

Local & Munl. (1897) Department.

MISCELLANEOUS.

G.O., No. 2. L.

DATED 4-1-97

INDEXED.

[Despatch Abstract.]

Civil Hospitals & Dispensaries.

Stating that certain schemes of the Surgeon Genl. referred to in para. 6 of G.O. No. 527, Public, of 25. 6. 95 are, for the present, beyond the means of the local bodies.

NOTE FOR THE ASSISTANT
(Not for Record.)

1871 & 1875

This current has been lying
over for some time.
Orders are repeated as to
whether it may not
be runned in the man-
ner proposed by the

A. H. C.

No need for them

21/5/96

C. L. H.

29/6

List showing papers in the Local and
Municipal Department issued without being
circulated to the Honorable Member during the
week ending 26th July 1895

SUBMITTED for perusal of

The Honorable Mr. Bliss, C.I.E.

C.S. with refer to S.O. 1293 I.
24.7.95

It strikes me that I have seen
several cases of late in which
these contributions have been
sanctioned, that is, in which
new dispensaries
2nd August 1895 have been opened.

I think however
that we had better hold hard
abit in regard to new dispensar-
ies. I doubt if proper med. subordi-
nates are available - Will you
therefore please tell the officer that
no new dispensaries or hospitals
should be sanctioned (whether in
reviewing budgets or otherwise)
without a case being - Of course, if
you think right to disallow further
present proposals for new dis-
pensaries or hospitals without
a case being, I will mean to do so.

C.S./8

submitted to C.S.

21/8/95

11/6/95

C. No. 1871.

From Public Dept.

Dated

189

FOR ORDERS.

I don't think anything in par-
ticular can be done upon this
further present - The S.G. has already
been told to bring to notice cases
in which the expenditure on dis-
pensaries is out of proportion
to the no of patients treated &
the point should also be borne
in mind in examining the next M.
& L. F. Budgets, in connection
with which the recent report
on Hospital dispensaries should
be studied - It contains a n:
figures as to cost, & attend-
ance &c.

But I wd not at present
pass any S.O. to the above
to any effect - Until we
have got through the mass
of papers in hand about
med. organization & educa-
tion, it is not possible to say
what we can do for the
improvement of the med.
profession on the one hand
& of med. relief on the other.
At present my idea is that the
best plan wd be to charge all
local bodies so much per
cent on their incomes & with
the funds thus obtained supply

The Govt. of India in the letter recd in the
current made certain observations about
the figures regarding medical relief in Madras
to which the Surgeon - Genl. has replied.
The remarks & the replies are
somewhat as follows.

India remarked that there were fewer
major operations in Madras. Surg. Genl.
replies that this is due to certain unpre-
ventable causes, & also to (1) the fact that
the large number of hosp. assistants in
outlying dispensaries are most of them
afraid to undertake big operations, &
recommend patients to go to the Dist.
Surgeon, and (2) the fact that patients
don't take his advice as they are uncertain
of finding the Dist. Surg. in H. Q.
whereas in N.W.P. accommodation for
in patients is centralized at that Q. &
efficient treatment is thus assured.

Mr. Blundell remarks that (2) It may
be noted that the Surg. Genl. seems to
have misread India's remark. It
was not said that it was undesirable
that there should be few major operations
as the Surg. Genl. appears to have thought;
but merely that the general charges
were higher than in N.W.P. although
the major operations (expensive things) were
fewer.)

3. India also remarked. that the

iation of inpatient

proportion of in-patient accommodation
wanted of various in Madras. The
ing. Genl. appears to have again mis-
prehended India's meaning, & appears to
think that fault is found because the
proportion of in- to out-patients is
small. He says this is due, among
other things, ① to the larger number
of dispensaries without in-patient ac-
commodation than in Madras, & ② to
the fact that local bodies for want of
funds, do not provide diets for all beds
established.

4. India said the cost per 1000
patients was high here. Thus the S.G.
attributes ① to the existence of many
dispensaries with expensive establishments
but small attendances, and ② to the
fact that many in-patient beds for
reasons already given, are not occupied,
while the establishment charges are not
increased if they were, & so a
larger expenditure per 1000 patients is
incurred. (The explanation does not
take into account the cost of dieting.)

5. Lastly India observed that the cost
of establishment per 1000 patients was high
in Madras. The S.G. says this is
due ① to the fact already noted, that
beds remain unoccupied for want of
provision for diet, ② to the other
fact already noted, that there are
many dispensaries with expensive staffs
but small attendances, & ③ to the
policy of this Govt. in putting third class
men in charge as seldom as possible.

6. India's observations thus are that
a small proportion of the available in-patient
accommodation is occupied, & that the
general charges, & in particular the cost
of establishment, per 1000 patients is high.
and the S.G. says this is due to the

them with such small
offices as we think
suited to their necessities, without
reference to their wishes or to cost.
We should thus get rid of the
complaints that are constantly
made whenever a medical subor-
dinate gets promotion & ...
an increase of pay. But the
subject will take a long time
to work out, & can hardly be
looked into until legislation
enables local bodies to raise
more money. Meanwhile, I
do not think it is my duty
to make any pronouncement & ...
I prefer that this should
lie over. If this course is
inconvenient simply re-
cord the paper with
the remark that I fear
that the S.G.'s schemes are
in the present beyond the
means of local bodies.

