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MADRAS RECORD OFFICE.

Government of Madras.

Public works DEPARTMENT.

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Proceedings of the Madras Government, Public Department,
15th August 1866.

Read the following papers:—

No. 101. From the Honorable R. S. ELLIS, c. b., Sanitary Commissioner, Madras, to the Chief Secretary to Government, Fort Saint George; dated Madras, 2nd June 1866, No. 57.

On resuming my duties as Sanitary Commissioner, I find that the allotment of the General Hospital, ordered by Government in Proceedings, No. 1048, dated 12th September 1864, Public Department, to be made by the President of the Sanitary Commission, has not been submitted to Government.

2. This delay has arisen from Dr. Macpherson, Officiating President of the Sanitary Commission, having supposed that by the terms of a later Government Order, No. 4167, dated 23rd November 1864, the allotment was to be made by the Medical Officer of the Hospital only, without any further reference to the Sanitary Commission.

3. The additional buildings of the General Hospital are so nearly completed, that it becomes necessary that the allotment of the building should be decided without further delay.

4. When the question of the allotment of the Hospital was last before the Government, it was resolved that the General Hospital should eventually be divided into a Civil Hospital, for the accommodation of male and female Civil patients, European and East Indian, and into a Military Hospital for the accommodation of the Garrison of Fort Saint George and Military details from other Regiments. It was further resolved that a separate Native Hospital should be built in a central situation, (Vide Proceedings of Government, Public Department, 12th September 1864), to relieve the General Hospital of Native patients.

5. The allotment originally proposed by the Sanitary Commission, of the Civil side of the General Hospital, has, with a few alterations, been concurred in by the Medical authorities, and until a Native General Hospital is built, the arrangement, as shown in the accompanying plan, may be sanctioned by Government.

6. There has been much discussion on the best allotment to be made of the Military side of the General Hospital; that now prepared is strictly in accordance with the last decision arrived at by the Government.

I would, however, submit that a re-consideration of this decision of Government may be attended with advantage, and that any allotment of the General Hospital now made should only be considered as a temporary arrangement.

7. There has been frequent discussion as to the best use to which this large and costly building can be applied, and much objection has been made to the aggregation in one building, however carefully divided, of Civil and Military male and female patients, and of Europeans and Natives. To obviate these disadvantages, various proposals have been made.

1st.—That the present Lying-in-Hospital should have such additions made to it, as would give accommodation to the sick women and children belonging to the Garrison of Fort Saint George, and to those sent for treatment on the coast from other Military stations.

2nd.—That a European Military Hospital should be built in pavilions, so that the Regimental sick and those of the Military details, and the women and children should be completely separated.

3rd.—That a Native General Hospital should be built, so that the present General Hospital should be relieved of this class of patients.

8. If the question of Hospital accommodation for the Town and Garrison of Madras was to be decided, irrespective of existing buildings, it would, no doubt, be desirable to have

A European Military Hospital.

A Civil Hospital for Europeans and East Indians.

A Civil Hospital for Natives.

But the existing General Hospital is too large for either a Military Hospital or a Civil Hospital for Europeans and East Indians; and it is unnecessarily costly in construction for an Hospital for that class of Natives, for whom accommodation is required. Moreover, it is not likely that funds will be at present available for the construction of two new Hospitals.

9. I would, therefore, suggest that the Government should re-consider the decision to build a Native General Hospital, and that precedence should be given to the construction of a European Military Hospital, and that the General Hospital should then be converted into a large Civil Hospital for Europeans, East Indians, and Natives, the Europeans and East Indians being accommodated in the upper stories and the Natives in the lower stories. The male and female patients could be separated in the same manner as is now the case with the Military and Civil portions of the Hospital.

10. This arrangement will meet the objections which have been made by the Military authorities, against separating the Regimental women from the control of their own Regimental Officers, and will prevent the mixture of Military and Civil patients together—the former requiring special discipline while in Hospital, such as is not necessary for Civil patients. The removal of the Military patients will enable the Chindrapettah and Vepery Dispensaries, and probably the Eye Infirmary, to be closed, thus effecting a considerable saving. The General Hospital would then, as now, be the Clinical Hospital of the Medical College. The removal of Native patients from this Hospital was objected to, on the ground that the efficiency of teaching would, to a considerable extent, be annulled, if the Clinical classes were confined to European and East Indian patients, who present a much more limited range of disease and of accidents than is afforded by the Native patients.

11. Whatever may be the final use to which the General Hospital is put, I would again bring before the Government the importance of enclosing the present road-way of Hospital Street in the Hospital compound, and running the road through the line of houses now fronting Hospital Street. This proposal was calculated, in 1864, to involve an outlay of 36,000 Rupees. As land is rising in value in Madras, any delay in effecting this improvement will entail increased expenditure. I venture, therefore, to repeat the reasons adduced by me in support of this proposal in a former report to Government:—"That it will secure increased space for the Hospital in this direction, which, under the improvement suggested in the construction of latrines, lavatories, and cook-rooms, is very necessary. It will remove to a greater distance from the main building, a noisy and dusty road, and free the neighbourhood of the Hospital from objectionable houses frequented by prostitutes, and where it is difficult to prevent the unlicensed sale of liquor."

15th August 1866.

The proposed removal of these bazaars and houses will also give increased ventilation to the densely crowded streets known as John Pereira's. This proposal was not absolutely negatived by the Government in their Proceedings of the 12th September 1864, but was ordered to lie over for the present.

