M.R.O. 1—77,006—8-6-37.

(1) Number of pages _____

(2) Date of repair 8-3-40

(3) Initials of the Reference

MADRAS RECORD OFFICE.

Government of Madras.

Revenue DEPARTMENT.

G.O. No. 1457 Press / Mis.

571-57

Dated 9-7- 1873.

57-57 7/8

Not to be folded or roughly handled

Proceedings of the Madras Government, Financial Department,
9th July 1873.

Read the following papers :—

No. 57. From R. K. PUCKLE, Esq., President of the Local Fund Boards and Municipalities in Tinnevelly, to the Hon. W. HUDLESTON Chief Secretary to Government, Fort St. George, dated Courtallam, 13th June 1873, No. 181.

In reply to Government Proceedings, No. 620, dated 9th May last, I have the honour to inform you that I have no comments to make on the rules proposed by the Inspector-General, which appear to be in themselves unobjectionable, but I wish to make a few remarks on the system of hospital treatment while the subject is under discussion.

2. As pointed out by the Inspector-General, the hospitals are now under the management of Local Fund or Municipal Boards, but the old system still continues, and this system is briefly the outlay of large sums on treating from six to twelve low-caste patients with a magnificence beyond their requirements, prescribing for thirty or forty out-patients who come in the morning for medicine and leaving the bulk of the population alone.

3. The one Dresser attached to a hospital has, no doubt, plenty to do in attending these in and out patients and making up the Doctor's prescriptions; and, should he be called away to a difficult case in the town, it may be to the detriment of those placed immediately under his care, but still there are thousands of cases in every large town that do not come under the Dresser's treatment at all. The uncertainty of securing the Dresser's attendance, and the want of a fixed scale of charges, prevent many from sending for him, and the application for medical aid is thus but too often deferred until all known remedies fail, and the case is perfectly hopeless. The attendance of a Dresser under such circumstances is clearly worse than useless, as his failure to check the disease, even in its last stage, is regarded as indicative of want of skill, and if he has to wrangle for a fee, as is too often the case, he is charged with want of common humanity as well as with want of skill. To obviate all this, I would suggest that, where a Municipal or Local Fund Board may desire it, a second Dresser be attached to the hospital to attend out-patients at their houses on a fixed scale of charge, and this charge might be sufficiently low to be within the means of all; those I have spoken to on the subject consider that 8 Annas a visit, or $3\frac{1}{2}$ Rupees for a confinement, would be a very fair charge, and, as the Dresser's income would depend on his skill and attention, it would be to his interest to do his best for his patients. It might perhaps be so arranged that the two Dressers divided their work and attended to hospital and out-patients in turn, but still I think that the option should be given to out-patients to send for the man they like best. Thus, the extent of the private practice enjoyed by a Dresser would soon be a measure of his capacity, and, by some such arrangement as this, all classes would benefit by an institution which, though intended for all, is almost exclusively used by the class that pays little or nothing towards its up-keep.

———

Referred to the Acting Inspector-General, Indian Medical Department, for his remarks both as to the details of the plan and as to the feasibility of meeting the demand for medical subordinates which might result from its adoption.

(Signed) W. HUDLESTON,
Chief Secretary.

No. 58. From Deputy Inspector-General J. L. RANKING, Acting Inspector-General of Hospitals, Indian Medical Department, to the Hon. W. HUDLESTON, Chief Secretary to Government, Fort St. George, dated Fort St. George, 25th June 1873, No. 245.

With reference to your endorsement upon letter, No. 181, of 13th June 1873, from the Collector of Tinnevelly, I have the honour to state that the subordinate establishment in the grade of Hospital Assistant is deficient by fifty, and that, at present, it is quite impossible to meet the demand made by Mr. Puckle for the services of an additional subordinate of that grade.

2. In regard to the general principle of supply of a second subordinate to Local Fund Boards and Municipalities, there is no objection to the arrangement if such Boards are prepared to pay for their services and men are available. It would appear, however, from the third paragraph of the letter under reference, that it is expected of the subordinates to pay themselves by fees. If so, the scheme is not feasible. Subordinates so employed must be guaranteed the pay of their rank, to which any fees they may make in private practice must be considered supplemental.

3. I am not prepared to say that Local Fund Boards and Municipalities are empowered to regulate or fix the amount of fees to be paid for medical or surgical service rendered by their medical officers. Government, although recognising the right of private practice, has steadily declined to sanction any fixed scale of fees. I think, however, that the scale suggested of 8 Annas a visit in ordinary cases would sufficiently remunerate medical subordinates of the grade of Hospital Assistant. I would, however, fix the fee for confinements a little higher, say Rupees 5, because advice and assistance in these cases is only sought in those of the worst and gravest nature. This fee should be for the confinement alone, and not for any subsequent attendance which might arise out of it.

No. 59. ORDER THEREON, 9th July 1873, No. 959.

The Acting Inspector-General's letter will be communicated to the President of the Tinnevelly Local Fund Boards and Municipalities.

(True Extract.)

Chief Secretary.

To the Acting Inspector-General, Indian Medical Department.
,, President of the Local Fund Boards, Tinnevelly.
,, ,, Municipal Commissions in Tinnevelly.
,, Board of Revenue.

Exd. J. Wright.