26/9/95

fact that many beds are not
occupied as local bodies do not
provide them with diets, and that
there are many dispensaries with
small attendance.

7. He makes recommendations
in the matter in para 10. of his
letter. Presumably there are in-
tended to remove what India con-
sidered to be causes of complaint, but
they do not all of them appear to
tend in this direction. His 3rd

recommendation would tend to reduce
the charges per 1000 patients, but
Govt. has already said in the current
that there would be risk in
carrying it out that medical
relief might become too far removed
from certain localities.

8. His 7th recommendation is
not understood. It proposes that
only out-patient dispensaries should
be established in future. This
appears to run counter to recom-
mendation 3 to some extent.
He then goes on to propose
that in-patient "huts" should be
attached to these. This appears to
be opposed to the policy of central-
ization of in-patient accommodation.
The S.G.

which are not clear.

9. In his 2nd 5th & 6th recommendations the S.G. proposes to centralize in-patient accommodation. This step would ordinarily effect the reduction in cost per 1000 patients that India services, ^{in any case as long as enough money is available for dictating a larger result in} could perhaps ^{in any case as long as enough money is available for dictating a larger result in} percentage of the available in-patient accommodation being occupied, as treatment would be better & more certain. But the Surg. General proposes (see his letter please) such an extravagant staffs ^{buildings} that the cost per 1000 patients would almost certainly go up. For if 10 hospitals with a daily attendance of 50 are closed in different parts of a district, & replaced by one central hospital, that institution cannot rely on a daily attendance of 500, & if the cost per 1000 patients is not to increase the establishment must cost much less than 10 times as much as that of each of the hospitals that are closed.

10. In conversation with the undersigned the Surg. Genl. explained that he only intended suggestions 2, 5, & 6 as standards to be

Especially as local boards have been told to restrict expenditure under grant until the roads are in better order.

looked up to in the course of years, and not as recommendations for immediate adoption. Govt. has already said in para 6 of the current that to make the 2nd suggestion an absolute rule is financially impossible, & the same may now be said of the 5th & 6th. The 7th suggestion has already been submitted to be obscure.

It is submitted that if the present is thought to be a suitable occasion for laying down a policy in the matter of hospitals & dispensaries, that Govt. should say that it considers that the outlying dispensaries should be closed unless their attendance is considerable, & the money spent on them devoted to improving central hospitals. These dispensaries cost Rs. 800 to Rs. 1800 usually even now, & every day they are getting more expensive as the Hosp. Hse. ^{are replaced by} become Civil Apothecaries or much longer periods of

service, I so can claim more pay. The buildings, the instruments, & the medicines supplied are ^{not} ~~admitted~~ insufficient ^{for really} ~~that~~ good work cannot be done at them, & no man can undertake single handed any but the simplest operations. There is no in-patient accommodation at ^{any} ~~any~~ ^(the outlying dispensaries) ~~any~~ of them, & the sum total of the good they do seems to be the distribution of simple remedies for fevers, sore eyes, & Constipation. The native hakim ^{by his real talent} ~~probably~~ ^{could} ~~do this~~ ^{main reason why people go to the dispensary is that they get free attendance there. a few good hospitals would probably alleviate more real suffering than very many dispensaries.}

W. S. 2/95
24/9/95.

Note
The delay in sending this up is much regretted. The office was under the mistaken impression that Mr. Padhunter was dealing with the paper himself, & it was not until it came into the area of the Sec. Secretary that I heard anything

Surgeon General's
suggestions regarding
administration of medical
relief.

H.M.

(for orders)

To C.S.

For perusal of H.M.'s note submitted that the paper had been the only ^{in complete dis-}posal of only ^{the S.G.} result in the paper being overlooked later.

The office's attention is particularly drawn to the first part of H.M.'s note which is now marked with blue pencil

W. S. 2/95

Govt. of {1895} Madras.

PUBLIC.

Local & Municipal Dept.

CURRENT No. 18712

Issued

Recd.

Encl.

G.O., 25th June 1895, No. 527.

JUNE.

Civil Hospitals and Dispensaries.

Recording, with remarks, letter from the Surgeon-General containing explanations in respect of the observations made by the Government of India in reviewing the annual returns of — for 1893; and impressing upon him the necessity for keeping down expenditure on — as much as is consistent with efficiency.

9/9
A799

GOVERNMENT OF MADRAS.

PUBLIC DEPARTMENT.

READ—the following papers :—

From J. P. HEWETT, Esq., C.I.E., Officiating Secretary to the Government of India, Home Department (Medical), to the Chief Secretary to the Government of Madras, dated Simla, the 3rd November 1894, No. 690.

I am directed to acknowledge the receipt of your endorsement No. 536 (Public), dated the 23rd July 1894, forwarding a copy of the annual returns of the civil hospitals and dispensaries in the Madras Presidency for the year 1893, together with a copy of the resolution recorded thereon by the Government of Madras.