12. Should funds not be available at present both for commencing the building of a Military Hospital and for the increase of the General Hospital enclosure, I would suggest that available funds be devoted to the Military Hospital as most emergently required; but I trust this important improvement to the General Hospital will not be forgotten.

13. With these observations, I beg to describe the allotment which I recommend to be made temporarily, until a Military Hospital can be built.

Allotment of the Military side of the General Hospital.

14. In making this allotment it is necessary to provide accommodation for

1. The sick men, women, and children of the European Regiment, garrisoning Fort Saint George.
2. The sick men, women and children of a Garrison Company of Artillery.
4. The Military details of Regiments serving in the Madras Presidency requiring treatment on the Coast.

In estimating the Hospital accommodation, I have been guided by the scale laid down by the Government of India—Vide Proceedings of Madras Government, Public Works Department, No. 1126, dated 12th April 1866.

According to this scale, accommodation must be given for 92 sick men of the European Regiment and for 10 men of the Garrison Company of Artillery.

No regulated accommodation has been fixed by the Government of India for women and children, nor for Military details; and for these I have taken the estimate formerly made in concurrence with the Inspector General, Medical Department, and approved by the Commander-in-Chief, namely, Military details 60, women and children of Garrison of Fort Saint George and of Military details 28, making a total of 190 Military patients to be accommodated in the lower and upper wards of the Military Division of the General Hospital.

15. In accordance with the rule laid down by the Government of India, three-fourths of these patients should, if possible, be accommodated on the upper, and one-fourth on the lower story. I have endeavoured, as will be seen in the plan, to conform to this rule, and to the other details laid down by Government of India, for guidance in Military Hospitals; but it must be remembered that the Government of India, in laying down these rules, contemplated hospitals built on a standard plan, and did not suppose that male and female Military patients were to be lodged in the same building.

16. It will be seen by the plans marked A. B. that one-half of the General Hospital (eastern side) has been reserved for the Military Hospital. The lower floor consists of four large and four small wards, numbered respectively 1, 2, 3, 4, 5, 6, 7, 8.

There are also on this floor two Recreation rooms marked 9, 10, a Surgery marked 11, a Receiving room marked 12. A room for Medical Subordinates marked 13. Three Store rooms marked 14, 15, 16.

The Hospital Serjeant's quarters are marked 17-17.

Rooms for the Assistant Surgeon on duty, 18-18.

*Proceedings of the Madras Government, Public Department,
15th August 1866.*

The four large wards will accommodate 56 patients. The four small wards are capable of holding 18 patients, but it will be advisable to retain two of these wards for individual cases requiring separation.

Thus the actual sick that can be located on the ground floor will amount to 74.
17. The upper story consists of eight large wards marked 19, 20, 21, 22, 23, 24, 25, 26, 27; four rooms in the centre block marked 28, 29, 30, 31, and two small rooms at each side of the stair-case marked 32, 33.

18. I would propose to separate completely from the other part of the Military Hospital, the wards marked 25, 26 for the female patients and children.

These wards contain 14 beds each, making a total of 28, which is the estimated number required; the small rooms marked 32, 33 will serve for lying-in-cases and Nurse's room; so long as these wards are occupied by the Regimental women, temporary washing and privy accommodation must be arranged by screening off portions of the verandahs, for no other lavatory or privy is available for these wards than that used by the male Military patients.

The number of women and children patients will not be large, and under careful Hospital administration this temporary arrangement will not be any source of nuisance.

19. The six large wards marked 19, 20, 21, 22, 23, 24 contain 84 beds, and will be occupied by the male Military patients. Ward No. 27 is reserved for Ophthalmic cases, and will accommodate 10 patients.

Under this arrangement 94 male patients and 28 female and children patients will be lodged on the upper story, making a total of Military patients in the Hospital of 196. The total accommodation required is for 190 patients; there will therefore, be six spare beds to be used on an emergency.

20. The four rooms marked 28, 29, 30, 31 in the central block are reserved for the use of sick Officers.

In paragraph 5 of Proceedings of Madras Government, dated 12th September 1864, it was stated that the Government could not sanction the erection of separate quarters for sick Officers, but "that the Governor in Council would be prepared to consider an arrangement for renting a house for the purpose as was done in Calcutta, provided it can be shown that the arrangement will not entail any but a very trifling expense to the State."

There are two classes of sick Officers who require accommodation: those who are suffering from mania or severe accident, and those suffering from ordinary maladies. At present only the first class resort to the General Hospital, where no decent accommodation is available; the latter class resort to the Club and to Hotels, neither of which are suitable for invalids. If a Military Hospital is sanctioned, accommodation for both these classes should be given, the Government providing the building and the Officers being charged moderately for board and lodging.

21. In making the temporary allotment of the Civil Side of the General Hospital, it is necessary to provide accommodation for an average number of patients as follows:—

- 70 European and East Indian male patients.
- 40 Native male patients.
- 8 European and East Indian female patients.
- 24 Native female patients.

*Proceedings of the Madras Government, Public Department,
15th August 1866.*

I have taken the average daily sick of these classes as furnished by the Medical Officers in charge of the Civil side of the General Hospital; but there is no doubt that many more patients would resort to the General Hospital if there was accommodation available.

Should a separate Military Hospital be built and the whole building be assigned to Civil patients, ample accommodation will be afforded to meet the emergencies of the severe outbreaks of disease which occasionally occur in the Town of Madras.

