thinking that further information was required and should be called for before passing final orders on these proposals.

7. Recommendation No.5 - Staff for the Medical School:-. The committee recommend the following staff for each of the schools.

Supdt. (District Medical & Sany. Officer)	Rs.[illegible]
1st Instructor (Asst.Surgeon or Apothecary)	Rs.1[illegible]
2nd ,,	Rs. [illegible]
3rd ,,	Rs. 4[illegible]
4th ,,	Rs. [illegible]
Clerk	Rs. 15
Menial Est.	Rs. [illegible]
	Rs.455

The D.P.I., approves of this scale, but the Surgeon-General would give the Superintendent of the Royapuram School Rs.200 and the Superintendent of the other schools Rs.150 each and thinks that the Instructors should all be Assistant Surgeons.

The Hon'ble Mr.Grose would give the Supdt.of the Royapuram School Rs.200, the Tanjore Supdt.Rs.150 and the Vizagapatam Supdt.Rs.100 to begin with.

The Hon'ble Sir H.Bliss agrees to the rates of the allowances, but not to the location of a School at Tanjore. He further thinks that the financial effect of this proposal has not been properly worked out and that the 1st instructor should be a different person from the Assistant to the District Medical and Sanitary Officer.

8. Recommendation No.4 - Official Visitor:-

The Committee recommend that the Principal, Medical College should be appointed Official Visitor and the D.P.I., and the Surgeon-General approve of this.

The Hon'ble Mr.Grose has no objection to this if the appointment will not interfere with his duties at the General Hospital. If it will, the Surgeon-General should be appointed and the Hon'ble Sir H.Bliss agrees to this. H.E.Lord Wenlock thought that the Principal might arrange for a visit during the College recess.

9. Recommendation No.6 - Curricula of the Hospital Asstt.class:-

Fro

The proposals of the Committee have been sanctioned generally in Govt. Order [illegible] para 4(c) of G.O. [illegible] directs that the old curriculum should be kept in abeyance until the orders of the Govt. of India, on the letter No. [illegible] regarding the extension of the course of study of Military Hospital Asstt. pupils to 4 years has been received. The Govt. of India has refused their sanction to this and in para 2 of G.O. 985 d/4-11-97 the Govt. has directed that Midwifery, Medical Jurisprudence and Hygiene may be omitted from the curriculum of the Military Hospital Assistant pupils. Final orders have yet to be passed on the length of the course of Hospital Asstt. pupils. Before a 4 years' course can be approved for the Civil Hospital Assistant pupils, it seems necessary that the D.P.I., and the Surgeon-General should explain how it is possible to teach the Civil and Military pupils together.

K
/2/98

Note for Public

On page 4 of the note for orders in the file (Flag Z) H.M. has remarked that "the assist^t. to the D.M. & S.O. ... must if the District work is to be properly done often be absent from the head quarter station." Will Public please say whether it is the case that the duties of the Assistant Surgeons require them to be often absent from head quarters?

A.C.
12.7.98

Pub. Refr.

Please put up any papers etc defining the duties of Asst. Surgns

13-7

Note for the S.a

Please see portions flagged II, III + VI in G.O. no. 435-6 d/ 17.4.97 + the previous papers tied separately with red tape.

AM
13.7.98

NOTE FOR THE Asst. ~~UNDER~~ SECRETARY.

(Educational)

In reply to your note dated 12.7.28 the papers flapped II, III, & V in the file tied with pink tape [put up herewith] show that Asst. Surgns.' duties frequently necessitate their absence from Hd. Qrs.

A. W. Knapp.

Ag. Under Secretary

13/7/28

Shd 23.7.98
A 25.7.98 At 27/7

C. 28.7.98
A 29.7.98
Revised draft.

Educational Dept:

5548/5/8

H.M. & Circ.

S u b j e c t

The training of Hospital Assts.

:-:-:-:-:

Read again G.O.No.654, d/22-10-96

To Public Dept. for Concur. initials.
AE
15-7-98

AE
23.7.98

This seems quite correct, but it w'd have been better if the orig. notes, recorded before G.O. $\frac{654\ \text{Ed.}}{22.10.96}$ was passed, had been put up.

26/7/98

ORDER no 481 dated 5-8-98.

In G.O.No.654, d/22nd Octr. 1896, orders were passed by Govt. on the proposals submitted by the Special Committee appointed to consider all the questions connected with the reorganization of the Medical College, and it was stated in para 4 of the G.O. that the question of the training of the Hospital Assts. would be considered in separate proceedings. In its report on this subject the Committee made 20 recommendations regarding the training of Hospital Assts. on 16 of which orders were passed. The Govt. now proceeds to dispose of the remaining 4 proposals.