2. It is satisfactory to find that the total number of patients treated increased from 3,106,386 in 1892 to 3,330,970 in 1893. This number, though it represents a smaller percentage of the population to whom medical relief is afforded than in both the Punjab and Bombay, is only exceeded in the North-Western Provinces and Oudh.

3. The general charges in the Madras Presidency appear to the Government of India to be somewhat high. In the North-Western Provinces and Oudh 3,677,835 patients were treated during the year under review at a total cost of Rs. 6,61,686. Of these, 56,650 were in-door patients and 25,997 underwent major operations. In the Madras Presidency, where the number of patients aggregated 3,330,970 with only 39,579 in-door patients and 5,497 major operations, the expenditure was Rs. 8,27,922. The average cost under all heads amounted in the Madras Presidency to Rs. 248-5-0 per 1,000 patients, while in the North-Western Provinces and Oudh it was Rupees 179-9-0 and in the Punjab Rs. 147-5-0.

4. The cost of diet for each patient per annum in the Madras Presidency appears to have been Rs. 57-0-6 as compared with Rs. 25-7-5 in the North-Western Provinces and Oudh, Rs. 26-9-10 in the Punjab, and Rs. 43-11-7 in Bengal. The average diet charges for patients in the Madras Presidency were in excess of those for prisoners in the same Presidency by Rs. 27-11-6 per head. The corresponding excess in Bengal was Rs. 18-10-7, in the North-Western Provinces and Oudh Rs. 6-14-5, and in the Punjab Rs. 3-8-10. Persons sick in hospital have necessarily to be dieted on a more liberal scale than prisoners, but the figures given above seem to indicate that the charges for diet in the hospitals in Madras are unnecessarily high.

5. The average cost of medicines per patient in Madras is about twice as high as in the North-Western Provinces and Oudh, a result which cannot, it would seem, be adequately explained by local differences in price.

6. The cost of establishments in Madras, viz., Rs. 151-4-0 per 1,000 patients, also compares unfavourably with Rs. 94-5-0 in the North-Western Provinces and Oudh and Rs. 88-1-0 in the Punjab.

These charges seem to be unduly swelled owing to the number of branch dispensaries in which accommodation is provided for in-door patients, entailing the maintenance of expensive menial establishments. I am to suggest that it might be considered by the Governor in Council whether the establishments kept up at these branch dispensaries are not in some cases maintained on too expensive a scale.

7. The extent to which accommodation for in-door patients is availed of in the Madras Presidency compares unfavourably with the facts in some other Provinces. Only 54 per cent. of the available beds were occupied throughout the year, while in the North-Western Provinces and Oudh and Bengal the percentages were 72 and 71, respectively.

8. The total number of patients treated in the branch dispensary of Bissemkatak in the Vizagapatam district is returned at 752, but the daily average attendance is shown as 102.26. According to these figures each patient paid on an average fifty visits to the dispensary. At Nakkapully in the same district there were altogether 1,774 patients and a daily average attendance of 9.20. The accuracy of the figures for Bissemkatak seems doubtful.

Again, the 752 patients treated in the Bissemkatak dispensary cost Rupees 1,434-5-1, i.e., at the rate of Rs. 1,907 per 1,000 patients, the provincial average being Rs. 248-5-0. There were only sixteen in-door patients here throughout the year, and these figures indicate that each of them was fed in the hospital for 114 days on the average which seems excessive.

9. I am to request that, with the permission of the Governor in Council, these remarks may be brought to the notice of the Surgeon-General with the Government of Madras.

No. 2254.

Forwarded to the Surgeon-General for remarks.

(Signed) J. F. PRICE,
Chief Secretary.

16th November 1894.

From Surgeon-Major-General C. SIBTHORPE, F.R.C.P.I., Surgeon-General with the Government of Madras, to the Chief Secretary to Government, dated Madras, 23rd March 1895, No. 311.

With reference to G.O., No. 2254, dated 16th November 1894, and reminder dated the 24th January 1895, I have the honour to inform you that the reason for the delay in my submitting the report called for was the great difficulty I had in getting accurate information on the subject which practically raises the question of civil medical administration in this Presidency. I had to call on the Medical officers concerned throughout the Presidency for their opinions on the figures referred to in the letter from the Government of India—vide circular No. 62 of 3rd December 1894 attached.

2. On carefully reading the printed copy of the annual report on civil hospitals and dispensaries in Madras for 1893 I was struck with many discrepancies and unsatisfactory points throughout the report. I issued circular No. 29 of the 2nd October 1894 and circular No. 48 of 10th November 1894 (copies attached) with the hope of obtaining more uniformity and accuracy in the elaboration of the statistics required and better administration of the hospitals and dispensaries.

3. In G.O., No. 976 of 22nd December 1894, Public Department, the Government sanctioned the appointment of an apothecary to my office with the view of assisting me in this work.