22. The lower story consists of four large and four small wards marked 1, 2, 3, 4, 5, 7, 8, 17, of the Civil side of the General Hospital on Plan. It is proposed to allot these wards to 82 male Native patients. The remaining portion of the lower story is allotted to,

Receiving room...	...	No. 11.
Out-patients' waiting room.	...	" 10.
Dispensary ..	...	" 12.
Medical Stores ...	...	" 9.
Office and Committee Room	...	" 18.
Record room ...	...	" 6.
Steward's room	...	" 20.
Pupils' room ...	...	" 22.
Wine and Spirit Godown...	...	" 19.
Medical Subordinates' quarters	...	" 21.
Two Linen rooms...	...	" 15, 16.
Two spare Store rooms ...	...	" 13, 14.

23. The upper floor, which is to be occupied by European and East Indian male patients, consists, as will be seen from Plan B, of six large and two small wards, marked 23, 24, 25, 26, 27, 28, 29, 30, and a separate Ophthalmic ward 31.

The six large wards will accommodate	...	84.
The two small wards will accommodate 4 each	...	8
The Ophthalmic ward will accommodate patients...		= 10

The total number of patients in these wards is	...	102
The remaining accommodation on this story is allotted to		
the Operating Theatre...	...	No. 32
The consulting operating room for the Ophthalmic Surgeon	...	" 33.
Linen room...	...	" 34.
Nurse's room...	...	" 35.

24. There are also four rooms 36, 37, 38, 39 on this story, reserved for Officers of the Indian Army, who will be under the treatment of the Medical Officer in charge of the Civil Hospital, whereas the Officers of Her Majesty's Regiments will remain under treatment by the Army Surgeon in charge of the Military Division of the Hospital. Civil patients of a higher class, such as Captains and Mates of ships, will have accommodation allotted to them hereafter.

25. Thus under the proposed arrangement, accommodation is provided for
102 European and East Indian male patients.
82 Male Native patients.

It will be observed that provision has been made in this allotment for male patients only.

26. I venture to recommend that, as a temporary measure, the building formerly occupied by the Physician and Surgeon of the General Hospital, marked C on Plan 2, should continue as at present, to be occupied by the female patients of the General Hospital.

The removal of this building should be delayed until a Military Hospital is erected, when the portion of the General Hospital now occupied by soldiers will become the female Hospital.

As a temporary arrangement, this building can accommodate 12 Native* and eight European female patients, giving to each patient an average of 113 superficial area, and 1,647 cubical space.

I have carefully inspected the wards, which are cool and airy, and I am assured by Dr. Paul that there is no objection to the use of the building as an Hospital.

27. The building in front of this, and which is at present occupied by the Medical Officer, must also be eventually removed, to give additional space to the Hospital compound; but I would earnestly request that this removal be delayed until such time as the Military Hospital can be built.

28. I would propose to allot the accommodation afforded by this building as a guard-room and as quarters for the Hospital Serjeant.

The guard-room will not be required if the General Hospital becomes a purely Civil institution. As long, however, as Military patients are treated in the General Hospital, a guard-room must be provided. I would urge upon Government that the present guard-room is totally unfit for the purpose. Each man, supposing the guard to consist of six men, has only 737 cubical space, and superficial area 53 square feet; whereas, the scale laid down by Regulation for Barrack accommodation is 90 square feet superficial and 1800 cubical feet per man.

The health of the men on guard must suffer from remaining for hours in this badly ventilated and over-crowded room. I therefore trust that the Government will sanction the proposal I have made.

29. Should this be done, I would propose that the present gate at which the sentries are posted be closed, and that they be posted, for the future, at a gate situated at the east end of the Hospital compound, close to the proposed temporary guard-room.

30. Before determining what subsidiary buildings separate from the Hospital are required, and their sites, it is necessary that it be decided whether a separate Military Hospital will be sanctioned by Government, so that those buildings only which will be permanently required for a Civil Hospital may be constructed.

It should also be determined whether the proposed addition to the Hospital compound (vide paragraph 11) meets the approval of the Government; for upon

* The allotment of Native females has been made at the rate of 99 superficial feet, as laid down in G. O., No. 1371, dated 18th April 1866, but as a temporary arrangement more than this number could probably be accommodated in this building.

this must depend the selection of the sites of the subsidiary buildings, &c., which are

- Small detached building for contagious disorders,*
- Gates,
- Porters' lodge and Receiving-room for Civil patients,
- Dead-house,
- Laundry and Wash-house,
- Cook-houses.

31. In any case it is emergently necessary to decide how the rear of the Hospital can best be cleared, and how temporary subsidiary buildings can best be provided.

At present the rear part of the Hospital is so crowded with the Guard-room, Dead-house, Cook-houses, and Hospital Serjeant's quarters, that with the most active supervision it is impossible to secure cleanliness. These subsidiary buildings should at once be removed, and light temporary buildings for Cook-houses and Dead-house be erected as shewn in the Plan 2.

32. The Hospital Serjeant's quarters and the Guard-room being provided, as I have suggested, in the buildings marked D. E., which will hereafter be removed, I propose deferring the decision of the sites and description of the permanent subsidiary buildings until the Government decides upon the questions of building a Military Hospital, and of using the General Hospital as a purely Civil Hospital.

33. It is also of great importance that the attention of the Public Works Department be drawn to the want of drainage both of the Hospital itself and of the Hospital compound, and to the question of laying in a sufficient supply of water both for drinking purposes and for ablution. At present the whole of the water has to be carried to the several wards by hand, and must be removed in the same manner.

Some means should be provided for connecting the drainage of the Hospital with the street drains.

34. It may also be worthy of consideration whether it would not be desirable that the General Hospital should be lighted by Gas.