No. 181

Collector's Circuit Cutcherry
Courtallam 13th June 1873

(3)

From

R. K. Puckle Esquire
President of the Local Fund Boards
and Municipalities
Tinnevelly

To

The Honorable W. Hudleston
Chief Secretary
to Government
Fort Saint George

Sir

In reply to Government Proceedings No. 620 dated 9th May last, I have the honor to inform you that I have no comments to make on the rules proposed by the Inspector General which appear to be in themselves unobjectionable, but I wish to make a few remarks on the system of hospital treatment while the subject is under discussion.

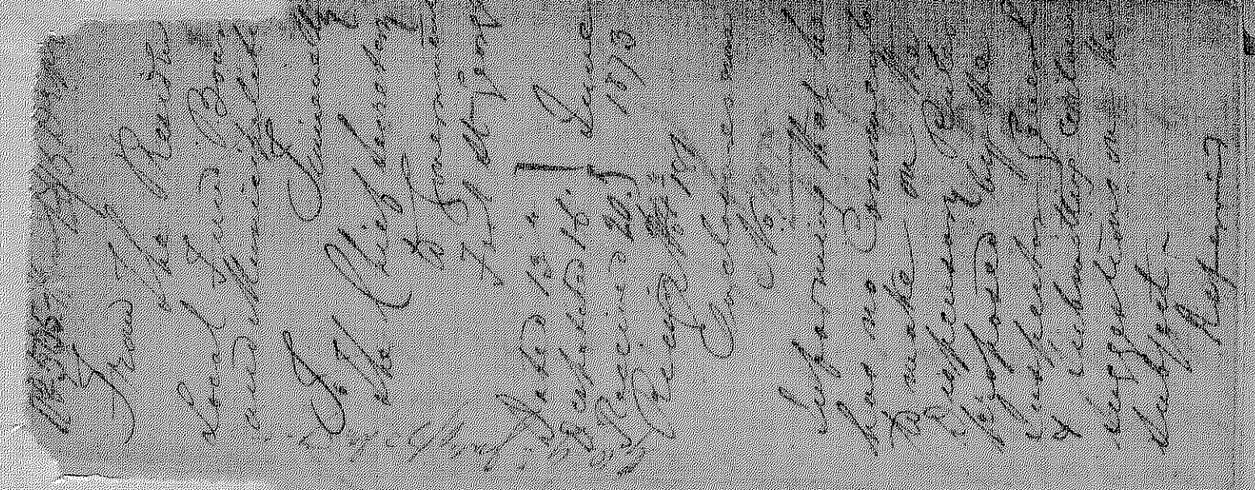
2. As pointed out by the Inspector General, the hospitals are now under the management of Local Fund or Municipal Boards, but the old system still continues, & this system is briefly the outlay of large sums on treating from 6 to 12 low caste patients with a magnificence beyond their

Requirements - prescribing for 300 to
out patients who come in the morning
for medicine, & leaving the sick &
the confectionary alone.

3. The one dresser attached to a
hospital has no doubt plenty to do
in attending those in & out patients
and making up the draughts & prescriptions
and should be called away to a
difficult case in the town, & may be
& the detriment of those placed entirely
under his care. And all those
are frequently the case in every large
town that do not come under the direct
treatment at all. The inconvenience
& annoyance of the dresser attendance, and
the want of a fixed scale of charges
prevent many from sending for him,
and the application for medical aid
is often put off deferred until all
reason recedes fail, and the case is
perfectly hopeless. The attendance of a
dresser under such circumstances is
clearly worse than useless, as his failure
to check the disease, even in its early
stage, is regarded as indemnity of want
of skill, & if he has to wrangle for his
fee, as is too often the case, he is charged
with want of common humanity
[illegible] the cruelty of skill. To
[illegible] dresser's

that a visitor or Municipal or Local
Board Board may devise it, a second
dresser be attached to the hospital
& attend out patients at their houses
or a fixed scale of charges and this
charge might be sufficient to cover
the visitors the means of all. Those
I have spoken to on the subject
consider that 8 annas or visit, or
½ Rs for a confinement would be a
very fair charge, for the Dispensaries
would depend on his skill & attention,
& exert all his interest to do his
best for his patients. If such charges
be so arranged that the two dressers
could themselves attend to hospital
& out patients in turn, but still
there could be often those desirous
of employing a dresser would know how
exactly to [illegible] capacity, and by some
such arrangement as this, all classes
would benefit by an intelligence would
thereby be enabled for all, combined with
absolutely used by the class that pays
little or nothing according to its ability.

I have the honour to be
Sir
Your Most Obedt Servt
[illegible]
Resident



Received 1873. Registered

From

The Inspector-General of Hospitals,
Indian Medical Department,
Fort Saint George,

To

The Chief Secretary to
Government Fin. Dept.

Dated 25th June 1873

Despatched

Received

No. 245.

Subject.

Offers remarks both
as to the details of the
Scheme and as to the feas-
ibility of meeting the
Local and for Medical
Local Labour Liabilities
to be met by the Provi-
sion of the Local Funds
Boards and Municipali-
ties Immediately.

Tank Boring

Report of Inspector-General of Hospitals — Department, dated 25th June 1873, No. 245, forwarding remarks on the Scheme for meeting Local and Municipal Labour Liabilities by the Provision of Local Funds Boards and Municipalities Immediately.

Govt. of Bihar.

Dated

Read.

Rec.

C. O. [illegible], 1873, No. 959

Nov. 5-9

[illegible]