4. I will now proceed to deal with the questions raised by the Government of India. It must, however, be remembered that the figures given by the Government of India leave out of consideration the fact that there are no Presidency Town State hospitals in the North-Western Provinces and Oudh such as exist in Madras and in which the highest number and most important class of operations are performed and to which patients from all parts of the Presidency readily and willingly resort.

5. In the year 1893 there were six such hospitals having 951 beds available with an average daily sick of 810.26 in-patients and an out-patient daily average attendance of 563.47; there were 3,417 major and 8,121 minor operations performed.

(a) Why major operations are fewer in the Madras Presidency.

Other conditions being equal, the number of patients who undergo operations in hospitals must depend on the number of persons who seek admission into them, and this latter must vary directly not only with the strength but also the density of the population of the province in which the hospitals or dispensaries are situated:—

Province.	Population.	Population per square mile.
Madras	34,336,196	252
North-Western Provinces and Oudh ..	46,905,085	436

The above figures are sufficient to show that the total hospital population and the number of major operations performed in the Madras Presidency must of necessity be less than those of the North-Western Provinces and Oudh. When, however, we come to carefully analyse the conditions obtaining in the two provinces, we find that they are far more favourable for surgical work in the North-Western Provinces than in Madras. These may be discussed under two heads thus.

I. The operators and the conditions they have to work under—

- (a) Officers.
- (b) Subordinates.

II. The patients, their surroundings and circumstances.

I. (a) Officers.—(1) In the report of the North-Western Provinces and Oudh for 1893, I find the work of 58 Commissioned Medical officers including six Military Assistant Surgeons and of 48 Civil Assistant Surgeons has been reviewed. In the Madras report for the same year the work of 35 Commissioned officers and 22 Assistant Surgeons was reviewed. Out of a total of 25,997 major operations in the North-Western Provinces and Oudh, 9,027 were performed by the 58 Commissioned officers and 12,802 by 48 out of their 61 Assistant Surgeons, leaving the balance of 4,168 operations done by 13 Assistant Surgeons and other medical subordinates. Of a total of 5,567 major operations in Madras, the 35 Commissioned officers performed 1,056 operations, the 22 Assistant Surgeons 417, leaving the balance of 4,094 major operations performed by the 152 Civil Apothecaries and the Hospital Assistants. From a consideration of the number of operations performed for cataract in the North-Western Provinces and Oudh, not to mention stone, which is endemic there, it would appear that eye instruments are supplied to almost every institution in the North-Western Provinces, whereas they are supplied only to some of the head-quarter hospitals in this Presidency.

(2) The District Medical and Sanitary officers and Civil Surgeons in this Presidency are more or less subordinate to the Surgeon-General, the Sanitary Commissioner, the Inspector-General of Prisons, the Meteorological Reporter to Government, the District Collector and the President of the District Board; it is not seldom they have to enter into lengthy and involved correspondence with these several officers and consequently their office work is very large indeed, and on account of the paucity and quality of their establishments they have to perform a good deal of work which would be as well done by good clerks.

(3) In addition to the heavy office work thus imposed on them, they have to attend to duties, such as vaccination, vital statistics, sanitation, &c., which are performed in the North-Western Provinces and Oudh by the Deputies to the Sanitary Commissioner.

(4) When out on inspection tours the officers in this Presidency are placed at a great disadvantage as compared with their confreres of the North-West. The districts in the North-Western Provinces are usually one-fourth or one-third the area of the districts in this Presidency and are besides pierced by a net-work of railways. The officers in the North-West therefore finish their inspection tours at a far quicker speed and in a much less time than their colleagues here.

(5) If the time taken up by all this work be taken into account there is indeed very little left for the study and performance of anything like real surgical work. It may be mentioned here that though the public may have great confidence in the Assistant Surgeon, they are rather unwilling to have serious major operations performed by him, as they believe greatly in the special aptitude of the European for surgical work. Owing to the constant changes due to the paucity of Commissioned Medical officers during the past ten or twelve years they are rarely left long enough in any station to enable them to gain the confidence of the people.

(6) There are two other important points which bear upon the work done by Commissioned Medical officers. A perusal of the report of the North-Western Provinces will show how from year to year the officers who do good work are considered by Government and it must be remembered that the Government of the North-Western Provinces and Oudh have in their gift the appointments of Civil Surgeons to such stations as Allahabad, Benares, Lucknow, Agra, Missouri, Nainital, Barreilly, all of which represent private practice to the amount of from Rs. 3,000 to 5,000 a month. These appointments are naturally given to the best Medical officers and no such appointments exist in the gift of the Madras Government.

I. (b) *Medical Subordinates*.—(1) In Madras many of these are hospital assistants placed in independent charge of outlying hospitals and dispensaries. In several instances they are inexperienced men and lack confidence in their own abilities. Being placed in stations where no kind of professional assistance is available they are very unwilling to undertake serious surgical work and consequently recommend patients to go to the District Medical and Sanitary officer or Civil Surgeon. This advice is seldom followed both on account of the uncertainty of the medical officers being present at the head-quarter station and also on account of the inconveniences in travelling, especially for a sick patient—not to mention pecuniary difficulties.