35. There are many other minor details upon which much of the comfort of patients depends, such as ward sculleries, with glazed earthenware sinks, with water over them for washing up; baths for patients who cannot use the general lavatory; temporary arrangements for sick women's privies, for these cannot make use of the privies situated in the male part of the Military Hospital, and the separation by railings of the Military and Civil sides of the Hospital; but I do not think it necessary to enter upon these matters further than to request the orders of Government, that the Officer in charge of the Hospital works be directed to attend to these details in communication with myself and the Medical Officers in charge of the General Hospital.

36. In the Appendix will be found the detailed dimensions of each ward of the Civil and Military Divisions of the General Hospital.

37. In order to save time I prepared the proposed allotment of the General Hospital in consultation with Inspector General Shaw, who approves of the arrangements now submitted for sanction.

* There has been much difference of opinion as to the necessity of contagious wards in Hospitals. In England the highest authorities have declared such wards unnecessary in a well ventilated Hospital. In this country, however, where Cholera and Small-pox are frequent it has been decided by the Government that in Military Hospitals a well raised single storied building containing two wards should be erected for cases of contagious disease. Such a building is equally necessary in a Civil Hospital.

APPENDIX.

APPENDIX.

	Dimensions.						Superficial area.	Cubic feet per Ward.	Number of men allotted to Ward.	Superficial area then afforded.	Cubic area then afforded.	
	Length.		Breadth.		Height.							
MILITARY HOSPITAL,												
LOWER STORY.												
No. 1, Military Sick Ward.....	80	10	20	0	15	0	1,616	24,240	14	115	1,731	
No. 2, do. do.	80	10	20	0	15	0	1,616	24,240	14	115	1,731	
No. 3, do. do.	80	10	20	0	15	0	1,616	24,240	14	115	1,731	
No. 4, do. do.	80	10	20	0	15	0	1,616	24,240	14	115	1,731	
No. 5, Special Ward.	28	0	20	0	15	0	560	8,400	5	112	1,731	
No. 6, do. do.	34	3	20	0	15	0	685	10,275	6	114	1,680	
No. 7, do. do.	19	0	20	0	15	0	380	5,700	3	126	1,712	
No. 8, do. do.	22	6	20	0	15	0	450	6,750	4	112	1,900	
MILITARY HOSPITAL,												
UPPER STORY.												
No. 19, Military Sick Ward.....	81	4	20	4½	16	5	1,657	27,369	14	118	1,955	
No. 20, do. do.	81	4	20	4½	16	5	1,657	27,369	14	118	1,955	
No. 21, do. do.	80	9	20	4½	16	5	1,645	27,015	14	117	1,929	
No. 22, do. do.	80	9	20	4½	16	5	1,645	27,015	14	117	1,929	
No. 23, do. do.	80	9	20	4½	16	5	1,645	27,015	14	117	1,929	
No. 24, do. do.	80	9	20	4½	16	5	1,645	27,015	14	117	1,929	
No. 27, do. do.	80	9	20	4½	16	5	1,645	27,015	14	117	1,929	
4 Sick Officers' Quarters of H. M. Service, 28, 29, 30, 31.....	20	0	20	4½	16	5	407	6,789	10	164	2,701	
MILITARY FEMALE HOSPITAL.												
No. 25, Ward... ..	81	4	20	4½	16	5	1,657	27,369	14	118	1,955	
No. 26, do.	81	4	20	4½	16	5	1,657	27,369	14	118	1,955	
No. 32, Rooms attached to Female Wards... ..									28			
No. 33, do. do.												
CIVIL HOSPITAL,												
LOWER FLOOR.												
No. 1, Civil Sick Ward, Native.....	68	9	20	0	15	0	1,375	20,625	14	98	1,473	
No. 2, do. do.	68	9	20	0	15	0	1,375	20,625	14	98	1,473	
No. 3, do. do.	83	1½	20	0	15	0	1,662	24,937	16	103	1,558	
No. 4, do. do.	83	1½	20	0	15	0	1,662	24,937	16	103	1,558	
No. 5, do. do.	31	0	20	0	15	0	620	9,300	6	103	1,550	
No. 6, do. do.	43	0	20	0	15	0	860	12,900	4	107	1,612	
No. 8, do. do.	19	0	20	0	15	0	380	5,700	4	95	1,425	
No. 18, do. do.	43	0	20	0	15	0	860	12,900	8	167	1,612	
OPHTHALMIC WARD.												
—Only ten patients have been allowed to this Ward, as from the peculiar nature of the cases to be accommodated it cannot be so freely ventilated.												

APPENDIX—(Continued.)