2. The Committee (recommendation No.2) proposed that the training of Hospital Assts. at the Medical College, Madras, should cease, and that three Provincial Schools should be opened, one each in Madras (Rayapuram), Tanjore, and Vellore. The opinion of the D.P.I.

and

and the S.G. are summarized in para 3 of the G.O. referred to above, and they both concur generally in these proposals. The Govt. approves of the recommendation that the training of Hospital Assts. at the Medical College should cease. It remains to consider what system should replace that which now exists. The proposal to reopen the Medical School at Rayapuram for 150 pupils is approved, and the Govt. inclines to the opinion that the schools at Tanjore and Vellore should not be retained and that, if necessary, schools should be established at Vizagapatam and Calicut. Before, however, definite and final orders on the subject can be passed, further information is necessary on several points, such as [illegible]) the length of the course of study for hospital assistants, [illegible]) the number of medical institutions to which they would be liable to be posted, [illegible]) the number of pupils for whom accommodation will have to be provided, and [illegible]) the annual rate of decrease among hospital assistants. The question of the length of the course for hospital assistants is dealt with in para 5 [illegible] below. With reference to the other points, the S.G. will be requested to supply Govt. with a list of the medical institutions to which hospital assistants will be liable to be posted, and also with accurate information as to the annual rate of growth of medical institutions in the last five years and

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~~and~~ the probable growth hereafter, and the annual rate of decrease in the last five years among hospital assistants, in order that the numbers for whom accommodation will be required, may be calculated ~~ascertained~~. It must be ascertained how many of them, at the existing rates of increase in hospitals and dispensaries and of decrease in the strength of this class of subordinates will be required now and in future years to man the various Govt. and Local and Municipal medical institutions in the Presy., to supply the requirements of the several Native States, and to satisfy the demand for private practitioners.

Information should also be furnished on similar lines with respect to civil apothecaries. The Govt. considers that the system under which local and municipal bodies are now supplied with both hospital assistants and civil apothecaries is open to improvement, and that steps are necessary both to ensure that as suggested by the S.G. in his letter read in G.O. No.970 Pub., d/20-12-94, a staff of given strength and given qualifications should be maintained in institutions of a given size, and also to counteract the tendency on the part of local bodies to endeavour for financial reasons to rid themselves of subordinates whose length of service has entitled them to increments. The Govt. is disposed to think that these improvements

improvements could be effected [illegible] it to take the supply of medical subordinates into its own hands, leaving the S.G. to appoint them to the various posts according to the fixed scale of establishment, and levying from local bodies in payment of the salaries of medical subordinates a sum equal to the average cost throughout the Presy. of the pay and pensionary and leave contributions of a subordinate of the class appointed (either hospital assistant or civil apothecary). The Govt. considers that it would be permissible to appoint first class hospital assistants to be in charge of dispensaries and of the smaller hospitals which have only a few (say, five or six) emergency beds attached to them, civil apothecaries and Licentiates of Medicine and Surgery and men holding higher qualifications being posted to the more important charges. The statistics referring to civil apothecaries now called for are also necessary in order to enable Govt. to pass orders upon the question of the number of officers of this class and of the class which must eventually replace them - Asst. Surgeons - which will be required in future years and for the supply of which arrangements must be made.

3. The financial aspect of the proposals which have been made remains to be considered. Neither the D.P.I. nor the S.G. has taken into consideration

the

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the saving which will be effected at the Medical College by the withdrawal from it of the hospital assistant classes. A detailed estimate of this saving should be submitted to Govt. The Committee proposed (recommendation No. 3) that a staff which it calculates/ x would cost Rs.455 per mensem should be appointed for each of the schools. The first five items in this figure are proposed to be staff allowances. The Govt. considers the allowance of Rs.200 for the Supt. of the Rayapuram school suitable, but thinks that a smaller allowance would suffice for the Supts. of the other schools. The Committee thinks that the 1st instructor should be an Asst. Surgeon or an apothecary, and the S.G. proposes that all the instructors should be Asst. Surgeons, but neither of them has taken into consideration the fact that the pay of all these instructors as well as their staff allowances will have to be provided for in the estimates of the cost of the schools. There is only one Asst. Surgeon in each district at present, and his duties require him to tour frequently and to be in charge of the headquarter institutions when the D.M. and S.O. is in camp, and are already so considerable that he could not teach efficiently in the medical school in addition to his other work. The whole of his pay and allowances and leave

contributi

	Per mensem Rs.
A Superintendent	200
1st Instructor (an Asst. Surgeon or apothecary)	100
2nd -do- (-do-)	50
3rd -do- (-do-)	40
4th -do- (-do-)	30
Clerk	15
Menials	20
Total	455

contributions [illegible] to be
debited to the school, [illegible]
those of the [illegible]. It is,
however, evident that the [illegible]
aspect of the scheme requires to be
worked out in greater detail than
has yet been attempted and the D.P.I.
and the S.G. will be requested to submit
in consultation revised estimates of
its probable cost to Govt., [illegible]
an estimate of the cost of buildings at [illegible],
Vizagapatam and Calicut.

4. The Committee (recommendation
No.4), the D.P.I. and the S.G. are
agreed in considering that the Principal
of the Medical College should be an offi-
cial visitor of the new schools. As
however it seems clear that his ap-
pointment as such will interfere with
is duties in the General Hospital,
here is apparently no alternative but
o request the S.G. to act as visitor.