(2) In those cases where the subordinates happen to be skilled and experienced men willing to do surgical operations, the want of sufficient surgical equipment stands in their way.

(3) The diversity of languages spoken in this Presidency is a serious hindrance to any kind of professional work. The language spoken throughout the North Western Provinces is Hindustani or its dialects which are understood by Medical officers of all grades. As a deal of tact and persuasion is often necessary to prevail on patients to submit to surgical operations this multiplicity of tongues tells not a little on the number of major operations performed in this Presidency.

(4) The frequent transfers of the medical subordinates tend in no small measure to shake the confidence of the public in their doctors and when they have to go to medical men who are new to them from the vythians with whom they are dissatisfied, they have to apply to men they know little or nothing about.

II. *The patients*.—(1) I find from a study of the hospital statistics for the two provinces that out of every 1,000 patients who come to hospital—

In the North-Western Provinces and Oudh, 15 become in-patients, 7 of whom are operated on;

In Madras, 12 become in-patients, nearly 2 of whom are operated on; that is to say, nearly one out of every two patients admitted into hospital is operated on in the North-Western Provinces. The figures are rather astonishing. The figures for Madras, on the other hand, are more in accordance with the experience of the general hospitals of Europe. It may be that several operations are recorded for the same patient for the same disease in the North-Western Provinces. For instance, lithotomy performed several times on the same patient may be registered as several operations and thus the number of operations performed may be much in excess of the number of patients submitted to them. This has hitherto not been the practice in Madras, but, under the rules in circular No. 29 of 2nd October 1894, it will be adopted.

(2) The timidity of the Madrassee is well known, he would rather die or undergo any amount of pain than submit to a cutting operation. His superstition is no less an obstacle to his having recourse to surgical aid as he attributes a large number of diseases to the wrath of a god or a demon. The teachings and practice of

the hakeem and vythian are opposed to active surgical interference as they believe greatly in the virtues of external applications and massage. When all these have failed to give the desired relief and the sustaining powers of the patient have been reduced to the lowest ebb and when the patient seems to hover between life and death he is taken to the "European doctor." If death occurs this acts as a deterrent to the admission of other cases for a long time to come. The Muhammadan, the Rajput, and the Sikh of the North-Western Provinces and Oudh are more ready to meet danger and submit to operations in the early stages of the disease. The very character of the people of the North-West, shown by their greater turbulence and pugnacity, results in a large number of injuries, and these contribute to some extent to the increased number of operations.

(3) The number of operations necessitated by accidents must also be large as factories, mills and railways (with a large number of junction stations) are much more numerous in the North-Western Provinces than in this Presidency.

				NO.	(4) Stone in the bladder is far
North-Western Provinces	..	..	..	895	more commonly met with in the North-
Madras	..	..	..	21	West, and the number of operations per-
					formed for this disease is very large.

				NO.	(5) A very large number of eye operations have been done in the North-West,
North-Western Provinces	..	..	..	15,871	due, as has already been mentioned, to
Madras	..	..	..	548	the greater facilities and encouragement
					given for doing these special operations.

(6) Above all, the plan has been adopted in the North-Western Provinces of centralizing the accommodation for in-patients at head-quarters of districts where there is a certainty of efficient treatment—a plan which greatly favours the development of operative surgery. The reverse condition obtains in this Presidency.

(7) The policy of the Madras Government has been to develop its special hospitals in the City of Madras—a policy which has been more than successful—and it must not be forgotten that the special hospitals of Madras, which are very highly organized, have not been taken into account in making the comparison.

(b) *Why the proportion of in-patients to out-patients is so low in this Presidency.*

(1) The out-patient attendance is furnished from the local population and depends on the number of dispensaries. It is therefore plain that Madras with 249 dispensaries has a greater proportion of out-patients than the North-Western Provinces with only 136 dispensaries.

(2) An in-patient hospital population, on the other hand, is largely furnished from the surrounding districts and depends on the easy access to hospitals by rail and on the number of beds available. In both these ways Madras works under disadvantages. The means of transit are wearisome and inconvenient and the number of beds available falls short of the number in the North-Western Provinces, Madras having 3,088 as against 3,363 beds in the North-Western Provinces and Oudh.

(3) It must be remembered, moreover, that in Madras the number of beds with which hospitals are provided does not represent the number of beds actually available, as many local fund bodies and municipalities make budget allotments for diets for only a fractional number of the beds the hospitals are provided with.

(4) The numerous shrines scattered over the North-Western Provinces, the crowds of pilgrims that visit these shrines, the more severe epidemics of cholera that so often prevail in their midst, the prevalence of Delhi boil and stone also contribute towards the larger percentage of in-patients in the North-Western Provinces.