	Dimensions.						Superficial area.	Cubic feet per Ward.	Number of men allotted to Ward.	Superficial area then afforded.	Cubic area then afforded.	
	Length.		Breadth.		Height.							
CIVIL HOSPITAL.												
UPPER FLOOR.												
	Ft.	In.	Ft.	In.	Ft.	In.						
No. 23, Civil Sick Ward, European.....	78	3	20	4½	16	5	1,594	26,141	14	114	1,867	
No. 24, do. do.	78	3	20	4½	16	5	1,594	26,141	14	114	1,867	
No. 25, do. do.	83	4½	20	4½	16	5	1,699	27,863	16	106	1,741	
No. 26, do. do.	83	4½	20	4½	16	5	1,699	27,863	16	106	1,741	
No. 27, } Double Ward..	69	1½	42	6	16	5	2,938	48,183	24	122	2,007	
No. 28, }												
No. 29, Native.....	22	10	20	4½	16	5	465	7,633	4	116	1,908	
No. 30, European.....	22	10	20	4½	16	5	465	7,633	4	116	1,908	
No. 31, Ophthalmic... ..	69	1½	10	4½	16	5	1,408	23,091	10	140	2,309	
									102			
4 Sick Officers' Quarters of H. M. Indian Service, 36, 37, 38, 39... ..	20	0	20	4½	16	5	414	6,789				
CIVIL FEMALE HOSPITALS.												
No. 1 Room, Upstairs, Native	12	0	19	0	12	6	228	2,850	2	114	1,425	
No. 2 do. do.	23	6	19	0	12	6	446	5,581	4	111	1,395	
No. 3 do. do.	18	0	13	6	12	6	243	3,037	2	121	1,518	
No. 4 do. do.	23	0	16	0	12	6	368	4,600	4	92	1,150	
									12			
SECOND STORY.												
No. 1 Room, Europeans.	19	0	13	0	13	0	247	3,211	2	123	1,605	
No. 2 do. do.	23	0	19	0	13	0	437	5,681	4	109	1,420	
No. 3 do. do.	19	0	13	0	13	0	247	3,211	2	123	1,605	
									8			
HOUSE PROPOSED FOR GUARD.												
LOWER STORY.												
No. 1 Room.....	23	0	18	5	15	0	425	6,375	4	106	1,593	
No. 2 do.	12	7	18	5	15	0	231	3,473	2	115	1,736	
No. 3 do.	12	0	18	5	15	0	221	3,313	2	110	1,656	
									8			
UPPER STORY.												
No. 1 Room.....	23	1	18	6	12	0	426	5,112	4	106	1,278	
No. 2 do.	12	7	18	6	12	0	232	2,792	2	116	1,396	
Present Guard-room... ..	35	0	9	4	14	0	325	4,557	3	108	1,519	

No. 102. MINUTE by the Right Honorable the PRESIDENT, dated 25th June 1866.

In affixing my sanction to the distribution of the General Hospital proposed by the Sanitary Commissioner and the Officiating Principal Inspector General, I think it right to state that I do so as a temporary arrangement merely, and I avail myself of this occasion to advocate the execution of a plan which would give a more restricted, but a permanent and more satisfactory, form to the Institution.

2. The General Hospital, as now constituted, comprises accommodation for the sick of the European force in garrison at Madras; for details from other European Regiments; for their women and children; for European Officers; for the miscellaneous sick of the European and Eurasian communities, and females of the same classes; for European Seamen, and Seamen of other races; for strangers of every quality and colour, and of both sexes; for Natives of the city and the country, men and women;—and the Hospital is also used as a place of temporary refuge and security for insane persons of all nationalities.

3. An Institution so comprehensive would never have been deliberately constructed; it is the creation of accidents, expedients, and accumulation—not of intention. It would supply legitimate materials for at least four Hospitals—a European Military Hospital, a European and Eurasian Civil Hospital, a Native Hospital, a Seaman's Hospital. The occasional insane should, of course, go to the Lunatic or Idiot Asylums affected to their special treatment—Institutions which can scarcely be said to exist in this Presidency.

4. Such a discrimination is now impracticable. The Government are irrevocably committed to the employment of this vast building, almost completed, for Hospital purposes; and as no single class of sick would half fill it, all its defects can never be remedied. Some of the inconveniences of a mixed establishment will still subsist, but the greatest inconsistency can be removed.

5. The only distinction, in my humble judgment, possible at this stage, is the one indicated by the Sanitary Commissioner and the Inspector General—the broad distinction of Civil and Military. A complete separation of these elements would enable us to have a good Civil Hospital and a good Military Hospital, in lieu of an indifferent establishment comprising both.

6. The general objections to the association of a Military Hospital with a Civil one are obvious, and they are strengthened by the particular features of the example under review.

7. Soldiers are always subject to Military discipline and law, in Hospital as well as out of Hospital, but it is difficult to maintain the habits of discipline and subjection in a heterogeneous place exposed to disturbing influences.

8. Soldiers in Hospital are a legitimate object of solicitude to their Commanding Officer, as well as to their Medical Officer, and the attention of the Commanding Officer (if he is a good one) will no doubt be bestowed, if the locality be of a congenial character, where an undivided authority reigns with something of Military symmetry and order. But if the Military sick be placed in connection with a mixed multitude of patients, the Officer will naturally be repelled; his duty will be unperformed, or coldly performed; the state of the soldier will deteriorate; there will be a diminution of those good offices, and a relaxation of those moral ties, which it is desirable to develop and strengthen. Even the Medical Officer will lose heart, and feel less pride in his work.

9. The deprivations and tedium of hospital life cause soldiers to seek forbidden indulgences; and the contact of vagrant, uncontrolled, irresponsible civil associates affords many opportunities for obtaining them.

10. The contact of soldiers with a numerous body of sick drawn from the civil population, massed together in a single building, may expose them to epidemics and contagious maladies, from which they would be preserved if they were lodged apart in sickness, as they are in health. The life and welfare of all citizens concerns the Government; but the life and welfare of the soldier concerns the Government most, because the soldier is the most costly and indispensable servant of the State, the one on whom the State expends most, and for whom it is most directly answerable. The soldier, therefore, ought to be first cared for, and least exposed.

11. The diseases, medical treatment, dietary, habits, and legitimate recreations of the European Military sick and convalescent, must offer many peculiar features, and necessitate many exceptional arrangements, which cannot be so well provided for and regulated in a mixed Institution as in one appropriated solely to the use of soldiers.