. With regard to the curriculum
f the Hospital Asst. class, the com-
ittee (recommendation No.6) proposed
hat the course of study of the military
ospital assistants should be extended
o four years. These proposals were
pproved generally by Govt. but para
(c) of G.O.No.654, d/22nd Octr. 1896,
rected that the proposals should be
pt in abeyance until the reply of the
vt. of India to the letter No.658,
22-10-96, regarding the extension
the course of study of the

First copy sent to Press. 6/8

Return

years had been received. The Govt. of India has refused its sanction to this proposal and in para 2 of G.O.No.623, d/4-11-97, the Govt. following the course adopted at Agra and Lahore, has directed that Midwifery, Medical Juris-prudence and Hygiene may be omitted from the curriculum of the military hospital assistant pupils. Before fin
orders are passed on the length of
the course of hospital assistant pupi
the S.G. and the D.P.I. will be reque
ed to report whether the two classes
can be conducted simultaneously and i
not to submit their further recommend
tions. It is obvious that on the leng
of the course will largely depend the
amount of accommodation and the number
of instructors which will be requi
in the Medical College. The above re-
mark should be borne in mind by the S.
when compiling the statistic
for above.

a.E.
14/7/98

H.T.
15-7-98.

18/7/98

To The D.P.I.
" S.G.
" L & M Dept.
" Public Dept.

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Educational (1898) Department.

ORDINARY MS.

G.O., No. 482

DATED 5-8-98

INDEXED.

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5/8

[Despatch Abstract.]

Approving the proposal of the D. P. I. to transfer the Govt Primary Training School at Cuddalore to Vriddhachalam with effect from the 1st Jany 1899

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Educational (1898) Department.

CURRENT No. 982

47/46 ...
708/98

From The Director of Public Instruction, Madras.

No. 8163

Dated 27th July 1898.

Received 28 JUL. 1898

Registered 28-7-1898

Enclosures

Spare copies

Order No 482 d/5-8-98

The proposal of the D.P.I. to transfer the Govt Training school at Cuddalore to Vriddhachalam with effect from the 1st Jany. 1899 is approved.

M
30-7-98

H. T.

A. G.
2/8/98

3 8 98

SUBJECT.

Requesting the sanction of Government for the transfer, from 1st January 1899 of the Government Primary Training School Cuddalore to Vriddhachalam

- To
The D.P.I.
-- A.G.) 980

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Office of the Director of
Public Instruction,
Madras, 27th July 189

No. 8163.

From

The Honorable Mr. D. DUNCAN, M.A., D.SC., LL.D.,
Director of Public Instruction,
Madras,

To

The SECRETARY TO GOVERNMENT,
~~Educational~~ Department,
Fort St. George.

Sir,

I have the honour to state that the Government Training School, Cuddalore, which has been reduced from the lower secondary to the primary grade with reference to G.O., No. 47 Edl., dated 27th January 1896, has not been working satisfactorily owing to the want of a good Practising department. As a consequence of the keen rivalry with a number of well conducted results schools in the town under private management the strength of the practising section attached to the above training school dwindled from 64 in 1895-96 and 45 in 1896-97 to 22 during 1897-98, a number which is even lower than that of the students under training. These students can naturally obtain very little practice in the methods of teaching and in the management of classes and have thus little or no opportunity of becoming efficient teachers. The necessity for transferring the training school to a locality where a strong practising school can be secured or formed having thus become very imperative, I obtained from the Assistant Inspector of Schools, Arcot Division, a statement showing the number of uncertificated primary grade teachers in the several taluks of the district from which it was ascertained that the taluks of Kallakurchi in the Cuddalore Range and of Chidambaram and Vriddhachalam in the Chidambaram Range contained a comparatively large number of uncertificated primary teachers. But as it has been reported that suitable accommodation and a strong practising school cannot be secured at either Kallakurichi or Chidambaram it has been decided to remove the training school at Cuddalore to Vriddhachalam, where a suitable building is available for a rental of Rs.10 per mensem, which is less than that paid at Cuddalore, viz., Rs.11, and where the Board Lower Primary School with a strength of about 150 pupils would form an excellent practising school. Vriddhachalam is easily accessible from Cuddalore and Chidambaram by transit and is the headquarters of the District Munsiff, the Tahsildar and the Stationary Sub-Magistrate. It was formerly also the headquarters of the Head Assistant Collector. The Chidambaram Taluk Board is prepared to transfer the Board Primary School which is the chief feeder to the Board Lower Secondary School at the station, to Government for the purpose of being converted into the practising section of the Government Training School on its transfer from Cuddalore to Vriddhachalam, and further to arrange for the two permanent incumbents on the staff being provided for elsewhere. In these circumstances, I beg to request that the early sanction of Government may be obtained to the transfer, with effect from 1st January 1899, of the Government Primary Training School, Cuddalore to Vriddhachalam, with the existing staff and establishment.

I have the honour to be,

Sir,

Your most obedient servant,

D Duncan

Director of Public Instruction.

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