(5) Moreover, the Madrassee, essentially a home-living man, likes to be surrounded by his relations especially during his illness and he is very loath to become the inmate of a hospital where he has often to take his bed next to a low caste man in whose presence he cannot eat or drink and whose touch, nay, even proximity, would pollute him. This caste prejudice prevents the higher classes of the Hindus

from becoming inmates of a hospital except in cases of the greatest necessity. Females are besides, from a sense of modesty, averse to becoming in-patients. The result is that the Madras Native hospital population is greatly composed of the low classes of Hindus, beggars and women of loose character. There is moreover an idea prevalent amongst the rural classes that it is derogatory to one's dignity to become an in-patient. These ideas are fast dying out, but it would take time for the natives of this Presidency to so freely resort to hospital as in the North-Western Provinces, where there is a preponderance of Muhammadans who have no caste prejudices.

(6) These considerations coupled with the less density of the population, the fewer number of large manufacturing towns with hospital accommodation and equipment compared with the North-Western Provinces, clearly explain why the proportion of in-patients to out-patients is so low in this Presidency.

(c) *Why the average cost per 1,000 patients under all heads is so high in this Presidency.*

(1) This is answered by the replies under headings (d), (e), (f), and by the large number of small institutions (dispensaries) in this Presidency. In 1893 there were 115 dispensaries where the average daily attendance was under 30, and 155 so-called hospitals out of 204 in which the average daily in-patients was under 10, leaving only 49 institutions having an average daily in-patient sick of 10 and upwards.

(2) It is to be noted that only 54 per cent. of provided beds was occupied throughout the year in Madras, while in the North-Western Provinces and Oudh the percentage was 72; this is due, as has been pointed out before, to the fact that allotments for diet are not made by local bodies for all the beds their hospitals are supplied with. If a full allotment was made, there would be a larger percentage of in-patients, the expenses under establishment would remain the same and consequently the total cost per 1,000 patients would be considerably lessened.

(3) The fact that many dispensaries are located in rented buildings accounts to some extent for the higher cost under all heads.

(4) In 1893 nearly half a lakh of rupees were spent on buildings and repairs in Madras.

(d) *Why the cost of diet for each patient per annum amounted to Rs. 57-0-6, &c.*

(1) Many of the Medical officers of this Presidency are of opinion that the cost of diet is not high in this Presidency, and that it would be absolutely impossible to keep a healthy man alive, much less to nourish a sick patient, for Rs. 25-7-5 per annum, the cost of diet per patient in the North-Western Provinces and Oudh.

(2) Several articles of diet are much cheaper in the North-Western Provinces than in this Presidency.

(3) The staple diet of the North-Western Provinces consists of wheat and dholi and the meat-eaters are comparatively few. In the hospitals in this Presidency the diets are good, consisting of rice and meat in some form.

(4) For obvious reasons, it is not possible to adopt the same scale of dietary for patients as for prisoners. Rice is used for patients which is more costly than raggi, cholam, or cumbu which is issued to prisoners. Meat is issued only twice a week for prisoners whereas it has more frequently to be given to the half-starved and chronic-disease-stricken patient in the Madras hospitals.

(5) The question of dieting is always a troublesome one and though the expenditure might be brought down by a better system of accounts and supply I do not consider that much change is possible in the Madras Presidency as the average cost per patient in the majority of the hospitals was only As. 2-6 per day in 1893.

(6) The question of the best system of supply and accounts for adoption in the State hospitals is now under consideration and when we have had sufficient experience in the State hospitals the same system might be adopted in all hospitals under the Madras Government.

(e) *Why the cost of medicines is so high in this Presidency.*

(1) In the North-Western Provinces Rs. 64,265-8-5 was expended on European medicines and Rs. 20,809-5-1 on bazaar medicines for a total of 3,677,835 patients.

(2) In Madras Rs. 1,27,331-0-9 was expended on European medicines and Rs. 24,540-14-0 on bazaar medicines for a total of 3,330,970 patients, showing a preference in Madras for the more reliable European drugs and a larger use of them.

(3) A factor therefore seems to be the greater use of indigenous drugs in the North-Western Provinces and Oudh than in Madras. This is in a great measure due to the fact that the medical subordinates of the North-West are in many instances ignorant of the English language and therefore not in a position to study *Materia Medica* and *Therapeutics* in that language and to their greater recourse to books printed in the vernacular and the consequent better familiarity with native drugs. The reverse condition obtains in this Presidency. The Madras medical subordinate is trained in the Medical College under European Professors, his theoretical and practical knowledge of the British Pharmacopœia and *Therapeutics* is greater and he is in a great measure ignorant of the use of indigenous drugs, not having seen them used to any extent in the Presidency hospitals where he was educated, and consequently has a greater predilection to the use of European drugs which are more costly than the indigenous ones.

(4) There has always been a prejudice against indigenous drugs in Madras on account of the difficulty of getting any of them pure or reliable. Indeed the Medical Store depôt has to draw its supplies as a rule from the Bombay or Calcutta markets; the indigenous drugs in the Madras market are so adulterated or badly prepared.

(5) The very large percentage of *surgical cases* (45.89 percentage of in-patients) and the consequent less proportion of *medical in-patients* in the North-West must to some degree account for the less expense under the head of medicines.