12. If we pass from general to local considerations, the following reflections are suggested:—The position of the General Hospital is not favorable to the recovery of European sick, or, at least, not so favorable as might be desired. Soldiers have been known to contract a new malady while they were being cured of an old one, and the new malady originated in local causes. The Hospital is exposed on one side to the exhalations of the River Cooum which is still the open receptacle of general sewage, and those exhalations are borne into the windows by the sea breeze, which thus has disease, not healing, on its wings*. On the other side, the hospital is closely approached by the physical and moral contaminations of Black Town.

13. The General Hospital is a spacious, airy, imposing structure; to an unpracticed, unprofessional eye, it appears a most fitting receptacle for the sick, nor am I prepared to affirm that it deserves in all respects the reprobation with which it has been loaded. It is certain, however, that, in several particulars, the distribution of the building violates the rules laid down for Military Hospitals by the Sanitary Authorities and the Supreme Government. It may be objected that the defects of position and design referred to are prejudicial to other European sick, and even to all sick, as well as to the Military class. That is undoubtedly true, and we may hope to see the evils complained of mitigated for all, by the drainage of the city and by other sanitary reforms. The Cooum and Black Town may be purified hereafter, and the Hospital will participate in the general benefit. In the meantime, however, one class can be withdrawn from the operation of such unwholesome agencies more easily than the rest—the class most susceptible of being affected by them, and to which Government is under the greatest obligations, both by positive regulation and by policy. It is open to Government to act at once on behalf of the Army without injustice to the civilians, whose interests will assuredly not be lost sight of.

14. If the union of the Military Hospital and the Civil Hospitals under one roof is necessarily productive of prejudice to the Military sick, the system is also obnoxious to the Civil establishments.

* The fact is attested by an official Report from a Physician, who affirms the pernicious effect of the air from the Cooum in the hospital and in his own private house adjoining.

15. The presence of European soldiers is probably repugnant to the feelings of the Natives of the country who are treated in the Hospital, or who resort to it for advice, as well as to their relatives and families who come to visit them and supply them with water and sustenance. The Natives are easily alarmed, and in this way they may perhaps be discouraged from entering an Institution which we desire to render hospitable and attractive.

16. Nor will the same cause fail to produce an unfavorable, though perhaps an insensible, effect upon the Medical Officers of the Civil Department.

17. They will be oppressed by the predominance of the Military establishment, with its Medical Officers, favored patients, administration and attendants, claiming and obtaining the best share of patronage and attention. Their position will not only be divided but subordinate. The two managements will not work under one roof without some confusion and conflict. Under such a scheme, there never can be the happy results of a single intelligence and a single will. This is not a mere speculative objection. The evils of divided authority were very apparent in the material condition of both Departments when I first inspected them. I do not venture to impute to the Medical Officers, either of the Civil or Military Hospitals, any professional incapacity. They are, no doubt, competent Physicians and Surgeons, and they act under competent supervision. The treatment of disease may have been irreproachable; but, without descending to particular neglects and imperfections, I may remark that there was something slatternly and sordid in the furniture and general aspect of the whole place, which I mainly refer to that indifference which is unconsciously inspired when a man feels that the sole power, responsibility, and credit are not his own. I was concerned to see the Hospitals in that condition, and I would have been ashamed to show them.

18. It would be idle to enlarge further upon the disadvantages contingent on the combination referred to. They are recognized on all hands. There is not one Civilian who does not desire to be parted from the Soldiers, and not one Soldier who does not desire to be separated from the Civilians. Nor do I think it necessary to apply much argument in proving that the desired division should be effected by the elimination of the Military element from the General Hospital. It is the smaller body; it will be most benefited by accommodation elsewhere. The Military sick could not fill half the General Hospital alone, nor would they harmonize with any of the other classes comprized in it. The Civil patients of European and Eurasian birth could, on the other hand, be combined with tolerable success, while the departure of the Soldiers would give room for the complete segregation of the Native patients, to whom I would propose to award, not a complete story of the building, but a separate portion, comprising both stories, with separate access, grounds, stair-cases, and accommodations of every sort adapted to their peculiar habits.

19. If it be determined that the European Military Hospital shall be taken out of the General Hospital, and be transported elsewhere, it remains to be settled in what locality the new Military Hospital shall be erected.

20. Only two sites available for this purpose are at the disposal of Government - that portion of the sea-front of the Chepauk ground, which extends from the Marine Villa to the Revenue Department, and the triangular space in the esplanade adjoining the Parade ground extending behind the Statue of Sir Thomas Munro to the burying grounds, and bounded by three public roads.

21. The former of these localities is recommended by a position perfectly isolated, open, and exposed. It is swept by every wind; it is public and cheerful; the soil is dry, yet it abounds in water fit for washing purposes. The objections are that it is rather more distant from the Fort than the other; that at a certain period of the year, when the sand bar at the mouth of the Cooum is cut, the distance is greatly increased by the necessity of making a long *detour*; that the ground is contracted; that it would be difficult to dispose all the buildings in proper profile, without taking up part of the Park attached to Government House, which would cut off the Park from direct contact with the beach; finally, that the buildings would form a screen between the sea and Government House, which would intercept the breeze when it blows from a certain quarter.

22. I may here observe that I would object to any portion of the Park belonging to Government House being alienated for the purpose referred to. The Park has a very narrow sea-face between the Cooum and the Chepauk ground. It ought not to be diminished. But I would not object to the Hospital buildings being erected on the contiguous Chepauk ground. I presume that there would be no actual danger of infection from the Hospital. It might not be an agreeable or ornamental object, but the inconvenience would be more imaginary than real. The buildings, being disposed in separate blocks, would not materially exclude the sea breeze. The ground is public ground, and, as such, is at the absolute disposal of Government for the best purpose to which it can be applied.

23. If the buildings impaired the pleasantness of the Governor's residence, the Governor might be satisfied by the reflection that the sacrifice was made on behalf of those who have a strong claim on his sympathy—the Military sick.

24. The site on the esplanade is more compact and much more extensive. It is indeed of ample dimensions; it is dry and contains good water; it is free from all contact with the town, open to the sea breeze from the East, South-East, and South, and possesses an agreeable view on the parade; the access to the Fort is short, direct, and never intercepted. On the other hand there are some palpable drawbacks—one side is bordered by the public cemeteries, and the river Cooum surrounds the whole locality at some distance. In the opinion of the Sanitary Commissioner and the Inspector General, verbally imparted to me, the disadvantages referred to are transitory and unimportant. The cemeteries can be closed, and ought to be so for general motives of public health. The branch of the Cooum which flows between the site and the prevailing sea breeze from the South-East is the least polluted part of the river, and the Cooum itself is to be cleansed hereafter.

25. There appears to be a preponderance of opinions in favor of placing the Military Hospital on the esplanade. The Council will decide the question, after proper inquiry and comparison.

26. The expenditure involved in the execution of the proposed scheme would be considerable, but it would not be without some compensation. The removal of the Military Hospital would leave so much space for Native patients that it would be possible, and indeed desirable, to close the Dispensary Hospitals of Vepery and Chindadrappettah, and perhaps the Hospital for eye diseases, transporting their inmates to the General Hospital. The buildings of the Vepery Dispensary and the Hospital for eye diseases are hired by Government at an aggregate rent of Rupees 4200 per annum; that sum would be saved, and a further economy would be effected,

by the consolidation of the establishments. The building in Chindadrapettah belongs to Government; it would be available for the Vaccine Department.

27. The consolidation of the small Native Hospitals would afford an opportunity for revising those Institutions, which are in some respects in a state of nature. They cannot be seen without curiosity and pity. It would not be credited in Europe that establishments maintained by Government could be so simple and so bare. In the Hospital for eye diseases, ably directed by Dr. Smith, and justly popular in the country, the Physician occupies the spacious and airy house hired by Government, while the patients lie in wretched out-houses or godowns, half-ruinous places. In none of them is any attempt made at uniformity of furniture or clothing, and little at cleanliness in either respect. I must except the Lying-in-Hospital, in all essential respects an excellent and successful Institution. There the principle of personal uniformity has been enforced by keeping the Native women naked. They have lain under their coverlets in a state of nudity, lest they should sit upright or rise too soon.* I believe that this primitive discipline is to be abandoned. The kitchens and latrines† attached to the Native Hospitals are for the most part in a deplorable state, though with some exceptions. It must be difficult under these circumstances either to secure a proper adaptation of diet to disease, or to maintain a good sanitary order. It would be superfluous to introduce all the apparatus and conveniences of a European Hospital among the sick of this country, whose indigence, frugality, and caste prejudices render many things superfluous and many things impracticable. But there might be neatness, purity, and beauty associated with the humblest state of life and manners. The organization of a model Native Hospital‡ as a separate department of the General Hospital, with a fitting adaptation of European science and regulations to the Native constitution and customs, would be a design of peculiar interest. If perfected here, it would offer a pattern to the whole country. In offering these reflections on the Native Hospitals, I do not mean to imply that they are contemptible or useless; on the contrary, they have afforded to the Natives of the country a resort and refuge of the highest value, where their feelings have been respected, and where they have been treated with humanity and skill by Medical Officers whose exertions cannot be too highly praised. I merely mean that these Hospitals have been defective in material organization, and that the time has come to raise them above this meanness and neglect.

28. The removal of the Military Department of the General Hospital would also afford to the Medical authorities the means of providing, both for the remaining patients, and for the students of the adjoining Medical College, those accommodations which form part of a perfect hospital establishment, but which have been deficient up to the present time. I believe that there has never been a Lecture-room, or an Operating-room, at the General Hospital of Madras. Perhaps there has never been an Operating Table. At least, I was told there was none when I asked the question.

* As this may sound incredible, I may say that the Matron told me so, and the Deputy Inspector General confirmed it.

† A specimen of an excellent Native latrine may be seen at the Monegar Choultry Hospital, under the direction of Dr. vanSomerem. Bad ones can be visited at the Vepery Dispensary and the Hospital for eye diseases. The Medical Officers are not responsible.

‡ Such a model Native Hospital has been constructed by private benevolence at Bombay.

29. The recommendation embodied by the Sanitary Commissioner in his letter to Government of the 2nd of June, to the effect that the present roadway of Hospital street should be thrown into the Hospital enclosure, and that the houses bordering on it should be purchased and removed, is worthy of the favorable consideration of Government, but as this project involves the expenditure of a large sum of money, I agree with Mr. Ellis in thinking that it should be postponed to the more important design of constructing the New Military Hospital.

30. In conclusion, I submit to Council the expediency of adopting resolutions to the following effect:—

I.—That it is desirable to remove the Military Hospital from the General Hospital, and to re-construct it apart on an appropriate site.

II.—That the Sanitary Commissioner and the Inspector General of Hospitals be charged with the duty of reporting to Government on what site a New Military Hospital can be most advantageously built.

III.—That the Secretary for the Department of Public Works be directed to prepare plans for the projected Military Hospital and its dependencies, conformably to the models and regulations prescribed by the Home and Supreme Governments.