In this connection it may be remarked that, in former years the indents for medicine were checked in the Surgeon-General's office. This method was recently done away with by order of Government (G.O., No. 2786 L., Local and Municipal, dated 12th December 1893). The District Medical and Sanitary Officer is now directly responsible for the checking of indents and if this is to be carefully done, his office establishment should be strengthened as it is absolutely impossible to carry out the work properly with the already inadequate staff at his disposal. If this is not done much waste must inevitably result from the extravagant use of medicines on the part of medical subordinates.

(f) *Why the cost of establishment is so high in this Presidency.*

(1) The method of calculating the cost of establishment on the number treated is scarcely a fair one. In the North-Western Province report for 1893 I find a total of 305 institutions costing Rs. 3,47,559-1-7 on establishment (in page 90), which represents Rs. 1,139-8-7 per institution. In the Madras report for 1893, there are 453 institutions costing Rs. 5,04,452-7-9 on establishment, or Rs. 1,113-9-3 for each institution, which is rather in favour of the Madras management.

(2) An explanation of the extra expenditure in Madras is afforded by the fact that Madras has 453 institutions against 328 in the North-Western Provinces and Oudh, the cost of only 305 being shown in the annual report for 1893. The Madras institutions are numerically greater by 28 per cent., but the expenditure is 33 per cent. in excess; the reason of this will be evident from the following considerations.

(3) The Madras Government has urged local bodies to convert dispensaries into hospitals, and as these bodies could not meet the increased expenditure for dieting, &c., they have been meeting the demand by having some cots and an establishment and have been providing for diets for only a fractional number of the beds they have been supplying their hospitals with. This point has been dwelt upon previously. It will be noted that, although Madras has 12 hospitals in excess of the North-Western Provinces and Oudh, having 204 against 192, the number of beds in the North-Western Provinces and Oudh exceeds Madras by 275.

(4) Besides, when we come to consider the number of small dispensaries with an average out-patient attendance of 30, Madras has 115 against only 10 in the North-Western Provinces and Oudh! This goes a great way to explain why the cost of establishment is so high in this Presidency. In the North-Western Provinces and Oudh they have only 60 Assistant Surgeons whose pay is chargeable to the hospitals held by them, whereas in Madras there are 152 Civil Apothecaries who have had precisely the same professional training and many of whom hold the same university qualifications, so that 92 Civil Apothecaries in Madras hold charges which are held by the cheaper class of Hospital Assistants in the North-Western Provinces, many of whom know little or no English and who therefore draw the lower rate of pay of their grades.

(5) Again in the North-Western Provinces there are 61 Third-class Hospital Assistants in charge of hospitals and dispensaries, but in Madras senior men are posted to such charges, only a few minor dispensaries being reserved for third-class men and even this is discouraged as far as possible, as such junior men are wanting in experience and professional training.

(6) In the Madras Presidency the hospitals have also the advantage of the 22 Assistants to the District Medical and Sanitary Officers who are all Assistant Surgeons and who are paid from provincial sources. The policy of the Madras Government in insisting on hospitals being in charge of properly qualified medical men was recognized as being likely to be costly (*vide* G.O., No. 1001, Financial, dated 7th May 1875).

6. *Branch Dispensaries.*—The only branch dispensaries are those in large towns and none are maintained, such as suggested by the Government of India in paragraph 6 of their letter.

7. *Bissemkattak.*—By an error (carelessly passed in my office) in calculation, the Hospital Assistant gave the average daily sick to be 102.26. The real figure is 17.59. As regards the expenditure exceeding the provincial average, it is due to the fact that for eight months the dispensary was closed but the establishment was maintained, and thus the number of patients being low, the average was much exceeded.

8. Under the orders in G.O., No. 57 of the 24th January 1895, I hope there will be some improvement in future in the work done by medical officers at head-quarter stations.

9. Regarding the requirement of the Madras Presidency as regards hospitals and dispensaries, the last census shows that there are 58,385 towns and villages not including the Presidency town. Of these, eight are cities with a population of 50,000 and upwards; 201 with a population between 10,000 and 49,999; 10,185 towns and villages with a population of 1,000 to 9,999; 47,991 villages with a population under 999.

10. The following points appear to me to be worth the consideration of Government:—

1st.—It appears desirable to increase and improve the office establishments of District Medical and Sanitary Officers and Civil Surgeons in order that less of their time may be taken up with clerical labour and that a more efficient check should be carried out on all hospital and dispensary expenditure.

2ndly.—That the centralization of hospitals at head-quarters should be encouraged and that no hospital should be permitted to be carried on in charge of a medical man holding a less qualification than that of a civil apothecary or the L.M. and S. of an Indian University. The accommodation of all such hospitals should be fixed in consultation with the Surgeon-General and they should be properly equipped and given an adequate establishment.

3rdly.—Each dispensary in which the daily average attendance during the year is only fifteen and each hospital where the daily average sick is under ten should be specially reported upon by the District Medical and Sanitary Officer in his annual report, and, with reference to paragraph 6 of the Government of India letter, should be closed unless good grounds are shown for giving it a further trial.

4thly.—That as soon as sufficient time has elapsed to show that the proposed system of obtaining hospital supplies and of keeping the "uniform system of accounts" in the State hospitals has worked well, similar rules should be adopted for all hospitals in the Madras Presidency.

5thly.—With the view of laying down some general principles on which the development and administration of medical relief should be worked by local bodies, I would propose—

That all the eight cities with population above 50,000 should be called upon to provide a properly equipped and organized General hospital of at least fifty beds for males and females with an out-patient department.

A lying-in hospital of at least eight beds.

An isolation hospital for cholera and small-pox cases, capable of being raised to fifty beds and upwards.

Sufficient out-door dispensaries at a distance of two miles from the General hospital or each other.

A caste and gosha dispensary on a site convenient to the majority of such classes.

6thly.—That the 201 towns with a population of 10,000 to 49,999 should have a cottage hospital from 10 to 49 beds for general cases—males and females—with an out-patient department.

A lying-in hospital of not less than four beds.

An isolation hospital of not less than 10 to 49 beds.

Sufficient out-door dispensaries as above.

A caste and gosha dispensary.

All these buildings should be of a semi-permanent character as it is most probable they would, after a few years, have to be extended.

7thly.—It appears undesirable to make any formal proposition for the remaining population, but I would suggest that, as a rule, only out-patient dispensaries should in future be established, and that when proper provision has been made for the erection of the necessary buildings and their equipment, the pay of the establishment and the annual provision of funds for the necessary medicines and repairs.

To such dispensaries one or two huts might be added for in-patients when they should be denominated "hut hospitals." All such buildings should be of a semi-permanent character, so that they could be altered or removed without difficulty.

8thly.—With the view of encouraging the greater use of indigenous drugs, it is desirable that the students for the Hospital Assistant class should be well trained on the subject during their college and clinical hospital courses.

ORDER—dated 25th June 1895, No. 527, Public.

Recorded, with the remark that the Government cannot regard the Surgeon-General's explanations as altogether conclusive and desires to impress upon him the necessity for keeping down expenditure on civil hospitals and dispensaries as much as is consistent with efficiency.

2. The Government trusts that the annual report for 1894 will be free from the discrepancies and unsatisfactory points referred to in paragraph 2 of the Surgeon-General's letter.

3. With reference to paragraph II (5), the Surgeon-General is requested to state whether there is a complete set of eye instruments at each district head-quarters. It is observed from paragraph II (6) (3) that diets are not provided for the total number of beds available, and that it is stated by the Government of India that only 54 per cent. of the available beds were occupied in 1893. The Surgeon-General will report what percentage of available beds were provided with diets, and whether it is customary in any hospitals to require patients to provide their own diets when all the beds for which there are free diets are occupied.

4. In connection with his remarks in paragraph II (b) (5), the Surgeon-General does not suggest any possible means of popularising hospitals in this Presidency. This, however, is a matter which must be left to time. The Government considers that more attention might be paid in the education afforded at the Medical College on the subject of the use of indigenous drugs than at present appears to be the case. Drugs of this nature are naturally much cheaper than European medicines and the use of them where practicable and expedient should be encouraged.

5. The inference to be drawn from paragraph II (f) (3) of the Surgeon-General's letter is that, for want of a little more expenditure on diets, full use is not made of the establishments provided. This is a financial question, however, which concerns local bodies. As to the employment of third-class hospital assistants in independent charge of hospitals as well as dispensaries, Government is strongly of opinion that it is most undesirable to entrust even a dispensary to such an officer, if it can possibly be avoided.

6. His Excellency in Council now proceeds to pass orders on the various points raised in paragraph 10 of the Surgeon-General's communication:—

(1st)—The Surgeon-General will be requested to report what office establishments District Medical and Sanitary Officers and Civil Surgeons have at present. It is observed that in the budget for 1894-95 a sum of Rs. 20,000 was provided under Local for clerks and servants for District Surgeons. This gives an average of nearly Rs. 1,000 per district, which seems a high figure.

(2nd)—This point will be remitted to the Local and Municipal Department. An absolute rule, such as that recommended by the Surgeon-General, would be unworkable in the present financial circumstances of most of the local boards.

(3rd)—The Government is disposed to move in the direction suggested by the Surgeon-General, but will not lay down any definite rules in the matter. It is possible that there is unnecessary expenditure on establishments which might be avoided by centralization, but the main object—that of placing medical relief within easy reach of the people—must not be overlooked. Any cases in which the expenditure does not seem to be justified by the amount of medical relief afforded should be specially brought to notice by the Surgeon-General.

(4th)—The Government has not yet been informed in regard to the "uniform system of accounts" proposed by the Surgeon-General, but will await the result of its working.

(5th), (6th) and (7th)—These suggestions will be dealt with in the Local and Municipal Department. It is observed, however, that the Government of India object that the expenditure is already too high; the Surgeon-General proposes to increase it still more.

(8th)—This point has already been dealt with in paragraph 4 *supra*.

(True Extract.)

J. F. PRICE,
Chief Secretary.

To the Surgeon-General.
" Local and Municipal Department.

When given for copying
When dated 17th 4-1-97
When examined 14th 2-2-97
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