IV.—That the documents and plans relative to this question be submitted to the Supreme Government, with the request that an appropriation may be made for this object in the budget for Military Public Works for the year 1867-1868.

(Signed) NAPIER.

No. 103. ORDER THEREON, 15th August 1866. No. 618.
On full consideration of the various opinions and recommendations which, from time to time, have been laid before Government, on the subject of providing efficient hospital accommodation in the Presidency Town, the Governor in Council has arrived at the conclusion that the most desirable arrangement will be to erect a separate Hospital for Military patients, and, abandoning the project of building a separate Native Hospital, which was sanctioned in 1864, to convert the present General Hospital, as proposed by Mr. Ellis, in the 9th paragraph of his letter above recorded, into a "Civil Hospital for Europeans, East Indians, and Natives; the Europeans and East Indians being accommodated in the upper stories, and the Natives in the lower stories."

2. Orders will accordingly be issued in the Department Public Works for the preparation of plans for the projected Military Hospital and its dependencies, conformably to the models and regulations prescribed by the Home and Supreme Governments. These plans will be prepared in communication with the Sanitary Commissioner and Principal Inspector General of the Medical Department, and will be submitted to the Supreme Government, with the request that an appropriation may be made for the projected Military Hospital in the Budget for Military Public Works for the year 1867-68. Meanwhile, the Governor in Council resolves to request that the Officers named in the margin will form themselves in a Committee for the purpose of selecting a suitable site for the proposed Military Hospital. They will be furnished with a copy of His Excellency the Governor's Minute of the 25th June last.

The Honorable R. S. Ellis, C. B.
J. Shaw, Esq., Principal Inspr. Genl., Medl. Dept.
J. G. Inglis, Esq., Deputy Inspector General of Hospitals,
British Troops.
Colonel C. A. Orr, R. E.
Lieut. Col. J. Temple.
Major C. S. Hearn.

*Proceedings of the Madras Government, Public Department,
15th August 1866.*

3. Pending the erection of a separate Military Hospital, the Governor in Council sanctions the allotment of the accommodation in the present General Hospital as proposed by the Sanitary Commissioner, and which, it is observed, is approved by the Principal Inspector General, Medical Department. The recommendations made in the 31st and following paragraphs of Mr. Ellis' letter—regarding the removal of the subsidiary buildings at the rear of the Hospital, and the construction of light temporary buildings for use as Cook-houses and as a dead-house, the improvement of the drainage and the water supply, and the expediency of lighting the Hospital with gas—will be considered in the Department Public Works, in which Department orders will be issued to the Officers in charge of the Hospital Works to attend to the details referred to in the 35th paragraph of the letter in question, in communication with the Sanitary Commissioner and the Principal Inspector General, Medical Department.

(True Extract).

L. S. M.
Chief Secretary

To the Public Works Department, with two Plans. ✓
„ Military Department.

„ Sanitary Commissioner.

„ Principal Inspector General, Medical Department.

„ Deputy Inspector General of Hospitals for British Troops.

To Lieutenant Colonel J. Temple.

To Major C. S. Hearn.

P.W. Dept.
Pro. of Govt. for August
1866.

Pro. of the Madras Govt.
in the Public Dept.

24/15 } August/66
Recd. 24/15

Encl. 2 28/8.

2 Plans given returned to the
Sd. Encl. Officer's Office
6-9-66-

Passing order
on a letter from the
Sanitary Commissioner
relative to the erection
of a Military Hospital
at the Presidency
Genl.

No. 609.

No. 2714-28th Aug/66.

Sunday 17th
P.W. Dept.
No. 2714.

Proceedings of the Madras Government
Under date the 28th Aug/66
Read the following

Proceedings of the Madras Govt.
in the Public Dept. (H. R. No. 818 dated 15th August 1866)

Forwarded to the Supt.
Engineer of the 4th Division
who will, with the assistance
of Mr. Kishore, and in
communication with the
Sanitary Commissioner and
the Principal Inspector
General of the Medical Department
submit as early as practicable
plans and estimates
for the proposed Military
Hospital at the Presidency.
Taking care strictly to conform
to the models and regulations
prescribed by the Home and
Supreme Governments -

Adverting to para 3,

18th
Colonel Bygones, ~~Captain Goddard~~ will
— arrange for the immediate
removal of the subsidiary
buildings in rear of the
General Hospital, and
furnish a plan and estimate
for the erection of the
temporary buildings recom-
mended by the Sanitary
Commissioner.

The attention of the
~~the~~ Superintending Engineer
is drawn to the remarks
contained in para 33
of the Sanitary Commissioner's
letter, and he will report
upon the several sug-
gestions made therein,
and submit in due
course such plans and
estimates as may be
considered necessary.
Colonel Bygones
~~Captain Goddard~~ will
further, with reference
to para 35, carry out
in communication with
the Medical Officers in

Charge of the Hospital and
the Hon^{ble} Mr. Ellis, any
minor works which may
be required to increase
the comfort of the patients.

The question of lighting
the General Hospital with
gas will be referred to
Mr. Wignall, who, in
conjunction with the Sup^t
Engineer, will state his
opinion of the expediency
of introducing that mode
of illumination into the
building, with reference
to the feasibility and
cost of the necessary ar-
rangements —

To the Sup^t Eng^r & Division
in [unclear] of the [unclear]
in Accountant General
in Sup^t Gas works
in Public Dep^t

[Signature]

35

Despatch 29: Aug^t

P W N B D. 10

Pro: of Court for August

A 27/11

Pro: of the Marine Court

of 28th August 1868.

20/11

A 609. 610.